Introduction

The prevalence of adolescent suicide is a critical research topic. The current case study explored the current state of adolescent social networks in regards to attitudes and responses to peer suicide issues. In 1992 the United States Department of Health and Human Services published its findings of adolescent attitudes towards peers who talked of committing suicide (Centre for Disease Control and Prevention [CDC], 1994). Ninth and 10th grade students from eight high schools were surveyed to determine if they had or had not reported suicide attempts. It was hypothesized that adolescents would have negative attitudes towards peer suicide, and that peer suicide would have a negative affect on teenagers. The study indicated that adolescent attitudes could be positive towards providing social support; however it also found that there was a high incidence of teenagers not wishing to disclose suicide ideations, nor approving of their peers disclosing. Adolescents who had a friend or peer complete suicide were found to be at higher risk of suicide ideation and attempts. Hence, the hypotheses of the research were supported, and were considered to have extended understandings the roles that social networks play in adolescent suicide.

This paper will review the purpose and findings of the study in relation to psychological and sociological theories. Firstly, a developmental perspective according to Erikson will be presented. Secondly, Durkheim's social theory of suicide. Finally, a conclusion shall synthesise the main points and demonstrate how the case study can be interpreted from a multidisciplinary perspective.

Erikson's Developmental Theory

It is not unusual for an adolescent who is experiencing depressive episodes to look to others to assist with working through their troubles (Clum & Canefild, 1997). Social peers can also form a supportive network, such as providing an empathetic ear, a shoulder to cry on, or words of encouragement. Studies show that a person's sense of well-being is intricately linked with their primary social ties (Erikson, 1968). During their lifespan a person continually evaluates their social relationships within their supportive network, and appraises the supportive behaviours and attitudes in which members engage in. This process of evaluating one's social position peaks during adolescence. Such evaluations determine a person's concept of self and beliefs about how much they are cared for, respected and included in their networks processes of mutual obligation.

Erikson contended that during the developmental stage of adolescence, a person must confront a personal crisis of identity versus role confusion. Essentially, how a teenage person perceives themselves through the eyes of their peers is critical during this developmental period. An adolescent forms friendships that contribute toward formation of a stable and confident identity. Hence, social support needs include acknowledgement of personal strengths as well as emotional support during times of distress. However, some life events may challenge the capacity of social networks, and in these cases the adolescent can find themselves in great emotional need with limited social support. Research into Erikson's theory shows that without social support during stressful life events adolescents, like most people in general, may experience loneliness, isolation and depression, and are more likely to experience suicide ideations, attempts and completion (Clum & Canfield, 1997). There is a general consensus among developmental researchers and health care professionals that early to mid adolescence is a peak period for

depression as a result of experiences of low-self esteem (Feldman & Elliot, 1990). As such, many of the studies support Erikson's theory of life crises, and negative consequences on the development of an adolescent when these crises are not resolved.

Durkheim's Social Theory of Suicide

Emile Durkheim suggested in his book *Le Suicide* (1897) that collective social forces are the predominant factors of suicidal ideation and eventual completion. According to Durkheim it is not psychosocial factors that determine suicidal attitudes, but rather wider socio-cultural factors and the economic climate. His theory of collective social forces being more important influences discounted factors such as psychological functioning, ethnicity, heredity, weather patterns and the possibility of imitation or copycat suicide patterns as peripheral factors without major influence. For Durkheim, it was important that the totality of suicides in a society be the subject of research and investigation, rather than exploring individual reasons for suicide contemplation and completion. Durkheim's theory attributes the de-regulation of an individual as occurring through the society. He pointed to a U-shaped relationship (i.e., correlation) between suicide rates and the level of integration individuals may have in their society. As such, a low level of integration would result in increased incidences of suicide of the "egoistic" type. In contrast, excessive integration would result in increased cases of suicide due to "altruistic" suicides. An "anomic" suicide was due to the sudden change in a persona's social position that was due to economic factors, for example the high rate of suicides during the Great Depression. By differentiating between different types of suicide, Durkheim placed the action in relation to the individual and their relationship with their society. When a person became "detached" form society they are more likely to be thrown upon their own devices, and to weaken the social bonds that had previously made them part of a community, hence becoming "egoistic" and individualistic. When

normative regulations around and individual are weakened, social norms may no long guide and curb their actions, and so the individual is susceptible to "anomic" suicide. Other sociological studies have supported Durkehims' theory of a relationship between suicide rates and indications of social fragmentation (Kusher & Sterk, 2005; Selvin, 1958).

More recent psychological and sociological studies have criticised Durkheims's focus on social factors whilst ignoring individual variables. It is continuously shown in research that suicide almost always occurs in people who experience a mental illness, such as depression, schizophrenia or bi-polar disorder. This finding is supported by cross-cultural research (Santrock, 2004). However, most people who experience a mental illness do not commit suicide, and so psychological distress or disorder is not a sufficient cause in itself. Social and interpersonal variables appear to be just as important as individual variables. Lower social integration and day-to-day functioning in the wider community appear to be the *consequences* of psychological differences, not the causes of experiences such as depression or schizophrenia (Twenge, Catanese, & Baumeister, 2003). As such, social factors being seen as dominant forces confounds what is actually occurring as they "play down" the underlying psychological experiences. In this way Durkheim's theory draws attention away from the actual suicidal ideation, and the focus on the experiences of the individual who is in distress. Which in turn, constrains others ability to provide for their coping needs at this crisis point in their lives.

Conclusion

A developmental interpretation suggests that the adolescent years are a time of identity formation or confusion, and that the crisis must be resolved to be able to function autonomously

within society. Without a strong sense of identity the young person may experience depression and contemplate suicide or actually complete the action.

In contrast, from a sociological viewpoint, suicide ideation and completion are due to overarching socio-cultural factors beyond the control of the individual. Social factors imply that it is not the individual that needs to be paid attention to, and so the adolescent peers in the study were responding to the individual's inability to function in society, rather than focus on the underlying psychological needs of their depressed peers. As such, they may have perceived their suicidal peers as depressed because they were not fully participating in society.

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