

# The Socioemotional Foundations of Suicide: A Microsociological View of Durkheim's Suicide

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## Abstract

Durkheim's theory of suicide remains one of the quintessential "classic" theories in sociology. Since the 1960s and 1970s, however, it has been challenged on theoretical and empirical grounds. Rather than defend Durkheim's theory on its own terms, this paper elaborates his typology of suicide by sketching suicide's socioemotional structure. We integrate social psychological, psychological, and psychiatric advances in emotion research and argue that (1) egoistic, or attachment-based suicides, are driven primarily by sadness/hopelessness; (2) anomic/fatalistic, or regulative suicides, are driven by shame; and (3) mixed-types exist and are useful for developing a more robust and complex multilevel model.

## Keywords

Durkheim, suicide, social psychology, sociology of emotions, macro-micro

## INTRODUCTION

Durkheim's ([1897] 1951) *Suicide* is a classic in sociology for its methodological ingenuity, theoretical import, and inspired sociological imagination; it is also one of sociology's most visible works for non-sociological social scientists. Like most classics, in addition to praise, it has drawn criticism on epistemological (Douglas 1967), methodological (Kushner 1994; Pope 1976), and theoretical (Johnson 1965) grounds, and some exasperated sociologists have questioned its contemporary utility (Nolan, Triplett, and McDonough 2010). One persistent limitation to Durkheim's theory is that even though it was meant to be a general theory—and unfortunately is still often taught as such—it fails to touch on key aspects of the phenomenon of suicide (for a recent review, see Wray, Colen, and Pescosolido 2011). For example, there has been now four decades of research on the spread of suicide via role

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models (Abrutyn and Mueller 2014a; Bearman and Moody 2004; Gould 2001; Romer, Jamieson, and Jamieson 2006; Stack 2005, 2009; Thorlindsson and Bjarnason 1998)—something Durkheim deliberately excluded from his theory. Despite this limitation, the primary thesis of *Suicide* remains startlingly relevant and insightful for understanding suicide (Joiner 2005; Pescosolido 1990; Wray et al. 2011). Sociology's contribution to the study of suicide would benefit greatly not from dismantling Durkheim, but from elaboration and extension of his theory in light of the robust literature on the social contagion of suicide and a century's worth of advances in social psychology and emotions.

With this article, we offer an elaboration of Durkheim's sociological theory of suicide by focusing on the socioemotional structure that underlies both the protective and harmful sides of human interactions. We begin by preserving the two essential principles of Durkheim's original thesis (Abrutyn and Mueller 2014a; Bearman 1991; Mueller, Abrutyn, and Stockton forthcoming; Pescosolido 1990; Pescosolido and Georgianna 1989): (1) the structure of any social pathology, suicide included, is directly related to the structure of social relationships and (2) the two central dimensions governing the structure of social relationships are *integration* and (moral) *regulation*. Next, inspired by insights from Durkheim's larger body of work, where he acknowledges the important role emotions play in defining how social relations are experienced, we situate Durkheim's basic principles within a *socioemotional* theory of suicide. We explore the diversity of social emotions that may motivate individuals to die by suicide, as well as the relationship between one type of emotion and the structural and cultural conditions in which it is likely to be formed and expressed. This theoretical strategy makes sense given the growing body of research demonstrating the role emotions play in shaping cognition, meaning, decision making, and action (Camerer 2007; Damasio 1994; Franks and Turner 2013; Turner 2007) as well as the role emotions play in building and maintaining social attachments between people, between people and groups (Collins 2004; Mackie, Maitner, and Smith 2009), and between people and cultural systems (Abrutyn 2014; Lawler, Thye, and Yoon 2009).

The article contributes to the sociological study of suicide and to theory more broadly in several ways. First, by systematically bringing Durkheim's theory into dialogue with the social psychological literature on emotions, as well as the various strands of research on suicide that consider emotions, we can move toward a more robust and comprehensive sociological theory of suicide. A socioemotional theory pushes emotions and culture to the foreground in a way that can supplement and complement the structural insights made by scholars integrating network language and methods with Durkheim's original thesis (Baller and Richardson 2009; Pescosolido 1990). In a sense, emotions become the bridge between individuals, their decision making, and the larger social milieu in which they are located. Second, because emotions are powerful motivating and *regulating* forces for all sorts of action (Collins 2004; Hatfield, Cacioppo, and Rapson 1994; Lawler et al. 2009; Turner 2007, 2010),<sup>1</sup> even suicide (Abrutyn and Mueller 2014b; Kral 1994; Shneidman 1993), we can better tease out the differences between integration (structural dimensions of groups) and regulation (socioemotional and cultural dimensions of groups). Third, suicidology has been quick to recognize the importance of "sadness" emotions, like desperation and grief, as motivation for individuals to die by suicide (Joiner 2005; Pestian, Matykiewicz, and Linn-Gust 2012; Walls, Chapple, and Johnson 2007; Weersinghe and Tepperman 1994); however, a burgeoning body of literature emphasizes shame as a key emotional motivation as well (Adinkrah 2012; Baumeister 1990; Breed 1972; Cleary 2012; Kalafat and Lester 2000; Lester 1997; Mokros 1995). Durkheim ([1897] 1951:277–94), who wrote an insightful, although little read, chapter on the link between emotions and the meso or macro level in which they are experienced, provides the key to understanding how various social emotions

can be linked to suicide, particularly when considered in relation to larger social structures or cultures. We begin with a brief overview of Durkheim's *Suicide* and the specter of emotions that acts as the foundation for the theoretical work.

## THEORETICAL BACKGROUND

### *Durkheim's Le Suicide*

As noted previously, the core of Durkheim's theory revolves around two simple tenets: (1) the structure of social relationships shapes the structure of suicide and (2) integration and regulation are the central structural dimensions of social relationships. For our purposes, we conceptualize integration as the quantity and quality of social ties and regulation as the clarity of norms and sanctions governing those ties. Simply put, Durkheim believed that individuals subject to too little or too much integration (egoism/altruism) or too little or too much regulation (anomie/fatalism), by way of the groups they belonged to (or did not, in the case of pure egoism), would be less protected against the impulse toward pathological behavior. In essence, societies—or, more precisely, groups within societies—that fostered fewer social relationships or had weak collective consciences were unhealthier, and suicide rates were but one piece of the empirical evidence. It is conventionally assumed, although remains an open question, that Durkheim saw integration and regulation as independent of each other, but in empirical reality—and in his brief treatment of the “mixed-types” (Durkheim [1897] 1951:287)—they often intersect.

Arguably, it is the ambiguity surrounding these two dimensions that undergirds the theoretical and methodological critiques leveled against Durkheim (Breault 1994; Johnson 1965; Nolan et al. 2010; Pope 1976). The two underlying issues stem from (1) the tacit use of functionalist imagery when Durkheim implies there is an “equilibrium” point for being appropriately integrated and regulated (see also Bearman 1991) and (2) his tendency to sometimes separate the two dimensions but sometimes see them as interdependent. How, for instance, can Durkheim argue that having social ties (integration) or moral obligations (regulation) is protective yet also imply that some social ties (altruism) and moral obligations (fatalism) are harmful? Durkheim never explores this paradox, yet empirical research (Abrutyn and Mueller 2014a; Baller and Richardson 2009) and advances in social psychology (Collins 2004; Lawler et al. 2009; Turner 2010) inspired by Durkheim's principles have begun to shed light on this dilemma. We argue that this ambiguity is the result of Durkheim's own ambivalence in spelling out the link between the macro and micro levels. By rethinking the symmetry of his fourfold typology, Durkheim's types can actually capture both structural and cultural forces that shape groups' emotional dynamics, as well as the social psychological dimensions felt by individuals in these groups. Thus, the altruistic or fatalistic types are not really individual-level concepts, but rather macro descriptions, or as Pescosolido (1990) argues, meso-level characteristics that capture the content, quality, and quantity of social relationships and the content, quality, and obligatory nature of values, moral directives, feeling rules, and norms. Conversely, anomie and egoism are social psychological concepts meant to reflect individuals' reactions to these structural and sociocultural milieus and to other types of events or pathologies in their environment.

Ultimately, despite the “rejection” of social psychological mechanisms—again, a product of his historical and sociocultural context—we believe Durkheim's basic principles remain relevant and important, his theory can be extended and made more general, and, more broadly, a robust and comprehensive sociological theory of suicide can be constructed by considering dynamics of emotions and social psychological processes. The seed for such an

analysis is contained in Durkheim's own work, which can be refracted and reformulated through the lens of contemporary advances in microsociology. Hence, a bridge between the psychological and the sociological can easily be constructed by thinking about the emotional underpinnings of types of suicides and recognizing that emotions are the fundamental force of social integration (Abrutyn 2014; Collins 2004; Lawler et al. 2009) and regulation (Lewis 1976; Scheff 1997; Shott 1979; Turner 2007, 2010). By elucidating the *socioemotional structure of social relationships* that are abnormal and harmful, we can suggest directions for future research to examine modern cases of altruism and fatalism and, arguably, expand Durkheim's scope to a greater swath of cases that are currently undertheorized. This can fundamentally improve sociology's contribution to an important public health issue—suicide prevention (Gould 2001; Stack 2005).

### Durkheimian Interest in Emotions

Durkheim's gradual evolution from a macro-structural sociologist to a micro-interactionist is indisputable. According to Marks (1974:331), "Durkheim gets right down to microsociological detail, discussing the *crises of widowhood and divorce and their debilitating effects on the individuals.*" That is, he wants to show that aggregates of divorced people kill themselves more often, but in explaining why, he moves to the individual level, putting himself inside the head of the divorcee. As Durkheim sought to answer the problem of order and integration, he moved from material explanations in the *Division of Labor* to collective emotions driven by ritualized interaction. One could argue that in fact, he had already moved toward emotions and interaction in his first great work in his famous discussion of crime and professional groups (Alexander 1982).

Emotions reverberate throughout *Suicide*, but they largely elude contemporary interpretations of Durkheim's work (for exceptions, see Acevedo 2005; Gane 2005). In the last section of *Suicide*, for instance, Durkheim ([1897] 1951:316–17) speaks of "collective currents . . . external to each average individual" driving them to act uniformly. In another passage, he paradoxically rejects the sociological relevance of contagion, then notes that suicidal contagious outbreaks—*moral epidemics* in his terminology—are frequent occurrences driven by a "*passionate impulse*" born "under the influence of a common pressure" (p. 132). A careful reading of his chapter on altruism reveals a wholly emotional discourse: he posits that the egoist suffers from "feelings of incurable *weariness and sad depression*," whereas the altruist's motivation "springs from hope . . . for it depends on the *belief in beautiful perspectives beyond this life . . . [and] even implies enthusiasm and the spur of a faith eagerly seeking satisfaction, affirming itself by acts of extreme energy*" (pp. 225–26, emphasis added). Later, Durkheim notes that religious martyrs are driven by "the *passionate enthusiasm* with which the believers in [Christianity] faced final torture" (p. 227). Even his rather brief treatment of fatalism reveals his tacit thinking on the matter: for suicides, individuals' "*passions [are] violently choked by oppressive discipline*" (p. 276, emphasis added). Finally, in his section on *individual forms*, Durkheim discusses the emotional motivations driving each type of suicide, culminating with an oft-forgotten table offering his thoughts on the socioemotional structure of suicide (p. 293; see Table 1).

A few key aspects of Durkheim's typology are worth noting. First, Durkheim assigns a primary emotional force to each major type—except fatalism, which is curious. Second, the clearest exposition of his mixed-types of suicide occurs in this chapter, but it is little discussed in contemporary reviews or uses of *Suicide* (Lester 1994; Pescosolido 1990; Pickering and Walford 2000). Durkheim is clearly attuned to the social psychology and emotions work of his day but cannot embrace it, perhaps because his greatest rival, Gabriel Tarde (1903; see

**Table 1.** Durkheim's Etiology and Morphology of Suicide.

Type of Suicide	Primary Emotional Morphology	Secondary Emotional Characteristics
(1) Egoistic suicide	Apathy	Indolent melancholy with self-complacency or the skeptic's disillusioned songfroid
(2) Altruistic suicide	Energy of passion or will	With calm feeling of duty With mystic enthusiasm With peaceful courage
(3) Anomic suicide	Irritation, disgust	Violent recriminations against life in general Violent recriminations against one particular person (homicide-suicide)
(4) Ego-anomic suicide		Mixture of agitation and apathy, of action and revery
(5) Anomic-altruistic suicide		Exasperated effervescence
(6) Ego-altruistic		Melancholy tempered with moral fortitude

Note: As derived from Durkheim's *Suicide* ([1897] 1951:293).

also Abrutyn and Mueller 2014b), had cornered that market. Several questions thus remain unanswered: In the mixed-types, is there a temporal ordering or does it not matter? Do they have additive or multiplicative relationships? How can we reconcile two seemingly opposite types, for example, egoistic-altruistic? And, how does fatalism fit into this discussion? Again, by elucidating a theory of the socioemotional structure of suicide, answers to these questions should become more apparent. Moreover, we believe Durkheim intended to use these mixed-types to begin conceptualizing the link between macro (e.g., altruistic networks) and micro (e.g., individuals within these networks who lack attachments and become susceptible to suicide); by considering recent advances in emotions, this link can be unlocked.

### Advances in Emotions

We now briefly consider how the study of emotions has evolved and can inform our theoretical discussion. First, it is now widely acknowledged that the very essence of sociality emerged in conjunction with the evolution of the brain, such that humans can mix the four primary emotions—sadness, fear, anger, and happiness—in highly complex ways (Damasio 1994; Franks 2006; Turner 2007). The tremendous diversity of our emotional palate, as well as the remarkable variance in intensity, duration, and expressiveness shaped by structural and cultural forces, points to diversity in the types of social bonds individuals and groups can foster (Turner 2010). Second, and closely related, social psychological research consistently finds that emotions are tightly linked to solidarity (Collins 2004; Goffman 1967; Hochschild 1983) and attachment to people, groups, networks, and even systems (Burke and Stets 1999; Lawler et al. 2009). We can add three important facts to this: (1) humans have a powerful propensity to pay very close attention to faces and emotions (Ekman 1982), partly due to the mirror neurons in our frontal cortex that allow us to mentally *take the behavioral and emotional role of the other* (Franks 2006); (2) emotions “influence and can limit individuals’ perceptions, thought processes, and behavior . . . as well as affect health via emotional physiology” (Larson and Almeida 1999:5); and (3) emotions play a central role in

decision making (Camerer 2007), imitation and social-learning (Turner 2007), and how we come to understand and adopt behavioral or attitudinal responses (Izard 1991).

Besides the obvious link between emotional distress and suicide, how do these advances inform or extend Durkheim's theory? For one, a significant body of research finds that emotions, especially negative ones, can drive all sorts of destructive behavior, such as domestic violence (Lansky 1987), homicide (Lewis 1976), marital quarrels (Scheff and Retzinger [1991] 2001), rampage shootings (Newman et al. 2005), and even self-harming behaviors like anorexia (Scheff 1989). We also know that relationships, groups, and social environments are made up of recurrent, emotionally laden interactions that generate unique emotional biographies and profiles that are a blend of intergroup relations (Mackie et al. 2009) and within-group member idiosyncrasies and experiences. This point is important for understanding and explaining suicide because some groups likely have more intense negative emotional biographies and profiles due to their low-status position vis-à-vis other groups, their members' unique emotional biographies and profiles, or the intersection of the two (Ridgeway 2006; Summers-Effler 2004). Feeling rules (Hochschild 1979) may thus create negative emotional spirals in which some groups or relationships are more prone to self-harming behaviors via amplified negative emotions (Scheff 1997). Emotions and the attitudes and behaviors they give meaning to can also spread from person to person and group to group. Contagion of emotions is generally positively and directly related to the degree to which (1) a person or group is considered a significant other (Hatfield et al. 1994), (2) others are considered the same and thus are role models (Cooper and Hogg 2007), (3) members or other groups are perceived as high status and thus their behavior is considered desirable and prestigious (Ridgeway 2006), and (4) the group is physically, socially, or culturally closed from other groups.

Thus, while Durkheim believed the structure of social relationships affects the structure of suicide, we suggest that the structure *and content* of social relationships generate a socio-emotional structure that shapes the structure of suicide. Much research demonstrates the integrative and regulative effects of emotions on social behavior, especially social emotions like shame, guilt, and pride (for reviews, see Massey 2001; Turner 2007). Shame, for instance, is evoked when people perceive the social bond (integration) as threatened or, worse, broken; people then control their behavior to avoid shame (Lewis 1976; Scheff and Retzinger [1991] 2001). Shame due to a real or perceived disintegration of social ties can be so painful that it is repressed and diverted into other emotions, like intense anger or sadness, that lead to spontaneous, violent behavior (Lansky 1987; Scheff 1997). This seems especially true within cultural frames that gender emotion and feeling rules, such that men, for instance, must "bypass" shame to comport with definitions of masculinity (Cleary 2012). The regulative aspects of shame are important too: moral indignation at a group member's offensive or unjust behavior can elicit shame as a purposeful tool of social or self-control (Haidt and Algoe 2004). Pollution of the body or group from within or without also can produce shame (Goffman 1963)—for example, traditional masculinity defines dishonorable acts that evoke shame and suicide (Adinkrah 2012). Indeed, even in the absence of real (Bearman and Moody 2004) or perceived (Twenge, Catanese, and Baumeister 2003) social relationships, the emotional profile built on this absence shapes suicidality.

Our argument also draws support from qualitative analyses of suicide notes, which are admittedly shaky, subjective forms of data, but which underscore different emotional vocabularies that highlight different suicidal motives (Pestian et al. 2012). Indeed, while some evidence shows that knowing these vocabularies may help prevent suicides to some degree, it would be best to consider all of the emotional motives driving different types of suicide, such that we could expand the library from which clinicians can draw. In particular,

we theorize about the different types of emotional motives, who is blamed for the emotion (attribution), and the direction the suicide takes. All three components are essential to fully understanding the diversity in suicidal cases. The following section reconfigures Durkheim's typology of suicide, offering the reader a socioemotional typology of self-harm behaviors.

## TOWARD A SOCIOEMOTIONAL TYPOLOGY OF SELF-HARM

One of the more complicated theoretical dilemmas, which warrants far more attention than possible here (cf. Johnson 1965; Pescosolido 1990), is what to make of Durkheim's positing *integration* and *regulation* as independent or co-varying dimensions. Here, we note several elaborations that make Durkheim's theory more effective: (1) most people are not one dimensional and thus may lack integration in group A but derive plenty of social and emotional support from group B; (2) if people locate their global self-concept within two or more identities anchored to two or more different collectives, the probability of having norms and sanctions associated with one identity clash with that of the other increase (Bearman 1991); (3) suicides related to integration have more to do with the palpable, material connectedness and resources derived from significant others and group associations, whereas suicides related to regulation have more to do with internalized standards, expectations, obligations, status attainment, and in extreme cases, value orientations; and (4) although we treat egoism and anomie, in their pure unmixed forms, as empirical possibilities, the mixed-types are more likely to be real. By slightly altering Durkheim's logic, mixed-types generally combine macro-level conditions (altruism/fatalism) with social psychological, individual conditions (egoism/anomie).

In addition, by reconceptualizing integration and regulation as emotional continua, the suicide literature on emotions can be made more robust. For one, it allows us to separate suicides that gradually arise out of isolation or exclusion from suicides that arise from failure to meet expectations, sudden changes that cause normlessness, or severely conflicting normative prescriptions and their underlying evaluative criteria. Two, it subtly shifts what makes a group well integrated, and thus protective, versus being over-integrated and potentially harmful—that is, it contextualizes altruism/fatalism. A massive literature—for instance, on engulfed shame (Lewis 1976; Scheff 1997; Turner 2010)—provides a foundation for understanding fatalism and points toward tools for building an emotional vocabulary of motives. It also recuses us from the debate over what Durkheim meant by integration/regulation. Finally, it moves us away from Durkheim's macro-micro contradictions. By focusing on emotions, especially the mixed-types Durkheim alluded to, we can talk about the social psychology of egoism as well as delving into the group-level dynamics of altruistic suicides that prevent rational decision making—for example, a suicide cult like Jonestown. Mixed-types reflect the multilayered, multilevel complexities of real life; people may be well regulated or integrated at one level of analysis but experience poor regulation or integration at another. There is a dynamic interplay between an individual's own psychology and the sociocultural and historical context in which one operates.

Our theory begins with two basic propositions. First, suicidal thoughts and behaviors shaped by the quality and quantity of social attachments (integration) are predicated on *sadness* emotions (Cole 1988; Weersinghe and Tepperman 1994). Second, suicides shaped by the cultural and moral quality of social relationships and group milieus (regulation) are predicated on *shame* (Breed 1972), often manifest in anger at self and others (Turner 2010:242–44). The analysis proceeds as follows: first, we analyze egoism and anomie and their mixture together—noting that the mixed-type is akin to what Lively (2008) calls “emotional segueing,” or the co-occurrence of two or more emotions over a short period of time.

We then discuss fatalist suicides, its mixed forms, and altruistic suicides.<sup>2</sup> We look to Durkheim for whatever guidance he provides and then build out from there.

### *Egoism and Sadness*

Recall that egoistic suicides are produced by a lack of social ties; as Durkheim ([1897] 1951:210–12, emphasis added) described it:

Life is said to be intolerable unless some reason for existing is involved, some purpose justifying life's trials. . . . When we have no other object than ourselves we cannot avoid the thought that our efforts will finally end in nothingness, since *we ourselves disappear*. But *annihilation terrifies* us. . . . This problem does not exist for the believer firm in his faith or the man strongly bound by ties of domestic or political society. . . . But the more the believer doubts . . . the less he feels himself a participant in the religious faith to which he belongs, and from which he is freeing himself; the more the family and community become foreign to the individual, so much more does he become a mystery to himself.

This quote provides a brief look into Durkheim's thinking: being a part of something larger than oneself via attachment to people and groups reduces anxiety and assuages metaphysical exigencies. Social ties anchor and protect us, arousing feelings of empathic concern and solidarity that make us "cling to life more resolutely" (p. 210) and avoid the "currents of depression and disillusionment" (p. 214) that emerge out of "melancholy detachment . . . [in which] the individual isolates himself" (p. 281). Durkheim believed lack of attachments plus fear produce powerful forms of sadness, "incurable weariness," and melancholy.

Anxiety, according to Turner (2007), is an intensified form of fear that often arises from the (real or perceived) failure to achieve group inclusion, cultivate interpersonal trust, and find ways to sustain the self. Clinical research indicates that being with a trusted person in an otherwise scary situation mitigates fear, whereas being alone or with a person one does not trust magnifies fear, as one experiences not just fear of the unknown, but fear of an "inaccessible and unresponsive" other (Ainsworth et al. 1978:20–21). Isolated or excluded persons, or even small groups, may thus feel deep sadness and be susceptible to egoistic suicides; this should extend to relationships or groups that foster inaccessible others and, thereby, chronic anxiety. No doubt, isolation can be imagined and still carry consequences.

In egoistic cases, detachment, or lack of affection and support, is likely more intense than just sadness. Grief, for instance, is one intense form people likely feel when "mourning" their exclusion or isolation (Turner 2010:241); hopelessness is also quite common in the literature. Pestian and colleagues (2012:5) note that sadness was the most frequently reported emotion in their content analysis of 1,319 suicide notes—hopelessness ("I just didn't want to live anymore") appeared 601 times, and sorrow ("Oh how I suffer") appeared 342 times. We predict that egoistic suicides are motivated by sadness because meaning and comfort are found within social relationships. The fewer ties one has, the more likely one is to attribute emotional dependence to one's own deficiencies and not blame others. Sadness is likely compounded by some generalized or specific anxiety, whereas anger, if there is any, is probably a tertiary emotion. Although egoism is probably rare in its pure form, the "loner" is perhaps the ideal type.

*Proposition 1:* The greater the degree to which an individual feels isolated, whether real or perceived, the greater the risk of manifesting intense, persistent sadness-based emotions.

*Proposition 2:* The longer and more intense the sadness-based emotions, the greater the risk of suicidal thoughts, attempt, and completion.

As the previous discussion and these propositions underscore, sadness-based suicides are the most common: the decision to die by suicide manifests slowly, which explains why clinical research overwhelmingly studies sadness, depression, and hopelessness (Joiner 2005; Pestian et al. 2012; Walls et al. 2007; Weersinghe and Tepperman 1994). However, not all suicidal individuals make it to clinical settings, and thus it is plausible to suggest not all suicidal individuals are motivated by a “sadness vocabulary.”

### *Anomie, Shame, and Self-harm*

Durkheim’s *anomic suicides* are driven by a lack of regulation, often from a sudden loss in social status—for example, a divorce. Durkheim ([1897] 1951:284) convincingly distinguishes between the emotional textures of anomic suicides and egoistic suicides: “it is *anger* and all the emotions customarily associated with *disappointment* . . . primarily *irritation* and *exasperated weariness*.” The suicidal behavior is also different in this case, as Durkheim (pp. 284–85) argues that anomic suicides often lead to violence against “the cause to which [one] attributes [his or her] ruin. . . . If he recognizes himself to blame for the catastrophe, he takes it out on himself; otherwise on someone else. . . . The individual always *attacks* himself in an access [*sic*] of *anger*.” As Table 1 illustrates, Durkheim believed murder-suicides were likely outcomes in some anomic suicides.

Durkheim’s examples for anomie range from divorce to losing one’s job. In most cases, there is a sudden loss of social status—or threat to a social bond—and, implicitly, a feeling of embarrassment for not meeting expectations. This assessment sounds much like Scheff and Retzinger’s ([1991] 2001) discussion of shame-anger spirals. Citing a large and diverse literature that “reports how aggressive or destructive behavior occurs during periods of separation,” Scheff and Retzinger (pp. 64–65) argue that shame emerges in moments ranging from “social discomfort to intense forms such as humiliation” always centering on one’s “concern about other’s images of oneself.” Unlike egoism, when one experiences chronic fear from isolation or exclusion, anomic suicides are predicated on shame—explicitly by an other’s actions that threaten a bond or implicitly by self-reflexive evaluations of the person threatening the bond. The *threat* matters, and so does the person who is to blame for the threat. Shame, being one of the most painful emotions, is generally repressed, and anger often emerges in its place (Turner 2007). Like shame, anger is highly self-regulated because it is often negatively sanctioned by groups and relationships. This leads to shame-anger feedback loops: people react to their shame with anger and react to their anger with shame (Scheff 1997). Loops between individuals also emerge as shame transforms into anger toward a person, which elicits angry responses that trigger more shame for both individuals.

Under ordinary circumstances, shame can be a healthy form of social control, wielded by others to remind a person of moral boundaries, highlight an individual’s violation of said boundaries, and motivate individuals to enter into a reintegrative or reparative ritual meant to reinforce the social bond and strengthen belief in the moral order (Goffman 1967; Scheff and Retzinger [1991] 2001; Shott 1979). Where shame is not repaired, “cycling between shame and anger” takes place, making “concern with identity . . . thematically focal. In shame there is the experience of rejection from the social bond, and in anger, the experience of rejecting one’s place in the social bond” (Mokros 1995:1096; see also Lester 1997). This cycling is amplified in cases where individuals bypass, or ignore, the shame by repressing

their feelings, until they suffer great psychic stress and express the shame in rage, which is one pathway to a shame-anger spiral (Lewis 1976; Scheff 1997). Eventually, these spirals generate so much anger at others (and self), as well as fear and sadness, that thresholds are crossed and pathological behavior like homicide (Lewis 1976), domestic abuse (Lansky 1987), anorexia (Scheff 1989), alcoholism (Cleary 2012), rampage school shootings (Newman et al. 2005), and suicides emerge (Mokros 1995). These types of suicides, as Durkheim noted, can be attributed and therefore directed toward (1) the self, (2) a real/imagined other, or (3) both.

In essence, anomic suicides are driven by shame and anger at real or imagined violations of social expectations that threaten one's sense of self. Pure anomic suicide occurs under four types of cases: (1) when people find themselves positioned between two or more evaluative systems based on corporate (e.g., religious affiliation) or categoric (e.g., age, race, or gender) membership that are sharply irreconcilable; (2) when sudden and rapid changes lead to a lack of moral clarity; (3) when a real, perceived, or threatened status change occurs that is incongruent with one's own self-conception; or (4) when a serious real or perceived threat to a cherished, imagined, or desired social bond occurs. In terms of the first case, Bearman (1991) highlights the incongruence teenagers face as they set goals and make decisions, having to choose between a familial normative system and norms of their peers. The second type occurs in times of economic depression or massive oppression from an imperial or colonialist conqueror. The third type is seen in the example Durkheim gives of the man who loses his job and risks losing face in the community as his status drops. The fourth anomic ideal is found in divorce (or the threat thereof), cases of unrequited love (or infatuation), relationships teetering on the edge, or when an individual's definition of a relationship does not match the partner's definition.

Two further points are worth making. First, the bypassed shame-anger cycle makes anomic suicides less predictable because people often appear okay until hitting their breaking point. This contrasts with the gradual visible decline associated with egoistic suicides. Second, the impulsive tendency of anomic suicides may account for the lower frequency with which emotional vocabularies of motives like anger ("Well, Jane I hope this makes you happy!"; 183 cases) and other-directed hostility ("Life is so cruel when you are persecuted by in-laws and ex-wife"; 53 cases) are found in content analyses of suicide notes (Pestian et al. 2012). In clinical research, however, one study found one-third of completed suicides reported experiencing shame due to failure. Homicide-suicides are more common, unfortunately, than the notes left behind to explain them. In 2012, for instance, a professional football player shot his girlfriend and then drove to the stadium to shoot himself. He did not leave a note, but from what journalists could piece together, his relationship was filled with anger-shame cycles, which likely escalated into violence, followed by intensely remorseful shame and the decision to kill himself (Fox News 2012).

This discussion leads to three formalized propositions:

*Proposition 3:* The greater the degree to which individuals feel they have failed to meet expectations and others fail to "reintegrate" them, the greater the feelings of shame and, therefore, anomie.

*Proposition 4:* The more important a particular identity, role, or status is to a person, the more vulnerable it is to shame and anomie when disrupted or dislocated by environmental or social events.

*Proposition 5:* The risk of suicidal thoughts, attempts, and completions, in addition to violent aggression toward specific or random others, is a positive function of the intensity, persistence, and pervasiveness of identity-, role-, or status-based shame and anomie.

The following section turns toward the mixture of anomie and egoism, or what Durkheim felt was empirically more common than the existence of one or the other in isolation. While cases of pure anomic suicide clearly exist, many scholars argue that sadness is one emotional component of shame (Turner 2010), and thus being socially isolated may be tightly linked to feeling shame as well as sadness.

### *Mixing Anomie with Egoism*

The mixed-type of anomic-egoism is likely more common than the pure types. Shame and sadness are often locked in what social psychologists call emotion “segueing,” or the cycling between different emotional states (Lively 2008).<sup>3</sup> Durkheim ([1897] 1951:288) recognized it was “almost inevitable that the egoist should have some tendency toward non-regulation,” and he suggested a bipolar cycling between agitation and apathy, which presumably hits an intolerable threshold or is triggered by some external or internal event. Yet, Durkheim left little description of the two, and not surprisingly, his mixed-types are generally overlooked in contemporary studies of suicide.

First, these suicides are probably more common than the pure types discussed earlier. In Turner’s (2010:243) discussion of shame, he sees sadness as a key emotion. In an analysis of shame-based suicides, Lester (1997:353) notes that “shame encompasses the whole of ourselves and generates a desire to hide, disappear, or die . . . [and] depression can be a direct result of shame or an indirect consequences of rage turned inward.” Certain psychological and sociological factors should thus shape whether rage directs outward or whether a person feels powerless and rage turns into grief or melancholy. Second, it is by no means a stretch to imagine losing a social tie—for example, through divorce—that generates shame feelings and, over a period of time, feelings of hopelessness. That is, shame and anger may be salient at one point, but if a person does not act on them, these emotions may be channeled into melancholy, sadness, or indifference. In a sense, the emergence of egoism may moderate the impulse to harm or direct anger at others, prompting individuals toward suicide rather than homicide. Admittedly, we are on speculative ground because suicidologists do not often consider mixed-types and whether they cycle, are temporally related, or truly mix together with magnified effects. Here, theory raises questions only empirical research can answer. We hypothesize that egoistic-anomic suicides are temporal cycles of grief and anxiety over real or imagined social isolation and shame and anger over real or imagined violations of social expectations. In addition, when one’s emotional disposition is less a cycling between the two types and more a true mixture of ego-anomie, *alienation* is the more precise emotional motivation.

When we turn to examples, we see shame compelling a person toward detachment. Citing a study of the play *Death of a Salesman*, Lester (1997:357) offers the archetype: “fired from his job, mind deteriorating, and [having] doubts about the value of his life. . . . He realizes that he has valued the wrong things and failed to achieve success even within that set of values. . . . Willy Loman’s *shame is a lonely experience, isolating him from others.*” We can turn to real examples as well. The most common is exemplified by Kalafat and Lester’s (2000) case study of Sarah, whose initial shame was produced by discovering that her recently deceased husband had been cheating on her for quite some time. Making it worse, the letters she found revealed she was the last in her small community to know about his infidelity. This triggered feelings of shame and sadness aimed inward, as she wondered how she could face people ever again. Her shame became anger, and without leaving a note, she took a lethal dose of medication; she did not die. Her anger at her husband was now compounded with the shame she felt at being a “fool” and for failing to be “competent” at

suicide; this shame triggered further feelings of loneliness and sorrow. This archetype may appear common because it is often found in movies (Stack and Bowman 2012), but clearly one emotional vocabulary of suicide involves shame → sadness → anger → shame cycles.

Our second case, Mark—a 19-year-old closeted gay man—did complete suicide and left a recorded note. In this case, we see how sadness became the overriding force in his own understanding of his suicide, but the note leaves clues of the shame that drove him to feeling detached and the shifting of blame from others to himself. Mark remarks that he feels “so alone” (Mokros 1995:1091), yet the rest of his note highlights the intense shame he felt because (1) he was rejected by his lover, (2) he hid his gayness from his mother—who he imagined would feel ashamed, and (3) he transferred the shame and sadness into anger toward his mother for not being there for him. By the end of the note, he turned these feelings on himself: “It’s funny how you can actually know a fair number of people and still feel completely alone. . . . I’ve been . . . hoping somehow that someone would give me something to hold on to ’cause I really don’t have anything.”

*Proposition 6:* The greater the degree to which individuals feel person-based shame and feel real or perceived isolation from those whom they feel shamed by, the more likely they are to cycle between intense bouts of shame, sadness, and anger.

*Proposition 7:* The greater the frequency, intensity, and persistence of shame, sadness, and anger cycles, the greater the risk of suicide thoughts, attempts, and completions.

Not all shame, however, is the same (Lewis 1976; Scheff 1997). Anomic suicides are closely related to repressed or bypassed shame, leading to expressions of anger, but some suicides are rooted in what can best be called “engulfed” shame. Engulfed shame pushes fear and sadness emotions to the fore while tempering anger; hence, we turn to *fatalism* as the suicide of the oppressed.

### *Fatalism and Desperation*

Durkheim’s fatalism is the least developed of the four types, as he only wrote one paragraph in a footnote. Nevertheless, he leaves us a crucial clue: “It is the suicide deriving from excessive regulation, that of persons *with futures pitilessly blocked and passions violently choked by oppressive discipline*” ([1897] 1951:276, emphasis added). He notes that fatalism is extremely rare in modernity, and thus it does not make it into his socioemotional table. Although often treated as a premodern, rare suicide (cf. Davies and Neal 2000), some scholars depict fatalism as the suicide of the subordinate or oppressed (Aliverdinia and Pridemore 2009; van Bergen et al. 2009). Yet, even those who label fatalism as escapist suicide still treat it as extremely rare (Acevedo 2005). Yet what if these cases are not so rare? What if they are due to the intersection of high moral regulation and low integration (Bearman 1991:519–22)? What if they are the suicides of persons who feel, whether objectively or subjectively true, that they can never live up to others’ expectations: “Death may come to seem preferable in the short-run to one’s emotional suffering and the painful awareness of oneself as deficient” (Baumeister 1990:93).

Given Durkheim’s placement of fatalism on the opposite end of the anomic continuum, it seems logical that *shame* is the underlying emotional motivation—but not *bypassed* shame that leads to anger-shame feedback loops and lashing out. According to Lewis (1976:197–98), *engulfed* or *overt, unidentified* shame

is an acutely painful experience about the self, in which it feels as if it “could die” or “crawl through a hole.” At the same time the self seeks to hide and is reduced, it is the

*center of experience*. . . . It is also characterized by a feeling of incongruity. These difficulties in the functioning of the self are mainly characteristic of overt shame in which shame affect is to the fore.

Here, the self, and not other people, is the focal source of painful emotions. Imagine a person committed to a relationship or group and its norms, yet the person is or feels isolated and excluded because of her inability to meet others' expectations. This is far more common than the literature suggests (Aliverdinia and Pridemore 2009; van Bergen et al. 2009). The rich emotions management and labor literature describes members of status groups who have low self-esteem and competence and are drained of their emotional resources (Hochschild 1983). Physically, psychologically, or emotionally abused women, who feel trapped with no alternatives, often develop "defensive strategies to control their own behavior in an attempt to limit their partners' violence" (Summers-Effler 2004:316, 318); these women subject themselves to "intense surveillance and critique," which fits Lewis's (1976) conceptualization of overt shame. It comes as no surprise that women in abusive relationships have remarkably high rates of suicide attempts and completions compared to the overall female suicide rate (Liu and Chan 1999). These suicides almost never feature homicide-suicide actions, as these women generally display "passivity and withdrawal" predicated on giving "up important parts of one's self" (Scheff 1997:86).

We can extend this type of engulfed shame beyond abused persons and bring in Goffman's (1963) theory of *stigma*. What happens when individuals are closely tied to a group and its norms—that is, they strongly identify with the group—yet their stigmatized identity violates the group's expectations and thus pushes them into withdrawn positions? Homosexual and transgender youth, for instance, may often fit this type. Or a category of individuals, like Native Americans, may be socialized within the U.S. system and accept its values as goals to set, yet pursuit of these goals—in Merton's terminology—is blocked, and strains emerge that foster collective shame cultures (Walls et al. 2007). That being said, as we shall see, the case of Native Americans may more aptly fit the mixed-type altruistic-fatalistic: several other groups, like African Americans, are socialized within the same system and similarly have their mobility blocked but have significantly lower suicide rates than do Native Americans (Stack 2000).

*Proposition 8:* The greater the degree to which an identity or status that is salient to an individual—whether self-imposed, externally imposed by others deemed significant, or an amalgam of the two—is stigmatized by the broader culture or a subculture, the greater the degree to which that person will experience engulfed shame.

*Proposition 9:* The greater the degree to which an individual experiences engulfed shame, the greater the degree to which the person is likely to experience suicidal thoughts or attempt or complete suicide.

Having examined fatalism as a cultural condition of some relationships, groups, or perhaps even cultural systems, it becomes possible to consider how egoism or anomie mix with fatalism. This provides a robust theoretical frame for understanding the bridge between culture and emotions, groups, and social psychology.

### *Mixing Fatalism, Egoism, and Anomie*

When we begin to conceptualize the two types of suicide Durkheim believed resulted from mechanical solidarity, or being too regulated or integrated, we are presented with theoretical

obstacles and opportunities, especially in considering the mixed-types that involve fatalism or altruism. On the one hand, when Durkheim points to altruistic-egoistic suicides, one cannot help but ask: how can a person be both over- and under-integrated (the same question, of course, could be asked about fatalistic-anomic)? Yet, in Table 1, we see he considered this mixture a real social fact. On the other hand, this silence and the larger disconnect in his work between the macro/meso and micro levels of social reality offer an opportunity to reformulate Durkheim and extend his reach. One could imagine mixed-types that include fatalism or egoism as capturing the complexities and contradictions that come from integration or regulation at different levels of social reality. The way we read Durkheim, altruism and fatalism—being suicides of traditional societies—are very often, although not always, *group-level* forces, at least when mixed with egoism or anomie. In a sense, these mixed-types are simply heightened forms of the pure egoism and anomic types discussed earlier, except (1) we add the intersection between macro and micro levels of social reality and (2) where fatalism or altruism are a persistent component of a group's emotional profile, suicidal behavior is likely to be more prevalent, whether it be egoistic, anomic, or a mixture of the two.

We suggest that when thinking about the mixture of fatalism-egoism or fatalism-anomie, one must think about the nexus between the macro cultural/structural conditions (fatalist) and the emotional motivations and triggers on the micro level (egoism or anomie). We hypothesize that fatalism mixed with egoism should generate powerful shame and fear about not being able to meet social expectations, while actions meant to meet broader goals produce sadness and anxiety over real or imagined social isolation. Thus, the “total institutions” Goffman (1961) saw as separating people from society because they may purposefully or accidentally harm others may structure this type of emotional mixture. Durkheim reported that penitentiaries were known for suicide epidemics, an observation that still has some validity (Cox and Skegg 1993; psychiatric wards also seem to generate contagious outbreaks [Niedzwiedz et al. 2014]). Of course, in real life, analytic efforts to tease out types may not be possible, as these social contexts are not just shaming cultures that isolate individuals, but, as Goffman (1961, 1963) noted, the institutional role of prisoner/felon or psych ward patient also brings shame through deculturation and, importantly, the mortification of self. These become lifelong stigmatized roles that, even when one is physically away from the social environment, produce anomie as individuals attempt to adjust to the “outside” while non-institutional others continue to treat the actor as different. We suggest that fatalism, when capturing a sociocultural milieu's emotional climate, is very likely mixed with intense feelings of isolation, sadness (egoism), and powerful shame directed at the self as well as the perception that one can never meet others' expectations (anomie).

*Proposition 10:* The greater the degree to which an environment is geographically, culturally, or socially bounded and is considered a dangerous, impure, or negative place, the greater the likelihood that its socioemotional climate will include engulfed shame and thus be more susceptible to fatalistic suicide epidemics.

*Proposition 11:* The greater the commitment to an identity attached to a sociocultural milieu with a shame-based emotional climate, the more vulnerable individuals will be to cycling feelings of isolation and anomie and a desire to escape through suicide.

In the final section, we turn toward Durkheim's fourth type: *altruism*. We saved this type for last because it seems counterintuitive to Durkheim's own ideological and sociological goals. Durkheim saw integration and regulation as essential to normal functioning; therefore, how could an individual be *too* integrated and regulated? A second dilemma, tied to the first, is the rarity of pure altruistic cases today.

### The Curious Case of Altruistic Suicides

Durkheim's ([1897] 1951:219) altruism revolves around three specific archetypal suicides: the self-sacrifice of a group member who takes more group resources than the person can give, the suicide of (Hindu) women upon a husband's death, and the suicides of followers of a chief or "great man"—that is, suicides that occur in traditional, mechanical societies in which the self is marked by primitive individuation and is easily *compelled* to kill itself. We can conclude a few things. First, the term *altruism* may have been a regrettable choice, as it delimits altruism to self-sacrificial suicides, which do seem rare in modernity—for example, the heroic soldier who jumps on a hand grenade to save his troop (Riemer 1998) or the elderly who die by suicide for the good of their families. Second, the belief that there is something self-sacrificial about Hindu women, or other subordinate individuals, who kill themselves when they have no choice seems outdated, misogynistic, and not useful to an explanatory sociological theory.

The solution, we think, is to (1) consider altruistic all suicides that are self-sacrificial and those in which collectivism breeds sympathetic suicides and (2) consider mixed-types of suicide involving altruism as rooted in integration that delimits social support from elsewhere. Unlike previous types, however, altruism is not necessarily tied to a single emotion. For one, altruism is the polar opposite of egoism: there should be a sense of happiness or relief in the suicide—the act of killing oneself in self-sacrifice or as a collective act is a sign of solidarity and commitment. Yet mixed with, say, fatalism, the content of the emotional culture would be negative. Hence, we would not be surprised to see emotional vocabularies of motives that include *pride* in fulfilling one's moral obligation and duty, *love* for fellow group members, and passionate *joy* or *enthusiasm* (as Durkheim characterized it) for the rewards reaped in selflessness, mixed with fear of the outside, a sense of shame, or even perhaps hopelessness.

Ultimately, for altruism to become a more useful concept, we have to consider it in relationship to the other types; we have to reimagine Durkheim's typology—not as a flat four-fold box—but rather as a multidimensional model in which any given actor may be integrated or regulated differently at different levels of social reality. Altruism thus sets up a different dynamic than fatalism. In altruism, we find cases in which individuals are strongly integrated at some level, and this intensity of integration—by way of the obligations, expectations, and social support founded on solidarity—contradicts and clashes with the person's experiences at other levels. In reformulating altruism as such, we can expand its explanatory power. First, by thinking about how altruism could mix with the shame-based types (anomie and fatalism), we can advance a more cogent picture of individual and mass suicides that take place within relatively bounded spaces. Second, by reconceptualizing the very large body of suicide suggestion research (Gould 2001; Stack 2005, 2009) as a special case shaped primarily by altruism mixed with the others—especially altruistic-egoism—we can extend the scope of Durkheim's theory and move closer to a general sociological theory of suicide. In essence, Durkheim was partially right: altruistic suicides, when mixed, are the suicide of *the group*; he was wrong, however, that they are rare.

In summary, few suicides meet the purely altruistic type. One exception occurs in suicide epidemics of unimaginable proportions. For instance, in 2008, a South Korean actress hung herself; over the next seven months, six other entertainment celebrities—some of whom were closely related to her—hung themselves too (Fu and Chan 2013). Fu and Chan (2013) estimated an increase of 149 suicides following the first three hangings. Suicide by hanging grew significantly, and the effect lasted between 9 and 10 weeks following the last three celebrity suicides. In a country where the suicide rate is abnormally high (31 per 100,000 people), strong collectivism may lead to altruistic suicides that spread from strong empathic responses to fellow countrymen.

*Altruistic-Anomic.* Durkheim left a clue regarding altruistic-anomic suicides: they are motivated by what he labeled *exasperated effervescence*. Although vague, this emotion points to suicides in which people violate the norms of a relationship or group, feel shame at being the threat to the bond, yet see no options to restore the relationship they are so tightly tied to. It is not uncommon, for instance, for life-long soldiers or officers, facing discharge—especially dishonorable—to dress in full regalia and commit suicide rather than lose their anchorage, particularly when facing shameful behavior unbecoming of soldiers (for two examples, see Lester 1997:359). A second example can be found in the Buddhist monks who self-emolliated to protest the Vietnam War. Individuals who are integrated to cultural systems that teach them to see the global community as their reference group may find atrocities carried out by nations or people as shame inducing. Their actions, however, are not necessarily directed toward the self, but may be a way “of punishing or otherwise expressing disapproval toward another party” (Manning 2012:207). What is common across these cases is the duty or prideful decision in the face of individual feelings of shame. The suicide is an act of good that counteracts either their own personal transgressions or the broader collective’s, to which their non-action makes them complicit.

*Proposition 12:* The greater the degree to which a sociocultural milieu evinces a strong sense of self-sacrifice and cooperation, and individuals are committed to the identity, role, or status embedded in this milieu, the more intense, pervasive, and persistent the feelings of shame and anomie when people perceive they have violated felt obligations or failed to meet the expectations of real or imaginary others they deem significant.

Alternatively, fatalism-anomie could be looked at, in some cases, as the disjuncture or dislocation actors feel *leaving* these total institutions. Ebaugh’s (1988) work on “becoming an ex,” which principally focuses on ex-nuns, finds that individuals who try to reformulate their identity, voluntarily or involuntarily, face difficult socioemotional forces. In particular, the incongruence between the ex’s self-conception and the way others view or perceive the person generally leads to the impossibility of self-verification; the lack of self-verification, as social psychological research consistently finds, leads to intense negative affect (Burke 1991). Conversely, the ex may have a difficult time adjusting outside of the total institution where physical, temporal, and social spaces were so highly constrained. Learning or re-learning broader, more general repertoires for acting is costly (Goffman 1961)—shame can thus come externally from being stigmatized and treated differently or internally from failure to meet new expectations.

*Proposition 13:* The greater the degree to which a sociocultural milieu evinces a strong sense of collective identity and cooperation, and individuals are committed to the identity, role, or status embedded in this milieu, the more intense, pervasive, and persistent the feelings of shame and anomie when individuals leave that space, voluntarily or involuntarily, and have a difficult time meeting their own or others’ new expectations.

*Altruistic-Fatalistic.* The mixture of altruism and fatalism is perhaps the most volatile type. Unlike altruistic-anomic suicides where disruptions are a central force, altruistic-fatalism speaks to groups or categories of persons who are strongly integrated and regulated and thus believe in the norms and values espoused by the dominant cultural system but are either (1) faced with cultural norms that “demand” they commit suicide, (2) oppressed to the extent that they cannot meet the dominant values and thus are confronted with choosing between shame or lashing out against the dominant group, or (3) strongly integrated within a group whose values and norms are very different from the general society and whose way of life is threatened from the state or the community at large.

In all cases, shame as a social emotion plays a central role. Durkheim's Hindu woman falls into the first case: strongly integrated into a community and highly regulated by a moral code that demands her "sacrifice" upon her husband's funeral pyre, she is compelled to obey the prescribed duty or face the potential consequences of ostracization or, perhaps, death. Suicide bombers fall into the second category. Where ethnic or religious groups are oppressed, and legal and military channels for expressing their grievances are tightly suppressed, their opportunities and life chances are highly limited and their mobility blocked. A strong resistance ethos or ideology often forms, whether it be ethnic, religious, or ethno-religious, that integrates individuals into the oppressed community and makes suicide bombing, for the cause and as a means of airing grievances, a very real option.

Finally, some altruistic-fatalistic suicides are mass suicides—either in succession or simultaneously. We hypothesize that environments most likely to generate altruistic-fatalistic suicides are similar to those Goffman (1961) termed "total institutions": environments in which most members share the same status characteristic (and thus can serve as role models for attitudinal and behavioral identification) and physical and temporal reality is tightly constrained. We would add that the master status characteristic should be a negatively valued one, so that shame is both endemic to the person's self-conception and diffuse throughout the environment. Native American reservations, for example, have witnessed horrible suicide epidemics. Reservations are often subject to a negative ethnic identity imposed from without, and members' mobility is blocked objectively through intergenerational poverty, alcoholism, broken families, and ruptured traditional ways of life and subjectively through discrimination and prejudice (Walls et al. 2007). Additionally, simultaneous mass suicides are found among cults. Here the dynamics are slightly different than in prisons. Individuals are far more integrated into cults because a sense of voluntarism underscores the conversion process. Second, regulation is religious in nature, regardless of the specific content. Third, a massive disjunction between society at large and the cult generally evolves, as most societies find cults bizarre and perhaps hostile to their own moral ethic and because cults develop bunker mentalities around their charismatic leaders. Finally, the trigger occurs when the leader or leadership perceives a threat to the cult's existence and rather than disband, the group chooses to joyfully pursue salvation as a collective. At the same time the cult oppresses its members, it generates a high level of integration and regulation—the mass view that the state is violently choking the cult's freedom leads to the final decision (Hall 1989).

*Proposition 14:* The greater the degree to which a sociocultural milieu evinces a strong sense of self-sacrifice and cooperation and is closed geographically, socially, or culturally, the greater the sensitivity to existential threats from the outside—especially in groups deemed deviant or dangerous by the dominant group.

*Proposition 15:* The greater the degree to which a group evinces a strong sense of self sacrifice, is closed, and deemed deviant, the greater the risk of developing a fatalistic cultural milieu in the face of real or perceived threats to its existence.

*Proposition 16:* The greater the degree to which a given member is committed to the identity, role, or status embedded in this type of milieu, the greater the likelihood that person will feel compelled to attempt or complete suicide in the face of a real or perceived threat to the group's existence and at the group's suggestion.

The initial impetus for constructing a socioemotional theory of suicide stemmed from our research on suicide suggestion, or the spread of suicide from one person to another (Abrutyn and Mueller 2014a; Gould 2001; Phillips 1974; Stack 2003, 2009). Four decades of research has demonstrated that some suicides are in fact connected to being exposed to a celebrity's

suicide via media or experiencing the suicide attempt or completion of a personal role model like a friend or family member. Durkheim's theory, as it has generally been applied, is not effective in understanding and explaining these types of suicides (Wray et al. 2011). We turn now to exploring how altruistic suicides, as conceptualized previously, may give us a better vantage point from which we can study these types of suicides.

### *Altruism and Suicide Suggestion*

Several decades of suicide research has unearthed a set of suicides that do not appear to fit Durkheim's theory—those that involve the spread of suicide from a personal role model to the person exposed, or *suicide suggestion* (Abrutyn and Mueller 2014a; Bearman and Moody 2004; Bjarnason 1994; Gould 2001; Stack 2005). We argue that the theory developed here can better explain suicide suggestion than do rational-choice models like social learning theory. Rational-choice models ignore the mountain of social psychological research that underscores the importance of emotions in social solidarity—and thereby, the creation of trust and commitment that facilitates the adoption of significant others' attitudes and behaviors—as well as the importance of emotional contagion in rapidly spreading new behaviors and attitudes. Hence, we begin with altruistic-egoism, which is arguably a special case principally tied to suicide suggestion.

Imagine a teenager whose life revolves around her best friend or a very small group of close friends, a group in which intimate disclosure and emotionally anchored relationships are the norm (Giordano 2003). We know these relationships can facilitate the spread of health behaviors, so why not suicide (Christakis and Fowler 2013)? Groups like this are vulnerable to the contagion of suicide because members are highly attuned to each other's behaviors and emotions (Hatfield et al. 1994). Emotions play a major role in understanding the experience of suicide suggestion in highly integrated social groups. We propose that suicide suggestion begins with being close to another person. Love, or emotional closeness, between two people inherently involves some form of altruism to motivate behavior, and it can easily lead to the blurring of lines between self and other, that is, the other's experiences can become confused with those of the self (Aron and McLaughlin-Volpe 2001). This positive emotional orientation to an alter may combine with feelings of anxiety or sorrow at the loss (in the case of a completed suicide) or the threat of a loss (in the case of a suicide attempt) in such a way that increases the ego's suicidality. The loss of a social tie that matters a great deal to an individual, we posit, fits within the framework of altruistic-egoism.

A further wrinkle may occur in which *anomic* emotional vocabularies are fused with the altruistic-egoistic. Parents who do not stop a child's suicide often blame themselves and feel intense guilt and anger for not having been there for their lost child. Others, too, may blame a suicide's friends or family; for example, when a person's spouse completes suicide, the parents-in-law sometimes blame the partner for being a "bad spouse," using the suicide death as evidence. As people live with this guilt and sorrow, it may evolve into alienation as they withdraw from others who cannot replace the lost person and from the self as they cannot stand the pain.

*Proposition 17:* The greater the degree to which individuals are emotionally, psychologically, and sociologically bonded to each other, a group, or a cultural system, the greater the degree to which they will be oriented toward each other's emotions, attitudes, and behaviors.

*Proposition 18:* The greater the degree to which individuals are emotionally, psychologically, and sociologically attuned to each other, the greater the risk of the spread of suicidal

thoughts and behaviors from one member to the next through empathic responses, vulnerability to catching negative emotions, or the salience of real or perceived threats to the bond.

## FINAL REMARKS

We argued that Durkheim's typology tacitly points to an underlying socioemotional theory of suicide that may in fact be the bridge between micro-level dynamics and the meso- or macro-level structural and cultural forces reciprocally interacting with each other. Durkheim's basic principles are still powerful because the structure of suicide—that is, the logic and motivation of suicide—is strongly related to the structure of social relationships, or *integration* (Pescosolido 1990). However, missing from most contemporary analyses of suicides is the consideration of culture and emotions—which, we believe, correspond closely with Durkheim's other dimension of social relationships, *regulation*. The two dimensions have caused much debate in sociology, but this can be partly resolved by considering integration as Durkheim's nod to structure and regulation his nod to culture (e.g., values, moral directives, and norms) and emotions, the latter of which became an increasingly central micro-sociological dynamic in his work.

Indeed, future research on suicides must take into account not only the structural aspects of networks, but the emotional quality and content of relationships; the feeling rules and emotional-moral directives that undergird relationships, groups, or society's cultural system; and importantly, the interplay between structure and culture—for example, the quality of relationships. For instance, people could be well integrated structurally, but the quality of their relationships may be negative and thus they feel isolated when, on paper, they seem well situated. Or, two teenagers who are very close to each other may be separated from the larger network, treated badly, and develop their own socioemotional milieu in which shame and anger circulate between the two. Thus, we offer a revised version of Durkheim's original table (see Table 1) in Table 2. Table 2 presents the basic socioemotional typology of suicide, along with who the suicide victim likely attributes the emotional impulse to, as well as who or what the suicide, as a violent act of destruction or harm, is directed toward.

Admittedly, a typology is only a heuristic device, but what this typology does is suggest (1) there are other types of emotions, besides those linked to depression, that drive suicides and (2) the sociocultural milieu greatly shapes the meanings people carry about suicide, its viability as an option or solution to coping, and the moral directives guiding action. The first component is essential to the study, and perhaps prevention, of suicide because many suicides appear impulsive and do not fit the "depression" script. We could benefit from qualitative research on suicidal individuals and the bereaved because the vocabulary some people employ may be ignored if it is filled with "shame" language. Grasping this vocabulary could make it more salient, and thus help us prevent shame-based suicides, which very often begin with homicidal rages. The second component of this typology keeps the structural insights of network analyses but reminds the researcher that the cultural milieu matters too. That is, without considering culture, it is difficult to explain why African Americans have lower suicide rates than their white counterparts (Stack 2000), why China is one of the few countries in the world where women are more likely to complete suicide than men (Baca-Garcia et al. 2008), or why a celebrity actor's suicide in the United States (Marilyn Monroe) is followed by a 13 percent jump in the suicide rate, whereas one in South Korea is followed by an almost 50 percent increase.

From a theoretical standpoint, this article pushes general sociology to consider reformulating (1) how it talks about and teaches Durkheim's classic work, so that it is not only

**Table 2.** The Socioemotional Structure of Suicide.

Type of Suicide	Emotion(s)	Ideal Type
1. Egoistic	Various forms of sadness, ranging in intensity (e.g., despair, hopelessness, melancholy) over real or imagined social isolation	The loner
2. Anomic	Repressed or bypassed shame + anger for real or imagined violations of social expectations	The joiner who tries to make friends but who is continually rejected
3. Egoistic-anomic	Grief + anxiety over real or imagined social isolation; shame + anger over real or imagined violations of social expectations; alienation from self and others	Divorcé, who has been married for several years
4. Fatalistic	Engulfed shame + fear for not meeting social expectations	Physically abused wife
4a. Fatalistic-egoistic	Shame + fear for not being able to meet social expectations + sadness + anxiety over real or imagined social isolation	Refugee who leaves a repressive state, but is isolated in his/her new milieu
4b. Fatalistic-anomic	Engulfed shame + fear over stigmatized identity; shame + anger caused by sudden change in status and inability to meet changed social expectations	Inmate serving life in prison, paroled after years
5. Altruistic	Various positive social emotions (e.g., pride, love, empathy)	Soldier who falls on a grenade
5a. Altruistic-anomic	Various positive social emotions; shame + anger for real or imagined violation of social expectations	Officer who kills him/herself before being dishonorably discharged
5b. Altruistic-fatalistic	Various positive social emotions; shame + fear for not meeting social expectations	Mass cult suicide
6a. Suicide suggestion: altruistic-egoistic	Various positive social emotions; various forms of sadness over real or imagined social isolation	Teen whose close friends kills himself or herself and who takes own life because of sorrow and empathy
6b. Suicide suggestion: altruistic-egoistic-anomic	Various positive social emotions; sadness at real or imagined social isolation; guilt + anger at self for not being there for a significant other; alienation from self and others	Parent who fails to recognize or prevent child's suicide completion and who completes out of guilt, sorrow, and alienation

updated but more fleshed out, and (2) how we apply Durkheimian principles, more broadly, to an array of social phenomena beyond suicide or other pathologies like alcoholism. When Durkheim's work is taken literally, it creates debates instead of doing what it was meant to do: advance a sociological agenda to explain suicide. His work is sometimes confusing in terms of integration and regulation, yet when we extract his most basic principles and consider them in light of his other texts, contemporary advances in social psychology and emotions inspired by his theoretical frame, and links to cases that do not fit his model, sociology can move forward without having to debate the merits of his specific concepts or his concrete empirical findings—findings that were already constrained by data limitations, nineteenth-century biases, and his underlying academic goals.

Additionally, and perhaps most important to this article, the theory developed here contributes to the larger project of constructing a more robust and general sociological theory of

suicide, a worthy goal that the most recent review of the literature on suicide argues is a necessary one if sociology is to remain relevant to other disciplines studying this topic (Wray et al. 2011). Suicide, although a classic, central, and still relevant subject, does not generate much research within sociology: according to Stack and Bowman (2012), since 1980, sociology has produced just barely over 100 papers on the subject, whereas molecular biology has produced over 1,000 and psychiatry over 9,000. Perhaps this gap is because we are taught, explicitly or implicitly, that the study of suicide and Durkheim's theory is settled debate; perhaps it is the macabre nature of the topic; or perhaps it is due to perceived or real data limitations. Regardless of the reason, sociology can and should contribute its perspective to the larger study of suicide and the noble goal of prevention. This article offers only one piece to the larger puzzle of constructing a better theory and bringing our tools to bear on the problem of suicide.

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## NOTES

1. Social emotions, like shame, pride, and guilt, are especially efficacious mechanisms regulating one's own and other's behavior (Goffman 1967; Kemper 1978; Summers-Effler 2004).
2. The decision to organize the final sections this way is predicated on altruism being uniquely different in many ways from the other three because it is rooted in either the density and closure of a social network or the intensity of social attachments and moral regulations—or both. In a sense, altruism is a structural/cultural force and not at all social psychological like egoism/anomie. Strongly solidarious groups can *compel* self-sacrifice, demand status-attainment suicides (e.g., duels), or act as conduits for suicide suggestion, epidemic-like contagious outbreaks, or copycatting.
3. Often ignored in empirical research on suicide, future studies on this could extend various social psychological theories such as affect control theory.

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