

When Too Much Integration and Regulation Hurts: Reenvisioning Durkheim's Altruistic Suicide

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Abstract

Durkheim's model of suicide famously includes four types: *anomic*, *egoistic*, *altruistic*, and *fatalistic suicides*; however, sociology has primarily focused on anomic and egoistic suicides and neglected suicides predicated on too much integration or regulation. This article addresses this gap. We begin by elaborating Durkheim's concepts of integration and regulation using insights from contemporary social psychology, the sociology of emotions, and cultural sociology. We then posit a more coherent theory of suicides resulting from too much integration *and* too much regulation. Importantly, we shift attention away from motives (altruism = self-sacrifice). We also reject the idea that high levels of integration and regulation are in and of themselves harmful. Instead, we propose three sociocultural explanations—(1) disruptions, (2) the spread of negative emotions and ideas, and (3) the pervasiveness of negative, suicide scripts—that elucidate how and why too much integration and regulation can become harmful and facilitate suicide.

Keywords

suicide, Durkheim, emotions, integration, altruism, sociological theory, social contagion

INTRODUCTION

Since Durkheim's ([1897] 1951) *Suicide*, the idea that social integration plays an essential role in mental health has been both theoretically argued and empirically verified (Pescosolido 2006; Turner 2003). Durkheim got much right about integration, which is why he remains so well cited both in the sociology of mental health and the broader psychological literature on suicide (cf. Joiner 2005). However, some of Durkheim's argument regarding the link between social integration and suicide remains puzzling theoretically and thus hard to test empirically. For instance, what Durkheim terms *altruistic suicides*—or suicides motivated by high levels of integration—implies that integration is not always protective; yet Durkheim offers little insight into how we may distinguish between “healthy” and “harmful” levels of integration. Moreover, Durkheim fails to explain

why any given individual in a highly integrated group may be at more risk of suicide than another. We argue that contemporary sociologists have the tools to better answer these questions by first stripping Durkheim's insights down to their basic principles (Bearman 1991; Pescosolido 1990; Wray, Colen, and Pescosolido 2011), bringing them into dialogue with social psychological dynamics surrounding identity and emotions (Abrutyn

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2014; Turner 2010), and considering the advances made in the sociology of physical and mental health (Thoits 2011; Umberson, Crosnoe, and Reczek 2010; Umberson and Montez 2010).

As such, this article expands on Durkheim's concepts to offer a more useful theory of integration. To do this, we focus on the paradox of "altruistic" suicide, or suicides that are predicated on what Durkheim would call *too much* integration, and which rests on the thrust of Durkheimian and functionalist sociology: Social ties should be protective and healthy, yet Durkheim proposes a type of suicide resulting from being too integrated. Durkheim ([1897] 1951:227) himself resolved this dilemma by arguing that "lower societies are the theatre par excellence of altruistic suicides," with only the most exceptional cases—like the soldier throwing himself on a grenade to save his unit (Riemer 1998)—being present in modernity—a claim that lacks empirical validity (Stack 2004).¹ Moreover, and quite ironically, Durkheim, in choosing the label *altruism*, premised motive (self-sacrifice) over the social facts (too much integration) that he believed were superior to subjective psychological explanations. And because of this highly restricted view of suicide, the concept's utility has been so severely limited that it is rarely used (Davies and Neal 2000). Indeed, a recent review of empirical research (Leenaars 2004) turned up only one study operationalizing "over-integration" (Park 2004). By moving away from his label, we gain the flexibility needed to elucidate when highly integrated groups and, of equal importance, highly integrated members of said groups lose their protective qualities and become vulnerable to suicide.

Thus, our goal is to offer a different strategy to understand the connection between high levels of integration and suicide. In short, we argue that high levels of integration are not in and of themselves dangerous for suicide. Instead, we argue that to understand when integration becomes harmful, we must examine the interactions among individual identities, experiences, and group cultures—a task that involves incorporating insights from social psychology, sociology of emotions, and cultural sociology as well as Durkheim's concept of regulation. Further, we argue that too much integration may be more commonly associated with contemporary suicides than Durkheim suspected; and in cases of contagion (Abrutyn and Mueller 2014a; Baller and Richardson

2009; Mueller and Abrutyn 2015) and clustering (Haw et al. 2012; Niedzwiedz et al. 2014), we can discern when and why high levels of integration lose their protective shield against risk and self-harm behaviors.

Ultimately, this article offers several contributions to the suicide literature as well as more generally to medical and mental health sociology. First, while we retain the conventional definition of integration—that is, a structural dimension of groups related to social ties or embeddedness—we argue that this definition is not sufficient to understand why integration matters; indeed, it is time sociologists think about integration and Durkheim's other dimension, regulation, not as sufficient *causes* of suicide but rather structural and cultural conditions shaping suicidality. Hence, we draw insights from a wide range of extant literatures in order to elaborate (1) how integration works to condition mental health and (2) the circumstances when being highly integrated may become harmful. Second, we take Bearman's (1991) reconceptualization of Durkheim seriously and believe that altruistic suicides are not simply conditioned by too much integration but also by too much regulation; and like our treatment of integration, we bring social psychology and emotions scholarship to bear on (1) how regulation works to condition mental health and (2) the circumstances when being highly regulated *and* integrated may become harmful. In short, the theoretical framework in the following provides a more robust and precise social psychological theory of Durkheim's integration and regulation. Finally, we add one more component to the analysis that addresses a key Durkheimian limitation: If integration and regulation, high or low, do not explain why people in these groups attempt or complete suicide, what does? To answer this question, we examine three sociocultural forces or dynamics that when combined with high levels of integration and regulation can create toxic environments that make members vulnerable to suicidality. By doing so, this approach to integration (and regulation) offers a more complex theoretical explanation for suicide while allowing Durkheim's concepts to be applied to a wider range of *contemporary* circumstances and accurately reflecting current knowledge about how individual identities, interactions, and group cultures condition the link between social groups and mental health. We begin by briefly reviewing Durkheim's *Suicide*.

TOWARD A BROADER THEORY OF INTEGRATION AND REGULATION

Recall, the core of Durkheim's ([1897] 1951) theory revolves around suicides being related to (1) the underlying structure of social relationships, which are (2) shaped by the dynamics of integration and regulation. Despite broad agreement that Durkheim's insights into regulation and integration are profound and important, as we mentioned previously, he failed to explicate a clear conceptual definition of both dimensions, and he often used them interchangeably in his analyses (for critiques, see Johnson 1965; Pope 1976). One need only revisit a brief part of Durkheim's analysis of religion in *Suicide* to see the vagueness. For instance, he remarks, "a religious society cannot exist without a *credo* [for it] socializes [humans] only by *attaching them completely to an identical body of doctrine* and socializes them in proportion as this body of doctrine is *extensive and firm*" (p. 159, italics added). The next few lines are devoted to shared *moral practices and beliefs*, the components of a collective conscience—or the wellspring of regulation—but then concludes that religious protection has to do with integration and *not* regulation: "We thus reach the conclusion that the superiority of Protestantism with respect to suicide results from its being a *less integrated church*." Durkheim seems to be suggesting that the consequence of the breakdown in *moral regulation* is weak integration, despite the conventional argument that Durkheim is firm in his insistence that religious groups and suicide are linked by regulation and not integration (cf. Pescosolido 1990; Thorlindsson and Bjarnason 1998).

Since Durkheim's original work, the general (though not perfect) consensus among sociologists views integration as rooted in the structural aspects of relationships, groups, and networks and regulation as the "normative and moral demands" these social units impose on their members (Bearman 1991) and that these two dimensions are interrelated as every socially integrative group has a regulative side (Pescosolido 1994). Still, these definitions only go so far in helping us understand the link(s) between suicide and integration and regulation. We argue that we can sharpen our lens by thinking about *why* integration (structure) and (regulation) culture matter

(Abrutyn and Mueller 2014b) and by building the Durkheimian model from the micro level up (Collins 1988). That is, while Durkheim conceptualized integration as strictly a macro-level phenomenon, we argue that integration is both an attribute of groups (and other meso-/micro-level social units) and of individual-level identity dynamics.

Thus, we identify five dimensions that capture different aspects of both group- and person-level integration. These dimensions are as follows: the degree to which (1) a person is committed to a role-identity embedded in a relationship, group, or broader sociocultural milieu (*prominence*); (2) the role-identity is immersed in intensive (affective) and/or extensive (dense and numerous) social ties (*salience*); (3) the role-identity is affectually and morally attached to the *group* as a thing *sui generis* (*emotionally charged ties*); (4) these social ties are high quality—or provide positive support and resources (*relational quality*); and (5) alternative role-identities and/or groups are not available (*network closure*). Each dimension is independent of the other and when found in "high levels" point to higher levels of integration at both the person or group level. In fact, one of the strengths of the dimensions is their ability to be operationalized at various levels of social reality, as prominence may be an attribute of a person in that he or she is strongly committed to a group and, for all intents and purposes, highly integrated into the group; or, it may be an attribute of a group or network insofar as they facilitate or possess for one reason or another a numerous and dense population of individuals with highly prominent group identities. Moreover, these dimensions are interrelated in that greater levels of two or more produce additive increases in integration in the person or the higher-level social unit. In the next section, we elaborate these five dimensions of integration.

Rethinking Integration

The problem of integration has a long, rich history in sociology and remains a central question in contemporary social psychology. Undergirding integration is the assumption that there are tangible and intangible things individuals cannot get outside of social relationships or groups, and thus, the question of commitment, or what makes actors more likely to remain in a relationship or group, is central. The answers to this question have been

varied and typically depend on the social theorist's philosophical and ideological positions. We believe, then, that by elucidating the aforementioned five dimensions related to integration, we can more precisely measure how integration manifests at the micro level.

Prominence. First, every person has a set of role-identities corresponding to the various groups he or she belongs to; role-identities are the specific meanings the person carries about his or her position in a group (Owens, Robinson, and Smith-Lovin 2010). Role-identities vary in terms of the prominence or importance they have to a person's global self-concept (McCall and Simmons 1978), whereas social units vary in terms of how prominent group identities are to their respective members. More prominent identities are generally predicated on the rewards a person derives from playing the role-identity, the skill the person feels he or she displays in the performance, and the sense of self-efficacy and self-worth the person attributes to the role-identity (Burke 1991). The greater the prominence of a role-identity, the greater the person is committed to performing as expected by others; indeed, the meanings the person attributes to the expected emotions, attitudes, and behaviors of a role-identity give its performance obligations moral weight (Goffman 1967). In some cases, a role-identity may "merge" (Turner 2001) or "fuse" (Swann et al. 2012) with a person's global self-concept. The more meaningful and prominent a role-identity is for a person's self-conception, the greater the degree to which he or she feels integrated into the relationship, group, or network—even if this is not objectively the case. On the one hand, according to Ralph Turner (2001), as a role-identity becomes increasingly central to one's self-concept, the attitudes and behaviors of the latter become increasingly synonymous with the former, while on the other hand, Goffman's work showed that people could be "forced" to play a role, but if they were not internally committed to the performance, they could remain distant and cynical and thus less integrated than the individual who happily embraces his or her role-identity. Prominence also plays out at the group level. Groups that foster high levels of prominence among the majority or all of their members create powerful integrative forces.

Salience. Derived from Stryker's (1980) identity theory, the second aspect of integration refers to the embeddedness of a given role-identity in a set of social relationships, groups, or networks. An important role-identity only becomes salient within the intensive and extensive commitments people have (Serpe 1987). Intensive commitments are rooted in having relationships predicated on a given role-identity that are intimate and emotionally charged; extensive commitments refer to the sheer number of people that interact with a person based on a single role-identity. The two aspects of commitment are independent but clearly interrelated. A family role-identity may be characterized by only a small number of intensive ties, while a professor role-identity is characterized by a large and extensive number of ties. The former identity may be more central to a person's self-concept because of the greater extrinsic and, especially, intrinsic rewards. Nevertheless, the latter identity is *made* to be salient by the frequency of its activation in social situations and performance within the role. As is often the case, a role-identity may have both intensive and extensive ties, which means the person is not only likely to invoke and enact his or her professor identity frequently but also to do so with people he or she deems significant. Though either type of commitment identified with Stryker's structural symbolic interactionism will prove integrative, we can expect that where both aspects of commitment intersect for a single role-identity, a person will feel most integrated and reap the greatest benefits from this commitment.²

Emotionally Charged Ties. A third dimension is drawn from the literature on social exchange and interaction rituals: Not all relationships, groups, and networks are created equal insofar as how they attach individual members affectually and morally. That is, just because a person is committed to a role-identity and that identity is embedded in structurally dense networks does not imply that the person is socioemotionally anchored to the relationship, group, or network as a thing external to its members (Lawler 2002). On the one hand, social psychological research shows that when individuals feel jointly responsible for the production and reproduction of a social unit and whatever good or goods it generates that makes it worth belonging to, they are more likely

to develop emotional ties to the group (or even the abstract cultural system) that they attribute positive affect and resources (Lawler, Thye, and Yoon 2009). Groups that facilitate affectual attachments and/or individuals who attribute positive affect to a group to which they belong are much more integrative than groups that simply rely on external controls or material incentives (Ekeh 1974). On the other hand, the greater the frequency of ritualized interaction, the more enduring, externalized, emotionally energized, and enduring the social bonds and sense of groupness (Collins 2004). In sum, emotionally charged or affectual ties are a product of what a group offers us or what we perceive we are getting and the palpable *reenactment* of groupness.

In the case of an emotionally charged tie or group, the success or failure of the group merges with the individual's sense of personal success or failure, pride or shame. These *relational attributions* are especially powerful in that people feel morally obligated to the group more so than any one individual, and threats to the group and its continued existence can constitute threats to the self (Aron and McLaughlin-Volpe 2001; Mackie, Maitner, and Smith 2009). Where affectual and moral ties to the social unit emerge, the role-identity related to the group is more likely to be salient because any extensive ties related to the group will be concomitantly intensive. Furthermore, these types of attachments are more likely to foster role-person merger or fusion (Swann et al. 2012; Turner 2001), which in turn raises the stakes for sustaining the social unit lest the person's global self-concept be cast into doubt (Turner 2010).

Relational Quality. Despite its prominence in the mental and physical health literature (Thoits 2011; Umberson et al. 2010; Umberson and Montez 2010), relationship quality has been commonly overlooked in Durkheimian accounts of suicide (Pescosolido 1990). By quality, we are referring to the degree to which a relationship offers positive physical, psychological, and emotional support, and support can be objectively real or subjectively perceived. Several points are worth keeping in mind: First, plenty of groups are integrative and plenty of individuals are highly integrated into relationships that are unhealthy or low in relationship quality (Summers-Effler 2004). A person may see a specific role-identity as central to his or her self-concept despite objectively getting

little positive support from the significant other or the group. Second, as with the other dimensions, health may be an attribute of the group and/or an individual. Groups can be positive, healthy spaces that bring members together, or a person may feel as though a relationship, group, or network provides valuable, unattainable resources that produce positive feelings. Either way, relationship quality matters for integration but represents one dimension. Thus, while it is independent of the other three dimensions, we see the additive, protective benefits of high levels of integration where they all line up: The role-identities that matter to us, which are embedded in intensive/extensive commitments undergirded by affect and moral obligation and which provide us with quality support are like shields against the unpredictable contingencies of the environment. These are the relationships, groupw, networks, or societies that Durkheim saw us clinging to. And, it is through these strong, integrated relationships that the "normative and moral demands" become important, *sui generis*, and, in Durkheim's thinking, happily obeyed. However, we must add a final dimension of integration that will allow us to more precisely operationalize integration and ultimately understand how it works in daily life.

Network Structure. The other four dimensions are greatly affected by our fifth dimension: network closure. All social relationships and social groups are embedded within social networks that connect individuals and groups into broader communities. These networks can take on diverse structures and can vary in terms of their size, homogeneity, and degree of social closure, and while this particular dimension is structural and beyond the individual's control, it is included because of its impact on the aforementioned social psychological dynamics. That is, prominence, salience, emotional attachments, and relational quality are all related to identity, which in turn is given shape and texture by way of the immediate structural and cultural milieu. Hence, individuals occupy different social locations within the network that may change their experience of their group, network, or community. For example, an individual with a lot of prestige in the network may find the prominence or salience of certain role-identities amplified, simply by his or her social location in the network.

Tying Loose Threads Together. We are now in a position to tie this discussion of how social integration works together and offer an elaborated (and operationalizable) definition of integration. High levels of integration are a function of (1) the degree to which a person's global self-concept has merged with a specific role-identity that is (2) rooted in overlapping intensive and extensive commitments undergirded by (3) affectual and moral attachments and that (4) provide cognitive, emotional, and social support that (5) is objectively or subjectively unavailable through alternative commitments in their social networks. The protective side of high levels of integration is clear: Being highly socially integrated can promote self-worth and self-efficacy and provide support, emotional energy, and a sense of purpose and security. Before we answer why high levels of integration would sometimes be dangerous, we must reconsider the role of regulation in so-called "altruistic" suicides.

Rethinking Regulation

As we argued previously, the conventional Durkheimian version of altruistic suicide only includes too much integration, whereas there are important reasons to reconceptualize it as *both* high levels of integration and regulation—indeed, structure (integration) is rarely truly divorced from the culture (regulation) that makes the former meaningful. For instance, while Durkheim believed the practice of Hindu *Sati* was the result of over-integration, or the lack of individuation, we argue that this case—as well as Durkheim's other examples such as the religious martyr or the servants killing themselves upon their master's death—cannot be divorced from the regulative aspects of the specific cultural system. Indeed, this is implied in the brief passage on Protestants/Catholics/Jews briefly discussed previously. Durkheim ([1897] 1951:159), for instance, remarked that: "a religious society cannot exist without a *credo* [for] it does not unite men by an *exchange and reciprocity of services* [but by] attaching them completely to an *identical body of doctrine*." Throughout that section, Durkheim refers to the weakening of the collective conscience, the breakdown in common *beliefs* as well as *practices*, but still comes to the conclusion that it is *integration* that is the root cause of these particular suicide rates. If anything, this discourse belies the deeply interconnected nature of

integration and regulation while also pushing us to reconsider the cultural dimensions of social life. That is, Hindu *Sati* only makes sense within the cultural regulative framework of Hindu society, and its "activation" depends greatly on the local structural dimensions because it is prohibited by the Indian government (Vijaykumar 2004). It is not self-sacrifice but rather a result of a structural and, especially, cultural milieu that facilitates self-harm behaviors. Next, we identify three dimensions that help capture regulation: the clarity and particularity of cultural directives, the external and internal system for sanctioning violations, and finally, the availability of counter- or subcultural systems.

First, cultural directives are the guidelines/rules for identifying, labeling, and expressing emotions; evaluating and understanding attitudes; and determining appropriate goals and the "right" line of action for achieving these goals. Cultural directives vary in terms of their level of generalizability: Some are highly particular directives, whereas others are more diffuse, abstract, "universal" directions that can be met through multiple means. The more particular a directive, the clearer and more rigid it is (Turner 2010), and the more clear and rigid, the greater are the degree to which others *expect* we follow the directives and the more we feel *obligated* to meet them (Goffman 1967)—that is, some cultural directives become moral imperatives. The relationship between this dimension and those related to integration are obvious: Relationships, groups, or networks that we become deeply integrated in are likely to have some particularized cultural directives. Because our anchorage in these groups is typically affectual and moral, many of the directives become tightly wrapped up with the meanings associated with the role-identity we commit to, and we are motivated to act because the meanings are saturated in moral codes (Stets and Carter 2012; Vaisey 2009; Vaisey and Lizardo 2010). Moreover, these types of sociocultural milieu may *demand* complete commitment to the cultural system as well as the role-identity as they are "greedy" (Coser 1974) or "total" (Goffman 1961). These milieus can be found in Durkheim's discussion of contagion and also altruism: regiments, penitentiaries, monasteries, small villages or societies, as well as others in contemporary society like traditional, tight-knit families; high schools or cliques within high schools; psychiatric wards; communes; and cults or sects.

Second, sanctions in these types of groups, both of the external and internal variety, are generally rooted in social emotions like pride, guilt, and shame (Shott 1979; Turner 2007). Where a strong collective conscience exists, violations are viewed with moral indignation (Collins 2004), and thus the stakes are high. For example, the social relationships or group memberships can be potentially revoked if someone fails to conform. The threat or real loss of a social bond is a powerful motivation for self-regulation, or the concerted effort to obey clear cultural directives. Disruptions are also a source of potentially harmful behavior in that research has shown that domestic disputes and violence (Lansky 1987; Retzinger 1991), anorexia (Scheff 1989), murder (Lewis 1976), and possibly suicide (Mokros 1995) are related to these types of threats. In addition to the person risking access to the group altogether, he or she also risks losing “face” and thus losing status and esteem within the group (and to himself or herself). Essentially, where there are emotional (sense of shame or guilt when violating rules), moral (sense of obligation to others and to the group), and/or normative (sense of voluntaristic commitment to the people, norms/values, and group) mechanisms of social control and not just external coercive mechanisms of social control, the level of regulation should be at its highest and therefore the consequences for a person’s self-concept far more costly than adherence to the extant cultural system.

Finally, where the number of alternative cultural systems is severely delimited—objectively or subjectively—group members will be highly regulated. On the one hand, this has to do with the number of networks or groups people have access to. While most groups share some common cultural directives, they also provide alternative sources of support and potentially offer contradictory directives that weaken the directives of other groups; that is, expectations and obligations become less totalistic where several groups make claims on a person. On the other hand, groups vary in terms of how internally differentiated they are. Where groups impose a role-identity that is the same for each member, the collective conscience becomes more powerful. As we shall see in the following, this lack of differentiation stems in part from the degree to which a group is bounded. But for now, it is enough to say that lacking alternatives means seeing the world through a delimited social lens.

To summarize, then, regulation is highest where (1) a social unit’s cultural system has clear directives for emotions, attitudes, and behaviors and (2) external and internal mechanisms of control and sanctions and (3) its effect on an individual is conditioned by the number of possible counter- or subcultural systems that are available to mitigate the expectations, obligations, and any consequences for violating directives of any one group or relation. Thus, like high levels of integration, high levels of regulation are often protective: They both provide ontological security, a sense of shared reality and solidarity, and a source of morality that gives purpose to life. Yet, high levels of both also produce the context in which suicide or other risky or harmful behavior can manifest and worse, persist. The question that we turn to, then, is under what conditions can too much integration and regulation become potentially harmful.

When Is a Good Thing Too Much?

Given the aforementioned, a closer reading of Durkheim’s section on altruistic suicide reveals an interesting and often overlooked example: suicide epidemics that swept European monasteries in the Middle Ages (Durkheim [1897] 1951:228; also, Murray 1998). This chapter becomes all the more interesting when considering the fact that in a much earlier chapter, Durkheim challenged Gabriel Tarde’s imitation thesis, noting that “moral” epidemics characterized by rapid, successive suicides in which “a social group . . . reacts in common under the influence of common pressure” (p. 132); indeed, no idea may be *more* contagious than suicide, declared Durkheim. And, what examples did he supply?: a floor of an insane asylum in which 15 hangings took place, a specific guard tower in France, particular regiments, a small village, and a group of rebellious Jews who were holed up in a fortress surrounded by Romans who intended to kill the men and enslave the women and children in the first century BCE. Contemporary accounts of “point clusters” (Niedzwiedz et al. 2014), or rapid successive suicides temporally and geographically bounded, identify four principal locations: psychiatric wards (Kahne 1968; Taiminen, Salmenpera, and Lehtinen 1992), prisons/penitentiaries (Cox and Skegg 1993; McKenzie and Keane 2007), Native American or other indigenous people’s “reservations”

(Hanssens 2007; Walls, Chapple, and Johnson 2007; Ward and Fox 1977), and high schools (Brent et al. 1989; Gould, Wallenstein, and Davidson 1989); additionally, other clusters have been reported on military bases on islands (Booth 2010) and small villages or towns (Hacker et al. 2008; Hanssens 2010).

What these places have in common is that they are often geographically bounded and nearly always culturally and socially bounded. Mobility and options are limited where social networks are tight-knit and regulated by the same types of authority and cultural directives; as such, expectations and obligations to fellow members are heightened by the frequency of interaction, the ability to monitor and sanction each other directly, and the limitations placed on members in developing alternative social ties. That is, they are all examples of the types of social milieu we would expect to be highly integrated and highly regulated based on the dimensions elucidated previously. But, suicide epidemics are rare phenomena, and thus boundedness does not sufficiently explain why or when too much integration and regulation become problematic.

Thus, we can finally return to the underlying question: If well-integrated/regulated, bounded groups are protective in many cases, what makes some milieus for suicide? It appears that the structural and cultural aspects that make high levels of integration and regulation so protective are at a higher risk of being vulnerable to the types of sociocultural forces that can generate suicidality: (1) They are susceptible to disruptions that rapidly break down the social bonds and therefore threaten the individual or group member's sense of self and source of support; (2) they facilitate the spread of potentially harmful emotions, ideas, and behaviors; and (3) they are uniquely able to enforce self-harm (or any negative) cultural directives in ways that more depersonalized social milieus cannot. We now examine each one of these in greater depth.

Disruptions. A core concept of sociology derived from Durkheim is *anomie*, which is Greek for lawlessness. At times, Durkheim talks about anomie in social psychological terms, as if people are lacking clear regulation guiding their behaviors (and thus are underregulated). But, as Durkheim's student Halbwachs noted, anomie was a social condition rooted in the breakdown in social order—that is, disorganization due to

disruption and disintegration of a social milieu. Halbwachs (1978:270, italics added) remarked that what suicidal folks have in common is that they typically:

are violently expelled from the social milieu far apart from which they cannot live. . . . One then feels a void enveloping [oneself]. Those who formerly surround you, with whom you had so many ideas and so many prejudices in common, to whom you were linked by so many affinities, because in them you encountered yourself as they in you, suddenly become distant. . . . Detached from one group by a sudden disturbance, you are incapable . . . of ever finding any support in another, or anything to take the place of what you lost. *When one becomes lost to society thus, one most often loses [his or her] principal reason for living.*

What Halbwachs is describing is not so much an individual who is underregulated and thus experiencing anomie but instead a person who lost very meaningful ties to a social group that provided regulation and integration. The loss is the tragedy and thus the disruption to those ties the disaster. As we discussed previously, salient identities are rooted in both powerful intrinsic emotional rewards (Burke 1991; Stets 2006) and intense, emotionally anchored relationships and groups (Burke and Stets 1999; Collins 2004; Lawler et al. 2009). These emotional anchorages are what give people confidence and well-being, and they are precisely the point at which disruptions, or even threats of disrupted social bonds, are most acutely experienced. Thus, while intimate, integrative ties have the potential to provide social support and positive emotions, various studies have shown that when a significant social bond is threatened or worse, disrupted, all manner of pathological behavior and negative emotions emerges. These pathologies include homicide (Lewis 1976), domestic disputes and violence (Lansky 1987; Retzinger 1991), as well as the submission and acceptance of said violence (Liu and Chan 1999), and even anorexia (Scheff 1989). These pathologies are tied to the intense negative emotions that emerge with disruptions (or even just a threat of a disruption), such as *fear* of the consequences this disruption would have for the self

(Turner 2007), *shame* if the person perceives he or she is responsible for the threat (Scheff 2000), *anger* at the person or group that is threatening the bond, and even various types of *sadness* emotions.

In short, losing or even just fearing the loss of a significant other, particularly one who is central to one's identity, does emotional violence to the self, especially in those types of groups that are tightly bounded and in which alternative social bonds are or appear to be nonexistent. This may be particularly true in extreme cases where the cognitive and emotional boundaries between the person's self and the other or others he or she is closely bonded with may blur (Aron and McLaughlin-Volpe 2001), causing the threat or loss of bond to be equated to actually losing a piece of the person's self. The result could be a sense of isolation and deep grief (Baumeister 1990) or shame and anger either directed at the self, an other, or both (Abrutyn and Mueller 2014b); the latter of which, Durkheim ([1897] 1951) was keenly aware of as related to anomie and the failure to live up to a person or cultural system's expectations.

While the aforementioned type of disruption is related more to the dynamics of integration, another type of disruption, rooted in regulation—that is, the failure or the inability to obey cultural directives and expectations—arises from the loss or potential loss of status. Financial ruin, dishonor to a known and enforced code, infidelity, and the like all threaten the social bonds but do so by threatening the person's status within the group. The more bounded the group, the more the person depends on his or her status position for prestige, self-efficacy, and self-esteem. Real examples abound. Two empirical cases demonstrate this: In the first, a soldier faced with dishonorable discharge takes his life rather than face the experience of losing his status in his and, most likely, others' eyes (Lester 1997). In the second, a closeted gay man whose lover left him and who believed that if he "outed" himself to his parents he would lose whatever status he had in the family took his own life, leaving a vitriolic note directed at his parents (Mokros 1995).

Disruptions can also threaten groups as a whole with devastating consequences. For example, simultaneous mass suicides also obey the principles discussed previously. Typically, mass suicides occur when the bounded group feels acute threat from real or abstract sources. The

Jonestown suicides were the result of Jim Jones's real and paranoid belief that the group itself was not safe from outside threats (Hall 1989); he moved them twice, until moving was no longer an option. Another classic example, briefly mentioned previously, is found in ancient Israel in the first century CE. The Zealots rebelled against their Roman overlords and were chased into a fortress where they had enough food and water for three years; the Romans chose to surround the fortress and wait them out. With food and water dwindling, the Zealots chose to kill themselves rather than face the complete disintegration of their group at the hands of the Romans: The men would be killed, the women taken as concubines, and the children sold as slaves. Our primary point is that sometimes the threat of or actual disruption occurs at the group instead of individual level. In this case, only a highly integrative and highly regulative group can translate that threat into individual members' propensity for suicide.

Emotional Content and Currents. In addition to vulnerabilities to disruptions, highly integrated and regulated groups often produce and sustain unique emotional content and currents (Collins 2004; Lawler et al. 2009). When the emotional content is characterized by shame, the barriers protecting individuals in healthier integrated and regulated spaces may erode. Mental wards and prisons can house shame cultures as the outside statuses and roles of the denizens are stripped through mortification rituals and the new patient/criminal status becomes totalistic (Goffman 1967). Not surprisingly, social psychological research has consistently demonstrated that low-status persons are "expected to blame himself or herself more and feel sad and guilty [rather] than angry" (Ridgeway 2006:353–54), and as noted previously, negative emotions like grief or shame can lead to violence toward the self and/or others.

Though shame cultures can certainly promote epidemics in highly integrated and regulated settings, this is not the only emotional motivation behind epidemics. For example, high schools are not necessarily (or usually) characterized predominantly by shame cultures, though they are known to house occasional suicide epidemics (Gould et al. 2014). In the case of high schools, the social and cultural boundedness of the highly integrated group along with the easy identification of in- and out-group members that is reinforced by

rituals increases the identification of group members as others who are “just like them”; thus, it can seem more reasonable to adopt the emotions and scripts individuals use to express their emotions to their social world. If suicide is often deployed in a high school as a meaningful script for expressing sorrow, shame, or hopelessness, suicidal thoughts or behaviors can spread through the group (Abrutyn and Mueller 2014a; Baller and Richardson 2009; Mueller and Abrutyn 2015). In these types of environments, boundedness is more of a problem in that it makes these places more conducive to the emergence and spread of negative emotional currents that temporarily reduce the protective barriers and make integration and regulation dangerous. Durkheim ([1897] 1951:227–28, italics added), for instance, noted that epidemics in monasteries spread with “passionate *enthusiasm*” and were “apparently *caused* by excesses of religious *fervor*”. Elsewhere, Durkheim noted that some spaces were particularly adept at generating strong collective sentiments, the intensity of which increases based on the number of people oriented toward each other’s emotions: “the larger a crowd, the more capable of violence the passions vented by it” (pp. 201–02).

High schools, then, represent potential spaces in which integration and regulation facilitate the echoing of negative emotions and the ramping up of risky behaviors. Moreover, in the case that a fellow student dies by suicide, the shock can send a ripple through the school. There are good theoretical reasons to presume schools are more vulnerable than most bounded spaces to this rippling: Adolescents spend the majority of their waking lives among peers in a physically and temporally constrained environment while they lack identity stability and emotional maturity and the ability to see far enough into the future to survive collectively experienced traumas such as the suicide of a fellow student. Peers are especially important to high school students too, leading to the spread of other risk behaviors like smoking (McKenzie and Keane 2007), weight control behaviors (Mueller et al. 2010), and delinquency (Haynie 2001).

A meta-analysis of cultural diffusion studies has clearly demonstrated that we adopt ideas and behaviors not only because of close friends or people we consider members of a reference group we belong to but also from high-status folks in our group (Henrich 2001). This research is further supported by work that shows peers (Hatfield,

Cacioppo, and Rapson 1994), people we consider significant (Hatfield, Rapson, and Le 2009; Kimura, Daibo, and Yogo 2008), and especially high-status people (Ridgeway 2006; Summers-Effler 2004) are all sources of emotional contagion and, thereby, the key micro dynamic making attitudes or behaviors meaningful and adopted (Collins 2004; Turner 2010). Bounded groups make all of these individuals highly visible and well known. We know, for example, that status matters a lot to high school students and that schools house fairly clear status hierarchies (Coleman 1961), so the emergence and spread of negative emotions and even suicide can be further predicated on status dynamics. For instance, the suicidal behavior of a high-status teen may serve as a prototypical model for other teens to learn from. Again, the high degree of integration and regulation in a high school creates social bonds that, like copper wire conducting electricity, make emotions, attitudes, and behaviors easily spread; all that is necessary is the type of endogenous and/or exogenous shock that can fuel the emergence and diffusion of suicide.

Cultural Scripts. The final piece of our puzzle revolves around what types of behavioral repertoires exist within a given group or society and how they are sanctioned. Durkheim’s choice in emphasizing Hindu *Sati* had nearly nothing to do with structural dimensions and everything to do with *cultural scripts*, or behavioral repertoires imbued with meaning through socialization; socioemotional anchorage to people, groups, and the abstract symbolic system a given script is embedded in, and through observation and/or interaction with members of our reference group, become *cultural directives*—or, moral imperatives. Most societies have “suicide” scripts (Canetto 1997; Cato and Canetto 2003). That is, most societies (or smaller units like groups) have (1) a value-oriented position on suicide—whether or not it is ever justified and if it is, when and why; (2) myths, narratives, or other types of artistic presentation of prototypes that embody these ideals and come to shape the collective memory that offers each member the necessary means to potentially take his or her life; and occasionally (3) *communicated* memories of real people who have chosen suicide and as such serve as direct link to the emotional, cognitive, and moral aspects the society/group assigns to suicide. Not every script is or will be activated, but the more a script is

activated, the more salient it will be to other group members and the easier it will be to enact. Thus, it goes without saying that suicide can become an option in a highly integrated and regulated milieu where a salient script for handling isolation, disruptions, failure to meet expectations, and emotional distress involves suicidal behavior. And, in the most extreme cases such as Durkheim's Hindu example, the script is imposed on women by religious sanctions and emotional and sometimes physical threats of harm (Vijaykumar 2004). The script, then, becomes a moral imperative or a *cultural directive* that leaves the woman with few alternative options.

Because moral (and instrumental) behavior and decision making is closely aligned with humans' emotional neuroarchitecture (Damasio 1994), cultural directives that facilitate suicidal behavior—or provide powerful mechanisms preventing suicide (Niederkrotenthaler et al. 2010; Stack 2000)—can be closely aligned with the emotional dynamics discussed previously. Through differential association, it appears that reporting celebrity suicides in certain ways allows potentially suicidal folks in the audience to emotionally and cognitively identify with the motives, psychological problems, and mode of suicide publicized by the newspaper or television show (Stack 1990, 2009). An interesting anecdotal example may suffice, given the dearth of in-depth research on the experience of suicide bereavement: In the United States, when the highly idolized Marilyn Monroe took her life, there was a 12 percent increase in the national suicide rate (Phillips 1974), while in 2008, when a popular South Korean actress hung herself, not only did her brother and another actress hang themselves a week or so later, but the suicide rate by hanging in South Korea leapt 66 percent for a few months (Fu and Chan 2013).

Thus, when cultural icons complete suicide, a suicide script can become a directive, particularly if discussed in a certain way by the media, which in turn can facilitate an intimate link between a narrative for action and the person's individual experiences of disruption or negative emotions. In Halbwachs' (1978:305) words, when the suicidal person says

“I want to die because life is a burden to me,” [he or she] is translating into the clearest language for [him or her], that is, into individualistic terms, a conviction which may have been dictated to him by [his or

her] milieu and which would be better expressed thus: “I am killing myself because others are of the opinion that there is nothing else for a [person] in my situation to do than die.”

It is worth noting that in this example, life must become a burden to a person for a suicide script to be deployed (Shneidman 1996); thus, while cultural directives may not be the most proximate cause of an individual's suicide (a disruption may be more proximate), they set the tone for an individual to make a particular choice given a set of options for coping with their life circumstances (Vaisey 2009). These options are dictated not only by their own individual views but by the cultural directives of their salient social groups, and importantly, these cultural directives can be difficult and sometimes virtually impossible to escape in highly integrated and regulated groups.

A Note on Gender. It is worth pointing out that gender may play a key role in the experience of integration and regulation that is often overlooked. For one thing, men are more likely to complete suicide than women, which accounts for the assumption that men are at a higher risk and is often attributed to the tendency for men to use more certain and lethal means (e.g., guns vs. pills) (Baca-Garcia et al. 2008). Women, however, are two to three times more likely to attempt suicide, and though they less frequently complete suicide (Baca-Garcia et al. 2008), we believe the attempt and even ideation is a sign of a serious problem; indeed, there is no reason to minimize and *feminize* the self-harm behavior by falling back on well-worn tropes like the attempt was for attention and not because the individual wished to die (Cato and Canetto 2003). As such, there may be some unique gendered dimensions shaping the structure of suicide in well-integrated and -regulated groups. For various reasons, women are more likely to be vulnerable to their peers' or partner's opinion and influence (Gilligan 1982; Maccoby 2002). Moreover, women are expected to be more in tune with their partner's emotions, absorb negative emotions, and do the bulk of emotion labor (Hochschild 1983; Summers-Effler 2004; Thoits 1996); thus, women appear to be more likely to express empathy as well as catch others' emotions (Hatfield et al. 2009; Larson and Almeida 1999). This matters

because women often occupy lower-status positions when men are in the group, and social psychological research teaches us that high-status persons are more likely to blame low-status persons and low-status persons are likely to blame themselves (Ridgeway 2006). To be sure, this principle applies to any lower-status members of a group, and thus we might assume they are most vulnerable to self-harm. However, a further component related to disruption and shame might be worth noting. Research has shown that shame is sometimes “bypassed” or repressed and channeled into anger (Lewis 1976); men, as we would expect given the conventional gendered role expectations and emotion rules, are the most likely candidates for bypassing. It is perhaps not surprising, then, that bounded social groups that become dysfunctional may be the most likely sites for homicide-suicide. Consider, for instance, the Kansas City Chief player who, by all accounts, was in a relationship in which he was gradually becoming more and more prone to violent outbursts, underscoring the feedback loop of shame → anger → more shame → intensified anger. As identity research has shown, micro-aggressions are likely to be reciprocal, used by both partners, but it is generally men who ramp up the physicality of the aggressions (Retzinger 1991). Hence, the drama ended when he shot his girlfriend, immediately expressed remorse to his daughter and her mother, drove to the Chief’s training facility, and fatally shot himself.

Women, on the other hand, may be more vulnerable to suicide contagion than men; though, this assertion clearly requires more research on the matter. While both men and women are more likely to have suicidal thoughts following the suicide attempt of a friend (Abrutyn and Mueller 2014a), more girls than boys have their friends disclose a suicide attempt, suggesting a disproportionate exposure to this risk factor (Mueller and Abrutyn 2015). Additionally, for boys (but not girls), their depression level may condition their vulnerability to suicide diffusion: Liu (2006) found that boys with high distress levels were more vulnerable to suicidality following a suicide attempt of a friend than boys with average or low levels of distress. Girls were equally vulnerable regardless of their own distress level (Liu 2006), their vulnerability could last multiple years, and unlike their male counterparts, girls may be vulnerable to developing new suicidal behaviors after exposure to a friend’s suicide attempt (a pattern not found

among boys) (Abrutyn and Mueller 2014a). To be sure, these gender differences in vulnerability to contagion may only matter for adolescents, as we know girls have fewer friends than teenage boys and these friendships tend to be more emotionally anchored (Crosnoe 2000).

FINAL THOUGHTS

This article began by calling into question whether altruism as a *motive* for suicide obfuscated the underlying processes that make Durkheim’s original theses so important and relevant for the sociology of suicide today. Durkheim believed contemporary altruistic suicides to simply be artifacts left over from their natural home: mechanical, so-called primitive societies. Yet, when we move the study of suicide from the societal level to that of the groups we inhabit, we are confronted with two important facts: First, there are multiple levels of social reality working to protect people from and impel people to suicide or suicidality, and second, plenty of groups that humans belong to, such as the family, strongly resemble mechanical societies from the past. Thus, what Durkheim was elucidating was the process by which integration *and* regulation become *too much of a good thing*, and rather than provide humans with adequate social and emotional support, these groups become suicidal milieus. By digging deeper into Durkheim’s theoretical framework, isolating this basic principle, and extending and elaborating his initial insights using contemporary sociology, we cannot only see “altruistic”—or, more accurately, highly integrated and regulated—suicides in modern societies, but we are able to extend and elaborate Durkheim’s principles through advances in social psychology, the sociology and neuroscience of emotions, and cultural sociology.

To summarize, then, we conceptualized increasingly higher levels of integration as being a positive and *additive* function of the degree to which (1) a person’s self-concept merged or fused with a specific role-identity, (2) this role-identity was embedded in overlapping intensive and extensive commitments, (3) these commitments facilitated affectual and moral attachment, (4) these attachments were perceived as being high quality, and (5) the level of network closure. Higher levels of regulation, then, were defined as a positive and *additive* function of the degree to which a group’s (1) cultural system imposed particular, clear, and

rigid directives for emotions, attitudes, and behavior and is (2) tightly linked with external and internal mechanisms of control and sanctions and finally, (3) alternative sub- or countercultural systems were delimited in availability. As Durkheim and medical/mental health sociology has demonstrated, there is nothing inherently wrong with being well integrated and/or regulated, and in fact, they both may offer strong positive benefits in the form of security, comfort, stability, and support. Thus, drawing on the suicide contagion and cluster literature, we offered three key sociocultural forces or dynamics that highly integrated/regulated groups and their members are susceptible to: disruptions or shocks, rapid negative emotional currents, and finally, harmful cultural scripts that, in the more extreme cases, become moral imperatives for suicidality. Hence, high levels of regulation and integration, which are normally protective, are simply more vulnerable to problems related to disorganization and disintegration that usurp the positive benefits of security, comfort, stability, and support.

Ultimately, this article looked to extend and elaborate Durkheim's still insightful and important thesis. By turning to social psychology, emotions, and cultural sociology, a robust and synthetic theory of integration and regulation was crafted that extends the explanatory framework to cases (e.g., contagion and clustering) that had previously escaped Durkheim. This is but one step in a much larger project of reconceptualizing and updating Durkheim, which remains both essential to sociology's continued viability in studying suicide and other social problems as well as moving it forward as a discipline into the twenty-first century.

NOTES

1. While it is beyond the scope of this article to also subject Durkheim's *fatalistic* suicide to the same treatment, we believe it is an important next step in reenvisioning and modernizing Durkheim's theory so that sociologists have a more general, robust theory of suicide from which to conduct empirical research. Like altruistic suicide, fatalism has received scant empirical attention beyond suicide bombers (Pedahzur, Perliger, and Weinberg 2003) and oppressed women in China (Zhang 2010) and Iran (Aliverdinia and Pridemore 2009). These accounts tend to employ the conventional Durkheimian frame (Pescosolido 1994), which this article argues also requires reconceptualization.
2. For purposes of clarity, it is worth noting that we have used *commitment* in two ways. First, a person might *commit* to a role-identity because they value it and are rewarded by it (Turner 2001). Second, in Stryker's (1980) theoretical framework, commitment is *external* to the person in the form of actual intensive or extensive social ties. Which is more important is beyond the scope of this article, but notably, the two may reinforce each other—or, where a person commits to an identity, which is in contradiction to the commitment imposed by social ties, it may hinder integration.

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