# Why Networks Matter to Suicide:
# Examining the Cultural Underpinnings of Suicide Diffusion in Adolescence

Anna S. Mueller
University of Chicago

Seth Abrutyn
University of British Columbia

Melissa Osborne
University of Chicago

**Abstract:** Research suggests that suicide can socially diffuse through social contexts, particularly in adolescence; however, little is known about the mechanisms that facilitate this diffusion. Using data from an in-depth case study of a community with a youth suicide problem (N=117), we examine how suicide became a more imaginable option for youth after repeated exposures in a socially-cohesive environment. Specifically, we found that the suicide deaths of high-status youth generated new locally-generalized meanings for suicide that reinterpreted broadly shared adolescent experiences (exposure to stress) as a cause of suicide. This facilitated youth's ability to imagine suicide as something someone *like them* could do to escape. We discuss the implications of our findings for (1) theories of social diffusion, which tend to neglect the important cultural processes embedded in networks, and (2) youth suicide prevention and public health. We also illustrate why multiple methodologies are necessary to advancing robust population health science.

# INTRODUCTION

Sociology has long been fascinated by the role of society in promoting or preventing suicide. Despite the predominant view of suicide as primarily caused by psychological illnesses (Marsh 2010), myriad research demonstrates why a sociology of suicide remains necessary to understanding this pressing social problem. Namely, risk for suicide is not generated solely by individual characteristics, such as a person's history of mental illness, but is also conditioned by the places an individual resides and the structure of social relations surrounding an individual. On this last point sociologists have been quite eloquent, offering extensive theoretical and empirical insights into how and why the structure of social relationships shape an individual's suicide risk. In particular, sociological research has thoroughly engaged Durkheim's (1897 [1951]) thoughts regarding the importance of low levels of social integration in suicide (Pescosolido 1994, Wray, Colen and Pescosolido 2011), and more recently has acknowledged that high degrees of social integration can create stifling environments with socio-emotional consequences for group members that can increase suicide risk (Mueller and Abrutyn 2016).

Surprisingly, however, sociologists have spent far less time examining other aspects of the relationship between society and suicide. For instance, despite the broad acknowledgement that suicide has cultural meanings (Douglas 1967, Kral 1994) and the prominence of cultural theories of action in contemporary sociology (Lizardo and Strand 2010), the sociology of suicide has largely ignored cultural dynamics (cf. Colucci and Lester 2012). Likewise, sociologists have spent more time re-testing Durkheim's

hypotheses with less work focusing on identifying the mechanisms through which social forces shape an individual's risk of suicide (Wray et al. 2011).

These omissions are particularly problematic when we consider the robust and extensive literature on the spread of suicide across close others and in geographically/temporally bounded clusters (Abrutyn and Mueller 2014, Niedzwiedz et al. 2014). Despite Durkheim's critique of Tarde's contagion thesis, four decades of research has consistently produced evidence that suicide and suicidality can diffuse through social ties. Perhaps because Durkheim rejected diffusion as a social fact, sociologists have not brought their full toolkit to answer why and how suicides cluster in certain types of environments, restricting sociology's ability to contribute to suicide prevention.

With this study, we address this limitation through an in-depth case study of a community (Poplar Grove) with a significant and enduring adolescent suicide problem that includes a history of suicide clusters (total N=117). One important aspect of the community is that in past research we have shown the community to be highly socially integrated and culturally homogeneous with clear and narrow beliefs and expectations (Mueller and Abrutyn 2016). This combined with the presence of repeated clusters allows a unique opportunity to examine how exposure to previous suicides translates into a disproportionate vulnerability to suicide. To preview, briefly, our findings, we found that suicide is more easily imagined by youth in Poplar Grove because the community collectively-constructed a locally-generalized but unique *cultural frame* for suicide that many youth could relate to. Before presenting our full analysis, we review research on suicide diffusion and make our case for why culture may matter to suicide.

Anecdotal evidence of the spread of suicide bounded by temporal and, often, physical limits, or clustering, has a long history (Barbagli 2015). Even Durkheim (1897 [1951]) acknowledged that several monasteries in the Middle Ages had epidemic-like clusters and commented on examples of "outbreaks" in other places, like small French villages and penitentiaries. However, the systematic study of clustering really emerged in the 1970s with Phillips' (1974) landmark study that showed an association between exposure to a publicized celebrity's suicide and temporary increases in suicide rates (termed a *mass* suicide cluster). The study of mass clusters was soon complemented by the study of diffusion by way of exposure to personal role models like friends or family members (Abrutyn and Mueller 2014, Niederkrotenthaler et al. 2012) and *point* clusters, or phenomenon in which successive suicides are not only bound temporally but also physically (Niedzwiedz et al. 2014). Though the two phenomena may logically have some relationship—that is, point clusters are characterized by diffusion via indirect or direct contact between known others—most studies have avoided examining the underlying mechanisms driving either phenomena (Haw et al. 2012). More typically, studies of personal role models seek to evaluate whether diffusion is due to social influence (versus social selection), while research on point clusters primarily describes risk factors and associations, rather than pursuing explanations or causal mechanisms. Thus, we know little about how suicide clusters form or why they sometimes persist, despite the fact that suicide clusters are a serious public health problem—especially for youth who are two to four times more likely to die in a cluster than any other age group (Gould et al. 1990).

This gap in knowledge, we argue, results from theoretical gaps and methodological weaknesses in extant studies. A recent review of the literature concluded that most explanations for the clustering or diffusion of suicide are heavily informed by psychological intrapersonal theories (cf. Haw et al. 2012:101-104). For instance, one of the most common explanations found in studies of suicide diffusion comes from Bandura's (1977) social learning theory, which argues that through observation of others we learn both behaviors and their real or perceived costs and benefits. This theory suggests that youth might choose suicide because they believe it will produce the benefits they attributed to it previously. Often times, this theory is combined with differential association or identification to emphasize the importance of the exposed person being able to identify with the role model such that the behavior is more readily accepted as good (Baller and Richardson 2009, Stack 1990). Despite this nod to the broader sociocultural environment, social learning and differential association overemphasize intrapersonal explanations (e.g., cost-benefit analyses and individual appraisal) and take for granted how the broader structural and, more importantly, cultural milieu facilitates or constrains this analysis.

More recently, a second line of argument, most forcefully used by psychologists, rests on the idea of homophily or assortative relating (Joiner 2005) as the explanation for suicide diffusion. These scholars resist the idea that suicide is socially learned, arguing instead that clusters are in fact independent suicides that seem related, but in fact result solely from friends having similar risk profiles for suicide. However, the plausibility of this argument is dubious since multiple studies using causal modeling strategies and longitudinal data, find that social selection into relationships is not a sufficient

explanation for diffusion of suicidality (Abrutyn and Mueller 2014; Mueller and Abrutyn 2015; Baller and Richardson 2009; Fletcher 2017). Since the preponderance of evidence suggests that diffusion is at least partially due to social influence, the real question is not whether suicide can be socially learned, but how?

If we turn to the larger social networks literature on diffusion processes more generally, structural explanations are generally leveraged to answer this question. For one, research has noted that diffusion processes are augmented by social cohesion, as dense social ties amplify the likelihood that any given actor in a network or social context is exposed to the behavior or idea (Friedkin 2004). Second, new ideas (or opportunities) often diffuse through weak ties (e.g., the friends of our friends), rather than strong or direct ties to people that we know (Granovetter 1973). In particular, individuals who bridge different groups of socially-cohesive individuals (who all know each other) can be important proponents of social diffusion (Burt 2004). Additionally, research within this paradigm often notes that high social status role models and role models that are similar to ourselves can be powerful forces for diffusion, as individuals have social-psychological motivations to conform to similar or admired role models (Marsden and Friedkin 1993). What this research fails to consider fully is how cultural meaning is also embedded in these meaningful network ties and that these cultural meanings matter to understanding why egos adopt alters' behaviors or ideas.

**Sociology, Symbolic Interaction, and the Centrality of Meaning**

Sociology, of course, has a deep theoretical toolkit that can be leveraged to understand how diffusion works, and specifically how cultural meanings matter to human action. In particular, we argue that incorporating insights from cultural sociology and

symbolic interactionism, can be particularly efficacious. Symbolic interaction, for example, teaches us that all social action, including how we come to label and express the emotions and attitudes undergirding behavior (McCall 2006), is learned, rehearsed, mobilized, and evaluated within the context of interpersonal relationships. And, unlike social learning theory, symbolic interactionism sees learning as an interpersonal process that rests on meanings being shared. When actors choose their lines of action, they draw from a large shared cultural well which ensures that their actions convey meaning to others *as well as* to themselves. We are not the first to argue that the shared symbolic meaning of suicide matters. As Durkheim's rival, Gabriel Tarde (1903), argued, suicide is a social behavior that requires the acquisition of meanings that make the behavior accessible and applicable. Hence, choosing to die by suicide is not as simple as learning rewards from another person. It requires a set of meanings about *why* people die by suicide be linked to a behavioral repertoire of *how* one should die by suicide, which constitutes the act as a meaningful performance for the performer, her intended audience, and, even, her unintended audience (Stack and Abrutyn 2015; also Authors). Of course, these meanings are encountered in the social groups where our daily lives unfold. As such, to articulate how cultural dynamics help us understand suicide diffusion, we argue that we must consider what we know about why and how *meaning* matters to suicidality.

***Why meanings matter***. There is some evidence within clinical psychology that a focus on the meaning of suicide is warranted. Robert Neimeyer and colleagues' (2006, 2014; see also, Gillies and Neimeyer 2006) research on suicide bereavement underscores the centrality of meaning-making to recovery from the experience. Violent deaths, especially suicides, trigger an intense, almost compulsory project of meaning-making

(Currier et al. 2015) that amplifies the typical bereavement process in which individuals must (a) make sense of the loss, (b) find a "silver lining" in the experience, and (c) adopt a new identity, often that of "survivor" (Neimeyer et al. 2006).

We especially draw attention to two key points from Neimeyer's work. First, Neimeyer emphasizes that bereaved individuals draw on extant cultural meanings about good and bad deaths to make sense of suicide and to generate their new "survivor" identity. Importantly, these meanings "are nested in cultural, political, and religious contexts and draw heavily on the discursive products of other bereaved individuals in the form of public accounts of loss" (Neimeyer et al. 2014:489). Second, meaning-making is not done in isolation. Social units, such as families, often negotiate the meaning of suicide together, building an intersubjective and plausible set of meanings that pulls from readily available, accessible, and applicable meanings in the broader cultural environment.

Undoubtedly, we can extend this point beyond the family by drawing from an extensive body of research that demonstrates that all sorts of meso-level social units, like relatively small communities (Geertz 1972) or small groups (Fine 2012), can either create an intersubjective frame for understanding a wide swath of emotions, attitudes, and actions; including suicide.

***The Cultural Framing of Suicide.*** Though it may seem obvious that suicide is a social act that depends on extant meanings, social scientists have largely taken for granted the cultural edifices of suicidality. This is surprising given the extensive literature within cultural sociology that examines how culture shapes social action. This literature draws on a wide range of metaphors to explain the interplay between shared sets of

meanings and social behavior (Lizardo and Strand 2010). Arguably, *cultural frames* (Goffman 1974), or "schemata of interpretation" that allow the observer to "locate, perceive, identify, and label" events, behaviors, and the like, offer powerful insights for understanding how culture shapes human behavior, and potentially suicidality and suicide. Frames, more so than other mechanisms like schema or toolkits, present the nexus of social psychology (Ridgeway 2009), emotions scholarship (Hochschild 1983), and cultural sociology (Harding 2007). Additionally, scholarship using frames has emphasized both (1) the rigid, taken for granted nature of frames that are considered shared and (2) the conscious, deliberate efforts to "re-key" extant frames, manipulate others' framing, and reconstitute the experiences and interpretations people have of emotions, attitudes, and behaviors (Benford and Snow 2000). The dual nature of framing is also important: concomitantly, they are both public, external, and shared (Goffman 1974), and private, internal, and idiosyncratic (e.g., in narratives about things like gender (Canetto 1997, Canetto 2015) or ethnic (Zayas and Gulbas 2012) differences in suicide). Finally, while the tendency is to emphasize highly generalized frames that crosscut populations, a significant body of research illustrates how *local* cultures more significantly and demonstrably shape behavior (Fine 2012, Harding 2007).

Indeed, frames not only affect behavior discursively, but also performatively. That is, performances work to *frame* situations for the performer and audience. In essence, then, frames—especially highly localized frames—become powerful forces of interpretation *and* motivation for action in so far as they include idyllic performances that actors can easily draw on when making sense of events or others' behavior. Consider, for example, Geertz's (1972) Balinese gamblers. On the surface, the choices they made in

gambling (e.g., how much to bet) seemed instrumentally motivated. Yet, as Geertz unpacked the local cultural milieu, it became clear that the size of bets could not be understood in rational terms, but rather had to be understood as symbolic attempts to frame the gambler's relationship to the owner of the rooster and, therefore, demonstrate their level of kinship loyalty. The point, then, is that while people often draw from abstract meanings to frame events or behaviors, these same abstract meanings also can shape a person's feelings, emotions, or even actions as they attempt to frame their own behavior or the behavior of others.

In short, the concept of cultural frames further contextualizes the meaning-making projects discussed by some clinical psychologists by considering the role local culture has in facilitating and constraining these meaning-making projects *and* the internalization of a suicide frame that becomes a component of an individual's identity. That is, frames provide actors with both the reasons for feeling, thinking, and doing, *and* the motivation to align internal aspects of self and identity with externalizations in performance and interaction. What this suggests, then, is that while learning generalized meanings about suicide from a book or movie is a common experience, whether or not suicide becomes an available, accessible, and applicable option depends on local contexts. The frames we learn from peers and other people we interact with regularly and the role models who concretely embody these narratives transform the distant generalized frame into something with potential meaning for us, in our daily lives. The propensity for a frame to be "rekeyed" and deemed applicable to ourselves depends on two independent, but often interrelated aspects of performance: (1) the visibility and, thereby, level of influence of the performer and (2) whether she embodies some aspects of our own identities such that

suicide is transformed from something "*others do*" to suicide is something "people *like me*" or "people that I *aspire to be*" do. Indeed, the more the new suicide frame comes to encompass our own experiences, the more suicide becomes available, accessible, and applicable as an option for a greater proportion of the local community. To illustrate our theory, we now turn to our data.

## METHODS

### Study Location

The data for this study comes from an in-depth case study of "Poplar Grove," USA (a pseudonym). Poplar Grove is a small (<50,000), suburban, majority white (>90%), wealthy (>90% home ownership), socially-cohesive community with an enduring adolescent suicide problem (for more information, see [Mueller 2017; Mueller and Abrutyn 2016)]). The suicide problem in Poplar Grove is centered on the one academically-excellent public high school in the community. Community High School (CHS) serves approximately 2,000 students at any one time. Since 2005, CHS has lost (at least) 16 current or recent graduates to suicide. This is significantly higher than what one would expect for a high school this size given national suicide rates for ages 15-24 (which is 11.0 per 100,000 youth). A more typical rate of suicide for a high school of 2000 students would involve one suicide death approximately every 4.5 years. Additionally, Poplar Grove and CHS has experienced at least three suicide clusters where we were able to confirm the ties between multiple decedents. Additionally, community mental health workers reported that nearly every suicide of a current student is followed by the suicide attempts and serious suicide ideation of multiple peers. Finally, three suicide deaths of community youth occurred during our fieldwork.

**Data**

We largely draw on data from semi-structured in-depth interviews and focus groups in Poplar Grove (N=98),[1] though the larger project also involved participant observation and a media analysis. Our research was facilitated by community leaders who invited us to conduct research in the community, helped recruit respondents and introduced us to other community leaders, and provided private office space. Recruitment for respondents was largely through community organizations including a mental health counseling center, two religious organizations, and the government-sponsored Suicide Prevention Committee (SPC) (pseudonym). We also set up tables with flyers at community events where we could informally discuss the research with attendees, posted flyers around the community, and relied on word of mouth. Because of the intense emotions around suicide, we did not contact any respondents directly unless they had given explicit permission for us to do so via a third party.

The first stage of our data collection began with focus groups with youth, parents, mental health workers, and young adults who grew up in the community. In the focus groups, we asked very broad questions about what life was like in the community and about perceptions of suicide in the community. Most groups lasted about two hours.

The second stage of data collection involved conducting in-depth interviews with community members who were bereaved by suicide, including youth and young adults who lost a friend or classmate to suicide; parents who lost their child to suicide; and parents whose child lost a close friend to suicide. These interviews were centered on the experience of suicide bereavement and how people coped with and explained suicide, to

[1] This count includes one youth who died by suicide. While she was not interviewed, she left behind a lengthy suicide journal that gave voice to her experience.

themselves and others. Additionally, we conducted interviews with teachers, counselors, therapists, doctors, nurses, pastors, and crisis responders in order to get a broad perspective on suicide in the community. During this second stage, we also continued to conduct focus groups with adolescents or young adults who indicated that they felt more comfortable speaking with us surrounded by their friends.

Most interviews took place in person, in the community, though some took place by phone or Skype. We allowed respondents to pick the location of the interview. Interviews lasted between 45 minutes and 4 hours, with most lasting approximately 2 hours. Short interviews were usually with professionals who had limited time. When possible, we triangulated data in order to get multiple perspectives on the same events or relationships—e.g., we interviewed 12 pairs of parents and children. Because of our interest in how individuals made sense of suicide we asked a series of questions designed to get at this issue. We started broadly by asking people to simply tell us about their experience with exposure to suicide. Many people voluntarily commented on the person's motives at this stage. Towards the end of the interview, we also asked them to discuss (1) how their views about suicide changed after their experience with suicide; (2) whether suicide was a choice; (3) whether suicide was ever justified (these last two questions emerged as salient from our early interviews). In focus groups, we asked their perceptions of the main reasons that youth complete suicide in Poplar Grove. Finally, we include data from one 3,600-word journal written by a suicide decedent during the 12 days before her death.

Finally, to test our theory that the collective experience in the community facilitates the view of suicide as an option, we also conducted in-depth interviews

following the same protocol with a reference group of young adults (ages 18-30) who lost a loved one to suicide but lived outside of Poplar Grove (N=19). This reference group helped us identify what was unique about Poplar Grove.

*** INSERT TABLE 1 ***

**Data Analysis**

Interviews and focus groups were digitally recorded and transcribed by professional transcribers. Transcripts were reviewed by the authors for accuracy and then analyzed for themes in NVivo 11 software. Themes were found through abductive reasoning, which emphasizes identifying "surprising findings" that emerge from the data (Timmermans and Tavory 2012). To identify our themes, both authors read the transcripts and the second author conducted a detailed coding of the transcripts to ensure unexpected themes could emerge from the interviews. From this detailed coding, we established our major themes, and then progressed to "focused" coding.

As a final step, we grouped respondents into categories about how they frame suicide that we will discuss in our results section. Two authors categorized every respondents independently then compared the categorizations for consistency. We flagged two discrepant cases for discussion and after a brief discussion, we reached agreement. Finally, in order to protect the privacy of our respondents and the community, all names of people, organizations, and places have been changed and any identifying details, including dates, have been modified. This research received human subjects approval from our universities' Institutional Review Boards.

RESULTS

Our goal with this study is to examine the mechanisms undergirding the repeated occurrence and clustering of suicide among youth in Poplar Grove by exploring the cultural side of suicide. We begin by exploring the generalized frame for suicide in the U.S. and our comparison respondents and the local frame in Poplar Grove. We then discuss why Poplar Grove required a local frame before evaluating the consequences this local frame had for suicide risk in the community.

**Generalized Suicide Frames**

In the U.S., the idea that mental illness causes suicide is broadly accepted by medical professionals (Marsh 2010) and the public (Bennett, Coggan and Adams 2003, Lake et al. 2013). For example, the following statistic is frequently repeated in academic and lay books about suicide "At least 90 percent of all people who died by suicide were suffering from a mental illness at the time, most often depression" (Jamison 2001). Indeed, this idea is so broadly endorsed that it is often taught explicitly as a part of suicide prevention materials (White and Morris 2010).

As such, it is not surprising that among our reference group respondents, most understood suicide as caused by mental illness. Specifically, 89 percent of respondents (17 out of 19) presented mental illness as the primary cause of suicide. One example of this comes from Susan, a young adult who lost her brother, Jeremiah, to suicide:

> I completely understand that *Jeremiah was sick*, and not to justify [his suicide], but *I get the complexity of depression*….the things that happened in his life, he dealt with differently than myself. I understand that people can only process certain things in their life in a certain way, and *at some point he lost control of being able to understand how to function, so his depression took over and he felt like he didn't have an out.* From what I gather, *in the way that the brain works*, as far as once you get to a point of deciding that you're going to take your own life…So, I get it. I can sit here and consciously talk about why he did what he did and identify that was my brother. [emphasis added]

While not everyone in our reference group situated mental illness as something biological and "in the brain" as explicitly as Susan does, many did. Additionally, even when social factors were at play, our reference group respondents frequently assigned primacy to mental illness. For example, Katie, a young adult who lost her sister shared:

> The reason my sister [Jenny] committed suicide [sic]…[was that *she] was having hallucinations* and stuff and she didn't ever tell anybody [including her doctor], but I read one of her journal entries and she would talk about how she's seen and heard [her father who had recently died]…She told her teammates about it and they became anti-Jenny. They were like, "I'm not gonna hang out with you anymore 'cause that's weird." Those were the only people she told and they turned their back on her. I understand they don't know what to do, but they just literally left her. (emphasis added)

Katie feels that Jenny's friends' responses amplified Jenny's risk of suicide, but Katie still emphasizes mental illness by identifying Jenny's hallucinations as "the reason" her sister completed suicide.

**Local Suicide Frames in Poplar Grove**

In Poplar Grove, the belief that mental illness causes suicide was also present and important. Specifically, eighty-eight percent of our adolescent and young adult respondents mentioned mental health or psychological pain as mattering to suicide in the Community. For example, Leah, a teen who lost a close friend (Stella) to suicide, attributed suicide both generally and specifically (in Stella's case) to depression:

> It takes a certain type of person to get to that point [suicide], and a certain *type of depression that their experiencin*g. It's not like their personality wants to [suicide]. It's not like the friend in them or the daughter in them or the father in them wants to [suicide*]. It's the chemicals in their mind,* and it takes a certain type of person to be pushed to the edge, a certain kind of impulsive person, or some other quality that makes them more adept to acting on a rash term. But it's not the person that you see in them. *It's the disease I think*. [emphasis added.]

But Leah's interview also revealed a twist. At the end of the interview, when asked what was the most important thing for us to understand about her experience with suicide in Poplar Grove, she emphasized the intense local pressure:

> Honestly, I just say the most emphasis should be put on the pressure that people feel around here. And even when I try to explain [the pain of the pressure] to my parents, it's hard for them to understand, and it's really hard to explain...they just don't really realize that it kind of gets old, and it's a lot of pressure…kids…can be really hard on themselves, especially when they've been kind of raised thinking that they're not good enough… [The parents] do it out of love but it's just…a lot, 'cause even when…you know your parents will encourage you, no matter what you do in life, when you go walking down the street or you go eat dinner at your friend's house, you're worrying about *their* parents and what *they* think of you. It's just kind of always there.

Thus, for Leah, mental illness is rooted both in biology ("chemicals in [the] mind") and in social experiences ("the pressure…around here"). She also attributed Stella's death in part to Stella's "[wearing] herself ragged trying to please everybody and trying to do the things that she thought she had to do." It is also important to note that Leah's self-reference to pressure in the quote above demonstrates that she suffers under the pressure, just like Stella.

Leah was far from alone in her assessment of how important social pressure was to understanding depression (and thus, suicide) in Poplar Grove. Beth, a young adult who lost her friend Michelle to suicide attributed Michelle's suicide partially to depression and partially to "culture" and "pressure":

> Second Author: So why do you think that Michelle died by suicide? And…I'm asking more because I'm interested in your perception, not in the capital T "Truth"…if that makes any sense.
>
> Beth: Well, I don't know. The combination of a lot of things....and I mean, I know she had…depression. I think, I know for sure that she had it for a couple of years. So I think that…I don't know, it could be genetic,

> biological...but also…kind of like a culture, like socialization stuff. So I guess that's what put her in that suicidal mindset. That's all I know.
>
> Second Author: Fair enough. Do you have any thoughts on what caused her depression? Other than the biological or is that what you attribute it to?
>
> Beth: I think just the pressure, I guess…I think that she was under a lot of pressure, and I think that seeing that externally, around her…I think that internally, she didn't have the capability to deal with it…I think it's understandable when you are…constantly surrounded by people who are achieving certain things that you feel like you have to be like them.

Indeed, "pressure" to meet expectations was broadly recognized in the community, by respondents young and old with a variety of roles in the community (from parents to mental health workers, to youth like Beth), as playing a role in the local suicide problem. Specifically, 75 percent (N=24/32) of young community members referenced pressure as a major cause of local youth suicide, making pressure either as salient or more salient to understanding suicide in the community as mental illness. Indeed, four youth did not mention mental health problems at all and only mentioned the pressure to meet expectations as the cause of suicide.

Perhaps most interestingly, this explanation for suicide became *locally generalized*, such that youth with less direct experience with suicide (e.g., losing a classmate versus a friend to suicide) understood pressure as a major cause of local suicide. Lily, an adolescent in Poplar Grove who lost a classmate, illustrates this pattern after being asked why youth die by suicide in a focus group:

> [F]rom the beginning of middle school, we start thinking about a career path, and I think that's really hard... especially for me, personally. I have no idea what I want to do when I grow up, and from that time, most of your classes and teachers are thinking, "Oh, what are you going to be? What are you going to do? How are you going to make any money? How

> are you going to support your family? You *are* going to have a family, right? Blah, blah, blah, blah, blah." I feel like a lot of kids feel like they don't know where they're going, so they're not going anywhere. And then, they realize that there is so much pressure around them that maybe they'll never get out of the pressure, or the *town*, and they'll never get a real job, or a real life outside of their teenage nightmare.

It's interesting to note that while Lily, like Leah and Beth, has a clear notion that pressure matters to suicide, she never directly references mental illness or even emotional distress. Instead, it is implied, with the pressure foregrounded in her narrative. This emphasis on pressure was substantially different than in our reference group, who more frequently saw mental illness as rooted in biological factors.

**The Limits of a Mental Illness Frame**

The importance of "pressure" and the diminished salience of "mental illness" to the shared understanding of suicide in Poplar Grove is not entirely surprising. Many suicide decedents in Poplar Grove did not appear publicly "mentally ill" or even emotionally distressed prior to their deaths. For example, Michelle's death was particularly confusing for some of her classmates, like Shannon: "From the outside [Michelle] was this picture-perfect girl – the sports star, and super smart, and definitely going places, and dating this really awesome guy. And [her suicide] just seemed a little bit—[it] was confusing; there's not really another word to use for it." This incongruence between who they (and indeed Americans more broadly) expect may die by suicide and who was actually dying in Poplar Grove was also noted by adults in the community, even mental health workers like Harrison:

> A young lady, Kennedy, who [died by suicide] and absolutely devastated everybody around her because she was a bright, articulate, intelligent, you know, if you look at just sort of on the outside, you'd say, 'wait a minute, what's going on there?'

The result of this cognitive dissonance was that community members could not simply rely on generalized frames for suicide that emphasize mental illness in order to make sense of local suicides. There may also have been some pressure to come up with an explanation for suicide that did not contradict the strong cultural directives delineating "good" kids and "good" families from "bad" kids. Mental health stigma was prevalent in the community (Mueller 2017); thus, many respondents worked hard to preserve the memory of youth who had died by suicide as a "perfect" youth. As Lily (a teen) noted: "No one trash talks the dead kid."[2]

Yet, youth in the Community felt compelled to make sense of suicide; to figure out what was happening. Their motivation was simple: to protect their friends and sometimes themselves from suicide. One example of this appears in comments by Amelia, a teen in the community:

> Amelia: [Losing Michelle, my classmate, to suicide is] different from anything else I've ever experienced…All you're thinking about is like... *why?* And you rack your brain, and you try to figure out, *"Why?"*…try to see it from their perspective. And it takes a long time to get out of that.
>
> Second author: Why is it important to understand "Why?"
>
> Amelia: Because it's just confusing. Because you don't understand…So you want to know *why*. You're just confused. Because no one just *does* that [referring to suicide]. They always have a reason for doing it. I don't know. That was a hard question. [nervous laughter]
>
> Second author [reassuring tone]: Well, there's no right answer, right? It's just a personal experience of a tough thing. Is it scary?

[2] Though this also was not entirely true: when decedents fit generalized frames for suicide (e.g., they were perceived as drug abusers or youth with severe mental illness) there was much less attention paid to their deaths and much less public gossip about them (this is based on our observations after deaths and on interviews) (Mueller 2017).

> Amelia: Yeah. It makes you look at the people around you closer. It makes you scared...scared to lose anyone else. You feel like everything is just falling off, and you're trying to catch everything.

Many respondents mentioned feeling a lot of anxiety and negative emotions around their struggle to make sense of suicide; and they often are dealing with this anxiety on top of the grief of losing someone to suicide.

Although other scholars have noted that making sense of suicide after bereavement is virtually a compulsory project (Neimeyer et al. 2014), Poplar Grove is distinct in that the meaning-making process was not a solitary endeavor but instead one that reverberated through their relatively bounded sociocultural environment. Indeed, though it's beyond the scope of this study, the belief that pressure matters to suicide in the community was echoed in local newspaper articles (Mueller 2017) and in formal events organized for suicide prevention. Additionally, suicides, and even specifically the suicides of popular, seemingly "perfect" youth, were not isolated events; instead, it became a repeated element in the shared reality of the community, such that "perfect" youth were also synonymous with youth who complete suicide due to stress.

**The Consequences for Suicide Risk**

Because our goal with this study is to better understand how suicide becomes a salient option for a disproportionate number of youth in a community, we now examine how youth reacted to the local frame for suicide and evaluate how it may shape suicide risk. Indeed, the local belief in Poplar Grove that pressure causes suicide is concerning, not only because of course it may be true on some level (Mueller and Abrutyn 2016), but also because this suicide frame invokes a broadly shared experience (pressure), that makes many youth in the community miserable (Mueller 2017). Additionally, since many

of the youth who have died by suicide were admired and embodied community ideals, their role modeling of suicide as a way to escape the pressure had the potential to be quite persuasive.

Indeed, we found that youth could turn this perceived motive for the suicides of *others* into something applicable to *themselves*; a motive they could identify with. This was particularly true among youth who are suffering under the local pressure *and* who wished they could do a better job living up to expectations; in other words, youth who had internalized local cultural expectations about what an ideal kid should be into their senses of self. Our first example of this comes from Becca, who perceives suicide as caused by pressure and who has lost several classmates to suicide:

> Second Author: Do you always worry that one of [your friends] is going to kill themselves?
>
> Becca: Everyday. Everyday I walk in the school and I'm like where's Madison, where's [their mutual friend] Tiffany….
>
> Second Author: I'm curious...Why suicide? Why is that so present in your mind?
>
> Becca: For me it's because I had my parents yelling at me everyday, every, every, everyday because my grades weren't good enough to live up to my sister, Cindy. She took almost every AP exam and got a five on it…If I don't do all of that I'm screwed because my parents are going to kill me…[she sighs deeply]…I definitely try to work on my problems and try to make myself feel better about myself. *I've wanted to get away from having all these problems. Seeing all these other people go through all these problems, their answer is suicide so why can't my answer be suicide.* [emphasis added]

Becca's quote illustrates how easy it is for teens to see suicide as a possible solution to their problems. Her comments also reveal the dualistic character of the local frame Poplar Grove has adopted for understanding teen suicide: while Becca is eager to proscribe suicide for others—as she constantly worries about preventing suicide in her friends—she

is at the same time sympathetic to the suicidal impulse and the need to escape. Notice how even though the interviewer's question (and the larger flow of the conversation) was about Becca's concern for her *friends'* vulnerability to suicide, Becca answers the question 'why suicide' by referencing her own distress, revealing how intimately she understands her friends' motives. But Becca does not stop at identifying with escape-from-pressure as a motive for suicide; she also identifies with *the person* who died by suicide and sees herself as the same *type* of person, facing the same ordeals, potentially making suicide a much more salient option.

Becca was not alone in her ability to identify with and imagine others' suicide motives as her own. Becca's friend Madison, who lost her close friend Mark to suicide, also saw suicide as an "answer" to her own need to escape local oppression:

> Like four years [after Mark's death]…I would think like, '[Mark] had so many issues of his own, and now he doesn't have them anymore. Like, how great would that be? To not have to like go through your life thinking about every little thing that you do...' So, it's just kind of like, *'What a great idea. Like, you don't have to like deal with any of your problems anymore. Like, you could just be.'* [emphasis added]

While thinking about suicide is not the same as completing suicide, internalizing suicide as a "great idea" could exacerbate risk for suicide should circumstances ever get sufficiently psychologically painful. Indeed, research identifies pro-suicide attitudes as a risk factor for future suicide deaths (Renberg, Hjelmeland and Koposov 2008).

Finally, we can provide some evidence that the local cultural frame for suicide played a role in actual suicide deaths in the community. Since 2000, 18 CHS youth or young adults have died by suicide; of those, we have detailed information about the circumstances surrounding the deaths of 9 decedents (based on interviews with multiple individuals close to the decedent). Respondents close to five of the nine decedents

explicitly noted that a need to escape the community pressure played a partial role in their significant other's suicide. Leah and Beth (above) provided examples of this pattern (for suicide decedents Stella and Michelle, respectively), and their perspective was echoed by others close to Stella and Michelle. Additionally, Bonnie, who died by suicide and who left behind a 3,600 word journal documenting her decision to suicide, referenced her desire to escape the local pressure several times as a partial reason for her suicide. For example, in a table detailing her perception of the pros and cons for suicide, the pros all centered on academic pressure: "no school; no work; no college; no more stress;" or social pressure: "no more bitches; no one getting mad at me; no more haters." Though it is not possible to know where Bonnie came up with the idea of suicide as an escape, her close friends reported knowing about "three or four" suicide decedents, including Michelle, whose suicide was a "really really big deal" to them.

## DISCUSSION

This study examined the mechanisms by which attitudes and behaviors facilitating suicide diffuse within a relatively bounded social unit like a tight-knit community. Though several decades worth of research has demonstrated that suicide, like other social behaviors, can spread through social relationships, rarely have these studies honed their lens on the specific processes or mechanisms by which exposure generates diffusion. Indeed, psychological explanations have tended to favor intra-personal explanations like social learning theory which takes for granted the ways in which the social environment shapes intra-personal mechanisms, whereas conventional Durkheimian sociology has largely taken for granted that diffusion even occurs. And network traditions, who have been perhaps the most eloquent on diffusion processes, often emphasize structural

explanations that identify actors (alters) who may be more powerful facilitators of diffusion, without examining how individuals (egos) incorporate ideas or behaviors into their own cultural repertoires. Thus, we lack satisfying answers as to why some places are sites of suicide clusters while others that appear structurally similar are not. By examining a cohesive community with an enduring adolescent suicide problem, we provide new insights into how and why suicide diffusion is place-dependent and, ultimately, why structural, psychological, and Durkheimian frameworks must integrate insights from cultural sociology and social psychology in order to fully capture the complexity of human social behaviors, including suicide.

[Figure 1 About Here]

In short, we showed that the meaning of suicide matters to diffusion. Drawing from recent work on the collective meaning-making projects that occur during suicide bereavement, we were able to demonstrate how the typical model (see Figure 1) can become a much more complex local project that alters the *availability* of a *local* meaning of suicide affecting how protective or vulnerable structural conditions are for members of tight-knit group (see Figure 2). Thus, while our respondents shared a more generalized macro-level frame for why people die by suicide ("mental illness"), we found that recurring suicides (A6 in Figure 2) paired with high-status, high-visibility suicides and the ensuing cognitive dissonance (A1, A2 in Figure 2)—because these decedents did not fit the stereotype for "who" dies by suicide—led to a collective reframing process by which a community-specific set of meanings superseded the macro-level frame for suicide (A3, A4 in Figure 2). That is, the vast majority of our respondents agreed that suicide was a result of intense academic/athletic/social pressure, and the emotional

distress and mental health issues caused by this pressure. Thus, suicide was seen as a means to escape local pressure. Importantly, because the community is small and tight-knit, and because many decedents were "ideal typical" students/adolescents, the new pressure frame became *accessible* to many of the youth in this community because they could easily identify with the decedent and the local meanings (A5 in Figure 2). This factor had the effect of accelerating the internalization of a new collective frame of suicide. Subsequent, repeated exposure to the suicides of high-status youth served to reinforce the localized suicide frame and led community kids to take for granted the cultural understanding that one way to escape the pressure and express their pain is suicide. Indeed, these meanings were not only used for interpreting other kids' suicidality, but as our data showed, could be mobilized in viewing and even choosing suicide as an *applicable* solution (A7 in Figure 2) to a commonly held problem (e.g., inescapable pressure).

Arguably, by considering the role cultural mechanisms, like frames, have in patterning suicide in this particular community, sociology can begin to more clearly understand and explain why suicides cluster in some places. To be sure, structural dimensions still matter, as clustering tends to happen in relatively bounded places, but without considering the local cultural meanings of suicide and the processes by which suicide may come to be an available, accessible, and applicable option, structural explanations are lacking. As such, our findings raise several implications for (1) how we explain social diffusion more generally, (2) the scientific understanding of suicide, and (3) for sociology's potential contribution to prevention. We discuss these in turn below.

**Implications for Diffusion Processes**

First, our findings raise several questions about how social diffusion—of suicide or other behaviors, attitudes, and emotions—works. Like Durkheim over a century ago, we find that the existing explanations for social diffusion are insufficient and too often dominated by psychological processes or structural mechanisms. Social learning theory, for instance, gives primacy to internal processes and virtually ignores the structural and cultural forces constraining these processes, while network theories largely neglect how diffusion operates such that an individual network member adopts a new idea or behavior while another may not even when both are exposed to a salient or high status role model. Our research illustrates why examining the cultural meanings embedded within network structures holds such promise for understanding diffusion and elaborating social learning. Ultimately, we suggest that cultural meanings are what make attitudes and behaviors spread from one person to another and cluster in some times and places, such that individuals will come to find an idea and/or behavior not merely available to their understanding of events or situations, but also accessible and potentially applicable to their own experiences.

Hence, while Durkheim's structural conditions remain relevant, it is perhaps ironic that our findings suggest taking more seriously his great rival, Gabriel Tarde (1903), who's work emphasized that *ideas* about behaviors spread first and, in turn, facilitate the spread of behaviors. Moreover, we believe our findings should encourage research on diffusion to revisit the basic tenets of symbolic interactionism. Notably, symbolic interactionism teaches us that *meanings* are central to how people label, interpret, and express emotions, attitudes, and behaviors (McCall 2006), and thus they are central to cultural diffusion. While structural conditions may create the conditions, like

density of network ties, necessary for ideas or behaviors to spread from one person to the next or cluster in time and space, it is ultimately the accessibility of the meanings that matter most. And while meanings may be highly individualistic, generally they are collective and internalized through the process of social interaction with like-minded and/or influential others. And, it is through the display of symbolic actions that meanings are reproduced and reinforced, and, as even Durkheim (1897 [1951]:131-2) noted in *Suicide*, spread across populations.

**Implications for Understanding Suicide**

Additionally, our study has implications for the scientific study of suicide, both in sociology and beyond. In essence, the social sciences need a more comprehensive structural-cultural theory of suicide that concomitantly accounts for (1) the effects environmental contexts have on facilitating or constraining frames that may make suicide more of an option and (2) the specific content of those frames as well as the processes by which meanings were made. That is, incorporating insights from cultural sociology, social psychology and symbolic interactionism into the sociology of suicide is an important next step.

Furthermore, while some creative work on the social construction of suicide has happened (Timmermans 2006), the task now is to elucidate how this socially negotiated meaning plays a role in people's vulnerability to suicide death. For instance, examining more clearly how identity is related to suicide seems a necessary next step. Identities are the internalized meanings for the roles we play, the status characteristics we possess (e.g., gender), and groups we affiliate with (e.g., sociology faculty) (Burke and Stets 2009); as such, they are the link between the intra-personal mechanisms psychologists focus on and

the cultural milieus in which meanings are acquired. It was beyond the scope of this study to fully explore how exposure to another's suicide may reshape one's own identity in a place like Poplar Grove. Indeed, beyond identity rendering youth more vulnerable to adopting the pressure frame (which we did show), some youth may reject or shift their prior identity such that they reject "pressure" or community ideals about "ideal" youth as not being worth the costs (a pattern we did indeed see in our data among some resilient youth).

**Implications for Suicide Prevention**

Finally, our study has implications for suicide prevention. This study, along with a small body of research, makes it clear that the stories we tell about suicide matter to whether suicide is seen as an option. Ideally, we would advise that communities should promote narratives about suicide that constrain suicide diffusion or prevent future clusters, but currently it's hard to know what these stories should look like. Prior research does suggest that exposure to salient role models who faced psychological pain and even contemplated suicide, but never attempted and instead found another way to cope can evince decreases in local suicide rates (Niederkrotenthaler et al. 2010). To the extent that communities can promote narratives about other ways to cope, told by role models that kids admire and with whom they identify, this may be a promising strategy.

However, there are some important cautions to consider before we promote controlling narratives as a suicide prevention strategy. First, reframing suicide as a mental health problem is not necessarily "safer" than other ways of understanding suicide. While the mental illness frame illustrated by our reference group respondents may have provided some respondents with some protective distance from identifying with suicide

motives, this distance rests in part on mental health stigma. The line between mental "illness" (which many of our respondents felt they did *not* have) and psychological pain (which many *were* experiencing) is at least somewhat arbitrary. Thus, "othering" suicide as something that happens to mentally ill people, a stigmatized category, may be self-defeating as it may discourage people from identifying their own suffering and seeking help.

A second caution is that controlling narratives in larger social groups can be extremely challenging. In part, this is because agents like newspapers act somewhat autonomously and often in cross-purposes with carefully crafted plans laid out by school officials, community organizations, or parents. Additionally, youth have their own communication channels that adults are not always privy too, and thus, they may develop their own narratives regardless of adult interventions. Of course, youth are sometimes also at odds with adults so that even when adults are aware of what youth think, youths' concerns are ignored (understandably enraging youth). As our results highlight, adults did not listen when youth tried to tell them the pressure was causing too much pain. This is too bad because the youth are right; pressure is playing a role in suicide in the community (Mueller and Abrutyn 2016).

One strategy that prior intervention research shows would be helpful is that communities should provide factual and clear information about suicide that is not romanticized or distorted.[3] In Poplar Grove, youth distress was amplified by their confusion about why youth were dying and the denial, particularly by the school, that there was a problem. In addition to making suicide less of an option, youth may have had

[3] See the Suicide Prevention Resource Center (2017) for evidenced based options for doing this.

an easier time coping with the repeated tragedies if the community (and particularly the school) had agreed to talk about suicide rather than denying the problem.

**Limitations**

Despite our contributions, our study does have some limitations worth noting. Suicide is not only stigmatized, but it also triggers intense emotions. While we tried our best to interview as a wide range of respondents, we only interviewed people who volunteered and these respondents only represent a small portion of Poplar Grove. We did not solicit interviews from individuals (except for one community leader we emailed directly in order to inform them about the study); individuals had to express an interest before we contacted them. Hence, some people's views are missing; some of which, undoubtedly, were those experiencing the strongest emotions or, perhaps, sense of stigma. Furthermore, some adults did not want us to talk to their children about suicide and, the school was not very cooperative—that is, while we did speak with current and former students and school personnel, we did not have the opportunity to observe within the school itself.

Finally, there is one wrinkle to the suicide problem in Poplar Grove that was beyond the scope of this study to explore: the majority of youth who die by suicide while in high school are young women. This is particularly surprising since suicide is generally more prevalent among boys than girls in the U.S. (Baca-Garcia et al. 2008). Additionally, girls who died by suicide were more likely to be the high-status role model that triggered cognitive dissonance, re-framing, and in several cases a suicide cluster. Future research should endeavor to better understand the gendered nature of suicide in the community.

# CONCLUSION

Despite these limitations, this study provides unique insights into how culture shifts and becomes internalized in ways that are meaningful for social action and specifically the diffusion of suicide. That is, studying the cultural underpinnings of a suicide cluster in a cohesive community does precisely what Durkheim aimed to do with *Suicide*: it challenges the efficacy of solely relying on psychological theories to understand and prevent suicide while highlighting the power of sociological tools to do just that. Importantly, sociological contributions are often completely complementary to psychological models of suicide. Suicide can have both social and psychological roots. By bringing more sets of disciplinary knowledge to bear on an increasing public health problem, we can better move towards solutions that work.

REFERENCES


Abrutyn, Seth and Anna S. Mueller. 2014. "Are Suicidal Behaviors Contagious? Using Longitudinal Data to Examine Suicide Suggestion." *American Sociological Review* 79(2):211-27.

Baca-Garcia, Enrique, M. Mercedes Perez-Rodriguez, J. John Mann and Maria A. Oquendo. 2008. "Suicidal Behavior in Young Women." *Psychiatric Clinics of North America* 31:317-31.

Baller, Robert D. and Kelly K. Richardson. 2009. "The "Dark Side" of the Strength of Weak Ties: The Diffusion of Suicidal Thoughts." *Journal of Health and Social Behavior* 50:261–76.

Bandura, Albert. 1977. *Social Learning Theory*. Englewood Cliffs, NJ: Prentice Hall.

Barbagli, Marzio. 2015. *Farewell to the World: A History of Suicide*: John Wiley & Sons.

Benford, Robert D. and David A. Snow. 2000. "Framing Processes and Social Movements: An Overview and Assessment." *Annual Review of Sociology* 26(1):611-39. doi: 10.1146/annurev.soc.26.1.611.

Bennett, Sara, Carolyn Coggan and Peter Adams. 2003. "Problematising Depression: Young People, Mental Health and Suicidal Behaviours." *Social science & medicine* 57(2):289-99.

Burt, Ronald S. 2004. "Structural Holes and Good Ideas." *American Journal of Sociology* 110(2):349-99.

Canetto, Silvia Sara. 1997. "Meanings of Gender and Suicidal Behavior During Adolescence." *Suicide and Life-Threatening Behavior* 27(4):339-51. doi: 10.1111/j.1943-278X.1997.tb00513.x.

Canetto, Silvia Sara. 2015. "Suicide: Why Are Older Men So Vulnerable?". *Men and Masculinities* DOI: 10.1177/1097184X15613832.

Colucci, Erminia and David Lester, eds. 2012. *Suicide and Culture*. Cambridge, MA: Hogrefe.

Currier, Joseph M., Jennifer E. F. Irish, Robert A. Neimeyer and Joshua D. Foster. 2015. "Attachment, Continuing Bonds, and Complicated Grief Following Violent Loss: Testing a Moderated Model." *Death Studies* 39:201-10.

Douglas, Jack D. 1967. *The Social Meaning of Suicide*. Princeton, NJ: Princeton University Press.

Durkheim, Emile. 1897 [1951]. *Suicide: A Study in Sociology*. Translated by J. A. Spaulding and G. Simpson. Glencoe, Ill.,: Free Press.

Fine, Gary Alan. 2012. "Group Culture and the Interaction Order: Local Sociology on the Meso-Level." *Annual Review of Sociology* 38:159-79. doi: 10.2307/23254591.

Friedkin, Noah E. 2004. "Social Cohesion." *Annual Review of Sociology* 30:409-25. doi: 10.2307/29737700.

Geertz, Clifford. 1972. "Deep Play: Notes on the Balinese Cockfight." Pp. 412-54 in *The Interpretation of Cultures*. New York: Basic Books.

Gillies, James and Robert A. Neimeyer. 2006. "Loss, Grief, and the Search for Significance: Toward a Model of Meaning Reconstruction in Bereavement." *Journal of Constructivist Psychology* 19(1):31-65.

Goffman, Erving. 1974. *Frame Analysis*. New York: Harper & Row.

Gould, Madelyn S., Sylvan Wallenstein, Marjorie Kleinman, Patrick O'Carroll and J. Mercy. 1990. "Suicide Clusters: An Examination of Age-Specific Effects." *American Journal of Public Health* 80:211-12.
Granovetter, Mark S. 1973. "The Strength of Weak Ties." *American Journal of Sociology* 78(6):1360-80.
Harding, David J. 2007. "Cultural Context, Sexual Behavior, and Romantic Relationships in Disadvantaged Neighborhoods." *American Sociological Review* 72(3):341-64.
Haw, Camilla, Keith Hawton, Claire Niedzwiedz and Steve Platt. 2012. "Suicide Clusters: A Review of Risk Factors." *Suicide and Life-Threatening Behavior* 43(1):97-108.
Hochschild, Arlie. 1983. *The Managed Heart: Commercialization of Human Feeling*. Berkeley: University of California Press.
Jamison, Kay Redfield. 2001. *Night Falls Fast: Understanding Suicide:*. New York: Vintage.
Joiner, Thomas. 2005. *Why People Die by Suicide*. Cambridge, MA: Harvard University Press.
Kral, Michael J. 1994. "Suicide as Social Logic." *Suicide and Life-Threatening Behavior* 24(3):245-55.
Lake, Alison M., Suganthi Kandasamy, Marjorie Kleinman and Madelyn S. Gould. 2013. "Adolescents' Attitudes About the Role of Mental Illness in Suicide, and Their Association with Suicide Risk." *Suicide and Life-Threatening Behavior* 43(6):692-703.
Lizardo, Omar and Michael Strand. 2010. "Skills, Toolkits, Contexts and Institutions: Clarifying the Relationship between Different Approaches to Cognition in Cultural Sociology." *Poetics* 38(2):205-28.
Marsden, Peter V. and Noah E. Friedkin. 1993. "Network Studies of Social Influence." *Sociological Methods & Research* 22(1):127-51. doi: 10.1177/0049124193022001006.
Marsh, Ian. 2010. "Suicide: Foucault, History and Truth."
McCall, George J. 2006. "Symbolic Interaction." in *Contemporary Social Psychological Theories*, edited by P. J. Burke. Stanford: Stanford University Press.
Mueller, Anna S. and Seth Abrutyn. 2016. "Adolescents under Pressure: A New Durkheimian Framework for Understanding Adolescent Suicide in a Cohesive Community." *American Sociological Review* 81(5):877-99. doi: 10.1177/0003122416663464.
Neimeyer, Robert A., Scott A. Baldwin and James Gillies. 2006. "Continuing Bonds and Reconstructing Meaning: Mitigating Complications in Bereavement." *Death Studies* 30:715-38.
Neimeyer, Robert A., Dennis Klass and Michael Robert Dennis. 2014. "A Social Constructionist Account of Grief: Loss and the Narration of Meaning." *Death Studies* 38:485-98.
Niederkrotenthaler, Thomas, Martin Voracek, Arno Herberth, Benedikt Till, Markus Strauss, Elmar Etzersdorfer, Brigette Eisenwort and Gernot Sonneck. 2010. "Role of Media Reports in Completed and Prevented Suicide: Werther V. Papageno Effects." *British Journal of Psychiatry* 197:234-43.

Niederkrotenthaler, Thomas, Brigitta Roderus, Kristina Alexanderson, Finn Rasmussen and Ellenor Mittendorfer-Rutz. 2012. "Exposure to Parental Mortality and Markers of Morbidity, and the Risks of Attempted and Completed Suicide in Offspring: An Analysis of Sensitive Life Periods." *Journal of Epidemiology and Community Health* 66:232-9.

Niedzwiedz, Claire, Camilla Haw, Keith Hawton and Stephan Platt. 2014. "The Definition and Epidemiology of Clusters of Suicidal Behavior: A Systematic Review." *Suicide and Life-Threatening Behavior* 44:1-11.

Pescosolido, Bernice A. 1994. "Bringing Durkheim into the Twenty-First Century: A Network Approach to Unresolved Issues in the Sociology of Suicide." Pp. 264-93 in *Emile Durkheim: Le Suicide 100 Years Later*, edited by D. Lester. Philadelphia: The Charles Press.

Renberg, Ellinor Salander, Heidi Hjelmeland and Roman Koposov. 2008. "Building Models for the Relationship between Attitudes toward Suicide and Suicidal Behavior: Based on Data from General Population Surveys in Sweden, Norway, and Russia." *Suicide and Life-Threatening Behavior* 38(6):661-75. doi: 10.1521/suli.2008.38.6.661.

Ridgeway, Cecilia L. 2009. "Framed before We Know It: How Gender Shapes Social Relations." *Gender and Society* 23(2):145-60.

Stack, Steven. 1990. "Divorce, Suicide, and the Mass Media: An Analysis of Differential Identification, 1948-1980." *Journal of Marriage and Family* 52:553-60.

Stack, Steven. 2005. "Suicide in the Media: A Quantitative Review of Studies Based on Nonfictional Stories." *Suicide and Life Threatening Behavior* 35(2):121-33.

Stack, Steven and Seth Abrutyn. 2015. "Suicide by Fire: Ethnicity as a Predictor of Self Immolation in the U.S." Pp. 193-210 in *Suicide as Performance*, edited by D. Lester and S. Stack. New York: Transaction.

Tarde, Gabriel. 1903. *The Laws of Imitation*. New York: Henry Holt.

Timmermans, Stefan. 2006. *Postmortem: How Medical Examiners Explain Suspicious Deaths*. Chicago: University of Chicago Press.

Timmermans, Stefan and Iddo Tavory. 2012. "Theory Construction in Qualitative Research: From Grounded Theory to Abductive Analysis." *Sociological Theory* 30(3):167-86.

White, Jennifer and Jonathan Morris. 2010. "Precarious Spaces: Risk, Responsibility and Uncertainty in School-Based Suicide Prevention Programs." *Social Science and Medicine* 71(12):2187-94.

Wray, Matt, Cynthia Colen and Bernice A. Pescosolido. 2011. "The Sociology of Suicide." *Annual Review of Sociology* 37:505-28.

Zayas, Luis H. and Lauren E. Gulbas. 2012. "Are Suicide Attempts by Young Latinas a Cultural Idiom of Distress." *Transcultural Psychiatry* 49(5):718-34.

Mueller, Anna S. 2017. "Does the Media Matter to Suicide?: Examining the Social Dynamics surrounding Media Reporting on Suicide in a Suicide-Prone Community." *Social Science & Medicine* 180: 152-159. DOI: http://dx.doi.org/10.1016/j.socscimed.2017.03.019

**Table 1: Descriptive Statistics**

| **Poplar Grove** | Percent |
|---|---|
| Youth | 14.3 |
| Young Adults | 26.5 |
| Parents | 40.8 |
| Mental Health Workers | 18.4 |
| Female | 74.7 |
| Non-Hispanic White | 99.0 |
| Subtotal N | 98 |
| **Reference Group** | |
| Female | 84.2 |
| Non-Hispanic White | 73.7 |
| Subtotal N | 19 |
| **Total N** | **117** |

**Figure 1: Typical Meaning-Making Process**

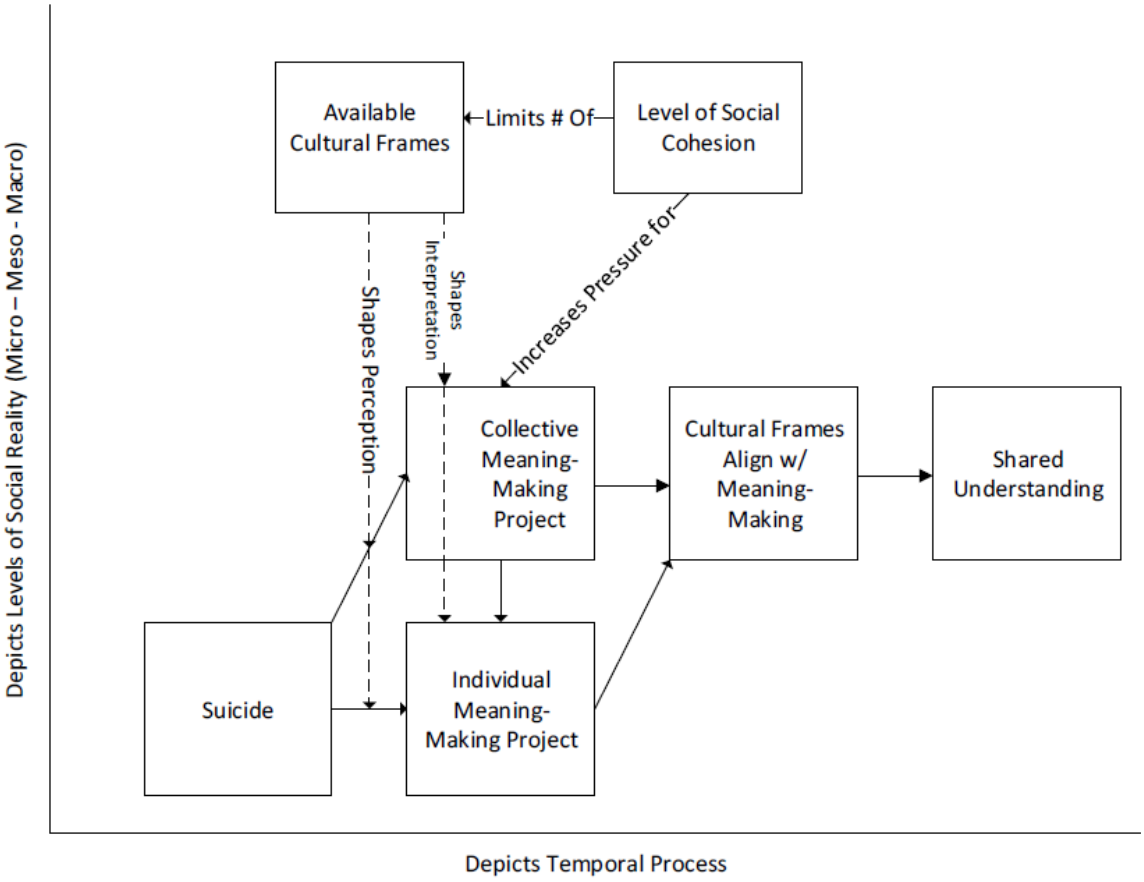

**Figure 2: Cognitive Dissonance and Reframing Process**