

Adolescents under Pressure: A New Durkheimian Framework for Understanding Adolescent Suicide in a Cohesive Community

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Abstract

Despite the profound impact Durkheim's *Suicide* has had on the social sciences, several enduring issues limit the utility of his insights. With this study, we offer a new Durkheimian framework for understanding suicide that addresses these problems. We seek to understand how high levels of integration and regulation may shape suicide in modern societies. We draw on an in-depth, qualitative case study ($N = 110$) of a cohesive community with a serious adolescent suicide problem to demonstrate the utility of our approach. Our case study illustrates how the lives of adolescents in this highly integrated community are intensely regulated by the local culture, which emphasizes academic achievement. Additionally, the town's cohesive social networks facilitate the spread of information, amplify the visibility of actions and attitudes, and increase the potential for swift sanctions. This combination of cultural and structural factors generates intense emotional reactions to the prospect of failure among adolescents and an unwillingness to seek psychological help for adolescents' mental health problems among both parents and youth. Ultimately, this case illustrates (1) how high levels of integration and regulation within a social group can render individuals vulnerable to suicide and (2) how sociological research can provide meaningful and unique insights into suicide prevention.

Keywords

suicide, Durkheim, social cohesion, social psychology, social integration, culture, adolescence, mental health, stigma

Inspired by Durkheim's (1897 [1951]) insights, a plethora of research in the social sciences has embraced social integration as a key element in individuals' life chances (McPherson, Smith-Lovin, and Cook 2001; Putnam 2000; Turner 2003; Wray, Colen, and Pescosolido 2011). Scholars have used a variety of terms to emphasize different aspects of social integration (e.g., social cohesion [Friedkin 2004], social capital [Portes 1998; Portes and Vickstrom 2011], and belongingness [Joiner 2005]), but Durkheim's basic idea is that the

structure of social relationships surrounding individuals shapes their ability to be happy and healthy. This contribution has been deeply

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important to research on suicide, which credits Durkheim with one of the most profound and enduring insights into why people die by suicide. Specifically, Durkheim observed that individuals who are socially isolated or feel they do not belong are much more vulnerable to suicide than are people who feel integrated into salient social groups (Joiner 2005; Wray et al. 2011).

Like the larger literature on social cohesion and social capital (Portes 1998), research on suicide emphasizes the protective benefits of social integration, but largely fails to examine its potential downsides. This omission is problematic for two reasons. First, scholars have identified disadvantages to strong social ties in certain contexts. For example, being a member of a highly integrated group can amplify demands on individual group members and tax their emotional, financial, and social resources (Portes 1998). Second, highly cohesive groups house local cultures that are composed of social norms and expectations for group members. As a result, highly integrated groups can be constraining spaces delimiting group members' beliefs, identities, and behaviors (Friedkin 2004; Portes 1998; Portes and Vickstrom 2011).

Durkheim's own work alludes to potential problems with excessive social integration and acknowledges the regulative side of social groups; however, these insights have not translated into meaningful research or strategies for suicide prevention. Some of the difficulty with engaging Durkheim's ideas stems from Durkheim himself. The discussion of suicides predicated on "too much" integration (altruistic suicide) or "too much" regulation (fatalistic suicide) is cursory at best (Davies and Neal 2000). Additionally, his conceptualization of integration and regulation is at times contradictory (Johnson 1965). This lack of conceptual clarity and depth has led to operationalizations of Durkheim's ideas at different "levels." These include the micro-level of the individual (Joiner 2005; Klonsky and May 2015), the meso-level of groups or social networks (Coleman 1988; Friedkin 2004; Portes and Vickstrom 2011),

and the macro-level of societies (Putnam 2000). While it is encouraging to see a sociologist profoundly impact scholarship across disciplines, Durkheim's fundamental insight into the power of social structure is dissipated in many of these diverse translations. One driving factor behind this confusion is that Durkheim's structural approach contains an unresolved dilemma. Namely, how could macro- or meso-level structural forces like integration and regulation actually shape individuals' lives?

In this study, we advance the sociological perspective on suicide by addressing these enduring problems in Durkheim's framework. To do this, we begin by proposing a more effective conceptualization of regulation and how regulation interacts with integration that is consistent with current research on the effects of social groups. We then leverage social-psychological research on how groups shape individuals' well-being to link meso-level forces, including integration and regulation, and individuals' risk of suicide, thereby addressing the ecological fallacy in Durkheim's work. We then draw on an in-depth, qualitative case study of a cohesive town with a serious adolescent suicide problem, including a history of repeated or "echo" suicide clusters, to demonstrate how this reconceptualization of integration and regulation can improve our understanding of suicide in ways that are particularly meaningful for suicide prevention. We begin by reviewing Durkheim's theory of suicide, as well as more recent scholarship, to demonstrate why applying a social-psychological lens to Durkheim's ideas about high levels of integration and regulation strengthens sociology's contribution to suicide prevention.

DURKHEIM'S SOCIOLOGICAL THEORY OF SUICIDE

Durkheim's (1897 [1951]) classic work illustrates how deeply personal, psychologically motivated acts like death by suicide are rooted in the structure of societies. His central insight is that the varying amounts of social

integration and moral regulation provided by society condition the prevalence of suicide within a population. Durkheim posited that groups lose their ability to protect individuals from suicide when they foster too few or too many social ties or fail to regulate or over-regulate members' aspirations. In this view, integration and regulation are distinct social forces that are sufficient to cause suicide. Based on these ideas, Durkheim identified four sociological "ideal-types" of suicide: (1) egoistic suicide, predicated on too little integration; (2) altruistic suicide, predicated on too much integration; (3) anomic suicide, predicated on too little regulation, and (4) fatalistic suicide, predicated on too much regulation. Durkheim further distinguished these types based on his evolutionary model: too much of one dimension or the other was a product of "mechanical" solidarity where the collective imposed its will over the individual, whereas too little integration/regulation was a distinct function of modernity, urbanization, and the expansion of markets; hence, he considered altruistic and fatalistic suicides rare in modernity and more typical of traditional social organization.

Since the publication of *Suicide*, Durkheim's theory has had an enduring impact on suicidology, particularly with regard to "under"-integration (or egoistic suicide) (cf. Joiner 2005). For example, we know that individuals who feel they do not belong or who are isolated are at greater risk of suicide and poor mental health outcomes (Bearman and Moody 2004; Cornwell and Waite 2009). Additionally, by a variety of measures, lower levels of integration within neighborhoods, communities, regions, and other social contexts are linked to higher suicide rates (Baller and Richardson 2002; Maimon and Kuhl 2008; Pescosolido 1990; Pescosolido and Georgianna 1989; Stack 2000; Wray et al. 2011). By contrast, Durkheim's concept of anomic suicide has inconsistent empirical support (Breault 1994). This likely results from sociology's failure to settle on a clear, widely accepted definition for regulation (Besnard 1988; Meštrović 1987). However,

the idea that a disruption of regulative social mores can trigger suicide has been widely engaged. For example, the dis-regulation that occurs with an economic recession has been tied to increases in suicide rates (Zhao and Cao 2010).

Despite the important insights generated by the literature on *low* levels of integration and regulation, significantly less empirical attention has been paid to types of suicide that result from *high* levels of integration and regulation. A recent review of research on altruistic suicide (Leenaars 2004), for example, found only one empirical study using Durkheim's concept (Park 2004). This suggests that although some rare cases may truly fit the Durkheimian conceptualization of an "altruistic" suicide—such as an Inuit elder dying by suicide in times of famine (Kral 2012)—the concept is not flexible enough to be empirically useful (Stack 2004). This is also a prime example of how the confusion surrounding the application of these ideas is due to Durkheim himself. Durkheim's larger argument points toward a *structural* theory of suicide, but by labeling suicides predicated on high levels of integration "altruistic," he essentially conflates an *individual's* motive with *structural* conditions (Abrutyn and Mueller 2016). As a result, studies using his concept search for evidence of altruism rather than searching for how highly integrated social spaces may render individuals more vulnerable to suicide. This is particularly unfortunate when we consider the broader social networks literature, which acknowledges that highly integrated networks facilitate the diffusion of innovations, attitudes, and behaviors (including suicidality) (Baller and Richardson 2009; Bearman and Moody 2004; Burt 1987; Moody and White 2003; Mueller and Abrutyn 2015; Mueller, Abrutyn, and Stockton 2015). This literature on diffusion suggests another way to conceptualize how high levels of social integration may be associated with an increased risk of suicide without relying on "altruism" or self-sacrifice (Abrutyn and Mueller 2014a, 2016). Finally, Durkheim's conceptualization of fatalistic

suicide has made virtually no impact on the existing literature, perhaps because Durkheim (1857 [1951]:276) mentions fatalism only in a footnote. As noted earlier, this inattention is likely because Durkheim considered fatalism, like altruism, to be a characteristic type of suicide in mechanical solidarity societies and, therefore, irrelevant in modern contexts.

Durkheim's declaration that fatalism and altruism are irrelevant was grounded in his view of how modern versus traditional societies create social cohesion. In the *Division of Labor* (1893 [1997]), Durkheim conceptualized social cohesion in modern societies as based on differentiation and mutual interdependence (organic solidarity) rather than homogeneity and a strong collective conscience (mechanical solidarity). More recently, scholars have argued that the meso-level sometimes resembles Durkheim's mechanical solidarity societies, where smaller and more homogenous groups share similar beliefs and practices or a collective conscience (Portes and Vickstrom 2011). This suggests that suicides predicated on high levels of integration and regulation may still exist, particularly if we apply Durkheim's ideas at the meso-level rather than the macro-level. As such, we argue that Durkheim's ideas regarding high levels of integration and regulation can be reconceptualized and made applicable to a greater set of contemporary suicide cases. To do this effectively, we must (1) settle on a robust, useful, and clear conceptualization of integration and regulation, and (2) illustrate how these structural forces shape individuals' lives, thus resolving Durkheim's ecological fallacy.

Theoretical Steps Forward

Since the late 1980s, sociologists have fairly consistently conceptualized Durkheim's integration as the "extent of social relations binding a person or a group to others" (Bearman 1991:503). Being embedded in integrated social groups can provide individuals with a sense of belonging and access to social support; essentially, the things that make life enjoyable during the good times and survivable during the bad.

This perspective on integration is fairly faithful to Durkheim's original ideas, although it is often operationalized at the network or meso-level rather than Durkheim's societal level (Bearman 1991; Pescosolido 1990; Pescosolido and Georgianna 1989).

Scholars have had a more difficult time conceptualizing regulation. For example, Wray and colleagues' (2011:508) definition of regulation as "the monitoring, oversight, and guidance that come from social ties" emphasizes the individual's experience of social ties, rather than group characteristics. Conversely, Bearman's (1991:503) definition of regulation as "the normative or moral demands placed on the individual that come with membership in a group" emphasizes the group, but is somewhat narrowly focused on the moral demands that groups place on individual members. We believe that by expanding Bearman's definition of regulation to integrate insights from cultural sociology, we can achieve a useful conceptualization of regulation relevant to understanding suicide. Specifically, we see regulation as the cultural directives and cultural coherence (or cultural heterogeneity [Harding 2007]) of social groups. Both cultural coherence and the content of cultural directives are important to consider: groups characterized as more culturally coherent will have more uniform behavioral directives, and thus cultural directives may be harder to escape than in groups with more options for acceptable behaviors, identities, and beliefs (Harding 2007).

Although the social networks literature has long been recognized as an important tool for reformulating Durkheim (Pescosolido and Georgianna 1989), cultural sociology has largely been neglected despite its potential to contribute much to our understanding of suicide. Suicide itself is an act saturated with cultural meanings, a point widely acknowledged in anthropological scholarship on suicide (Canetto 1997; Chua 2014; Kitanaka 2012; Kral 1994; Stevenson 2014; Zayas and Gulbas 2012). Additionally, within sociology, there is broad agreement that culture plays a significant role in shaping individuals' beliefs,

attitudes, and social behaviors (Coleman 1988; Fine 2012; Friedkin 2001; Harding 2007; Lizardo and Strand 2010; Portes 1998; Vaisey 2009), although the specific mechanisms that link culture and human action continue to be widely debated (e.g., schemas, toolkits, and so forth [Patterson 2014; Swidler 1986; Vaisey 2009]). Furthermore, culture guides human action in ways distinct from, but as important as, network structures (Emirbayer and Goodwin 1994; Vaisey and Lizardo 2010). Thus, it seems reasonable to consider the role of culture in the sociology of suicide. Our conceptualization of regulation enables us to do this while also allowing us to outline scenarios where a strong group culture may be capable of promoting suicide (Abrutyn and Mueller 2016), particularly in cases where individuals deviate from coherent group expectations.

Having defined integration and regulation, our final task is to outline how these structural forces shape people's lives. First, like Bearman (1991), we argue that although integration and regulation are distinct forces, they often work in tandem to shape individuals' vulnerabilities to suicide. This idea is consistent with a large body of literature in sociology. Research shows that the more integrated the group and the fewer alternative groups available, the harder it is for an individual to escape cultural directives (Abrutyn 2014). Thus, integration and regulation together condition the experience of social groups. Existing literature can also guide our understanding of how these structural forces shape people's identities, behaviors, and emotions. Individuals living within cohesive social groups often face pressure to conform to group norms, in part because of the visibility of their actions (Coleman 1988; Friedkin 2001). The visibility of behaviors allows group members to closely scrutinize individuals' deviations from group norms or cultural directives (Coleman 1988). This pressure to fit into cohesive groups often carries emotional consequences, such as shame, embarrassment, or guilt when group members deviate from what is accepted (Abrutyn and Mueller 2014b; Goffman 1967;

Turner 2007). These emotional consequences can result either from receiving sanctions from other groups members for the deviations (Coleman 1988) or from the loss of self-esteem that can happen even absent direct sanctions when a group member fails to live up to internalized cultural directives (Turner 2007). This conclusion is well supported by clinical (Lewis 1971; Retzinger 1991) and social scientific (Crosnoe 2011; Lewis 2003) evidence, suggesting the efficacy of understanding the effects of integration and regulation on individuals' vulnerabilities to suicide through a social-psychological lens.

Given this reformulation of Durkheim, we argue that high levels of integration and regulation may provide conditions that can generate disproportionate vulnerability to suicide among group members in a particular community or place. Specifically, individuals experience vulnerability to suicide in these places because high integration and regulation amplifies the degree to which (1) social ties are important to members; (2) emotions, thoughts, and actions are closely watched and sanctioned; (3) real or potential sanctions generate emotional responses; and (4) suicide appears as a viable option to individuals who perceive themselves as not fitting in or as not living up to group cultural directives. In this formulation, suicide as a product of high levels of integration and regulation in modernity has less to do with "altruism" (self-sacrifice) and has everything to do with the real or perceived social-psychological and emotional consequences of violating the regulative dimensions of an integrated social group.

Ultimately, our approach is less faithful to Durkheim's original intent to promote a purely macro-level, structural theory of suicide that avoids individual motives and feelings (as Bearman [1991] attempted). Instead, we are openly social-psychological. We argue that the interaction between group dynamics and individuals produces—or prevents—the suicidal impulse. We also assert that integration and regulation are not harmful in and of themselves, at least not at moderate levels (Abrutyn and Mueller 2016), and that they

often work in tandem to condition suicide (Bearman 1991). Instead, when individuals feel their lives are at odds with a salient and highly integrated group's cultural directives, vulnerability to suicide may increase. As such, we emphasize Durkheim's concepts of integration and regulation as fundamentally meso-level constructs, as Pescosolido (1994) and Bearman (1991) suggest. Finally, we push prior work that revises Durkheim to better fit modern society (e.g., Bearman 1991; Pescosolido 1994) by elaborating the dual roles of social ties—as sources of both social embeddedness and cultural systems.

The purpose of this approach is to capture the social world in a way that can help us better understand and prevent suicide. A significant body of research notes that suicides tend to cluster in time and space (Gould et al. 2014; Gould, Wallenstein, and Kleinman 1990; Haw et al. 2013), and certain places carry disproportionate risk of suicide (see Wray et al. 2008), but we know very little about the mechanisms that confer this place-based risk. One interesting finding from the limited existing literature on suicide “hot-spots” is that suicide clusters are more likely to form in relatively bounded social spaces, like psychiatric wards, high schools, and Native American reservations (Haw et al. 2013). This suggests that high levels of social integration may set the stage for the clustering of suicide. However, we would add that high levels of regulation and the evaluation of self relative to salient social groups also play their roles in determining whether social cohesion results in positive or negative consequences for group members.

METHODS

To investigate how high levels of integration and regulation condition suicide risk, we conducted a qualitative study in Poplar Grove,¹ USA—a small, privileged community with an enduring adolescent suicide problem that is centered on the sole public high school in the community. Because of the significant stigma that surrounds suicide, gaining the

trust of the community and individual respondents was essential. Many community members of all ages were concerned that we had chosen the community because of their reputation as a suicide “hotspot,” and this did not sit well with them. Although our interest in the community was indeed because of its history with suicide—an interest we disclosed openly—it mattered to many community members that we were invited into the community by a prominent member who knew of the first author and the first author's existing research on suicide, through their shared affiliation in an organization. In that sense, we did not choose the community, so much as they chose us. Also, because our first contact was through a highly visible and highly trusted community leader, many residents were inclined to trust that we were there to help and not to sensationalize or publicize their painful history with suicide. After open conversations about our objectives and intentions prior to conducting any research, this highly educated community ultimately welcomed us and went to significant lengths to facilitate our research, including actively networking for us and providing office space. In return, we shared our findings, answered questions, and continue to work with them to improve their suicide prevention efforts.

To understand the experience of suicide in this vulnerable community, we primarily draw on data collected in 2014 and 2015 from two qualitative sources: (1) semi-structured in-depth interviews with individuals who lost someone they cared about to suicide and (2) focus groups with community members. To a lesser extent, we also draw on participant observation and analyses of online and print media published by or referencing the community. Our interviews and focus groups followed slightly different semi-structured interview protocols. The purpose of the interviews was to gain insight into the private experience of individuals coping with suicide bereavement and the social structure and culture of the community. The purpose of the focus groups was threefold: (1) to gain more general insight into the community's social

structure and culture, (2) to understand how community members explain adolescent suicide in the community, and (3) to accommodate young respondents who sometimes felt more comfortable participating in the research surrounded by friends. Often, respondents first participated in a focus group and then later consented to a follow-up in-depth interview; some respondents preferred to speak only privately. We also went to great lengths to triangulate information and to get multiple perspectives on the same events or relationships; for example, we interviewed 11 pairs of parents and children. Finally, we did our best to follow sociological autopsy practices for suicide and whenever possible interviewed multiple people close to suicide decedents (Scourfield et al. 2012).

Interviews lasted between 45 minutes and four hours, with most lasting around two hours. Short interviews were rare, and almost all short interviews involved professionals with limited time. Focus groups lasted from one to three hours and also typically were around two hours in duration. Although Mueller collected the majority of data, both Abrutyn and Mueller conducted interviews and focus groups. Several focus groups were conducted jointly by both authors. Most data were collected in person, except for a few interviews conducted over the phone and via Skype with individuals who no longer live in the community. We offered to meet respondents at an interview location where they felt comfortable, but many preferred to meet with us in a private office a community organization allows us to use.

Respondents were recruited through several organizations. Our first contact was through the county's Suicide Prevention Committee (SPC).² The SPC is facilitated in part by a governmental agency and composed of a staff member provided by the agency, state employees from multiple state departments, community leaders, and concerned citizens. Through the SPC, we got to know the leaders of several counseling centers in the area and members of local religious organizations. These organizations actively recruited respondents for us via word of

mouth. When possible, we set up tables with flyers at community events where we could meet informally with individuals and tell them about our research. Additionally, we used snowball sampling and encouraged respondents to let appropriate friends or acquaintances know about the study. Because of the sensitive nature of the study topic, we did not directly contact individuals we knew had lost someone to suicide.

In total, we spoke with 110 individuals. We conducted 71 interviews and 13 focus groups with some respondents participating in both. Respondents included (1) adolescents and young adults who grew up in Poplar Grove, all of whom lost a schoolmate, neighbor, or friend to suicide; (2) parents who either lost their own child to suicide or whose child lost someone to suicide; (3) mental health professionals, including psychotherapists, doctors, nurse practitioners, crisis and bereavement counselors, and suicide prevention specialists;³ and (4) personnel related to the schools, including guidance counselors, school-based mental health counselors, and teachers (who we re-categorize as either mental health professionals or parents to protect their identities). Many individuals fit into multiple categories (particularly based on parental status and occupation). Finally, to gain perspective on the unique experience of Poplar Grove and to ensure our findings are not simply the product of suicide bereavement more generally, we also conducted a comparison set of interviews. These included parents who lost a child and young adults (age 18 to 30) who had lost someone to suicide, all of whom live outside Poplar Grove ($N = 24$). These 24 comparison respondents have no direct connections to the Poplar Grove community and were recruited through other channels, although 38 percent of them lived in the same state, in middle-class communities, and within 40 miles of Poplar Grove. Of our 110 respondents, approximately 78 percent were members of the Poplar Grove community ($N = 86$), and 30 percent were youths who grew up in the community ($N = 33$). Table 1 provides additional descriptive statistics for our sample.

Table 1. Descriptive Statistics

	N	Percent
<i>Poplar Grove</i>		
Female	65	75.5
Non-Hispanic White	85	99.0
Respondent Type		
Adolescents (High School)	10	11.6
Young Adults	23	26.7
Parents	35	40.7
Mental Health Workers	18	20.9
Subtotal N	86	
<i>Non-Poplar Grove</i>		
Female	21	87.5
Non-Hispanic White	19	79.2
Respondent Type		
Young Adults	18	75.0
Parents	6	25.0
Subtotal N	24	
Total N	110	

The 19 suicide deaths that are the focus of this study occurred between 2000 and 2015, although the majority of our data focus on the period from 2005 to 2015. All of our focal suicide decedents were current students or recent graduates of Poplar Grove High School (PGHS), the only public high school in the community. PGHS is a large school with approximately 2,000 students and is widely recognized for its high-achieving student body; for example, it has been recognized as a “Blue Ribbon” school by the U.S. Department of Education. In the past 15 years, 16 current or former PGHS students died by suicide, and all but one was under the age of 25. The additional three suicides were youths/young adults who lived in the community but attended different, usually private, schools. This is significantly higher than what one would expect of a high school of this size given the national (and state) suicide rate for ages 15 to 24 (which was 11.0 in the United States in 2011 [Kochanek, Murphy, and Xu 2015]). Many of the suicide decedents had ties to each other as friends, romantic partners, neighbors, and classmates. Furthermore,

some of the suicide deaths clustered together in a short period of time; we documented at least four suicide clusters. Collectively, these factors likely increase the trauma associated with the deaths, particularly for youths. Poplar Grove’s “problem” with suicide was widely acknowledged by community members and, perhaps more importantly, by mental health professionals working in the area.

Data Analysis

Interviews and focus groups were digitally recorded and transcribed by professional transcribers. We reviewed the transcripts for accuracy and then analyzed them for themes in NVivo 10 software. We found themes through abductive reasoning (Timmermans and Tavory 2012), which allows for surprising findings to emerge from the data and for findings that were somewhat anticipated by prior sociological research on suicide and Durkheimian theory. To identify our themes, both authors read the transcripts, and the first author conducted a detailed coding of the transcripts to ensure unexpected themes could

emerge from the interviews. From this detailed coding, we identified 10 major themes. Both authors then used “focused” coding to code the first five transcripts for these 10 themes and compared our coding for consistency. Generally, our coding was quite consistent, in part due to memos written and extensive conversations about the exact meaning behind each theme. After ensuring our coding was consistent, we proceeded to code the rest of the interviews. All interviews were coded and analyzed by both authors. As a final step, we grouped respondents and suicide decedents into categories that we will discuss in our Results section. Both authors categorized respondents independently based on criteria that emerged from themes in the data; we then compared our categorizations for consistency. We flagged three cases for discussion, and after a brief discussion, we reached agreement about how to categorize the three cases. Once preliminary data analysis was completed, we discussed our findings with key community members and community groups through several formal presentations and informal conversations in which we invited them to comment on the research.⁴ Some of our findings surprised community members, but the vast majority confirmed that they felt our research presented a fair portrayal of their town. Finally, 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

Integration in Poplar Grove

Poplar Grove is an upper-middle-class suburban community, where the homes are beautiful and outside spaces, like jogging trails and parks, are plentiful. The community is small (fewer than 50,000 people), over 90 percent of the population is white, 60 percent

of individuals over age 25 have at least a bachelor’s degree, and fewer than 5 percent live below the poverty line according to the U.S. Census. The median income (approximately \$120,000) and home value (approximately \$500,000) are significantly above the state’s median values. Additionally, the vast majority of the community (over 90 percent) owns their own home, and there are no apartments and few rentals available in the community.

Community life—at least for individuals with children—is largely centered on the community’s schools, particularly athletic events (which are widely discussed and reported on in the local papers) and the near-professional quality theater and music shows put on by PGHS. Although not everyone in the community is religious, the community’s Protestant and Catholic churches play a significant role in the fabric of community life. These liberal churches see their goal as fomenting community solidarity, not just providing religious experiences; thus, they see their mission and reach as extending beyond their congregants. Additionally, suicide and suicide prevention are much on the minds of community members. During our fieldwork, several youth suicides occurred, and at least six separate community events were held to promote awareness about suicide and generate funds for suicide prevention.

Many of our respondents, young and old, described Poplar Grove as a wonderful and supportive community where people really care about each other. Most young respondents reported that their parents knew their friends and their friends’ parents, something many parents proudly confirmed. People also often see each other in public spaces, such as the community pool. As Jim, a father, described, “[I]t’s a very tight-knit community . . . we have a [community] pool and everybody knows everybody and we know all the kids, so you feel like there’s network, a safety net around you all the time.” As one would expect with a tight-knit community, as long as a person fits in, the strong community feels great. Newcomers to the community did not always find it

easy to navigate the cohesive social networks. For example, one parent who moved to the area for work reported, “The kids are cliquey, but the parents are equally as cliquey. It was very hard . . . for [my kids] to make friends . . . it was really, really difficult. And the parents are the same way.”

The other potential downside to such a highly integrated community is that information spreads fast and far. The amount of information people had about each other was striking. For example, one adolescent was able to report which mental health worker in the community was at the house of someone whose child died by suicide 15 years prior (and we confirmed his information). It is not just youth who are privy to extensive private information. Margaret, a mother, revealed that she knew quite a bit about one suicide decedent’s mental health, even though she did not know the boy or his family personally:

So . . . I do not know this family very well, I only know what I’ve heard through the grapevine. Emmett who had committed suicide [sic] . . . he was in and out of a mental institution a couple times is what I understand. He was on medication. He had had counseling, supposedly he had threatened many times. . . . His parents knew about it. The last fight that they had was “Emmett—you’re getting really bad again, I think it’s time for you to go back to the hospital,” and shortly after that he killed himself. That’s the rumor I heard. It’s qualified, but it’s still a rumor.

We were not able to confirm all of what Margaret said, but enough of her information was accurate to demonstrate how even very private things easily slip into the public domain in Poplar Grove. Moreover, these were not isolated incidences; most community members felt or provided examples of information flowing easily, even when they would prefer it did not. Parents and youths often reported that successes (e.g., those relating to grades) are public events as many parents openly discuss their children’s achievements on Facebook or in the stands at athletic events.

Many youths and parents reported, whether objectively true or not, that parents live through their children; thus a child’s failure or success is experienced as reflecting strongly on the parents. Essentially, the grapevine is very effective in Poplar Grove, and ultimately it diminishes personal privacy. Because (inter) personal autonomy is considered one of the most cherished and guarded aspects of the self (Goffman 1961), the intense current of information is an important piece of the experience of integration in this cohesive community, particularly in conjunction with the culture that coincides with these high levels of integration.

The Culture of Poplar Grove

“We Are Poplar Grove and We Are Going to Achieve.” Growing up or raising children in Poplar Grove is no easy feat. The strengths of the strong, supportive community are counterbalanced by its clear cultural directives that may benefit some, but as we will show, also clearly hurt others. Specifically, Poplar Grove’s culture emphasizes high achievement and perfectionism. As Hannah, a youth in Poplar Grove, explained, being a kid in Poplar Grove involves “everything being perfect: good grades, good kids, who go to good colleges.” Individuals in neighboring communities widely recognize and sometimes envy Poplar Grove for the academic excellence of its schools, which send a majority of students to “good” colleges and universities. In fact, although many people have lived in Poplar Grove for multiple generations, a sizeable group of new community members moved there specifically for the highly ranked schools. For example, Sarah, a mother with a young child, grew up in a nearby city just up the road and always knew about Poplar Grove:

People live in Poplar Grove because they want the best schools. They want the best for their children. I grew up in Annesdale [a nearby community]. I moved to Poplar Grove [as an adult] because having gone to Annesdale High School, I wasn’t going to send my kid there. There wasn’t anything

wrong with it, but Poplar Grove . . . is Poplar Grove. . . . Everybody wants to get in because they think they're missing out if they're not in. And then the people that are in feel pressure to maintain that level of what people associate with the area.

As Sarah explained, many people living in Poplar Grove feel pressure to live up to expectations for community members and thus try to “fit in,” even when they themselves grew up under very different circumstances and do not necessarily fully agree with Poplar Grove’s cultural directives.⁵ Poplar Grove is the wealthiest town in the county and one of the wealthiest in the state, and although Sarah does not explicitly reference the socioeconomic status of Poplar Grove, her comments reveal her desire for social mobility and her conflation of caring parenting with providing children with every opportunity that money can buy (much like Lareau’s [2011] idea of concerted cultivation). In this sense, fitting in involves more than simply conforming to a local culture in Poplar Grove; it involves performing membership in an elite group, a task that for many can be quite anxiety provoking (Khan 2011).

Youths, in particular, reported feeling intense pressure to be successful and to attain the same high socioeconomic status that their parents achieved or were ascribed at birth. Nearly everyone we spoke to who grew up in the community referenced this pressure. For example, Samantha, a young adult who grew up in the community, shared the following:

Growing up in Poplar Grove, there’s a lot of pressure to be successful, so to speak. . . . The more [advanced placement (AP)] courses you take the better, the more sports you’re involved with the better; the more trophies in your bedroom, the better; and again, that’s not something my family has ever forced me to do or [that we particularly] pride ourselves on, but it comes up with peers: “Oh it’s classroom registration time. How many APs are you taking next semester? Oh, it’s sports transition time,

what team are you joining next semester? Oh your team went to the championships, did you place first? What position did you play?” [Laughs] So again, more from like the peers than I ever felt from my family. But those are all very normal conversations at both—like—Poplar Grove High School and when socializing [more generally].

Samantha’s comment illustrates how pervasive this achievement culture is—even youths whose own parents place less stress on achievement are still vulnerable to internalizing community values. Her words also show how the achievement culture is perpetuated in part through social comparisons among classmates within the adolescent society. On top of being hyper-involved and enrolled in many AP courses, youths also strain to make their workload seem effortless. For example, Beth, an adolescent, shared the following comment in a focus group conversation:

I feel like that ideal person would do all the achievement things that we were talking about [get straight As, take lots of AP classes, and go to college], *and* it would be easy for them. So if it’s, like, hard for you, you don’t want to admit it.

Beth’s comment was met with a chorus of agreement from the other focus group participants.

This pattern—adolescents working incredibly hard while trying to make their success look effortless—appears in other elite adolescent communities where “ease” instead of an air of entitlement defines the new U.S. elites. Khan (2011) argues that performing ease in the face of demanding academic workloads makes elite status in adulthood seem earned in school, rather than ascribed to youths by virtue of their birth. Thus, elite young adults are the ones who successfully and masterfully conquered the heavy workload in adolescence.

There are three reasons this matters for understanding suicide in Poplar Grove. First, youths’ failure to embody ease in the face of hard work threatens their belonging within the community and their elite place within a

broader social hierarchy. Consequently, there is a lot to lose from failing to make it. Second, if success is supposed to look effortless, then depression, stress, and strain are not allowed; these are akin to failing to live up to ideals. Third, youths know that their successes and failures are likely to become public knowledge through the hyperactive grapevine, which in turn feeds the desire to avoid failure at all costs. High expectations for academic greatness—combined with amazing opportunities—enable many Poplar Grove students to go on to top colleges, but this pressure has a significant cost.

The Consequences of Poplar Grove's Social Cohesion and Culture

Given the highly integrated and regulated nature of life in Poplar Grove, it is no wonder that when things go wrong, the consequences are significant. Ultimately, our interest is in understanding how these social forces relate to suicide, but the nature of suicide requires us to study factors that may render a youth vulnerable to suicide or suicidality (Roth and Mehta 2002). Hence, we now turn to vulnerability related to Poplar Grove's high levels of integration and regulation, which may explain why this particular setting has experienced a strikingly high number of adolescent suicides. We found two key factors: the first is the strong negative emotional reactions youths have toward failure; the second is the suppression of help-seeking among parents and youth.

The tragedy of failure. Adolescents in Poplar Grove are caught between the clear expectations of their parents and community and the challenge of living up to these expectations without asking for help—particularly mental health help. With such high stakes, youths report strong emotional reactions to the prospect of failure. For example, multiple youths described crying over homework on a regular basis in high school, and one reported having her hair fall out from stress. As a young woman explained, “Failure was not an

option for any of us.” Another teen shared that “if you don’t succeed, you just fail and you feel terrible about it.” This relatively unrelenting stress can generate negative emotions, which in turn may render youths disproportionately vulnerable to self-harm. In fact, many respondents who lost someone close to suicide (or had a close friend attempt suicide) said they thought that feeling like a failure was partially to blame. One typical example of this comes from Denise, who lost her best friend Julia to suicide. Denise described Julia as beautiful, gregarious, super-involved in extracurriculars, and “in” with the popular crowd—essentially a prime example of the perfect Poplar Grove girl:

Julia had no idea how awesome she was. No idea. And it didn’t matter if anyone would tell her any of that kind of stuff. She just didn’t have the capacity to believe it. So, she . . . she probably got straight A’s. She was that, like, perfect person. She just had so many things going on internally, that it kind of overtook anything else, so. . . . But, yeah. That’s kind of her in a nutshell. She was awesome.

According to Denise, despite Julia’s outward appearance, inside Julia was often struggling and insecure. Ultimately, Denise felt that Julia’s experience in high school, combined with her family’s pressure to succeed, made her feel terrible enough to see suicide as an option:

Julia probably felt like a failure. And, that to me, just blows my mind because she had everything going for her. But that . . . [t]he family that she was raised in [put a lot of pressure on her] . . . [h]er own thoughts about herself . . . [h]er concept of herself . . . [s]elf-esteem, or whatever you want to call it . . . [w]hatever term you want to give it. . . . Like, she likely felt that she was a failure. And so, I think it’s definitely tied to her thoughts about her own place in the stupid high school drama that we all grew up in, and her ability to survive—in a very basic

sense—the culture of what she was dealing with. So, yeah. I think she probably felt like a failure.

Suicide is rarely attributable to a single cause, but our respondent's comments suggest that the regular messages Julia received about not living up to expectations made life unbearable for her, triggering the deep emotional distress that may have set the stage for her suicide. Additionally, of the eight suicide deaths in the community where we were able to interview enough respondents close to the decedent to obtain a detailed picture of the potential sociological motives behind the suicide, six involved failure to meet community expectations as a partial motive. Unfortunately, and despite the many individuals who cared about Julia, she never received the help she needed. This points toward the second consequence of the intense regulation and integration in Poplar Grove: help-seeking behaviors are often suppressed.

The suppression of help-seeking. The coherent culture and close-knit social structure of Poplar Grove can intensify the experience of failure, and these forces also make it harder for parents and youths to pursue help. Many adults reported that mental health problems would be seen by others as “a blemish on the perfect family” (as one parent in the community put it), although few admitted that they themselves would feel this way about their own child or someone they knew. One exception was Jim, who was very honest about his struggle to parent his distressed son in Poplar Grove. Jim's son has a history of mental health problems and suicide attempts, which escalated following the suicide of a friend. Jim admits that he and his wife have actively tried to keep their son's struggles quiet:

I mean, my wife and I talk about [whether we should be open about our son's struggles]. We'll be embarrassed or [think] we shouldn't tell people, but the thing we talk about is just trying to protect [our son]. That stigma. That's the only thing I was really

worried about, too, was the stigma. I didn't want that attached to our son.

In the private setting of the interview, Jim admits to the embarrassment he feels about his son's mental health problems. Although it is certainly reasonable to keep mental health information private and to want to protect one's child, feelings of shame or embarrassment suggest that a fear of mental health stigma may also condition how Jim approaches disclosing that information. It is not surprising that Jim feels concerned about what others will think, given the community's concern with appearances, the propensity for gossip to flow freely, and the expectation for families to be perfect. Parents of children with mental health problems violate well-known expectations of perfection and run the risk of being deemed bad parents for not “doing enough.” A comment by Cynthia, a parent, illustrates how judgmental other members could be about parenting:

Community members think that it's the parents' fault that their child died. [They think] that the parents must have done something wrong. I know I heard many of those conversations after the girl I knew died. “Her parents must have put so much pressure on her.”

Many respondents shared stories similar to Cynthia's—they had overheard many comments blaming parents for their child's mental health problem—and several respondents emphatically stated during interviews that negligent parenting contributed directly to a child's death by suicide. Knowing that these accusations fly around the community certainly adds pressure to deciding when, what, and to whom one should disclose information about mental health struggles. In fact, Jim attributed his shame regarding his son's mental health issues to both his own fears of how people see him as a father and negative experiences with mental health workers, who he felt blamed him for his son's situation:

I can't say [that people in the town are judging me], but I guess, I feel that they're

judging me. Yeah, "I'm a bad parent," . . . "what'd you do to drive your kid to this?" "Is something wrong with you?" I'd go to a therapist . . . looking for somebody to help me help him, but I wasn't getting [that]—I was getting, "what the heck did you do wrong?" "You did that, really?" "You shouldn't have been doing that" and so on. Maybe [that's] why the embarrassment came out.

Although Jim used the label embarrassment, internalized and self-reflective comments like "I'm a bad parent" or "what'd you do" reveal shame (Scheff 1997)—a painful emotion that is often consciously or unconsciously mistaken for other emotions like embarrassment or anger (Cohen 2003; Gilligan 2003). Jim's shame was predicated on the primary identity that he, his wife, his son, and the community ascribed to him: father. When individuals feel as though they are not meeting the internalized meanings and standards of an identity, they feel like failures or that they are somehow defective (Shweder 2003), and they believe others will view them with contempt (Lewis 2003). It is not surprising that Jim was concerned with appearances: he enjoyed being a member of this community (recall his earlier quote about the community pool and the social safety net), and thus tacitly accepted the high standards and ever present grapevine.

Jim and his wife were not alone in their reluctance to come forward and ask for help regarding mental health issues with their child due to fear of being perceived as bad parents. Mental health workers in the community stressed it was often very difficult to partner with parents in caring for a child's mental health. For example, Bill, a mental health worker, shared the following:

As professionals, we try to get the parents on board with [addressing their kids' problems] but they don't want to deal with it. I think that's my biggest issue. You can see the red flags all over the place and the parents don't want to do anything, even to the point to where kids can even threaten to kill

themselves and you call [the parents] and [they say], "oh they're just playing around," or [I'll call and say], "I think you need to take them in" [and they'll respond], "oh they'll be perfectly fine," and it just tears you up inside.

In a community primed to think about and worry about suicide, it is curious that some parents believed suicide could not happen to their child, even when a mental health worker was letting them know they were concerned for their child's well-being. Of the 17 mental health workers we spoke to who interacted with parents and children, 60 percent echoed Bill's sentiments that parents were hard to work with and that many parents worried how it would look to others if their child were known to have serious mental health problems. This is particularly telling when you consider that most of these mental health workers were working with parents who voluntarily brought their child in for some form of mental health treatment or consultation; thus, these parents were at least somewhat amenable to asking for help.

Like their parents, youths also reported a preoccupation with how help-seeking would look to others. Natalie, a teen in the community who has a history of depression and suicidal thoughts, shared that even though "everyone is stressed out . . . if you admit that you need help, it's kind of looked down upon." Natalie went on to share that in her experience, this can sometimes lead to suicide becoming an option:

Natalie: I think sometimes . . . [pauses, softly says:] it gets too dark. You just can't really see the light at the end of the tunnel, you can't see where this is going . . . everyone wants you to be something that you're not sure you want to be . . . [she trails off]

Anna: [after a moment of silence] . . . is this a really close community? . . . Is it just really hard to escape the judgment?

Natalie: It's kind of hard to escape. Like there's a definite social hierarchy where we are and it's kind of hard to escape that judgment so . . . There's a lot of peer pressure to fit a certain stereotype.

Natalie is constantly aware of the pressure to live up to expectations and, according to her, it made it really hard for her to reach out for help when she was contemplating suicide. This is particularly amplified, for Natalie and other teens, by the fact that Natalie has internalized this message *and wants* to meet the expectations of her peers, parents, and broader community.

Among all the adolescents and young adults who grew up in this community whom we spoke to, 32 percent could be characterized as help-seekers, meaning youths who sought help from an adult (e.g., a parent, teacher, mentor, or therapist)—not their friends—and then spoke honestly with the adult about what was troubling them. This rate is strikingly low when compared to young adults who have experienced suicide bereavement (sometimes even multiple suicide losses) but reside outside Poplar Grove in cities and communities that are often much more demographically and culturally diverse: in our comparison sample, 67 percent could be classified as help-seekers using identical criteria. This is perhaps the strongest evidence suggesting that the contextual factors operating in Poplar Grove are distinctive.

To summarize, although Durkheim could not have imagined how a small, tight-knit community could be potentially harmful, Poplar Grove illustrates how highly integrated and regulated spaces can be volatile environments—especially for vulnerable subpopulations like teenagers. The close-knit nature of community networks means word travels fast, even when it should not. In turn, external and internal pressure to meet cultural expectations of being a “good Poplar Grove adolescent” are amplified by the visibility of actions and attitudes and the potential for swift and severe sanctioning. The only way to opt out is to become socially isolated, which some adults, and particularly those with older or adult children, did admit to preferring. However, research suggests this is not without social-psychological and emotional risks. Similarly, many young adult respondents who attended PGHS but had left the community

after their high school graduation reported that they never wanted to move back to Poplar Grove. That some see opting out as the only solution underscores the high social costs to not fitting in, for parents, for youth, and ultimately for suicide prevention.

DISCUSSION

Insights for Durkheimian Sociology

As a discipline, sociology has arguably made one of the most important contributions to understanding why people die by suicide. It came not with the advent of advanced statistical procedures, but instead through Durkheim’s keen sociological insight in 1897. One of Durkheim’s findings—namely that socially isolated or under-integrated individuals are more vulnerable to suicide—has become a cornerstone of suicidology, but his other assertions regarding the potentially harmful effects of high levels of integration and regulation have received much less empirical attention and support. This is largely due to issues with how Durkheim framed high levels of integration and regulation, which limited their applicability to “modern” societies; however, we argue that these limitations could be resolved by blending Durkheim’s ideas with insights from more recent scholarship.

We offer a novel Durkheimian theory of suicide that consists of four main elements. First, we suggest that the most effective way to conceptualize integration and regulation is as the structural (Bearman 1991; Pescosolido 1994) and cultural (Abrutyn and Mueller 2016) dynamics of groups. Second, we argue that although integration and regulation are distinct social forces, they can be linked in certain contexts (Bearman 1991). Third, we posit that integration and regulation are not in and of themselves helpful or harmful; instead, they are context-specific conditions that can be either positive or negative based on the content of the social ties and an individual’s characteristics. Finally, we contend that integration and regulation become harmful when

they fail to satisfy an individual's psychological, emotional, or social needs—a social-psychological take on Durkheim's ideas.

We argue that our interpretation of Durkheim is faithful to his explanatory intent and emphasizes sociology's strengths. However, we also recognize that in some ways, we are offering a forceful departure from how Durkheimian theory is often used in the literature and at times from Durkheim himself. From our perspective, Durkheim should be used to understand the role of meso- or macro-level forces, not individual motives. Despite the utility of Durkheim's four-fold suicide typology as a heuristic device, it may do more harm than good because it leads the analyst to pay unnecessary attention to individual motive (e.g., "altruism" or "fatalism")—something Durkheim argued against doing. Instead, this attention is better placed on the central component of Durkheim's theory: the collective. As such, sociologists would do better to use the language of "integration" and "regulation" to characterize groups (including communities, social networks, or when appropriate, societies as a whole), rather than the language of "egoistic" or "altruistic" to characterize suicide.

The importance of this argument extends far beyond semantics. Currently, sociology's contribution to understanding suicide has been undermined by the bulk of research in psychology and sociology that conceptualizes and operationalizes Durkheim's ideas at the individual level. This results in Durkheim's contributions being oversimplified into basic insights, such as that social isolation generates suicide (Joiner 2005). Instead, by keeping Durkheim where he preferred to be—at the level of the collective—his theoretical framework becomes open to extension by other sociological subfields, such as social psychology, network perspectives, and cultural sociology. Additionally, by conveying the importance of the collective in suicide, we can carve out a meaningful place for sociological contributions to suicidology. And there is a real need for sociologists within suicidology. Place-based suicide risk is not well understood in the current literature; however, our perspective on Durkheim provides

the tools necessary to understand how and why some communities are disproportionately vulnerable to suicide. In this sense, we are not competing with psychological explanations of individual suicide deaths, but rather augmenting them with structural-cultural explanations for why some individuals develop mental health problems that may, in turn, increase their vulnerability to suicide.

To illustrate the efficacy of our approach, we applied our ideas to the special case of Poplar Grove, a privileged suburban community with a significant and enduring adolescent suicide problem. We found in Poplar Grove a highly integrated community with cohesive social networks. Respondents reported that this social cohesion feels like a wonderful social safety net at times, but it also produces an overactive grapevine of gossip that facilitates the public monitoring of people's behaviors and social sanctioning. Additionally, the community is home to a coherent, shared set of cultural directives that regulate who youths and parents feel they should be. These directives emphasize perfectionism through having the perfect family, being the perfect Poplar Grove kid, and especially through academic achievement. The pervasive emphasis on perfection has a cost; mental health problems are seen as contradictory to the cultural directive to be perfect and thus are highly stigmatized. The stigma of struggle, combined with the propensity for failures to become public knowledge, creates additional pressure for youths and parents. Ultimately, this constellation of factors suppresses help-seeking and creates intense emotional pain among youths related to perceived failures or a fear of failure. Perhaps most poignantly, we found a substantial gap between willingness to seek help among youths and young adults in Poplar Grove and the young adults in our comparison sample from outside Poplar Grove who also experienced suicide bereavement.

In short, high levels of integration and regulation resulted in Poplar Grove feeling like a pressure cooker and a fishbowl: success and failure were clearly defined, highly visible, and often publicly sanctioned or rewarded.

In this context, youths who are struggling to make it sometimes see suicide as their only escape. Mental health problems, like diagnosed depression, certainly matter to suicide in Poplar Grove, but our study demonstrates that structural-cultural conditions also play a significant role, both by increasing adolescents' emotional distress and by decreasing youths' and parents' willingness to seek help. Ultimately, this case illustrates not only that high levels of integration and regulation within a social group can lead to individual pathologies, but also how sociological tools can help us understand and prevent pathologies like suicide.

Insights for Suicide Prevention

To date, the best psychological theories of suicide, namely Shneidman's (1993) psychache and Joiner's (2005) interpersonal-psychological theory of suicide, emphasize that suicide results from a combination of high levels of psychological pain and hopelessness, low levels of connectedness, and acquired capacity to harm oneself. One stumbling block for understanding how to translate these insights into effective suicide prevention is that the opportunities to intervene in a person's pain or hopelessness often come after the person is in crisis (which sometimes is too late) and are dependent on a person being able to mobilize resources or ask for help. Additionally, pain and hopelessness are often cognitive evaluations of self that result from social comparisons and self-appraisals within salient reference groups. In other words, hopelessness and pain have social roots as well as individual causes. In Poplar Grove, we illustrated a link between many youths' pain and hopelessness and their fear of not living up to the intense expectations of their community. Identifying this link gives us another tool to combat suicide. Specifically, creating programs to help youth navigate perceived failures and cope with academic stress could go a long way toward reducing pain and hopelessness in Poplar Grove and, in turn, diminish suicidality. This approach emphasizes that

effective suicide prevention strategies must be attentive to the needs of their constituents (in this case, adolescents under achievement pressure), something work on other places with suicide problems has also shown to be important (Kral 2012).

An added benefit of approaches to suicide prevention that improve youths' lives across a community is that more youths may be positively affected than through efforts that target only youths in crisis. These approaches may also face less resistance from schools and communities, which sometimes avoid prevention strategies that require talking directly about suicide, despite the fact that studies show that talking about suicide with youth does not encourage or cause suicide (Cha et al. forthcoming; Gould et al. 2005). Additionally, it is worth noting that our methods for understanding adolescence, integration, and regulation in context are not out of reach to local suicide prevention teams, particularly if they work in collaboration or consultation with sociologists or other social scientists.

Another implication our study has for suicide prevention and theories of why people die by suicide is cautionary: social connectedness is not always a good thing (Portes and Vickstrom 2011). This point is important to emphasize, because the Center for Disease Control and Prevention (N.d.; see also Whitlock, Wyman, and Moore 2014) and other major suicide prevention organizations often posit connectedness as an exclusively positive social force that should be viewed as an important tool for suicide prevention. Although connectedness can protect against suicide in many circumstances (Wray et al. 2011), research also demonstrates that excessive amounts of social connectedness can cause the "exclusion of outsiders, excess claims on group members, [and] restrictions on individual freedoms" among other potential negative effects (Portes 1998:15). Poplar Grove illustrates how, if researchers and practitioners neglect potential negative aspects of connectedness—like those noted in our study—opportunities for effective prevention strategies might be missed.

Future Directions

In addition to offering what we believe is a compelling social-psychological reformulation of Durkheim that is useful for suicide prevention, our case study highlights that the task of modernizing Durkheim and revitalizing the sociology of suicide is far from complete. To that end, our study raises several important theoretical questions for future research. First, if we are to fully engage Durkheim on a social-psychological level, future research should delve further into the roles that identity processes, role-status positions, social stigma, and status disruption play in suicide. For example, not every member of a community internalizes cultural directives to the same extent. Variations in how wrapped up an individual's identity is with community expectations could shape how detrimental (or protective) the community is for that person. Similarly, individuals' position in social networks—based on their prestige or centrality—may condition their ability to navigate social pressure, and consequently, their vulnerability to suicide.

Second, given the important role emotions play in suicide and in the acquisition and internalization of behaviors and attitudes, future research should consider the varied emotional dynamics sustaining the link between suicide and Durkheim's integration and regulation (Abrutyn and Mueller 2014b). Cognitive appraisals like depression or hopelessness are important, but they involve more than an individual's psyche; rather, they are constructed in part by referencing the socio-cultural contexts of daily life. Delving deeper into the emotional anguish that youth in Poplar Grove feel at the prospect of failure will likely add another layer to our understanding. This effort may provide additional insights into how to disrupt harmful patterns, and also shift some attention from internal cognitive evaluations to the sociological dynamics of emotions. One benefit of advancing our ability to identify problematic emotional currents within social groups is that in our age of big data and computational social science, we could conceivably harness social media to warn us of impending suicide clusters.

Third, a big question right now in sociology is how culture intersects with social structure to motivate action (e.g., Vaisey 2009). We illustrated how a community's culture and structure play a role in suicide, but it was beyond the scope of this article to detail how exposure to this structural-cultural context changes the meaning of suicide for youths in ways that may promote suicide as an option. Our ability to disrupt suicide is in part dependent on our understanding this process; thus, discerning the intersections of culture, social structure, and human action is a necessary and exciting new path for the sociological study of suicide.

Limitations

Despite our contributions, this study does have methodological limitations. Poplar Grove is not the only elite community to experience high levels of adolescent suicide (for a discussion, see Clayson 2015), but it was chosen, in part, because of its unique nature, not for its typicality. In fact, although we know very little about the places that give rise to suicide clusters (Gould et al. 2014; Gould et al. 1990; Haw et al. 2013; Wray et al. 2008), we do know that not all places prone to suicide are characterized by high levels of integration and regulation (Baller and Richardson 2002). Additionally, almost no work, to our knowledge, examines the link between academic pressure, elite status, and adolescent suicide risk—despite an increasing number of media stories covering this topic (e.g., Clayson 2015). At least one study demonstrates that failing can increase early adolescents' risk of self-harm (Laflamme et al. 2004), and some research links psychological strain (like failed aspirations) to suicide death (Zhang et al. 2011). Ultimately, the patterns we found in Poplar Grove may not be the only structural-cultural configurations that produce suicide. However, the theoretical frame we propose helps make sociological sense of place-based suicide risk in Poplar Grove and beyond and should help other locations develop suicide prevention strategies that are sensitive to the structural-cultural realities

they face. Additionally, given the larger literature on the importance of social cohesion in the diffusion of ideas, attitudes, and behaviors, it is worth investigating whether high levels of integration are a necessary condition for the formation of suicide clusters; we believe this is likely the case. At the same time, our study points to a serious gap in the literature. To date, we know very little about the social, structural, and cultural roots of suicide in communities; thus, future work should go in search of commonalities as well as differences.

One additional factor that is beyond the scope of this study, but that future work should pay attention to, is the role of homogeneity—particularly racial or ethnic and socioeconomic homogeneity—in these dynamics. Poplar Grove is very racially and socioeconomically homogeneous. If Poplar Grove were more diverse, would high levels of integration and regulation operate in the same way? If the dangers of integration and regulation discussed in this study are in fact a partial product of racial or socioeconomic homogeneity, then this study contributes to arguments that posit diversity as a positive public good (Portes and Vickstrom 2011): diverse societies may have more alternative cultural scripts from which community members may choose. This issue does not undermine our contributions to sociological theory or suicide prevention, but it does present a fascinating and important opportunity for future research.

Our study does have limitations related to our sample. We did our best to interview a wide array of individuals. However, because of the stigma and intense emotions surrounding suicide, we only interviewed individuals who volunteered, and these individuals represent only a small portion of Poplar Grove's population. We also did not directly solicit interviews from anyone (with one exception: we did directly e-mail one community leader to inform the person about the study). Respondents had to express an interest in participating before we would contact them. This means some people's voices are missing from our study. Based on what we heard, these may have been the individuals experiencing the

strongest emotions, the most complicated grief, or who had the highest levels of mental health stigma. Additionally, some parents did not want us speaking to their children about suicide, and the high school was not particularly welcoming at the onset of our work. Nevertheless, we did speak to many current and former students and school personnel, and toward the end of our fieldwork, the school seemed to warm to us. To date, however, we have not been able to conduct participant observation within the school.

Finally, the majority of our data rely on in-depth interviews, which some scholars criticize as accessing only individuals' rationalizations for their actions and feelings. To minimize this possibility, we took great care in interviews to be attentive to individuals' emotions—or what Pugh (2013) terms the "visceral landscape" of a person's narrative, including language choices and nonverbal cues. We paid attention not just to what respondents said, but also how they said it and how they crafted their story. Basically, we attended to the "ethnographic" dimension of interview data (Ortner 2003; Pugh 2013). Finally, we made every effort to talk to a diverse group of community members, to triangulate information via multiple perspectives on the same event, to engage in participant observation whenever possible, and to generate an accurate picture of town life. Despite our attempts to collect valid information, our reliance on interviews and our inability to embed ourselves in the community and engage in long-term participant observation means we are relying more on what people say rather than what they actually do (Jerolmack and Khan 2014). Given the potential for discrepancy between actions and words, we believe we may be underestimating the effect that high levels of integration and regulation in Poplar Grove have on youths' suicide risk, and thus presenting too rosy a picture of Poplar Grove. Despite these limitations, we are confident that our findings provide an empirically sound, accurate portrayal of Poplar Grove. Community members (after attending talks or informal conversations where we shared our findings with

them) generally reported feeling that we captured the spirit of the place, even when some of our findings surprised them or, in their words, were hard to hear. That they found our findings “hard to hear” suggests we were able to uncover more than just the community’s public, best face.

Conclusion

Arguably, Durkheim’s *Suicide* represents one of the most profound contributions sociology has ever made to public health. His ideas continue to appear in leading theories of suicide across disciplines and in national and international lists of best suicide prevention strategies. Sociologists, however, have struggled to move beyond an emphasis on egoistic and anomie suicide to understand the diverse ways that social forces contribute to suicide. With this study, we present a path to revivifying attention to Durkheim’s other forms of suicide—namely altruistic and fatalistic suicide—without adhering to a questionable typology. Our investigation reveals how high levels of integration and regulation—operationalized through a community’s social cohesion and cultural coherence—are linked to youths’ mental health and possibly suicide via social-psychological processes. In doing so, we demonstrate the important contributions sociology can make to suicide prevention by capturing the complexities of daily life. Our findings complement, but also challenge, the psychological models that continue to dominate the social scientific and public view of suicide as a consequence of mental illness. We hope this approach and our empirical findings will inspire new and groundbreaking research on suicide and other social pathologies related to health and mental health in sociology and beyond.

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Notes

1. A pseudonym.
2. A pseudonym.
3. Because of the small community size, we refer to all these individuals as mental health professionals.
4. To protect respondents’ confidentiality, none of these presentations were open to the public.
5. What is particularly interesting regarding this comparison to Annesdale is that by many standards, Annesdale is a relatively privileged city in its own right. Annesdale, however, has significantly more socioeconomic variation than Poplar Grove—for example, Annesdale has numerous apartments whereas Poplar Grove has none. Still, Poplar Grove is wealthier with more glamorous homes than most homes in Annesdale; thus, Poplar Grove maintains some allure as the best in the area.

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