Towards a Cultural-Structural Theory of Suicide: Examining Excessive Regulation and its Discontents

Seth Abrutyn
University of British Columbia

Anna S. Mueller
University of Chicago

FORTHCOMING AT *SOCIOLOGICAL THEORY*

Abstract: Despite its enduring insights, Durkheim's theory of suicide fails to account for a significant set of cases because of its overreliance on structural forces to the detriment of other possible factors. In this paper, we develop a new theoretical framework for thinking about the role of culture in vulnerability to suicide. We argue that by focusing on the cultural dynamics of excessive regulation, particularly at the meso-level, a more robust sociological model for suicide could be offered that supplements structure-heavy Durkheimian theory. In essence, we argue that the relevance of cultural regulation to suicide rests on (1) the degree to which culture is coherent in sociocultural places, (2) the existence of directives related to prescribing or proscribing suicide, (3) the degree to which these directives translate into internalized meanings affecting social psychological processes, and (4) the degree to which the social space is bounded. We then illustrate how our new theory provides useful insights into three cases of suicide largely neglected within sociology: Specifically, suicide clusters in high schools, suicide in the military, and suicides of "despair" among middle-aged white men. We conclude with implications for future sociological research on suicide and suicide prevention.

Keywords: Suicide; Durkheim; cultural sociology; regulation; mental health

INTRODUCTION

For over a century, the sociological study of suicide has been indebted to Durkheim's classic, *Suicide*. At its core are two central principles: that the structure of suicide rates in a society are a function of the structure of social relationships and that these vary in terms of integration and/or regulation. Despite the enduring brilliance of these two insights, *Suicide* has received plenty of theoretical (Johnson 1965; Pope 1976; Abrutyn and Mueller 2014c), methodological (Douglas 1967), and empirical (Breault 1994; Kushner and Sterk 2005) criticism. Although these critiques have ranged in their fairness and accuracy, a recent review of the sociological literature on suicide concluded that the conventional Durkheimian approach to suicide—namely, one that is macro-structural—is no longer tenable if sociology is to contribute to both the social scientific study and the prevention of suicide and suicidality (Wray, Colen and Pescosolido 2011). This is not to say that efforts to reconceptualize Durkheim's *Suicide* have been nonexistent. To the contrary, insights drawn from the integration of *Suicide* with network principles (Pescosolido and Georgianna 1989; Bearman 1991), emotions (Abrutyn and Mueller 2014a, c), and social psychology (Mueller and Abrutyn 2016; Abrutyn and Mueller 2016) all present serious efforts towards a more robust, Durkheimian-inspired sociology of suicide. Yet, work still remains, particularly in elucidating how culture shapes suicide.

In this spirit, this paper asks: how do we bring *cultural* sociology into dialogue with the structuralism of Durkheim's theory in order to better understand the social roots of suicide? Although Jack Douglas (1967) first called attention to the importance of cultural meanings for understanding suicide, thinking about culture and suicide has been largely undertaken by anthropologists (Farberow 1975; Baechler 1979; Kral 1998; Niezen 2009; Kitanaka 2012; Chua 2014; Stevenson 2014), undermining efforts to generate generalizable, sociological theory.

Recently, however, the need for considering culture has grown louder in other disciplines (Hjelmeland 2010; Colucci and Lester 2012), as well as in a few sociological studies (Barbagli 2015; Mueller and Abrutyn 2016). At the heart of these arguments are some basic principles: (1) suicide is a choice predicated on the meanings individuals use to make sense of their own situation (Kral 1994); (2) even when done privately, suicide is a social act because it has meaning not only for the person who dies, but also for those they leave behind, including unintended audiences (Neimeyer, Klass, and Dennis 2014; Stack and Abrutyn 2015; Mueller 2017); (3) moreover, all social acts require shared meanings, acquired via interaction with real, imagined, and generalized others (Blumer 1969), which amplify, reinforce, and deepen them (Collins 2004). As such, a structural explanation of suicide will always be lacking as it cannot account for essential, cultural aspects of suicidality.

To address this limitation, this paper develops a cultural-structural theory of suicide. We take Durkheim as our starting point for two important reasons. First, Durkheim's study of suicide is a seminal piece of scholarship in both sociology and suicidology, and a plethora of research builds off his insights. Second, though Durkheim is more recognized for his insights into the structural foundations of suicide, in Durkheim's concept of "moral" regulation and in his broader body of scholarship, we can find elements of cultural mechanisms like collective conscience or external representations that offer important clues into how culture may matter to suicide (Poggi 2000; Abrutyn and Mueller 2016; Mueller and Abrutyn 2016). However, we also go beyond Durkheim, elaborating how culture may condition suicide using insights from a variety of more recent scholarship primarily in cultural sociology, but also in research focused on meso-level groups (Fine 2010) or places (Goffman 1961; Coser 1974). Finally, we conclude by discussing the relevance of our theoretical model to three pressing issues in current suicidology: namely,

high school suicide clusters, suicide in the military, and the relationship between masculinity and suicide.

CULTURE, REGULATION, and SUICIDE

We begin this project with some important definitional work. Specifically, what do we mean by culture? Although a wide array of definitions and elements often fall under the umbrella of "culture," we define culture for our purposes as the material (e.g., physical objects, buildings) and symbolic (e.g., values, ideologies, beliefs, and norms) elements a group shares such that they intersubjectively believe in a collective origin, rely on a collective memory, and have a sense of collective destiny (Fine 2010; Abrutyn 2014). The coherence or homogeneity of a specific cultural "system," toolkit, framework, configuration, or whatever other metaphor one chooses to employ depends on the extent to which the social unit sharing the cultural system is bounded. Durkheim (1893) recognized this long ago, but it was more fully articulated by Parsons and Bales (1955:362ff.): the smaller the social unit, the more specific and concrete the elements constituting a cultural system, whereas the larger the social unit, the more general and abstract the elements. (This basic proposition will play a significant role in our how culture and structure are related, but for now, we accept this premise as is). Importantly, culture is both public and external as well as private and internal (Patterson 2014). This distinction is worth emphasizing because much of the research on culture today relies on intra-personal cognitive mechanisms (Vaisey 2009; Lizardo and Strand 2010), which take for granted the need for externality if culture is to place similar pressures on members of a given social unit (Fine 2010). To be sure, individuals must internalize culture and of course no one individual has complete access to all culture, yet there is also no doubt that cultural codes are shared or at least believed to be shared

such that what individuals feel (Hochschild 1983), think (Blumer 1969), and do (Fine 2010) conforms to local, if not broader global, standards.

Culture and Suicide

Though the sociology of suicide has generally neglected the idea of culture, there is some evidence, both within sociology and other disciplines, that culture matters to suicide. In 1967, sociologist Jack Douglas was one of the first to advance an argument for analyzing culture with regard to suicide. Specifically, he argued that the efficacy of studying suicide rates in the Durkheimian tradition was undermined by our lack of understanding of how society makes sense of suicide. His evidence for this were the substantial (and currently well documented [Rockett, Samora and Coben 2006; Timmermans 2006]) inconsistencies in official statistics for suspicious deaths like suicides.

Though Douglas's critique may be extreme, the fact that suicide and its meanings vary across time and space has been clearly illustrated by a wide range of scholars (Farberow 1975; Baechler 1979; Hecht 2013; Cha and Nock 2014). Indeed, suicide is a decision (Kral 1994), which is impossible to make "without reference to the prevailing normative standards and attitudes of the cultural community" (Boldt 1988:106). Thus, we cannot talk about underlying motivation (Hjelmeland 2010), choice in method of suicide (Lester and Stack 2015), or patterns of suicidality (Colucci 2006) without paying attention to the underlying cultural meanings of suicide. For instance, whereas female suicidality in the U.S. is generally interpreted (somewhat pejoratively) as "a cry for help" (Canetto 1997), research reveals that this interpretation of female suicidality is not universal. For example, the Chinese typically understand female suicide as a protest against existing coercive social relationships and as a symbolic act of justice, and, thereby, a means by which one could punish the living (Fei 2010). Likewise, suicide means

different things in modern Japan (Kitanaka 2012) and India (Chua 2014), and it certainly had

significantly different meanings in Medieval Christendom (Cha and Nock 2014; Barbagli 2015).

Perhaps surprising and despite Douglas's call, there is little research on American meanings

attributed to suicide, though there is evidence that most U.S. based people think of suicide in

medicalized terms as caused by mental illness (Jamison 2001; Sudak, Maxim and Carpenter

2008). In addition, a growing body of literature considers how different gender norms or scripts

shape differences in how men and women view suicidality (Canetto 1997), as well as how

different types of motives rooted in gender—more often masculinity in particular —may impact

differential rates of suicide lethality (Adinkrah 2012; Cleary 2012).

Though these studies represent important advances, most of them rely on highly

generalized society-wide cultural codes or scripts. As Lester (2011-12) points out, several

cultural meanings for suicide can co-exist at any given time, some complimentary, others

contradictory. Additionally, these studies generally fail to articulate how cultural meanings about

suicide or even life or death become normative such that behavior is regulated and suicide is

facilitated under certain circumstances. Thus, their relevance to suicidology and suicide

prevention is limited.

Durkheim and the Question of Culture and Regulation

To examine the role of culture in why people die by suicide, we begin by extracting

insights from Durkheim. Durkheim's theory of suicide was notably a structural theory. In

essence, he argued that suicide rates were a positive function of the existing structure of social

relationships and social relationships varied according to their level of integration or regulation.

The former, integration, has been well-studied in its association with suicide (Pescosolido 1990,

1994; Baller and Richardson 2002), whereas regulation has been less successfully leveraged as a

possible social root of suicide (cf. Breault 1994). This may be because we generally have been conceptualizing regulation incorrectly, focusing on anomie at the individual level, rather than recognizing regulation as tapping into *cultural* process related to how groups and places come to impose meanings that are concomitantly internalized through social interaction (Blumer 1969). Indeed, this may be precisely what Durkheim meant though he was restricted from using the term culture as it was the domain of anthropology during his time. Poggi (2000), for instance, points out that while Durkheim only explicitly used the term "culture" twice in *The Division of Labor in Society* (1893 [1997]:251, 297), when he did, he used it to refer to *manières d'agir* and *de penser,* or collective ways of thinking and acting. Concepts that are quite close to current thoughts about culture. And although Durkheim conceptualized the *conscience collective* as an integrative force, it was also a moral and, therefore, regulative force. Ultimately, at this early stage of his thinking, Durkheim sees humans as "cultural animals" and culture as "the totality of socially produced and transmitted arrangements, artefacts [sic], designs for living, [and] characteristics of the group" (Poggi 2000:60). As his ideas matured, his thoughts on culture and regulation became more concrete.

In *The Elementary Forms*, for instance, Durkheim (1912) essentially argues that when the same people assemble frequently, they create real and imagined ecological boundaries, become mutually oriented in attention, and generate powerful positive affect that feeds back, in turn, on their mutual orientation and boundaries. Durkheim is essentially picking up on something that is now well known: that humans always seek to attribute the source of positive or negative emotions (Lawler 1992), and when emotions emerge within the same collective assemblies, proximate sources—e.g., individuals or the group itself—eventually come to be recognized as the source (Lawler et al. 2009). Thus, the relationship or group becomes a thing *sui generis*,

replete with a common biography, history, shared destiny, and ethos; emotions crystallize into external representations, infusing social (others), physical (places and totems), and ideational (names, classifications, and so on) objects with external, coercive power. In turn, these objects serve as reminders of the collective and the moral order, become capable of drawing mutual attention and emotion in future ritualized interaction, and, ultimately, serve as material anchors embodying abstract collective ideas (Collins 2004). Durkheim correctly asserted that when individuals plunge themselves in the collective during assembly, they are also compelled to submerge their individual conscience and consciousness in the waters of collective conscience and consciousness. As a result, the more frequently collectives assemble, the more salient their microculture becomes. And, sticking with the material side of Durkheim, the more public and palpable collective representations and effervescence are, the more powerful cultural forces of regulation are as well. In short, for Durkheim, we can see that culture is a force of regulation rooted in frequency of interaction, moral density (how close sets of people are, how visible their behavior is, and how easily sanctioned people are because of this), and the shaping of collective ways of thinking and acting (and feeling). It is for these reasons, among others, that Durkheim's neglect of the cultural side of regulation in *Suicide* is surprising, and why a cultural reading of excessive regulation within local spaces or collectives has so much promise (Mueller and Abrutyn 2016).

Indeed, there are hints in Durkheim's *Suicide* that suicide, as a social act, is eminently cultural in that it cannot be divorced from collective ways of feeling, thinking, and acting. This is perhaps most apparent in Durkheim's critique of Tarde's (1903) imitation thesis. Durkheim adamantly rejects imitation and contagion as social forces, arguing that mere aping of behavior makes little sense. Rather, he argues, "mass suicides…spring from a collective resolve, a genuine

social consensus rather than a simple contagious impulse. The idea does not spring up in one particular person and then spread to others; but it is developed by *the whole group* which…collectively decides upon death" (1897 [1951]:131-2). Admittedly, Durkheim does not shed much light in *Suicide* on the process by which a group can become a site of mass suicide, but he does recognize the fact that the spread of suicide in a physically bounded space is not due to an individual passively "catching" an idea like the flu spreading in a dorm hall; instead, it must become a part of the collective conscience of the group such that the action itself becomes meaningful to the group. An idea we will build on shortly.

Durkheim provided some remarks about the types of collectives where suicide is most likely to become meaningful that further support our quest for a cultural-structural theory of suicide. He noted that places like guard towers, regiments, villages, prisons, and monasteries are all examples of places in which "moral" epidemics of suicide have been reported. Two things are notable about these examples that highlight the role of culture. First, they are all characterized by relatively small, dense populations; a precondition for (a) being able to observe the relationship between culture and micro-level processes and (b) the existence of a micro- or idioculture in Fine's (2010) terminology. Second, not all small villages or prisons have had contagious outbreaks of suicide despite the fact that villages and prisons share similar structural characteristics with each other. Structure, then, is a key contextual factor but not enough to explain suicide contagion or clustering. Indeed, it will be necessary to consider the relationship between structure and culture in positing a robust theory of suicide. But, for now, we feel we have made a solid case that Durkheim would (at least) not disagree with our assessment that suicide is shaped by cultural forces. It is puzzling then, why sociological analyses using Durkheim have largely ignored the role of culture (for criticisms, see Barbagli 2015; Mueller and

Abrutyn 2016). We turn now towards contemporary accounts of culture as a force of regulation

so that we can supplement and extend the insights sketched above from Durkheim.

<div align="center">TOWARDS A CULTURAL-STRUCTURAL THEORY OF SUICIDE</div>

Beyond Durkheim: Culture and Regulation

We begin our move towards a cultural theory of suicide by articulating, more fully, the

general dynamics of cultural regulation. When we say culture regulates, we mean that culture is

the source by which a group patterns feeling, thinking, and doing; it is the source of expressive

and moral-evaluative meanings about emotions, attitudes, and behavior. And while it is tempting

to think about culture-at-large, we believe the greatest contributions to theory have come from

studies of culturally, socially, and/or geographically bounded social collectives (e.g., Whyte

1969; Tousignant 1998; Small 2004) or organizational spaces (Goffman 1961; Kanter 1968;

Coser 1974). Several key factors make local culture so powerful. First, unlike task groups

studied under experimental conditions, ethnographies of place offer naturalistic settings in which

the historical, political, economic, and cultural conditions are more easily ascertained, cross-

referenced and verified. Second, local spaces also exhibit the characteristics of Durkheim's

(1893) *mechanical* societies in that members share a single location, have an easier time building

up and maintaining a common collective identity, share similar cultural elements, and repeatedly

interact. In turn, recurring interactions reinforce the local culture regardless of how objectively

consensual the culture is, whether cultural configurations (Patterson 2014:20) or idiocultures

(Fine 2010) are fewer in number, whether they are highly available and accessible, easily

applied, frequently and publicly enacted or displayed in dispositions and rituals, often reinforced

by influential and official agents of socialization and order. Hence, local cultures are far more

likely to have actors *believe* that culture is shared and, therefore, its objectivity, externality, and

internalization are more unquestioned. Hence, the pressure to conformity is higher in these places since monitoring and sanctioning are cheaper and the consequences more salient to group members (Hechter 1987; Coleman 1988). As such, we suggest that four "ingredients" go into making regulation toxic such that suicide may be one recurring outcome of high levels of regulation: (1) cultural coherence, (2) the content of cultural directives, (3) identity dynamics, and (4) cohesive social structure. While much has already been said about the first of these four ingredients, a few brief comments are warranted before turning to the other three.

Cultural coherence. Since Parsons, many sociologists have argued that culture is not very consensual, fragmented, and, in some cases, highly contested. Undoubtedly, there is truth to this assumption: no one has access to all the cultural elements available in a given culture. Cultural values, beliefs, and norms are subject to contestation and resistance, and research has demonstrated that people's beliefs and practices are often inconsistent. But, when we train our lens on smaller slices of social organization, like neighborhoods (Anderson 1999; Small 2004), informal recurring groups (Becker 1963; Whyte 1969; Fine 2010), or relatively bounded bureaucratic spaces (Goffman 1961), we find increasingly coherent cultural systems. Coherence, in short, implies higher levels of clarity and rigidity concerning values, beliefs, and norms, cheap and easy monitoring, swift and severe informal and sometimes formal sanctioning, and seemingly ever-present agents of authority. These "external" features impose what Goffman (1961) described as *commitment*, or the expectations real, imagined, and generalized others thrust upon the self. Despite contemporary sociology's adherence to a belief that moral relativism is superior to coherence, Durkheim was clearly aware of the protective benefits of cultural coherence: plausible, social order external to the individual, that (in Peter Berger's (1969:26), more elegant terms), "provides [humans' the] ultimate shield against the terror of

anomy." And because something so healthy and protective on its own cannot be the source of suicidality, we turn to the other three ingredients.

Cultural directives. Culture manifests itself in patterns, and these patterns are rooted in what we call directives that channel emotions, attitudes, and actions in prescribed or proscribed ways. To be sure, it is a metaphor, but one with power. Consider Romeo and Juliet: it is a play that has a script that exists outside of any one actor and, because of its exteriority, can make certain demands obligatory on role performers; these obligations are cultural directives. Additionally, directives become powerful not only because they are external, but because they appear to have influenced past performances. These recurring performances reinforce the crystallized directives first laid out by the writer, but also infuse them with contextual meanings that are both general and local; the former because there is only so much latitude offered a given performance before innovation and interpretation go beyond the delimitations set and the latter because within these directives are freedoms for interpretation and reinterpretation that account for temporal, physical, cultural, and social differences in the actual performance and the one laid out by the author. In addition to the exteriority of the directives, directives are also internalized by actors. During rehearsal, actors can visibly read the script, but through rehearsal, their attempt at authenticity leads to the embodiment of obligations. Importantly, it is the space between constraint and latitude that gives local performances their uniqueness; and, it is this uniqueness that allows us to argue that culture can be coherent even if not all of it is coherent.

In short, we can see that directives provide (1) generalized meanings about how one ought to feel, think, and act under certain circumstances that are accessible to everyone who has access to the script, (2) implicit and explicit sanctions for violating the expectations that emerge around these meanings, and (3) some freedom to actors to manipulate and make their roles, but

within a delimited space. How much freedom and how intense the sanctions depends on the context: failing to play Romeo correctly may cost someone a part in play or may elicit ridicule during rehearsal, whereas failing to produce a child, in some times and places, may elicit powerful shame. And, the ritualized sequence for repairing these violations varies too. Because of this last point, and the fact that culture is internalized, we need a third ingredient: the social psychological dynamics of cultural regulation, which brings us to a discussion of identity.

Identity Dynamics. A significant body of social psychological theories begin with the process of control (cf. Turner 2010). That is, individuals internalize "standards" or sets of meanings about identity, status, situational elements, and so forth that are constantly being evaluated vis-à-vis external information about these phenomena. When internal standards and external information are congruent, interactions and performance go as planned; when incongruent, we experience negative affect and work to create congruence. Though most of these theories are useful for thinking about cultural regulation, those that are particularly relevant to our theory are those centered on identities—or meaning-sets anchored in specific relationships, groups, or social categories (e.g., gender; race; student) (Ridgeway 2001; Hogg 2006; Burke and Stets 2009). Each of these analytically distinct, yet empirically overlapping sociocultural anchorages points to different sources of regulation and, therefore, different ways in which too much regulation may matter.

Some theoretical points are worth examining. First, unlike cultural coherence, identity turns our attention to what Goffman (1961) called *attachment*, or what social psychologists refer to as prominence (McCall and Simmons 1978) and salience (Stryker 1980). Prominence refers to the rank-ordering of identities based on personal preference, while salience refers to the rank-ordering of identities based on which identities are most likely to be activated. Both of these

dimensions vary situationally and globally. Yet although attachment may shift from encounter to encounter, there are "master" identities to which each person tends to attribute the most meaning. As such, we work hardest at meeting the obligations we feel bring congruence between our internal standards and the external responses to our performance (Serpe 1987; Burke and Stets 2009).

Second, we may be attached to real others (role-identities) (Burke and Reitzes 1981), the generalized other representing a real group we belong to (group-identity) (Lawler 1992), or a generalized other representing a categorical distinction like gender, race, occupation (social-identity) (Berger, Cohen and Zelditch Jr. 1972).[1] We regulate our behavior according to the most prominent and salient identity or identities in a situation because of both external monitoring and sanctioning and the positive, intrinsic rewards felt when "doing" identity "right." Because some identities are more important—they have been rewarded, invested in, and/or activated the most—self-sanctioning varies according to importance. That is, a person is less likely to feel guilt or shame for violating obligations when those obligations are attached to an identity with lower levels of emotional valence and moral evaluation (Turner 2007).

Third, attachment and self-regulation are rooted in *cultural directives* we learn to associate with a role, group, or social identity. A large body of research, for example, reveals how status beliefs conditions our emotions, attitudes, and actions across situations (Ridgeway 2006b, a); because we anticipate the influence, reward, performance, and evaluation we deserve in a given situation, we feel pressured to ensure that we meet our obligation. These obligatory feelings derive from *beliefs* that we feel are shared not just by our self or a real other that we may have learned them from, but from "most" or "all" people. Ultimately, these lead to distinct styles

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[1] It goes without saying that these are not mutually exclusive. For example, one may belong to a specific women's rights organization that fuses one's diffuse gender identity with a specific collective and its real members and goals.

of feeling, thinking, and acting for those with high and low status (Hochschild 1983; Ridgeway and Correll 2004). So much so, that attempts to renegotiate obligations or others' expectations, especially when identity is prominent and salient and commitment is intensely expected, are met with moral indignation and severe sanctioning (Goffman 1967). We work hard, ultimately, to avoid negative self-conscious emotions like guilt and, especially, shame (Lewis 1971; Scheff 1997; Tangney and Dearing 2002). Though Durkheimian theories often neglect the role of identity and social psychology, one key advantage to bringing it in is that it allows us to imagine how highly regulated spaces transmit psychological vulnerabilities to individuals; thus, it is an essential part of any sociological theory of suicide.

Social Structure. Though thus far, we have emphasized the cultural underpinnings of regulation, to ignore the co-occurring role of social structure as an ingredient in regulation would be a mistake. The importance of structure can be described at both the meso-level of social reality, where cultural coherence is the central dimension of cultural regulation and the micro-level, where identity processes operate. Let's consider the former first.

Above, we argued that cultural coherence was most prominent in the smaller, bounded sociocultural environments like neighborhoods or informal groups. These types of environments reveal specific structural characteristics that facilitate higher levels of coherence. First, research has shown that cohesive networks contribute to cultural expectations becoming more salient, coherent, and enforceable (Coleman 1988; Friedkin 2004). Cohesive networks are, in part, a product of social closure, or the erection of physical and/or cultural exclusivity that, in turn, reduces the costs of monitoring and sanctioning while also heightening the demand that individuals show commitment to the expectations imposed by membership (Hechter 1987). Second, bounded spaces tend to increase what Durkheim termed *moral* density, or the rate of

social interaction between group members; greater moral density is characterized by more frequent, intense, and accelerated recurring interactions, all of which generates greater amounts of intimacy and multiplex exchange relations and, therefore, far more salient expectations and obligations (Lawler, Thye and Yoon 2009). Third, bounded spaces also heighten the extant status hierarchy (Whyte 1969). On the one hand, bounded spaces necessarily delimit the number of statuses available as well as what statuses bring individuals the most prestige and power (Berger et al. 1998). On the other hand, these types of environments are most effective at crystallizing the status hierarchy in ways that make violating expectations far more consequential than in other places. Thus, the one common denominator tying together the few empirical efforts to test Durkheim's fatalism—or, his type of suicide based on too much regulation—is a focus on structurally oppressed categories of people such as immigrant women (van Bergen et al. 2009), rural women in highly patriarchal societies (Aliverdinia and Pridemore 2009), Palestinian suicide bombers (Pedahzur, Perliger and Weinberg 2003), or extreme political oppression (Stack 1979). As we will show below, excessive regulation does not just lead to suicides of the oppressed: these types of structured environments also put high status people at risk.

In sum, cultural regulation operates outside of us, in the form of a milieu and its actors' senses of homogeneous, coherent culture, and inside of us, in the form of identity and the self-motivated efforts to control our feelings, thoughts, and behaviors. In between these two distinct levels of social reality, cultural directives trickle down from the milieu through interaction into our identities, providing the content from which we are able to self-regulate. Conversely, directives emanate outward as individuals knowingly and unknowingly impose expectations on others, monitor each other, and when authorized, sanction violations. Though there is something distinctly cultural about regulation, it is also deeply intertwined with social structure, in that

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cohesive social structures facilitate cultural regulation and cultural coherence. Our final task is to elaborate when excessive regulation translates into suicidality and why this idea matters to understanding suicide.

How Culture Amplifies Vulnerability to Suicide

At this point, armed with our new understanding of cultural regulation, we can turn to the question of how do high levels of cultural regulation translate into vulnerability to suicide? We argue that much of the answer comes from considering cultural directives in culturally coherent and socially cohesive environments. Because directives are the link between (the externally imposed, monitored, and sanctioned) expectations of real, imagined, and generalized others and (the internally imposed, monitored, and sanctioned) obligations we believe we must meet, situations can arise when cultural directives may compel an individual to suicide.

First, when violations occur between who we are relative to who we believe significant others think we *should* be, individuals may be at significantly higher risk of suicide. One example of this is when LGBT youth are rejected by their families because of their sexual orientation or gender identity, their risk for suicide ideation and attempts is significantly and substantially higher (Ryan et al. 2010). Given the dependency of children on their families, it is likely incredibly difficult for these youth to reconcile who they are with how their family perceives them. When social groups (like families) constrain an individual's or a class of individual's (e.g., LGBT youth) ability to earn the respect and honor they believe they are owed, or when they violate cherished moral norms, they become vulnerable to the most painful of social emotions: shame. As clinical research has shown, shame is often framed in terms of wanting to hide and feeling small; it is the figurative death of the social self. The death of the

social self may lead to the purposive gradual or sudden literal death of the biological self—e.g., acute drug abuse or suicide, respectively.

This idea is related to an idea embedded in Durkheim's original thesis. When externally imposed directives appear to be *moral imperatives* and which carry severe sanctions but which morally and ethically violate one's internalized standards create a difficult situation: continue to be immoral and find some coping techniques that allow one to accept this position or suicide. Where we disagree with Durkheim is in the presumed motive that may motivate suicide in this case. Because we are not in the business of psychologization, there is no reason to choose one motive over any others. Hence, escapism may arise in some cases of suicide predicated on high levels of regulation, but as Baechler (1979; see also Manning 2012) has shown, revenge, guilt, shame, social control/grievance, and other motives also fit these particular structural and cultural conditions.

Second, as Abrutyn and Mueller (2016) argued, the content of cultural directives may very well matter to suicide. Suicide is, in most cases, prohibited; but at times, certain classes of people are authorized and even encouraged to choose self-destruction. One classic example of this is *sati*, or the ritual self-immolation of a Hindu woman on her husband's funeral pyre. Durkheim labeled sati self-sacrificial or altruistic suicide, but its emergence and spread closely correlates with increasingly severe gender stratification (Barbagli 2015). Moreover, the act is not commonly practiced in every village or region, but is over-represented in certain locales (Thakur 1963). Finally, recent research has dispelled the earliest accounts by various European travelers and traders that believed widows' happily jumped to their death, showing that, in fact, emotional and sometimes physical coercion was key to women becoming *sati* (Vijaykumar 2004). Thus, a more plausible explanation suggests that some villages are structurally and culturally

constraining such that widows have *no options* other than sati because there are few competing

alternative directives shaping womanhood, motherhood, or widowhood, whereas other villages,

where sati is rare, likely have alternative directives allowing for latitude in identity and status

performances. Another example in which directives can deliberately promote suicide can be

illustrated in cult group suicides: excessive regulation creates a group-think in which threats

from the outside—whether real or imagined—that lead to the belief that the cult is under siege

may generate the directive to suicide; this directive easily spreads as it becomes a common

sentiment and common solution prescribed by the group, and not by its leader (Pescosolido

1994). Thus, to summarize, high degrees of regulation can translate into suicide when real,

imagined, or potential failure to meet expectations or obligations results in severe mental,

emotional, physical, and social risks.

Why this Matters

Our final task, now, is to examine why this theory matters to sociology and to

suicidology. Because our argument in many ways highlights what sociologists (and other

disciplines) have failed to do, systematic empirical evidence is difficult to obtain. However, we

do believe there are some obvious applications for this theory that will help address several types

of suicides previously unaccounted for by Durkheim and very poorly understood in the broader

literature on suicide.

High school suicide clusters. Recent years have seen an increase in attention – by the

media (e.g., Mohney 2016), but more importantly by the Centers for Disease Control and

Prevention (CDC) (e.g., Spies et al. 2014) – to suicide clusters that have been emerging

particularly in schools and communities around the United States. A suicide cluster is generally

defined as two or more successive suicides delimited by time—and often times also space—that occur beyond the probability of chance (Niedzwiedz et al. 2014). For the most part, sociologists have avoided studying clusters, leaving this task to epidemiologists and occasionally anthropologists. Epidemiologists, while systematically demonstrating that clustering happens on a statistically significant and discernable level, have largely provided descriptive analyses predicated on the aggregate-level data they employ. Perhaps unsurprisingly, clusters happen most frequently in bounded spaces; particularly, high schools and psychiatric wards (Haw et al. 2012). Indeed, teenagers are 2-4 times more likely to die by suicide in a cluster than any other age group (Gould, Wallenstein and Kleinman 1990). The question, then, is why?

We posit that our cultural framework for suicide may help shed light on why high schools are particularly vulnerable to these tragic events, and potentially how clusters emerge and persist. First, while cliques and other divisions (e.g. grade levels, tracking) exist in schools, dividing student populations into subcultures, school cultures can be extremely important to youth (Coleman 1961). Not being fully developed cognitively, emotionally, or social psychologically, teens look to each other for the construction of identity. Depending on how small the community the high school draws from is, the number of high schools in the community, and size of the student population, cultural regulation in schools may be quite powerful. Second, kids spend the vast majority of their waking lives "in" school, occupying their student identity and heightening its salience (Crosnoe and Johnson 2011). Not only do they go five days a week for eight or more hours a day, but most students participate in extracurricular activities and bring the identity home in the form of home work. Additionally, with social media, the student identity is difficult to compartmentalize as school friends, gossip, and other facts of school life bleed into non-school time. In short, the student identity is prominent and salient for

teens, especially considering the pressure that testing and college prep put on their imagination of the future and their success. Failure in this identity, depending of course on the boundedness of the community and the school itself, can be tantamount to the failure of self.

Given school cultures' potential to be homogeneous and highly salient to youths' senses of self, when schools develop or house cultural directives that permit suicide in some circumstances we may expect a disproportionate vulnerability to suicide in that school. Cultural directives that encourage suicide as an option are likely a necessary condition for the emergence of a suicide cluster, though these alone are not enough to cause a cluster or even an individual student's suicide death. As Patterson (2014) notes, cultural elements must be available, accessible, and applicable. Thus, drawing from the literature on diffusion (Henrich 2001; Abrutyn and Mueller 2014b), we suggest three possible overlapping paths through which a compelling cultural directive for suicide can form in a high school and contribute to the formation of a suicide cluster. The first is through personal, intimate role models. Research has found that teens with no prior history of suicidality who are exposed to an intimate other's suicidality are at risk of developing new suicidal thoughts and, in the case of teen girls, behaviors (Abrutyn and Mueller 2014a). The second conduit is high status models. Schools are notorious for their distinct, sharp status hierarchies, and thus popular kids are often those with visibility (Eder, Evans and Parker 1995). Research has long found that status varies positively with influence (Sherif and Sherif 1953; Fine 2010), and thus the suicidality of a high status kid may be a powerful trigger for others to talk about the meaning of the suicide (Mueller 2017), for directives concerning suicide to be reframed and diffuse, and for successive suicides emerge. The third conduit follows some basic principles of network theory: as more and more people adopt a cultural practice or set of directives, the spread of these ideas grows geometrically

instead of arithmetically in the shape of an S-curve (Henrich 2001). Thus, some adopters of the directives—even those who may never apply them—do so because of the sheer number of people they know or suspect they know who also adopt them; Henrich (2001) calls this a "conformist" bias in which people simply take for granted the objective truth of the cultural practice because "everyone" accepts it.

Suicide clusters in high schools, communities, and colleges, are a significant and challenging social problem, and one that sociology is uniquely situated to take on. Importantly, our theoretical model moves us away from a simplistic notion of suicide "contagion" as a passive dyadic process of mimickry or aping and towards a focus on the diffusion of cultural meaning and directives around suicide (Mueller 2017). Additionally, failure to live up to broadly shared cultural expectations likely amplified in the high school context can generate the psychological pain that more proximately preceeds suicide (Shneidman 1993). Importantly, our theory is compatible with individualistic psychological models of suicide (van Orden et al. 2010; Klonsky and May 2015). Indeed, we do not deny the importance of psychological pain (or what Shneidman (1993) terms "psycheache") in suicide. But we do recognize the the complex multi-level processes (1) that enable suicide to become a more salient option for youth when they experience psychological pain and (2) that may be a social root of the psychological pain itself. Thus, considering how high levels of regulation relate to youths' risk of suicide in schools may offer additional insights into why suicide happens and identify additional places for effective interventions (Mueller and Abrutyn 2016).

Suicide in the Military. Another type of suicide that may be informed by our theory concerns military suicides. Though there is some debate and inconsistencies in estimates of suicide in the military (cf. Miller et al. 2012; Reger et al. 2015), historically military personnel

have reported a lower suicide rate than the general U.S. population (e.g., in the Vietnam and the Gulf wars) (Eaton et al. 2006). However, since the start of U.S. military operations in Iraq and Afghanistan, the military suicide rate appears to have risen such that it equals the rate in the general population (Kang and Bullman 2009). This increase in the military suicide rate has generated substantial concern and prevention efforts (Hoge and Castro 2012). Many existing studies of suicide in the military have treated suicide as an individual-level phenomenon, focusing on why particular soldiers complete suicide (for a review, see Braswell and Kushner 2012). Help-seeking behavior (or the lack thereof), economic and/or marital problems, active-duty, wartime stress, and other factors have been identified as risk factors for suicide in the military.

Taking a tack complimentary to our own, Braswell and Kushner (2012) focused on the collective military culture, highlighting the role that excessive integration plays in increasing the vulnerability of soldiers. Most studies of suicide in sociology assume integration is protective (Kushner and Sterk 2005); an assumption bolstered by conventionally received sociological wisdom (Putnam 2000; McPherson, Smith-Lovin and Brashears 2006; Umberson and Montez 2010). Braswell and Kushner's argument, then, rested on the idea that fatalism—which they defined as excessive integration—could help explain high rates of military suicides that had existed before even Durkheim's time. Like most totalistic organizations, the military emphasizes hierarchical control, with an express interest in *disculturation* (Goffman 1961)—or the eradication of pre-existing socialized patterns in favor of organization-specific values, beliefs, and norms. Germane to our argument, the military imposes a particular form of masculinity, termed *masculine fatalism* by Braswell and Kushner (2012:4): "It is by emphasizing masculinity—and rigidly separating male from the female—that the military creates social

capital from a group of soldiers whose economic statuses, ethnicities, and ideologies might otherwise place them in conflict with each other."[2] In place of American individualism, fatalistic "devaluation of individual life dovetails with the meaning of manhood." Consequently, the highly structured, integrated military environment pushes individuals (likely of all genders) to internalize "their anger [and] not lash out against the social order because [members share] its fundamental values. Instead, they understand failure to be the result of personal shortcomings" (ibid. 3). Thus, help-seeking is a sign of weakness in this hyper-masculine context, leading to the internalization of both the trauma of disculturation and an unbelievably coherent culture of masculinity, the promotion of controlled agression, and the fear of failure and the consequences of failure for the self.

Braswell and Kushner highlight many critical aspects about the structure and culture of the military that likely have sociological implications for suicide. However, they overemphasize integration, and miss an opportunity to detail the more generalizable role of culture in suicide. Indeed, our theoretical approach points to additional ways that social forces may shape suicide in the military. First, the collectivist orientation of the military may, like high schools, render military units particularly vulnerable to the formation of cultural directives that promote suicide as an understandable option in some circumstances. Additionally, given the relatively closed nature of the military and the relatively high rate of suicide, military service members are also more likely to know someone or know of someone who has died by suicide, again potentially reifying the cultural directives through intimate role models. Second, as Braswell and Kushner highlight, the military is a totalistic organization; as such, the social psychological dynamics of

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[2] It is worth noting that women in the military are also probably pushed to adopt a similar version of this military masculinity; thus, while we most frequently imagine masculinity as causing the suicides of men, it may also render women more vulnerable in this context.

such an institution likely inform the organization's generalized higher risk of suicide. Goffman (1961), for instance, highlighted the process of *role dispossession* in total organizations, or the concerted effort by prisons or militaries to strip individuals of their biographies in order to impose the organization's coherent culture. Soldiers, ultimately, come to possess a single dominant role-identity intimately tied to the sources of status they derive inside the military and when not actively serving. The longer they play the soldier role, the harder it is to transition to a civilian status, making threats to their self ever-present and cross-situational; indeed, as Ebaugh's (1988) work on ex-nuns illustrates, these roles are not only difficult to leave because of one's personal attachment to them, but others often continue to define us and orient their emotions, attitudes, and actions towards us as though we were still actively embedded in the totalistic organization. As such, when an active-duty military person or veteran feels a threat to their deeply internalized sense of self, their experiences in the military as a totalistic organization may render them disproportionately vulnerable to suicide. In sum, if we ignore how groups and individuals come to understand actions in ways that may reinforce or encourage certain behaviors, and focus only on the individual risk factors for suicide (though without a doubt they too play their role), we will be without a full toolkit with which to approach this important social problem.

   Masculinity & its Discontents. The regulation of masculinity and its potential tie to suicide is actually an interesting case beyond the specific instance of the military. An entire class of individuals, e.g., American men, may be subjected to a set of homogeneous cultural directives that can be hard to escape while preserving a sense of self. Research has found that hegemonic-masculine directives are prevelant in U.S. society, which may help explain the so-called gender paradox of suicide (men complete suicide 3-4 times more often than women) and the recent

substantial increase in suicide among middle-age white males (Canetto 2015; Granato, Smith and Selwyn 2015). Indeed, this argument matters as social scientists have begun investigating so-called "deaths of despair," or the high rate of white male deaths due to extrinsic causes, particularly among lower socioeconomic status individuals (Case and Deaton 2015; Masters, Tilstra and Simon 2017). To date, these explanations turn to a classic Durkheimian argument: the breakdown of industrialization has loosened the small town bond and lead to a sort of normlessness; that is, these suicides are posited as egoistic/anomic suicides. But, it may also be useful to examine the role of excessive regulation in the form of narrow views about what it means to be a man (or a white man) and what is expected.

Here, the social psychological component of our theory may be particularly relevant in that in many corners of the U.S., masculinity is the only or most dominant identity; any threats to it or real or perceived failures to meet directives generates shame. In this way, shame is often tied to directives about male honor/dishonor (Adinkrah 2012) as well as the performance of masculinity (Cleary 2012). And while Americans do not handle shame well (Cohen 2003), men are particularly vulnerable to it as hegemonic-masculinity precludes help-seeking. Consequently, men are more likely to perpetrate violence against others and themselves (Gilligan 2003), whereas women are more likely to seek help (Rosenfield 1982; Thoits 2013). The case of masculinity highlights that while cases of fatalistic suicide may be more common in bounded social contexts, the role of regulation and culture in suicide is not necessarily limited to meso-level or local social milieus.

FINAL THOUGHTS

Despite the enormous intellectual debt sociology and suicidology owe to Durkheim for his largely structural insights in *Suicide*, the sociology of suicide is hindered by failing to consider the role of culture in suicide. To remedy this gap, this paper provides a new cultural-structural theory of suicide that examines when and how culture plays a role in fomenting vulnerability to suicide in some places or collectives. By thinking about the cultural dynamics of excessive regulation, we offer a more powerful theoretical model for suicide that supplements the structure-heavy Durkheimian theory. In essence, we argue that cultural regulation rests on (1) the degree to which a social unit or milieu is bounded or integrated and (2) the degree to which culture is coherent and homogeneous for these actors or places, (3) the types of directives related to prescribing or proscribing suicide present in this coherent culture, and (4) the degree to which these directives translated into internalized meanings about identity and status performance that when violated result in intense psychological pain and negative social emotions (e.g., shame). Using this model, we suggested suicide clusters like those found in high schools, the high rate of military suicides, and the recent spike in white male suicides could be better explained by incorporating cultural mechanisms into empirical research. Indeed, by shifting our lens to how culture regulates externally (e.g., its coherence) and internally (e.g., identity meanings), new strategies for prevention that rely on sociological tools may be put into place. That is, the goal of suicide prevention should be expanded to include finding ways to disrupt extant cultural patterns, reframe directives, and offer alternative meanings for identity and status performances to decrease the sting of failure and increase avenues for the preservation of identy.

Additionally, while this paper focuses primarily on the consequences of regulation, we believe future theoretical and empirical efforts should heed Douglas' (1967) call to take seriously

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the role that meaning and, thereby, culture plays in suicidality. Abrutyn and Mueller's (2016; also Mueller and Abrutyn 2016) work on altrustic suicide has already begun some of this project, but we think that revisiting egoistic and anomic suicides, and adding insights from cultural, social psychological, and emotions scholarship would go a long way towards making sociology relevant to suicidology and even more important, towards effective suicide prevention. By charting a path to re-envision regulation, we present a way forward that radically shifts our focus away from testing and retesting Durkheim's nineteenth century hypotheses and towards bringing the full methodological and empirical tool box that sociology has to bear on a classic and still-serious social problem like suicide. Furthermore, in doing so, new light may be shed on other mental health issues including depression and anxiety, stress and coping, and other-/self-harm behaviors.

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