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Beyond Durkheim: Religion and Suicide*

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This paper reconsiders the impact of religion on suicide, a topic first raised by Durkheim in 1897. We look first at Durkheim's argument and find it inconsistent and unconvincing. Moreover, we find that for a scholar revered as a founding father of the sociology of religion, Durkheim was amazingly uninformed and misleading about elementary features of religion in 19th century Europe. We then empirically test Durkheim's major assertions using contemporary data for American SMSAs. We find a potent religious effect, but no denominational differences. That is, high rates of church membership are associated with low suicide rates, whether those members mainly are Protestants or Catholics. We do find support for Durkheim's claim that a lack of social integration produces suicide. But, contrary to Durkheim, religious effects cannot be reduced to those of social integration — with integration controlled powerful religious effects persist. In a postscript we integrate our work with that of Whitney Pope (1976), whose devastating critique of Durkheim even cast doubt on the existence of differential Protestant-Catholic suicide rates in 19th century Europe. Pope's position is not only strongly supported by the findings we report here, but also by other work we have done using American data from as long ago as 1906.

In a series of papers we (Stark and various associates) have reexamined the role of religion as a central element in sustaining the moral order. In previous papers on delinquency, crime, and cult formation, Emile Durkheim has served as something of a patron saint — often invoked in our discussions of the social nature of conformity. However, as we turned our attention to the phenomenon of suicide it became necessary not merely to invoke Durkheim, but to reread him. The results were rather disappointing.

Despite Durkheim's reputation as a founding father of the sociology of religion, we found his writing to display amazing innocence of elementary facts about religion in Europe at the time he wrote. Time and again in *Suicide* (1897) his open contempt for religion and his lack of knowledge of it led him to frame obviously wrong arguments. Nor were these directed towards peripheral concerns. Critical parts of his analysis rest on arguments that never should have passed even moderately informed inspection. That these matters were not recognized long ago probably reflects the persistence among social scientists of the same biases and unfamiliarity that led Durkheim himself into error.

In this paper we do not exhibit these shortcomings in *Suicide* as an exercise in intellectual history, but only as a necessary preface to the task of more adequately assessing the relationship between religion and suicide. Having clarified these matters, we attempt clearer statement of the relevant hypotheses and analyze pertinent data.

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DURKHEIM RECONSIDERED

A lengthy section in *Suicide* is devoted to exploring and explaining the very substantial differences in suicide rates between Catholic areas and most Protestant areas in Europe near the turn of the century. The discussion is very inconsistent because Durkheim did not regard religion as “real,” yet sometimes he wanted to attribute to it real effects.

Fundamentally, and in most of his writing, Durkheim preferred to treat religion not as something in itself, but only as an elaborate reflection of more basic social realities. In *Suicide* he argued that this social reality was integration, that Protestant-Catholic comparisons were but a proxy variable for degree of social integration. In *The Elementary Forms of the Religious Life* (1915) he concluded that religion actually is the symbolization of society itself. Religious rituals are the means by which the group, in effect, worships itself and reaffirms its solidarity. He seems already to have held this view when he wrote *Suicide*, and as we shall see, this made it impossible for him to regard religious pluralism as anything but *prima facie* evidence of the breakdown of social integration.

In asserting that religion is but the reflection of society, Durkheim was in close accord with Marx that religion is an illusory epiphenomenon rooted in objective social arrangements. And, like Marx, he found it impossible to apply this point of view consistently. As Marx grumbled that religion was an opium of the people (thus admitting that an epiphenomenon was potent enough to produce false consciousness), so Durkheim acknowledged that religion has the power to unite its adherents into a “single moral community” (1915: 47). Trying to have it both ways, denying and invoking direct religious effects, is characteristic of *Suicide*.

Durkheim opened his discussion of denominational differences in suicide rates by arguing that the theology cannot be the cause of Protestant-Catholic differences because there is *no theological variation* on this matter:

... they both prohibit suicide with equal emphasis; not only do they penalize it morally with great severity, but both teach that a new life begins beyond the tomb where men are punished for their evil actions, and Protestantism just as well as Catholicism numbers suicide among them (1915: 157).

This is simply wrong. The fact is that at the time Durkheim wrote the Roman Catholic Church imposed vastly heavier theological and social sanctions against suicide than did most Protestant groups. For Catholics, suicide was classified as a “mortal sin” — a sin that in and of itself prevented salvation of the soul. To commit suicide a devout Catholic had to decide that life was less bearable than eternal damnation would be. It is true that Protestants also held suicide to be sinful. But they lacked the concept of mortal sin, or indeed the tenet that salvation required absolution — a sacrament that the Roman Catholic Church granted or withheld from the dead and dying. In short, Protestantism lacked the theological means to match Catholicism in prohibiting suicide. But beyond these marked theological differences were the perhaps even more compelling differences in sacramental practices. For Catholics, suicide brought great stigma and suffering for family and friends. Sacraments such as funeral services, and burial in holy ground were withheld from suicides. Since in many Catholic communities there were only Catholic cemeteries, the ban against burial of suicides had real impact. There were no similar practices among most Protestant groups in the late 19th century.

Now it is possible that even these quite dramatic differences in doctrine and practice did not influence suicide behavior. But that is a matter that remains to be investigated. Simply because Durkheim ignored these profound differences is not to establish their unimportance. What we do know is that these theological differences seemed to coincide with substantial differences in suicide rates.

In Durkheim's judgment, the "real" causes of Protestant-Catholic differences in suicide were not theological, but differences in degree of social integration — Catholicism reflects "strongly integrated social groups" (1951: 208-209). Why? Surprisingly, Durkheim attributes this difference to theology!

Here Durkheim based his argument on crude stereotypes of Catholics and Protestants.¹ Hence, "the Catholic accepts his faith ready made, without scrutiny." But the "Protestant is far more the author of his faith." Because Protestants must seek individual salvation without mediation of the church, there arises among them "a spirit of free inquiry." Indeed, Protestantism and free inquiry are *by definition* the "overthrow of traditional beliefs" (1951: 158).

This line of analysis led Durkheim to his fundamental conclusion:

... the greater concessions a confessional group makes to the individual judgment, the less it dominates lives, the less its cohesion and vitality. We thus reach the conclusion that the superiority of Protestantism with respect to suicide results from its being a less strongly integrated church than the Catholic church (1951: 159).

Because Durkheim regarded religion as a reflection of *society*, he was forced to regard religiously *pluralistic* societies as inherently weakly integrated. It does not seem to have occurred to him (except in the special case of encapsulated Jewish communities) that several faiths could generate independent, co-existing moral communities so that most individuals in a society would experience a high degree of social integration. Nor did he wonder about variations across nominally Catholic or Protestant nations or regions in the proportions of the population who actually participated in the religion. Instead, Protestantism *per se* was regarded as a lower degree of social integration.

Given his line of argument, Great Britain constituted a most serious negative case. Although a Protestant nation, it had a suicide rate that was lower than that reported for most of the Catholic nations and regions on which Durkheim presented data. Durkheim "explained away" this problem in two paragraphs that make it evident that his reputation as a sociologist of religion surely cannot rest upon his knowledge of elementary facts about religion in Western Europe.

He began by asserting that "the Anglican church is far more powerfully integrated than other Protestant churches" (1951: 160), a conclusion probably based primarily on Great Britain's low suicide rate. Consider the basis he offered for this conclusion. First, he cited the existence of laws concerning the observance of the Sabbath and prohibiting stage portrayals of Biblical characters. "Next, respect for tradition is known to be general and powerful in England" (1951: 161). He offered no evidence. Finally, he wrote, "the

1. In fact the book is rife with crude stereotypes. Southern Europeans lack civilization, so do the Scandinavians. And, when noting statistics that women were less educated than men, Durkheim wrote as follows: "Fundamentally traditionalist by nature, they (women) govern their conduct by fixed beliefs and have no great intellectual needs (166)." Should one interpret this as biological determinism in work that elsewhere is so concerned to drive the biologists from the field?

Anglican clergy is the only Protestant clergy organized in a hierarchy. This external organization clearly shows inner unity incompatible with pronounced religious individualism" (1951: 161).

The Anglican church was not the only Protestant state church, nor was it the only Protestant church with an episcopal (hierarchical) structure. The state churches of Germany and Scandinavia are but obvious exceptions. Moreover, Durkheim did not even hint at the extraordinary religious *pluralism* of Great Britain. If pluralism must result in a low degree of social integration, as Durkheim claimed, then the British case is even more devastating than he knew (or acknowledged). For at the time Durkheim wrote, only a minority (30%) of British church members were Anglicans (Currie *et al.*, 1977). Surely the presence of a multitude of non-conforming Protestant bodies in Britain and the many conflicts (including civil war) over religious pluralism were not state secrets unknown on the continent. But Durkheim seemed innocent of the rapid and amazing growth of Methodism, of the existence of Scottish Presbyterianism, to say nothing of the many other groups such as Baptists and Quakers. Nor does he appear to have known that by the time he wrote there were as many Roman Catholics as Anglican church members in Great Britain (and Ireland is *not* included in the statistics).

Moreover, Durkheim failed to concern himself overmuch with the possibility that Protestantism might be only adventitiously associated with secular forces inhospitable to social integration. Thus, when he did note the marked educational differences between Protestant and Catholic nations (and knowing education was positively associated with suicide), he attributed these differences to the impact of the spirit of free inquiry fostered by Protestantism, not as a possible source of spuriousness.

Indeed, Durkheim's preoccupation with differential Protestant and Catholic suicide rates probably led him away from asking about the impact of religion in general on suicide. As he dismissed the importance of doctrine in inhibiting suicide, so did he ignore the *potential of religion to relieve the pressures* that, for an irreligious person, might make life not worth living. Indeed, if Marx meant what he said about opium and false consciousness he would likely have agreed with the notion that religion can serve as a potent compensator in the face of adversity and suffering. Surely it is plausible that the belief that earthly suffering is but the prelude to immortality has sustained many who might otherwise have lost heart. But of these possibilities, Durkheim was relatively silent.

In this paper we attempt to fill this silence — to examine the possibility that religion *as such* can have a potent inhibiting influence on suicide. We shall also look to see if in contemporary American society there remains any specifically Catholic effect. Finally, we shall use secular measures of social integration not only to examine their impact on suicide, but to see whether religion is but a proxy variable for this more basic social fact, as Durkheim believed, or whether religion is itself a social fact.

THE DATA

This paper became possible when reliable estimates of church membership for various ecological units of the United States became available (Stark, 1980). These rates are based on a 1971 census of religious bodies (Johnson *et al.*, 1974). By adding Jewish synagogue membership and membership in predominantly black denominations, accurate rates for

the general population were created. Here we use Standard Metropolitan Statistical Areas (SMSAs) as the unit of analysis. Church membership varies greatly across SMSAs — from 966 church members per 1,000 population in Provo, Utah, down to 250 per 1,000 in Eugene, Oregon. The rate for the nation as a whole is 557 members per 1,000.

Suicide rates for SMSAs are from the Bureau of Vital Statistics report for 1971 and thus are contemporary with the church membership rates.

Harsh criticisms have been directed at official data on suicide. Douglas (1967), for example, has argued that all such statistics are but reflections of complex processes of social construction — that whether a given event will be classified officially as suicide depends on many factors that fluctuate by time and place. It would be witless to deny that families, physicians, and coroners sometimes successfully “hush up” a suicide so that it does not turn up in official statistics. But simply to acknowledge *some* measurement error is not necessarily to conclude that a measure is worthless. The pertinent questions concern the degree of error and systematic bias in the error.

A common concern about bias in suicide rates is that reporting is more accurate for larger cities than for small towns and rural areas. Limiting analysis to SMSAs removes that problem. A second possible source of systematic bias might be that suicide will be underreported in Catholic communities. But, common sense would suggest that if social pressures are strong enough to bias reporting suicides in Catholic communities such pressures also ought to inhibit suicides. If so, then Protestant-Catholic comparisons might be exaggerated by reporting bias, but it seems unlikely that only reporting differences would be involved. More to the point, as we consider at length below, there seem good grounds *not* to expect Catholic-Protestant differences in suicide in the U.S. today.

Finally, the nature and operating principles of modern bureaucracies are at considerable variance with notions of covering up suicides for the sake of the family. Bureaucracies operate with an inertia and disregard for individuals that may be highly objectionable, but which ought to produce quite reliable data. We note that crime statistics have also been subjected to harsh charges of bias and inaccuracy, but that the results of massive victimization surveys have made it evident that official crime statistics are in fact quite accurate (Hindelang, 1978).

Of course, some people commit suicide in ways that evade detection. But there is no reason to suppose that such incidents are a *systematic* source of error in ecological rates. Admittedly, we cannot demonstrate the absence of systematic bias in suicide statistics. The burden of proof, however, ought to rest with those who postulate systematic bias. And such proof must also be systematic, not anecdotal.

CHURCH MEMBERSHIP AND SUICIDE

Our intention in this paper is to search for direct religious effects on suicide. Contrary to Durkheim, we think that religious commitment in and of itself ought to prevent a substantial amount of suicide. Elsewhere we present a lengthy deductive theory of religion, why it arises and what it does for people and societies (Stark & Bainbridge, 1980 and forthcoming). There we offer a detailed argument about the many ways in which religion assuages all manner of human disappointments. Here it is sufficient to but sketch some of the ways in which religion may make life worth living and thus prevent suicide.

First of all, religious organizations are easily accessible to people and are a generous source of affect and self-esteem. Pastors *will* listen to troubles. Other members *do* rally to the support of those overtaken by misfortune. The lonely *do* find sociability in church. Granted that these are all “this-worldly” aspects of religions and in that sense somewhat akin to Durkheim’s reduction of religion to social relations. But it is noteworthy that it is the “other-worldly” concerns and doctrines of religions that make them so much more effective in this respect than other voluntary organizations. Lonely, impoverished widows can’t get the same levels of response from country clubs, welfare offices, or the local Democratic caucus.

But beyond these direct means by which religious organizations can influence people’s lives, are the truly potent means to compensate and comfort people that are uniquely religious. Humans are beset with desires and disappointments which cannot be convincingly compensated by worldly means. Only by invoking the power of the gods, of the supernatural, can plausible promises of solutions be extended. No one knows how to construct a society in which there is no stratification and hence no relative deprivation. But the gods can offer heavenly glory in return for earthly suffering. No scientific means exist to achieve immortality. But for millennia religions have convincingly promised life beyond death.

The point seems patent. Yet social scientists have ignored religious effects in most areas of research for most of this century. Like Durkheim, most social scientists seem to feel that since they judge religion to be false it really can’t do anything for people. But one hardly needs to believe in religion to suppose it has effects. W. I. Thomas’ admonishment that things people define as real have real consequences might have sufficed to help social scientists to see that *for believers faith is real*. Put another way, it makes a difference if, on the one hand, one thinks one’s problems are overwhelming and unsharable, or, on the other, if one thinks that Jesus knows and cares.

This is, of course, a wholly testable hypothesis that is not to be taken on faith. If religion does offer real comfort then this surely ought to be reflected in suicide rates.

Turning to the data, using 214 SMSAs as the units of analysis, a very substantial and highly significant negative correlation obtains between church membership and suicide rates: $-.36$ (significant, well above $.001$).

If this relationship is not spurious then religion does have a major deterrent effect on suicide. The church membership and suicide correlation was examined under a series of control variables.² None reduced the original correlation. But we must pursue several other variables of interest before we conclude this study.

CATHOLICISM AND SUICIDE

We have criticized Durkheim for ignoring theological explanations of the differential suicide rates of Protestant and Catholic areas. But theology, in the form of Protestant-Catholic contrasts, may also underlie the relationship we have found between church

2. Controls were imposed for population size, percent population over 18, percent population over 65, percent population with less than 8 years of schooling, percent population who are college graduates, percent population unemployed, percent of families below poverty level.

membership and suicide. There is a modest tendency for church membership rates to be higher in SMSAs with a higher proportion of Catholics.

However, precisely because we suspect that theology can influence behavior we do *not* expect to find important Protestant-Catholic differences in suicide today. This is because the Roman Catholic Church no longer stigmatizes suicide as it once did.

Catholic doctrine has always held that to sin one must be mentally competent. Thus, for example, the church has held mental defectives as incapable of sin. In modern times psychiatric ideas have had considerable impact on Catholic thought. In consequence, pastors began to take the position that a person who committed suicide while mentally ill did not commit a mortal sin and thus could receive the sacraments of the church. Over the decades it has become increasingly common for Catholic suicides to receive the sacraments. Indeed, pastors now tend to infer an unsound mind from the act of suicide itself. Thus, little remains of the once profound differences in the definition of suicide between Protestant and Catholic bodies.

We still suspect that theology could have played an important role in the marked differences in Protestant and Catholic suicide rates reported by Durkheim. But today we would not expect to find such differences, for their theological and social bases have all but disappeared.

To investigate the effects of Catholicism on suicide the appropriate measure is the *proportion of church members* who are Catholic. This is because the proportion of an SMSA's *population* who are Catholic church members already has entered into the computation of each SMSA's church member rate. Thus the two are confounded. Independence is achieved when we introduce the proportion of church members who are Catholics into the analysis. That is, we are able to hold church membership constant while letting the proportion of Catholic church members vary to see if Catholicism *per se* has an effect.

When we examined the impact of Catholicism on suicide we found *no significant effect*. That is, there is a very substantial effect of church membership, but no portion of this is produced by any specific Catholic influence. Religion appears to matter, but it doesn't seem to matter what kind of religion that is.

Several interpretations of these findings are possible. First, in Durkheim's time Catholicism *per se* did have an independent impact on suicide, as suggested by Durkheim's many comparisons. Since that time the Catholic effect has vanished because of liberalization of Catholic treatment of suicide. Secondly, there might never have been a Catholic effect despite marked differences in doctrine and sacramental practice. Durkheim's Protestant-Catholic comparisons may have reflected mainly differences in church membership rates. That is, Catholic nations and regions may have had considerably higher church membership rates than did most Protestant nations and regions. Thirdly, Durkheim may have been right about religion. Thus, it may be that in contemporary America, church membership rates are primarily reflections of more integrated social relations.

SOCIAL INTEGRATION

For Durkheim, religion reflected no more than social integration. But to test his reduction we must resolve ambiguities in his use of that term. Sometimes Durkheim meant

social integration to refer to “collective states of mind” (1951: 170). But he also argued that religious beliefs create social integration through their capacity to support an “intense collective life” (1951: 170).

Durkheim took it as axiomatic that Catholicism was better able to create collective states of mind and thus to sustain intensive collective life because it did not permit dissent. Catholic communities enjoyed consensus on religion, Protestant communities could not, therefore Protestant communities were less integrated.

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The most conceptually useful definition of social integration is in terms of social networks. The greater the density and intensity of interpersonal attachments among members of a group, the more the group can be said to be socially integrated. Defined in this way the concept is devoid of cultural content. That is, “intense collective life,” as Durkheim put it, is defined as a network of relations without reference to any cultural elements that might support these relations and which might dominate the exchanges among network members. This conceptualization frees us from the grip of tautology. It becomes possible to see if religion, for example, does influence social integration as Durkheim claimed it did.

Ideally, then, we would want to operationalize social integration in this study in terms of the density and intensity of network ties in these SMSAs. No such data are at hand. But a wholly satisfactory inferential measure is available.

Other things being equal, there must be greater social integration, as we have defined it, in communities having primarily a stable membership than in communities made up primarily of newcomers and transients. Hence, a measure of population turnover — the movement of people into, out of, and within metropolitan areas — is a reasonable inferential measure of social integration.

Indeed, this particular measure of social integration is of special relevance in this study because in earlier work we already have found it to be a major factor in variations in church membership rates. High rates of population turnover erode all kinds of voluntary organizations, including churches. People who move must reaffiliate with a church, a fraternal lodge, a service club, and other such organizations. And people who move often must reaffiliate often. At the very least there will be some lag time in reaffiliation, and some people may move again before the normal lag time is up, thus continuing to be unaffiliated. This effect of moving is undoubtedly greatly amplified in communities where large proportions of the population move often. In more stable communities newcomers are more easily reconnected to a church or other organizations by neighbors and fellow workers who are members. To the degree that one's neighbors and fellow workers are themselves newcomers and unaffiliated, the reconnecting process is impeded.

If population turnover has an impact on church membership, it also is easy to see how it would influence suicide. Not only can close attachments to others prevent suicide, but lack of attachments can contribute to the motives for suicide. A person with troubles can be helped by others who can share or even solve the problems; lack of close interpersonal ties can be the basis for depression and despair. Indeed, Durkheim's analysis

of the effects of marriage and family on suicide is wholly consistent with this line of argument. Control theories of deviance are traced back to Durkheim in part because of the emphasis he placed on the bonds between the individual and the group. As he wrote:

... for a group to be said to have less common life than another means that it is less powerfully integrated; for the state of integration of a social aggregate can only reflect the intensity of the collective life circulating in it. It is more unified and powerful the more active and constant is the intercourse among its members (1951: 202).

Clearly, then, we are both fair to Durkheim's fundamental position and to the needs for a conceptually clean measure of social integration to introduce population turnover into this analysis.

For all SMSAs only a somewhat crude measure of population turnover is available: percent change in population size over the past decade. For a more refined measure we must limit the analysis to only the 60 largest SMSAs.

Nevertheless, the 214 SMSAs differ greatly in their population change over the decade 1960-70. Undoubtedly, some SMSAs showing little change achieved this without having highly stable populations — they merely had a balance between in- and out-migration. Still, this group will include those cities with the most stable populations, while the most rapidly growing SMSAs must perforce contain large proportions of newcomers and transients.

Thus it is not surprising to find that this measure of social integration is very robustly related to suicide rates (.32). SMSAs with rapid rates of population growth tend to have the highest suicide rates. Furthermore, rapid population growth is, as expected, very strongly correlated with rates of church membership (−.39).

Is Durkheim correct, then, that religion influences suicide merely as a reflect of underlying variations in social integration? Our first test of his thesis produced a resounding, "No." With population changes held constant, the correlation between church membership and suicide is only modestly reduced (from −.36 to −.27). Thus, some portion of the original relationship is spurious. However, the remaining effect is substantial and highly significant.

Rather than reduce the effects of religion to those of social integration, we prefer to see religion as to some extent an intervening variable. That is, one of the ways in which lack of social integration influences suicide is by undercutting religious organizations. This directs our attention to examination of the correlations between population changes and suicide with church membership rates held constant. This moderately reduces the original correlation (from .32 to .21). Thus religion does play a modest role in linking social integration and suicide. Yet, here too the remaining relationship is robust and highly significant. We conclude that both variables play an important and independent role in suicide.

To examine the joint effects of these variables we entered them into a regression equation and produced a multiple r of .41. Together, church membership and population change account for 17 percent of the variance in suicide rates.

Population change is, as we have mentioned, a somewhat crude measure of population turnover. For the largest 60 SMSAs a much more sensitive measure could be constructed (Crutchfield *et al.*, 1982). It combines rates of in- and out-migration with residential moving within the SMSA to produce the proportion of the population who have been

geographically mobile within the past ten years. There is considerable variation on this measure of population turnover. The San Diego, California SMSA had the highest rate: .55; the Pittsburgh SMSA had the lowest: .30. And the mean was .43.

Since we were now working with only about a third as many SMSAs as in our previous analysis our first concern was with zero order relations. Population turnover was found to be very highly correlated with the suicide rate: .60. The correlation between the church member rate and suicide was much higher in this subset of SMSAs than in the full set, rising to $-.61$. We were, at first, not entirely sure why these effects are so much more robust in the subset of cases. Since these are the largest SMSAs it is plausible that variations in SMSA size reduced the correlation in the full set. But a control for size did not raise the correlation in the full set. The answer lay in the fact that the larger SMSA's have more *reliable* suicide rates, thus raising the correlations.

In any event, with two highly significant zero order correlations (above .001), the task was to examine the three-variable relationship. With population turnover controlled, the correlation between church membership and suicide was reduced to .37, a still robust and highly significant finding. With church membership controlled, the correlation between population turnover and suicide was reduced to .33, also robust and highly significant.

Once again controls for proportion Catholic had no effect whatsoever on the findings. Using regression to estimate the joint effects of population turnover and religion on suicide produced a multiple r of .67 and r^2 of .44.

CONCLUSION

The data suggest Durkheim was quite right to stress the importance of social integration in explaining suicide. Using population turnover as an inferential measure of the density and intensity of interpersonal relations in metropolitan areas, we found very substantial effects on suicide — effects in accord with the basic arguments developed in *Suicide*.

But Durkheim was quite wrong to claim that religious effects on suicide are no more than a reflection of social integration. We have seen that his arguments against religious effects *per se* were faulty and his factual claims about religion in late 19th century Europe were often dead wrong. Moreover, our data reveal a strong religious effect on suicide independent of social integration.

In our judgment, these findings provide one more striking example of the futility of trying to dismiss religion as an epiphenomenon. Why should it be more “real” to reduce religious effects to those of social integration? When we observe millions making considerable sacrifice for their faith, must we maintain that they gain no “real” value from something they appear to value so highly? And, if faith does comfort the faithful, why would it not influence their decision to go on living?

Our failure to find any Catholic effect on suicide raises the possibility either that these differences were spurious when observed by Durkheim, or that changes in Catholic treatment of suicide have led to changes in Catholic suicide rates. With the data at hand this question cannot be resolved. In work we have just begun we are assembling American data like those used in this paper for 1906, 1916, and 1926. Perhaps some trace of a Catholic effect will turn up in this earlier period.

In conclusion, we want to make it clear that our remarks about the reluctance of social scientists to regard religion as a significant social fact do not reflect private religious concerns. We do not write on behalf of faith, but in pursuit of its social impacts. One need not be faithful to see that faith may have important consequences. Here we have tried to demonstrate that one such consequence is to cushion the despair and desperation that can drive people to take their own lives.

P.S. After this paper was written, several developments took place that might have prompted a revision. We decided instead to append this postscript because we think it important not to obscure the fact that science is cumulative.

The first of these developments was our subsequent failure to find any Catholic effects on suicide in 1906, 1916, or 1926. This led us to conclude that there *probably never were any real Catholic effects on suicide*, despite the theological factors by which they *could* have been generated. Admittedly our findings are for the United States, while Durkheim's were for Europe. We think this is an advantage. In Europe, Catholic-Protestant differences are inextricably intertwined with a maze of other historical, cultural, and social differences. For example, we suspect that Catholic nations had substantially higher church membership rates in the 19th century than did Protestant nations. In the United States all these linkages have been broken. Here Catholicism is not confounded with factors such as less industrialization, greater agrarianism, less education, or Latin culture. In America, Catholicism is much more specifically a religious factor, and therefore American data ought to better reveal religious effects *per se*. And here, just nine years after the publication of *Suicide*, there were no Protestant-Catholic differences in suicide (Bainbridge & Stark, in press).

Rather than drop our critique of Durkheim for ignoring the profoundly different conceptions of suicide in Catholic and Protestant theology, we decided to leave it in the record. For, whether or not this factor is operative, Durkheim ought to have admitted the possibility. Nor ought we ignore his misrepresentation of religion in Britain. His contribution might have been much greater had he forced his theory to fit the facts rather than revising facts to fit the theory.

And this brings us to the second major development. We carried through our reassessment of Durkheim, following our data where they led, but always painfully aware that Durkheim had reported truly impressive Catholic-Protestant differences in suicide rates for Europe during the 19th century. In time we were convinced that these differences were spurious. Little did we know they *didn't exist at all*! For, not until a reviewer kindly brought it to our attention did we learn of Whitney Pope's (1976) superb critique of Durkheim's theory and, even more important, his expose of Durkheim's arithmetic.

Pope's most devastating points about Durkheim's theory are not germane to this paper, as many of the points we raise did not attract his attention. Where our work and his make common cause is that, as we find no Catholic effect on suicide, Pope discovered that Durkheim did not find one either. Instead, Pope revealed that Durkheim's arithmetic was riddled with convenient errors. With these corrected, it now seems there never were any consistent Protestant-Catholic differences in suicide. Just as we found that Durkheim "overlooked" that Britain was the most pluralistic nation in Europe and thus, according to his theory, ought to have had the highest, not the lowest, suicide rate, so Pope detected him in similar, repeated, misrepresentations. Such revelations about a contemporary social scientist would destroy his or her reputation for good. Should we speak more kindly of the dead? Or is it perhaps time to suggest that when we speak of Durkheim's *Suicide*, we refer to an act as well as to a book?

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