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## A Social Disorganizational Theory of Suicide<sup>1</sup>

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*Over the last 20 years, suicide rates have grown across most demographic groups in the United States, making the sociological study of suicide as imperative now as it was in Durkheim's day. For the most part, however, sociologists study suicide solely using Durkheim's analytic strategy. The following article recovers a text on suicide long since forgotten by sociology. Divided into three parts, the article begins first by revisiting Ruth Cavan's social disorganizational theory of suicide, eventually culminating in a formalization of her theory. Second, the article brings contemporary social scientific ideas to bear on her theory to modify and extend its empirical utility. Third, the article considers the implications this theoretical exercise has for an increasingly vibrant and creative sociology of suicide.*

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**KEYWORDS:** cultural sociology; Ruth Cavan; social disorganization theory; sociological theory; suicide.

### INTRODUCTION

Over the last 20 years, suicide in the United States has become an increasingly salient public health problem, not only for the groups that have historically been vulnerable, but for just about every sociodemographic slice of American life (Curtin et al. 2016).<sup>3</sup> For the most part, sociology has remained on the sidelines when it comes to offering its tools for asking and answering why people die by suicide; a fact supported by sociology's extraordinary dearth of published research on the subject (Stack and Bowman 2012:4). While there are myriad reasons for this paucity of research, one contributing factor is the preeminent status of Durkheim's (1897 [1951]) famous treatise that serves as the gold standard for *how* suicide should be operationalized in sociology (Stack 2000a, 2000b; Wray et al. 2011). The population-level study of suicide rates, while insightful, has proven limiting in invigorating the creative use of the full panoply of sociological analytic tools and, consequently, sociology's potential impact on the interdisciplinary study of suicidology (Mueller et al. 2021). That is, sociologists have spent a disproportionate amount of time hunting for new data or applying new quantitative techniques to verify Durkheim's nineteenth-century suppositions while largely leaving one of the central

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<sup>3</sup> While this claim is true, it is worth noting that suicide has grown more rapidly among some demographic slices than others (Ramchand et al. 2021) while disproportionately affecting some communities, like specific Indigenous communities (Pollock et al. 2018) or prison populations (Dye 2010), than others.

theoretical and practical questions unattended: why do people choose to do things, particularly things that are harmful?

This is not to say that there have not been efforts to move sociology forward, but for the most part these remain yoked to the Durkheimian tradition in one way or another (Mueller and Abrutyn 2016; Pescosolido et al. 2020). To that end, there are good reasons to revisit some of the theories long since buried by the shadow of Durkheim's stature in the field. One candidate comes from a sociologist whose marginalization was partially a product of unseemly, yet common practices in twentieth-century sociology. Cavan's (1928) *Suicide*, was initially written as a dissertation at Chicago, but unlike many of her male counterparts (Blumer was a fellow student), she was denied a professorship for reasons other than her scholarship and ended up at a relatively small, unknown school (Moyer 1996). Like many other marginalized scholars of her era, her work never gained traction (Morris 2017) and in the case of suicide scholarship, would eventually be supplanted by Durkheim's work.<sup>4</sup> She also appears to be a victim of the unintended consequences of the evolution of disciplinary boundaries, as she was a criminologist (the Early Scholar Award for the American Criminological Society remains named after her) when criminology was a subfield of sociology, but today is mostly its own insular discipline. Consequently, there is potential historical and moral value in revisiting her work, and yet this article will demonstrate that her theoretical and methodological insights not only resonate with some of the work in suicidology today but, when modified carefully, may offer a new sociological theory of suicide.

To that end, the following essay resists the typical exegetical treatment of classical sociologists that is a common analytic strategy for introducing or re-introducing them to the discipline. Cavan's biography is a worthy pursuit, but one best reserved for a different sort of paper and venue (e.g., Moyer 1996). Instead, the following analysis proceeds along three acts. First, I delineate the basic theory Cavan offers. Second, I present a more systematic take on the theory, updating and modifying her work in an effort to tease out the basic principles. Third, I consider the implications and promise this new theory offers suicidology. As with most giants, it is impossible to fully detach from Durkheim, which means that there will be plenty of opportunities to compare and contrast Cavan's principles to his own, but in the end, it should be clear that she remains far more indebted to the Chicago school's urban ecological tradition and the criminological theory of the day, social disorganization theory (Sampson and Byron Groves 1989; Shaw et al. 1929), then a canonized figure. As the strongest evidence of this claim, Cavan cites Durkheim only once (1928:289), while referencing the moral statistician Durkheim critiqued most heavily, Morselli. Thus, while she sometimes comes to similar conclusions as Durkheim, she takes different routes, while at other times, she offers something breathtakingly original (at least original for the time and place she was writing); especially when refracted through a century's worth of sociological advances.

All told, recovering her work and synthesizing it offers several contributions. First, and most obviously, is her methodological innovation. As an urban ecologist,

<sup>4</sup> It is difficult to discern how many citations it has garnered, but it appears references gradually declined in the 1950s and largely disappeared thereafter. Recent citations are mostly passing reference to some of the less substantive and theoretical elements of the book, focusing, for instance, on her brief discussion of "suicide pacts."

Cavan advocates for a meso-level approach—for example, comparing neighborhood differences—that relies as much on statistical analyses as it does qualitative research. To be sure, she would be excited to see some sociologists (Maimon and Kuhl 2008; Mueller and Abrutyn 2016) and social scientists more generally (Stevenson 2014) have already embraced aspects of this approach, and yet she offers a specific theoretical framework to design research and make sense of the data. Second, in shifting the lens to the meso-level, Cavan's theory suggests *local* beliefs are as important as the structural supports a place offers. On the one hand, she has a very specific set of mechanisms for why and how culture matters that remain underexplored in contemporary social science, and yet, on the other hand, her second contribution fits neatly with the growing chorus of social scientists interested in suicide and culture (Barbagli 2015; Canetto and Lester 1998), either in the form of “cultural scripts” (Abrutyn et al. 2019; Winterrowd et al. 2015) or, more broadly, attitudes about suicide (Galynker et al. 2015; Phillips and Luth 2020). Again, this article offers a systematic framework to make sense of these uses of culture [and also opens the door to insights from cognitive-cultural sociology (e.g., DiMaggio 1997; Lizardo 2017)]. Finally, Cavan did something Durkheim pointedly argued against: built a typology of intrapersonal motives that remain deeply indebted to sociological logic. This approach fits neatly into her focus on local culture and may unlock new methodological approaches and empirical evidence that leverage sociology's full suite of tools.

## DISORGANIZATION AND ITS DISCONTENTS

At the core of Cavan's theory lie two intersecting theoretical traditions. The first, social disorganization theory (Shaw et al. 1929) [which remains more prominent, today, in criminology than sociology (Kawalerowicz and Biggs 2015; Sampson and Byron Groves 1989)], whereas the second places a premium on a now-defunct social psychology that emphasized personality (Gerth and Wright Mills 1953; Parsons 1953). The former shaped her approach in so far as she assumed that “the inability of a community structure to realize the common values of its residents and maintain effective social controls” (Sampson and Byron Groves 1989:777) explained most negative behavioral outcomes, including suicide, while the latter added key intrapersonal explanatory mechanisms. Social disorganization theory, as synthesized by Sampson and Byron Groves (1989), posits that local environments produce structural and cultural support where (1) moral density is high, (2) denizens are compelled to monitor and sanction deviance, and (3) participation in local organizations is high. Subsequently, the strength of these supports is a positive function of five factors: (1) relative socioeconomic status among members, rates of (2) residential mobility, (3) ethnic diversity, (4) familial disruption, and (5) urbanization. The basic principle is as follows: as social disorganization increases, the decline in recurring, frequent interaction, efforts to engage in guardianship, and participation in local organizations will reduce the feeling of *community*, which contributes to higher rates of negative outcomes like crime or, in the case of Cavan (1928:143), suicide (see also McCulloch et al. 1967). The logic squares, somewhat, with Durkheim's own anomie theory (Abrutyn 2019) and appears promising based on a small, but insightful body

of research on prison suicides and social disorganization (Stoliker 2018; Stoliker et al. 2021).

As we shift to the details of her theory, like most sociologists, Cavan begins by building categories or classifications of suicide. Her classification system begins by distinguishing between typical Eastern and Western suicides. The former type is what she calls *institutionalized*, or “socially accepted and often socially enforced” suicides (1928:65, see also, 3ff.). By institutionalized, Cavan means they are tightly patterned such that the causes, or presumed causes, are widely “known.” Hindu *Sati*, for example, is a practice that occurs in a delimited set of villages and is ritualized to the point that resistance is met with intense sanctions ranging from physical and emotional coercion on the part of the widow’s male in-laws to social pariah status (Abrutyn 2017). These are the *obligatory* suicides Durkheim’s (1897 [1951]:237ff.) briefly discussed in his chapter on altruism. Conversely, the West revealed a tendency toward *individualized* suicides, or suicides driven not by moral imperatives but by personal motives. Regardless of the veracity of this common classical technique of sharply delineating Eastern and Western action patterns, she builds on the Chicago ecological school’s assumption that the massive urbanization and industrialization of cities in the West contributed to the ongoing, continuous destruction of “old customs and ancient ideals of conduct [thereby making] the very attitude toward suicide as possible and commendable human conduct changed, and with its change suicide greatly increased” (Cavan 1928:16; see also Lane 1979). In the following sections, I tease out the two different levels of analysis beginning with the community or meso-level.

### *The Loss of Communalit*

For Cavan, “social organization” refers to the structural conditions that serve:

two functions in society. It implies institutions—such as family, church, school, commercial and industrial organizations, recreational facilities—sufficient to care for the varied interests of the people who live in the community, and it implies customs, traditions, ideals, and purposes of sufficient homogeneity throughout the group, and built up about the institutions, to control the individuals and cause them to find adequate outlet for their needs and energies in the existing institutions. (1928:100).

For instance, in her (all too brief) historical analysis of Greece, Rome, and Medieval Christendom, she explains fluctuations in suicidality by pointing to fluctuations in epochs of stability and breakdown. Her thesis is elegant: increases in suicidality, both in terms of permissible attitudes and actual behavior, is a positive function of crises, which, in turn, disrupt organization in three ways: acutely/suddenly, chronically, or gradually through imperceptible changes that chip away at the edifice of organization. Though she resists conceptually defining crises beyond mentioning the three types, a few points can be made before exploring what crises do.

Crisis are natural and social disasters that shred the “connective” tissue, or physical and social infrastructure, of a community that provide the conduits along which recurring, frequent interaction is created and sustained (Abrutyn 2019). Examples of acute crises are tornados, floods, and nuclear meltdowns, and are

notable in their swift, sudden, and often total destructive force. Chronic crises wreak havoc not through their immediate consequences, but in their repeated erosion of social organization. Their force may be tonic, such as the constant pulsing pressure certain occupations experience in capitalist societies, or it may be phasic such as the recurrence of economic crises both big and small over the course of the last century or so. Whether acute or chronic, crises simultaneously wear down the protective organizational supports that provide the psycho-social needs of their denizens *and* introduce risk, trauma, and personal crises to those same denizens. It is also possible, as Cavan suggests, that some crises are due to the imperceptible accretion of exigencies that left alone can reach a threshold and cause disruptions. The clearest, most recent example of this can be found in the so-called Rust Belt of the United States where the demise of the middle class had begun as early as the 1970s. However, it was not until the Great Recession that the true consequences of this decades-in-the-making crisis was felt by those communities most vulnerable to it (Hochschild 2016).

This shift moves sociology from the population-level Durkheimian strategy to one that leverages studying people in their real, local environments; that is, the structural and cultural explanans of suicide no longer rests on distal social facts, but instead pulls the causes—for example, (1) the breakdown, real or imagined, of the physical and social infrastructure of a community and (2) the concomitant dissolution of moral, symbolic, cognitive anchorage—and effects (suicide) into closer proximity (Lane 1979; McCulloch et al. 1967; Sainsbury 1955). The underlying logic is that an economic crisis does not equally affect a nation-state, but rather we need to look at the breakdown of *local* physical and social infrastructure, which disaster scholarship has shown does precede widespread social psychological maladies (Erikson 1994; Wallace 2003). Indeed, it is at the local level that institutions do their most direct work, helping a community adapt to its environment (Turner 2003) and reducing the environment's capacity to tax our precious affective and cognitive resources by “thinking” for us. Subsequently, when institutions “fail,” the failure exacts a heavy cost. As Erikson (1994:242) summarized:

Human beings are surrounded by layers of trust, radiating out in concentric circles like ripples in a pond. [Crises] mean not only a loss of confidence in the self but a loss of confidence in the scaffolding of family and community, in the structures of human government, in the larger logics by which humankind lives, and in the ways of nature itself.

For instance, in her study of a small southern community faced with the realization that the distance political and economic world had eroded the structural and cultural milieu that kept them safe and sane, Hochschild (2016:48) describes her interlocutors as feeling “like victims of a frightening loss . . . of their cultural home, their place in the world, and their honor.”

Not surprisingly, Cavan used Chicago to demonstrate how her theoretical and methodological strategy comes together. She examined neighborhood differences because she implicitly assumed neighborhoods are the largest collective unit in which people are directly affected by structure, culture, and recurring situations. Those places most vulnerable to suicide, she concluded, are characterized by “a striking lack of the intimate type of group life which is considered by some sociologists the most fundamental both for the control of the individual . . . for the establishment of

conventional norms of conduct, and for the satisfaction of interests and wishes” (1928:92). They are lacking community; or, more accurately what Erikson (1976:194ff.) referred to as *communality*, or the web of group affiliations found only in collectives in which members

relate to one another in much the same fashion as the cells of a body: they are dependent upon one another for definition, they do not have any real function or identity apart from the contribution they make to the whole organization and they suffer a form of death when separate from the larger tissue [because it is social organization] that cushions pain, that provides a context for intimacy, that represents morality and serves as the repository for old traditions.

Communality, then, refers to the idea that the material infrastructure provides the well-worn paths (or social infrastructure) that provide routine and meaning to our lives, facilitating relationships that endure, while the cultural-cognitive aspects of place—made tangible through the institutional supports and routines—provide us with a sense that our history and destiny are shared with those who pursue and realize their interests within the local social web. And, it is in the second half of the book, where she explores the link between ecology and psychosocial needs and interests, that Cavan blazes a unique sociological path in the explanation of suicide.

### *The Collapse of Purpose and Hope*

At the social psychological level, Cavan argues that the proximate cause of suicide emerges when denizens of a place are “personally disorganized . . . dissatisfied, restless, unhappy . . . unable efficiently to order [their] life” (1928:144), with personal disorganization being a function of thwarted desires (Type 1 suicides), moral/lifestyle conflicts (Type 2), and/or (3) personal crises (Type 3). Though I prefer not to put words in Cavan’s mouth, she appears to imply that this is not a purely intrapersonal, psychological explanation because patterns surrounding thwarted desires, moral conflicts, and personal crises, like suicide, cluster in some ecologically delimited places and not others. Of the three, Cavan spends the most amount of time on the first cause, thwarted desires. It appears to be the most fundamental cause, partially a product of her analysis of suicide notes—which, admittedly, is unsystematic—and because, as a motive for action, it resonates with Westerners.<sup>5</sup> Thwarted desires, as a cause, range from highly generalized, vague desires—for example, “I want to be loved!”—that are perceived as never being satisfied to highly specific interests—for example, “I want ‘X’s’ love”—that are either lost or unrequited (1928:148–159). The details themselves do not matter so much as the fact that the variation in suicide rates across place is predicated on denizens not being able to attain a desired social object, which suggests structural forces unevenly distributed the things people come to want most.

The second type of suicide, moral conflict, occurs when “two sets of attitudes . . . cannot adjust to each other (p. 159),” because the “two sets of social codes or mores [are] held by two different groups in both of which the person has

<sup>5</sup> While many readers may recoil at the idea of “desire” or any sort of pleasure-based theory of action, this insight may actually be one of the most important ones she offers in light of advances in modern motivational science (Kringelbach and Berridge 2016); a point I will return to further down below.

membership” (ibid:160). Serving two moral “masters” and unable to feel, think, and do one thing without violating the ethos of one of those masters may create incredible strain, especially when one of those masters exercises more control over the individual making the choice less than a choice. For Cavan, this must have been salient given the Chicago school’s research on ethnic enclaves and the concomitant pressures to assimilate and inhabit the life-world of the “old country.” The third type of suicide, which feels most relevant to modern Western experiences are the clustering of “crucial situations” (see an abbreviated list, p. 272ff.), or personal crises due to factors beyond one’s control, such as an illness or an arrest, and which personal organization is cast into complete disorder, making readjustment feel impossible. Some places, then, tend to increase the odds of “social” death and encourage biological death as the necessary, logical, and, perhaps, honorable solution to that crisis.

Though Cavan mixes the popular psychoanalysis of her day with her own social psychological theory, the sociological argument remains intriguing: place shapes the frequency and intensity of denizens’ likelihood of thwarted desires, moral conflicts, and/or personal crises. In part, this is because social disorganization places a role in the probability that individuals will find it hard to (1) maintain a routine that has been interrupted, (2) avoid physical or social pain, (3) find and keep the love of a specific person, and (4) being recognized and esteemed (or, conversely, to ward off feeling disgrace and being subjected to humiliation). Importantly, she adds a key caveat to this social psychological theory; one she does not fully explore for various reasons, but which is extraordinarily insightful. Central to her argument is that a thwarted desire, moral conflict, or personal crisis only becomes a cause of suicide when the individual makes *meaningful linkages* between the situation or cause and the behavioral outcome. Thus, place not only shapes the distribution of the proximate causes of suicide, but it also provides the cultural beliefs necessary for understanding one’s personal situation within the framework of what most others would feel and think, and, where suicide is common, do.

Unfortunately, Cavan leaves the reader wanting greater analysis of the cultural beliefs—where they come from, what they look like, and how they work—that she is hypothesizing are the *true* mechanism linking the meso-level to the micro-level. For now, it is enough to say that her consideration of the meso-level place in relationship to the social psychological experience suggests two closely related things. The first is directly tied to the structure of the environment: some places will offer greater institutional supports to promote coping and resiliency, while others will exacerbate the individual’s pain. Second, suicide must be “culturally available” or permissible for that social act to make sense as an expression or idiom of that felt pain. Durkheim’s argument long bracketed this part of the study of suicide—for example, religion was not good or bad because of dogma/doctrine but because of its ability to integrate individuals into communities; and, while there are contemporary social scientists who have begun incorporating cultural arguments into the social scientific study of suicide (Abrutyn et al. 2019; Phillips and Luth 2020; Zayas 2011), they remain the exception to the sociological study of suicide and not the rule (Mueller et al. 2021; Wray et al. 2011). That said, Cavan did not offer a detailed roadmap for really exploring how culture might interact with a social disorganizational theory of suicide. Thus, the next task is to “modernize” her theory by distilling the basics and

modifying it in ways that strengthen its foundation while also expanding its framework.

## TOWARD A “DISORGANIZATIONAL” THEORY OF SUICIDE

To summarize thus far, a social disorganizational theory, as built up from Cavan’s work, begins with the following assumptions:

1. To understand the causal relationship between the structural/cultural environment and the social psychological dynamics of individuals, one must shift the lens from population-level data to community-based case studies.
2. Quantitative research must be supplemented and, in some cases, made secondary to qualitative data.
3. Suicide is a social act, which means it can only be considered an option when people understand what it *means*, and in true symbolic interactionist fashion, can call up the same response in themselves that they believe others will experience when presented with the act of suicide.

To this list, it is possible to distill Cavan’s central principles:

4. Three fundamental principles:
  - a. Higher than average suicide rates are a positive function of the degree to which an ecologically bounded space is socially disorganized
  - b. Individual suicide acts are a positive function of the degree to which a person experiences personal disorganization
  - c. The greater is the degree of social disorganization in a geographically delimited ecological space, the greater the likelihood that individual denizens will suffer significant personal disorganization, and, thereby, the greater the incidence of suicide

When these principles are considered in light of the overarching assumptions, Cavan’s theory can be distilled into a classic fourfold model that acts as the first step toward a more robust social disorganizational theory of suicide. Rather than think of each box in the model as a “type” of suicide, Cavan’s theory lends itself to conceptualizing them as pathways, with one pathway existing outside the model (Fig. 1).

### *Pathway 0 and Pathway 1*

In the upper-left quadrant of Fig. 1, we see two pathways of suicide. Both are peculiar in that Cavan is not really interested in them, sociologically speaking. The first pathway, labeled zero because it falls outside her model’s two intersecting dimensions, refers to those Eastern suicides she called *institutionalized*. These suicides are exceedingly structured and, to some extent, obligated under the right conditions—for example, Hindu *Sati* is expected in some places when one’s husband passes away (Abrutyn 2017). In addition, they tend to be ritualized both in preparation, performance, and post-suicidal response within the community, suggesting some degree of shared meaning. While this sounds eminently sociological, Cavan,



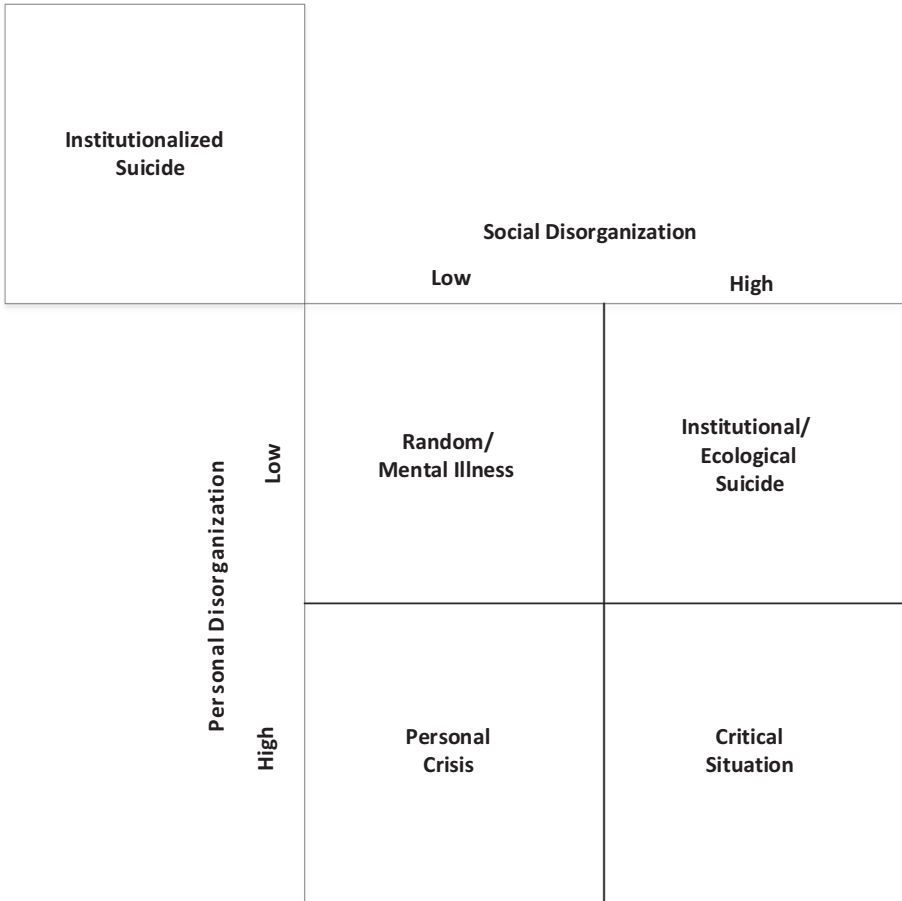


Fig. 1. Social disorganization typology.

like many classical sociologists, bracket so-called Eastern forms of behavior because they are supposedly overly determined and, therefore, lack agency (as though Hindu women willingly choose to die by self-immolation!). This position unnecessarily delimits her model, preventing the possibility that there are cases of institutionalized suicides in Western societies or that it might be better to imagine cases of suicides as falling along a continuum of institutionalization. For now, given that I am interested primarily in formalizing *her* theory and not my own, I leave institutionalized suicides alone, returning to them below when her theory is extended, while turning to the four other pathways about which she had more to say.

Pathway 1, for Cavan, also exists outside of the sociological gaze as they are the cases that are intrapersonal, random, or too difficult to explain. Can there be action not oriented toward others? There are likely suicides caused by extreme mental health issues, for instance, but how many suicides may follow this path remains an open, empirical question beyond the scope of our discussion.

### *Pathway 2*

Moving to the right across the top, we see a third pathway: some suicide is primarily *place-based*. In Cavan's analysis of Chicago, she shows that some locations are sites of liminality and, therefore, disorganization in so far as these places are peripheral to core urban activities, whether domestic, industrial/commercial, political, or so forth. In one neighborhood, for instance, Cavan described an environment whose landscape is dotted with lodging houses, which in turn draw clusters of transient individuals who are often unanchored to structural or symbolic supports. They neither constitute routine relational patterns nor do external actors like the state or industry encourage them to build communality. Other pathologies are likely to be present in elevated numbers, like mental illness or drug/alcohol misuse. Whether these spaces emerge through self-selection or are contingent on a confluence of historical, cultural, political, and economic dimensions of ecological, Cavan does not say. What matters for Cavan is that these liminal spaces exist and birds of a certain feather tend to flock together, whether by chance, purpose, and/or state policy. When space is designed to be disorganized or when members resist organization, a recipe for suicidality seems imminent.

### *Pathway 3*

If Pathway 2 refers to places that have no moorings to which individuals may anchor themselves, Pathway 3 are suicides due to personal crises that shred the organization individuals have achieved. Personal crises related to relationship strain, thwarted desires, status degradations like a job lost in ignominy are but a few examples Cavan identifies, but so too are more contemporary patterns like divorce or terminal illness. These are the suicides most commonly represented in art and popular imagination (Stack and Bowman 2012), indicating Westerner's ability to imagine their own reaction to these personal crises. Indeed, plenty of fictionalized accounts of unrequited love and subsequent suicide fill the books, movies, and other artistic media that people consume. In part, what makes these sociological, in light of their idiosyncrasy, is that suicide is caused by distal social forces such as the shaping of which objects are desired, how these objects are distributed, the barriers to access that make thwarted desires inequitably distributed, and the variation in social/cultural capital for pursuing and realizing desires. But it is also likely the case that these suicides are related to general narratives about suicide; narratives that are often rooted in broader beliefs about death and life (Long 2004). Indeed, this pathway rebukes the Durkheimian approach that looks to distal causes only, while Cavan's model pushes us to think about the patterning of social psychological experiences as well as the attitudes people have access to about suicide (Galynker et al. 2015; Wiklander et al. 2003; Winterrowd et al. 2015).

### *Pathway 4*

If Pathway 2 refers to places that have no moorings to which individuals may anchor themselves and Pathway 3 refers to personal crises, then Pathway 4 are those

suicides that occur where crises cause social disorganization which, in turn, causes personal disorganization to cluster.

This pathway stands at the heart of Cavan's model, as meso- and micro-levels enter into a reciprocal negative feedback loop: the collective level destabilizes the institutional supports and ability to realize—whether objectively or subjectively—our desires that bring meaning, purpose, and satisfaction to life *and*, in turn, efforts to adjust or adapt at the collective level are stymied by the aftermath of a crisis or ongoing crises. Disorganization, recall, can be brought on suddenly by acute crises or a place can be ravaged by chronic disintegrative exigencies; and, as these exigencies tear asunder the social infrastructure that gives place meaning and stability, they reverberate in idiosyncratic and highly patterned ways across the denizens of that place. On the one hand, the crisis itself, like a massive recession, brings pain and suffering, while on the other hand, the erosion of social organization brings a secondary crisis as recovery and resilience are replaced with social horrors like anomie or collective trauma.

Returning to Hochschild's "strangers" in their own land, we see denizens of a community that was once (objectively or intersubjectively) vibrant and meaningful, but which had collapsed into an unrecognizable universe. This crisis was not sudden, though its onset may feel that way. Rather, the global economy began a long restructuring process over 40 years ago that witnessed the decline in union membership, the flight of manufacturing from core to peripheral nations, the hour-glass economy in which service and professional jobs proliferated while the middle-class disappeared, and many other changes. These changes were imperceptible for decades, but several recessions including the 2008 "Great" recession signaled these changes were (likely) irreversible. Communities that had endured the gradual decline in population—particularly intergenerational stability alongside the disappearance of middle-class careers, pensions, and so forth were suddenly caught in the vice of global capitalism, a changing cultural landscape that offered easy scapegoats, and a political party willing to frame and mobilize the fear and anger at these circumstances as well as propagate animus toward real and distant enemies. Where these communities experienced social disorganization, so too did the ordinary distribution of personal disorganization increase at just the time when the pillars of communality were most needed. The consequence was higher rates of mortality and the further erosion of the structural and cognitive supports necessary to readjust to massive political and economic change. And while some social scientists found these "deaths of despair" puzzling (Case and Deaton 2015), given their own theoretical proclivities, Cavan (and Durkheim) already had built explanations for these types of processes; more convincing and robust explanations; but, explanations, unfortunately, that have been left dormant for decades and which require some modification.

The problem, though, with Cavan or Durkheim or any classical theorist/theory is that it lacks contemporality. Most models need updating if only to control for historical changes, but also because the science evolves, grows more complex, and more mature. To that end, I offer three extensions for building a better social disorganizational theory of suicide.

## MODIFYING CAVAN'S MODEL

Three modifications may help move Cavan's descriptive model (Fig. 1) to something a bit more explanatory or causal. This discussion begins by developing Cavan's bridge between the meso- and micro-levels: suicide attitudes. The second element brings us back to her discussion of proximate causes of personal disorganization, as we unpack the idea of desire and its relationship to suicide attitudes and suicidality. Finally, these two modifications suggest one of the more titillating modifications: instead of or along with studying the social distribution of suicide, it would make sense to turn sociological attention to the *geographic and sociodemographic distribution of suicide attitudes*.

### *Core Causal Mechanism: Attitudes*

It is unsurprising that Cavan, a student of 1920s sociology, both turned to attitudes as part of an explanation for why suicides have ecological constraints and why she never fully realized the potential of this contribution. The Chicago school was saturated in pragmatism and the emerging symbolic interactionist paradigm, and thus meaning was at the heart of the sociological project; and yet, what meanings meant remained taken for granted to a very large extent as did the assumption that meanings had direct effects on behavior. Consequently, Cavan slips between meanings and attitudes to talk about why people experiencing personal disorganization might see suicide as a commendable, even normative, option (see above), while other times she conflates attitudes with what we often think of as suicide ideation today (see, for instance, Cavan 1928:327). Today, however, we know attitudes do matter for understanding why people become vulnerable to suicide, with one caveat (Galynker et al. 2015; Phillips and Luth 2020): even in societies that strongly prohibit suicide will still die by suicide (Barbagli 2015), which is to say the rest of Cavan's theory matters to understanding when, why, and how attitudes or beliefs about suicide are related to social organization and when they come to matter for making an environment vulnerable to suicide. What, then, do we know about suicide beliefs that might supplement her theory?

First, there is an association between beliefs that suicide is acceptable and risk of suicide (Phillips and Luth 2020) and that lack of condemnation of suicide may also increase risk for those that have attempted suicide (Galynker et al. 2015). Second, these beliefs vary across social identity, meaning that some groups, for example elderly in the United States (Winterrowd et al. 2015), are exposed to a set of "suicide" or "cultural" beliefs that makes suicide acceptable and permissible, at least under some conditions. It is also clear that these beliefs may become "idioms" or means by which inner feelings and thoughts are externally represented to others and the self (Zayas 2011), which, in turn, may lead to different behavioral choices according to social category (Chu et al. 2010). Furthermore, these beliefs shape how audiences exposed to suicides interpret or come to anticipate suicidality: in many Western countries, for instance, men's suicide is understood as intentionally lethal while women's suicidality is often minimized as a cry for help or attention (Canetto

and Lester 1998); a cultural factor that may help explain the so-called “gender paradox” whereby men die two times more often by suicide while women are three times more likely to attempt (Baca-Garcia et al. 2008). Third, there is a growing set of ethnographic accounts of communities with suicide problems that show attitudes matter, primarily those about why people die *in their community* (Abrutyn et al. 2019; Niezen 2009). Some of this research has a wider geographic lens than Cavan intended (Chua 2014; Kitanaka 2012), but nonetheless, there is exciting research focused on how place-based beliefs matter.

To these strands of cultural suicidology, Cavan adds a theoretical framework. While she would likely find the research on general attitudes of permissibility and suicide risk validating, her orientation would push us to move to the local level and begin to do extensive comparative work within and between meso-level social units. One innovative research strategy her own methodological and theoretical approach suggests centers on not only being interested in places with suicide problems, but also examining those without problems to assess just how much meanings and beliefs about suicide matter. To test her assertion that social and personal disorganization enter into reciprocal feedback loops, it seems imperative that we examine places that presumably are organized, supportive, and stable; preferably sociologically similar places that help us control for a wide range of confounding demographic and socio-economic factors. For instance, we know that suicide rates are dramatically higher among Indigenous populations than their White counterparts, but we also know not every community reveals excessively high rates (Stevenson 2014). Examining both types of communities to tease out the role of structure, culture, and social interaction is core to a Cavan-esque project.

Beyond merging the growing interest in cultural meanings and suicide with Cavan’s social disorganizational theory, Cavan’s theory also invites incorporating contemporary cognitive-cultural sociology (DiMaggio 1997). This subfield is centered on answering several core questions left open in Cavan’s theory that revolve around why meanings about cultural objects (e.g., suicide) cluster in some classes of people, places, and networks and not in others and, second, how and why does culture influence action. Place-based suicides and clustering point to the need to understand *both* public and private cultural meanings (Lizardo 2017), which, in turn, necessitate employing multi-method approaches (Lizardo et al. 2016; Rinaldo and Guhin 2022; Vaisey 2009). While “scripts” have been the primary cultural mechanism social scientists have employed to understanding suicide (Abrutyn et al. 2019; Canetto and Lester 1998), they often conflate private/personal culture with public culture, rather than adjudicate between the different effects they each have (Wood et al. 2018). Cavan’s model, and suicidology more generally, is begging for a more precise cultural approach; one that can make sense of why a Catholic community whose public culture expressly sees suicide as a moral transgression can suddenly have a high rate of suicide just as well as make sense of why one Indigenous community suffers higher rates than another. Moreover, the effort to take intrapersonal processes as seriously as interpersonal ones through a cultural lens pushes us to take the idea of motivation and action in suicidology more precisely as well, particularly in terms of Cavan’s assertion that beliefs and disorganization come to “compel” suicidality.

## *A Theory of Motivated Suicide*

If attitudes about suicide are what make suicide an option, maybe the most applicable option in some places, then Cavan argues it is desire and the lack of attainability of certain social objects that are the proximate causes motivating individuals to pursue a solution to the pain they experience. Social objects are those things—physical, social, or abstract—that individuals take as meaningful in their plans. Recall, Cavan identified four cherished social objects that she asserted were central to fomenting suicidal behavior: everyday reality, our bodies, significant others, and the social self. The former three are extensions or projections of the fourth, and signal just how precious the self is to being protected against pathology (Summers-Effler 2004). When the self is humiliated, routinely and/or ritually, it is mortified socially, and when it is separated from the expected autonomy over its extensions, it is mortified culturally and situationally (Goffman 1961). In turn, this social pain borne of rejection and exclusion motivates individuals and, in some cases, collectives to develop defensive strategies designed to protect ego, dignity, and respect (Abrutyn 2023); unfortunately, defensive strategies very often are (or invite pathology that is) harmful to the self and sometimes others (Summers-Effler 2004). Thus, while beliefs may act as Weber’s proverbial “switchman” in determining the course of action a given individual or set of individuals experiencing pain are likely to take, it is the underlying affective neurophysiological response (Kringelbach and Berridge 2016), innate yet conditioned by the environment (Rotolo 2022), that helps explain why some places condition people to respond to similar crises in exceedingly different ways.

Without getting too deep into the neuroscientific weeds, the basic point is as such: social objects become salient and valued based on their expected reward, which is learned both in the process of seeking/anticipating the reward (Panskepp 1998) and in attaining/consuming the object (Abrutyn and Lizardo 2022). Through experience, vicarious learning, and memory, we develop predictive models about what sort of reward we should receive. When we receive what we expected our desire for the object is reinforced and we actually get a reward in the pursuit or anticipation of the object (Miller Tate 2019); when it gives a surprising reward, its salience and value grow (Di Domenico and Ryan 2017), while our predictive model must be further altered. Denial of access to a social object we want or have liked in the past, especially when this denial is objectively or subjectively understood as rejection, exclusion, or isolation, hurts (Abrutyn 2023); not in the metaphorical sense, but in the literal sense as the same affective neural circuits associated with physical pain are activated by social separation (Eisenberger 2012). Likewise, we can be conditioned to be hyper sensitive, through particular structural and cultural environmental conditions, to certain negative affect that encourage anti-social, self-harm, and other harm responses to crises (Rotolo 2022).

In this sense, then, Cavan is inviting us to put *feeling* back into the study of suicide. Adding this neuroscientific approach grounds the mechanisms of desire and thwarted desire into a fundamental cause that is embodied without committing the sin of reductionism. Cavan’s insistence on a reciprocal model that places causal primacy (at least for three of her “five” pathways) on the local ecological space to

determine how (1) objects are distributed in space, (2) accessibility of these objects are distributed in space, and (3) social pain is structurally, culturally, and situationally distributed. In this sense, then, Cavan's Type 1 suicides are caused by not getting the things we want the most, feeling a sense of rejection or exclusion because of this lack of access, and being motivated to extinguish this pain; an assertion strongly supported by current psychological research (Joiner 2005; Klonsky and May 2015). And yet, these intrapersonal processes are products of the objective structural and cultural conditions of meso-level social units.

As such, some classes of people or communities simply do not have access to enough of the object, while others unevenly distribute it. When these places mix with permissible suicide beliefs, they become vulnerable to high rates of suicide. In short, when the social world is perceived as failing to provide for us or it in fact does fail to provide for us, we are clearly receiving negative affective alarm signals motivating us to act (Abrutyn and Lizardo 2022; Rotolo 2022), but because of social and psychological conditions, we often have delimited choices. On the one hand, it could motivate us to pursue new social objects, while on the other hand, it could lead to defensive strategies designed to conserve emotional energy and, subsequently, cause more pain than alleviate. Understanding and explaining why one choice is made versus another, particularly the patterning of these choices, would be a major sociological contribution to the discipline. But, this study would necessarily include bringing the biological, psychological, and sociological into the analysis, treating social pain over social objects as *the* social fact and motivating force behind suicidality.

### *Ecological Vulnerability*

The final modification focuses on the sorts of ecological conditions that increase a place and its member's vulnerability to (1) more frequent personal crises, (2) permissible or normative suicide beliefs, and (3) exposure to pathological behaviors, especially suicide. To this end, I argue that there are three major ecological patterns that can intensify personal crises, increase the likelihood of personal disorganization clustering in space, and increase a place's probability of and vulnerability to crises.

First, trauma is inequitably distributed in time and space. By trauma, I not only refer to the clustering of individual trauma, but more importantly, the tendency for some places—communities, neighborhoods, and so forth—to reveal high levels of collective and/or cultural trauma. Collective trauma is trauma built on experiencing natural or social disasters and incomplete recovery (Erikson 1994). This type of trauma generates widespread anomie, apathy, psychosomatic illness, and a heightened fear of imminent danger. Cultural trauma, on the other hand, is tied to social identities being characterized by recurring discrimination, prejudice, oppression, and violence, which, in turn, amplifies stress processes and contributes to physical and mental health problems (Subica and Link 2021). Research on contemporary Indigenous communities, for instance, have found some evidence that suicidality is associated with the *destruction* of traditional cultures that insulated and protected members (Wexler and Gone 2012), while the research on prison suicides underscores the fact that many, particularly high-security prisons, are comprised of people with

histories of severe personal trauma (Gilligan 2003) and exposure to frequent, normalized conflict, threats, and violence (Dye 2010; Stoliker 2018). All of which is to say some places have exceedingly salient shame, anger, grief biographies, frequently recurring personal and interpersonal crises, and widespread social pain built from exclusion.

The second condition, closely related to the first, is the vulnerability places have to natural and human-made disasters. For instance, some communities, for instance, are exposed to higher risks of environmental dangers, natural disasters, or human-made crises (e.g., nuclear meltdowns) (Arcaya et al. 2020; Picou et al. 2004). Likewise, how successful a community is in recovering from a disaster is inequitably distributed as well; when recovery is prolonged or incomplete, it often generates or exacerbates collective trauma and worsens other correlates like physical and mental health—all of which is to say, it puts populations at risk of suicidality. Thus, susceptibility/likelihood of trauma and vulnerability to disaster increases the probability of personal disorganization by increasing the frequency of personal crises, as well as exposing people to chronic fear and/or anger and social pain.

Finally, the third ecological condition discussed throughout is the distribution of desired social object. What is desired is determined, in part, by cultural beliefs, but how access to these objects is distributed is often a structural matter. For instance, if a given society values romantic love, marriage, child bearing, and nuclear families, then these will be highly valued things. But, ratios of men to women vary across communities, with some communities having asymmetric ratios that make meeting these goals challenging. In a sense, this is a modified version of Merton's (1938) strain theory, with the social disorganizational theory's emphasis on how societal values are refracted into local goals that are far more pressing and proximate to members of a community. Thus, any social object can become highly desired and desirable, but how abundant and easy the access is often an attribute of stratification systems as well as random chance, geographic factors, and the like.

Taken together, these three conditions both are cause and consequence of social disorganization. In one sense, they are the outcome of a place's struggle to process one or more crises, but they also increase a population's exposure to future crises. Importantly, where there is a lot of trauma, risk of disaster, and continual thwarted desires, there is also a lot of role modeling of unhealthy, risky behaviors as potential solutions to the personal experience of these structural conditions. Being exposed to higher rates of suicide has been found to spread supportive beliefs about suicide through the exposed population, which adds one more causal process to the social disorganizational theory (Baller et al. 2005).

## VISUALIZING A DISORGANIZATIONAL THEORY OF SUICIDE

Before turning to the implications this theoretical framework offers, it is worth summarizing it by referring to a visual model. Drawing from Cavan's work and the modifications sketched out above, Fig. 2<sup>6</sup> identifies three independent—yet

<sup>6</sup> Solid lines indicate causal relationships, while dotted lines are contingent processes based on potential effects.



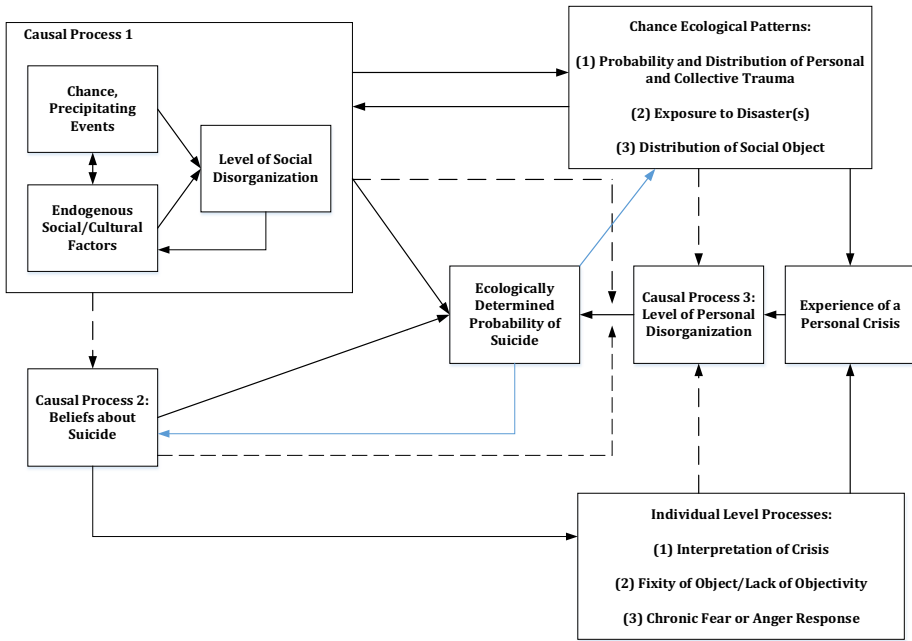


Fig. 2. A social disorganizational theory of suicide.

interrelated—causal processes operating within the social disorganizational theory of suicide. The first process draws directly on the social disorganization literature, suggesting that some places are more disorganized than others which can cause suicide directly (Pathway 2 above) or, more likely, cause or exacerbate personal crises (Pathway 4). The second process teases the cultural dimension of Cavan’s model apart from social disorganization, recognizing that the two are deeply related processes, but culture operates in discrete, independent ways. As the bottom of Fig. 2 illustrates, beliefs come to affect individual-level processes such as how people interpret crises, how fixed they will become on an object, including suicide, and, importantly, the types of emotional responses they will have to social and personal crises. These, in turn, shape the experience of a crisis and, more generally, the level of personal disorganization individuals in a place are likely to exhibit. Finally, the third process follows Pathway 3, as individuals in any place or time can experience personal crises. And, when two or more of these causal processes are operating in a specific social milieu like a prison (Stoliker et al. 2021) or some other small-scale community (Tousignant 1998), we should also expect high risk of, exposure to, and evidence of suicidality.

Ultimately, the model’s power rests on its three points of intervention—the three causal processes—along with consideration of individual and ecological contingencies. It recognizes, therefore, different pathways instead of relying on a classification system (e.g., Durkheim) or a highly specified model. Instead, research can focus on one causal process or multiple ones while considering their additive or

multiplicative effects. Consequently, this model has important ramifications for the sociology of suicide, particularly the recent turn toward cultural, social psychological, and affectual theorizing.

## IMPLICATIONS

### *Social Disorganization, Social Autopsy, and Suicide*

The most obvious contribution a social disorganizational theory offers the social scientific study of suicide is a clear theory of *why* environments cause pathological outcomes and a long body of scholarship operationalizing these conceptual factors (Sampson and Byron Groves 1989). Durkheim's twin dimensions, integration and regulation, have long been criticized for definitional ambiguity (Johnson 1965) and, subsequently, unsystematic operationalization (Breault 1994). Contrast that with social disorganization's five primary forces of pathological outcome: (1) low socioeconomic status, (2) residential mobility, (3) ethnic heterogeneity, (4) familial stability, and (5) urbanization. Given the firmer empirical ground, the most immediate research question might ask which of these factors is most associated with place-based suicide? In prison studies, for instance, ethnic heterogeneity is associated with high rates of male suicides (Stoliker 2018), which, is the converse of what some recent research has found regarding the general population (Pescosolido et al. 2020).

In addition to this theoretical and methodological clarity, the theory sketched above compliments the growing interest in social autopsy studies (Klinenberg 2002). As Timmermans and Prickett (2021:19) note, places-based "deaths demonstrate when growing social disorder, breakdowns of social relationships, and cumulative neglect of the dispossessed turn lethal." Social autopsies, like Cavan's study, focus on a particular place motivated by the assumption "that excess mortality is socially patterned and that political and social factors put some individuals and communities at higher risk of premature deaths" (ibid:2). To this methodological approach, a social disorganizational theory adds two agenda items. First, while recognizing the political and economic factors contributing to suicide, Fig. 2 pushes us to also consider other key structural, cultural, and interpersonal processes that tend to be peripheral to the study of disaster and death in contemporary sociology (Arcaya et al. 2020). Second, Cavan's analytic strategy includes not simply studying the place or places with excess mortality, but to also include comparison cases where we might expect higher rates of suicide but to our surprise, we do not find suicide. Thus, her motivation was less about disaster or the nefarious nature of late capitalism, and more so about the basic mechanics of social structure, culture, and interpersonal dynamics.

Finally, this model pushes us to look for disorganization and suicide anywhere and not just in cities, which was a bias of Durkheim's, Cavan's, and, unfortunately, modern sociology for the most part (Wray et al. 2011). Indeed, a surprising trend from Durkheim and Cavan's day is the shift from high rates of urban suicide to that of rural suicide. Romanticized as bastions of traditional, intergenerational, underindivuated social structure, many rural communities are marked by high rates of

familial instability, whether this means divorce or the breakdown of intergenerational continuity may have a strong relationship to suicidality. In addition, as native denizens decline in numbers, ethnic diversity increases as push/pull factors draw migrant labor into the community. And, as these processes unfold, we would expect greater than normal deaths and, germane to the model, suicides. We would also expect changes in the distribution of *suicide beliefs or attitudes* and not just the restructuring of suicide rates.

### *Cultural Sociology and Suicide*

A second set of implications center on the cultural dynamics of the social disorganizational theory. The most obvious implication is for how we study culture, which despite great advances in recent years, can be improved even more. As we move, then, to the meso-level and local culture becomes the object of sociological interest, we are confronted with questions like how did these permissible beliefs emerge? How diffuse are these beliefs in the community? Are the discrepancies between “public” or external cultural beliefs about suicide and the distribution of personal beliefs? A more nuanced cultural analysis cannot take for granted that the existence of beliefs is tantamount to their casual efficacy, but rather must begin attacking these questions to determine how, why, and when culture causes suicidality.

We know, for instance, that certain “scripts” about gender are associated with some prisons having greater rates of suicide than others (Stoliker and Galli 2021), but we do not know whether certain prisons transform these cultural attitudes into applicable, meaningful forms of knowledge that can be mobilized in one’s own decision-making, how they do so, and why these beliefs exist in the first place—for example, are the “smuggled” in or a product of the cultural and historical context in question. Fortunately, suicidology does not need to reinvent the proverbial wheel, as research striving to understand and explain the link between place, culture, and suicidality can draw from the extraordinarily diverse and rigorous methodological approaches that have emerged in the last decade aimed at understanding how, why, and when meanings, beliefs, and attitudes shape action (Mohr et al. 2020). A particularly fruitful set of questions that have surfaced several times throughout the analysis above center on the *distribution of suicide attitudes/beliefs*. The theory predicts that where permissible beliefs are diffuse in a given place, high rates of suicide should follow. But, is that the case? If we find permissible attitudes and low rates of suicide, why? What about places that have strong prohibitions against suicide? And, perhaps the question whose answer has widespread implications for cultural sociology: how do places go from severely prescribing suicide to permitting it and vice versa? The answers to these questions bear directly on understanding how the different casual pathways work in tandem or opposition to each other.

A second implication the social disorganizational theory lays bare brings us back to Cavan’s reticence to including institutionalized suicides (e.g., Pathway 0). Arguably, the omission of institutionalized or altruistic suicides was a missed opportunity for exploring how structure and culture shape suicide. Thus, instead of seeing

these cases as relics or artifacts of traditional societies, this theory pushes us to consider place-based suicidality as sitting on a continuum of institutionalization. Hindu *Sati*, for instance, is a highly ritualized suicide in which Hindu women go to their own death as a means of religious duty that elevates their own status, while honoring their husband's death and his family's religious fortunes. The logic of omission is that the presumed lack of choice means it is less sociologically interesting. And yet, humans always have choices, and why should a Hindu widow's decision-making be as relevant to understanding and explaining suicide as one presumably caused by unrequited love? A more promising way to think about institutionalization is by degree and not kind. *Sati* then becomes interesting, sociologically, on two counts. First, not all villages practice *Sati*, it is in fact relatively rare (Abrutyn 2017). Why is this so? Second, when faced with having to die, what does the process look like? Is it patterned across locales or is it highly specific to the village or community?

More often, though, we should expect to find cases of institutionalized suicides that are less ritualized and formalized, yet highly patterned in their expression of meaning. Rural China, for example, had an "epidemic" not too long ago that bore witness to exceedingly high rates of female suicides (Fei 2010; Zhang 2010). The mode was the same across villages, and apparently, so was the motive: the patrimonial arrangement of marriages, most visible and consequential at the village level, had drastically constrained women's ability to express grievances to or of her husband; suicide was a mechanism of social control, of justice, of shame (Manning 2012). The patterning of personal disorganization was highly institutionalized, but not to the point of being ritualized. In these cases, structure and culture came together to make suicide an increasingly real option, as (1) alternatives were few and far between and (2) women in one village could be exposed to another community member's suicide, to stories from neighboring villages about female suicide, or both—exposure which would condition the diffusion of beliefs about why women die by suicide and make them more vulnerable to connecting these beliefs to their own life (Baller et al. 2005). If this is true, then research can proceed in two directions: how do cultural beliefs become institutionalized and, likewise, how do they become de-institutionalized? Mapping the trajectory of a place's shift toward greater or lesser suicidality would contribute to the role of culture and to our understanding of how self-destruction can become a tolerable and, even, encouraged behavioral outcome.

### *The Emotional Dimension*

The emphasis on personal disorganization introduces a second set of implications related to affect. Most suicidologists avoid affect, choosing instead to focus on cognitive appraisals of emotions instead (Cavanaugh et al. 2003), like "hopelessness" or "loneliness." While these are important measures, they are self-reports that are highly individualized and, importantly, ignore the fact that suicidality, whether lethal or not, embodied affect as much as it does cognition (Chandler 2012). Instead, the theory above pushes us to think of how ecological spaces structure and enculturate suicidality through the patterning of affect. Some sociologists have argued that communities and classes of people can develop emotional biographies (Turner 2010),

meaning that emotions are not simply randomly distributed, but like any resource can cluster and cohere in time and space. For instance, research on Christian Nationalists found excessively high exposure to stimuli and, subsequently predispositions to, feeling fear and/or rage when perceiving environmental crises (Rotolo 2022). Consequently, their response to real or imagined crises evoked these affectual responses as though they were innate. Prisons, as noted above, disproportionately house populations that have been exposed to chronic shame, while some Indigenous communities stripped of their cultural traditions, subjected to intergenerational humiliation through prejudice, discrimination, state oppression, and violence may also be communities of shame and/or grief. Thus, instead of asking what does social disorganization *look* like, why not also ask what it *feels* like? Shame? Humiliation? When does it feel like anger or grief? And, how are these emotional biographies connected to suicidality?

One obvious fruitful direction is along the lines of gender. Most research focuses on the cognitive accessibility and applicability of cultural “scripts” about gendered suicidality. This research has clearly gained from an affectual turn in the study of gender and suicide. For instance, high rates of male suicides are often associated with intensely (toxic) masculine norms (Cleary 2019). What is missing, however, is the study of the local and comparing places with high rates of male suicide to those with lower rates. When, why, and how are scripts saturated in affect? Can a script have different emotional tones in different places, or are they always the same (e.g., masculine norms may be linked to shame and only shame). Are there competing cultural and affectual factors shaping some male suicides? Leveraging these insights and the notion of local culture, we could focus on *where* these norms are most pervasive—for example, the Armed Forces—and examine whether they contribute to higher than expected rates of suicidality. What we might find is that places where shame or grief predominate as the emotional profile of the community, greater male suicide due to toxic masculinity may occur. Shame is especially powerful, acting as a signal that the self is corrupted, polluting, and mortified, and, amidst that pain, suicide may be the normative solution; particularly where honor is the primary path to status and esteem (Adinkrah 2012). Thus, empirically linking the emotional drivers and local culture together fosters clearer connections between causal process 2 (cultural beliefs) and 3 (personal disorganization). On the one hand, local culture shapes whether the affectual response to certain environmental cues is interpreted as a problem that leads to suicide, while on the other hand, culture primes them to experience the affectual response signaling that an issue or event is a problem in the first place. The puzzle, then, is how do we move beyond the basic insight (cultural beliefs or scripts can be a risk factor) to studying them in relationship to emotions such that we shed light on the actual causal chain?

A second aspect of emotions worth thinking about derives from the opposite direction in the causal chain: believing requires feeling (Clare and Gasper 2000). This means that the objects we come to desire require affectual commitments. Consequently, our beliefs about suicide, in order for them to become truly accessible and applicable (Patterson 2014:19), require affect to animate them; and,

though underexplored in cultural sociology, cultural change likely requires changes in affect, making people both open to new beliefs as well as more likely to internalize and spread those beliefs. Hence, when we see research suggesting exposure to higher rates of suicide makes us more open to permissible beliefs about suicide (Baller et al. 2005), what is not being said is that this is likely due to some affectual priming. To follow this thread stands to benefit the sociology of suicide as well as social disorganization theory more generally, as we would expect many self-harm behaviors to cluster together alongside suicide. That is to say, where conflict and struggle, poverty and despair proliferate, so too should social psychological defensive strategies designed to protect self and preserve as much affectual and cognitive resources as possible (Summers-Effler 2004). In turn, defensive mechanisms tend to lead to pathological behavioral outcomes, such as higher than normal rates of suicide among domestic violence victims (Chang 1996). In short, thinking about the emotional biography of place helps us understand why and how crisis and ensuing social disorganization may facilitate greater beliefs in suicidality and, in turn, cause higher rates of suicide. But, these are empirical questions as much as they are theoretical. Ultimately, a sociology of suicide that is bereft of emotional content cannot scratch the surface of why people choose to die by suicide just as much as a social disorganizational theory of any negative behavior is not really scratching the surface of why people choose to do dangerous, risky, other harmful things.

## CONCLUSION

For a century, Durkheim's approach to studying suicide has remained the gold standard of sociology. The social disorganizational theory posited above hopes to contribute to growing realization that there is room and need for a larger theoretical toolkit (Mueller and Abrutyn 2016; Pescosolido 1994) if we are to sociologically treat all cases of suicide and explain them more effectively. As such, some cases of suicide occur because of the place we live in and, in particular, because of it reveals high levels of social disorganization that exacerbate and make more frequent personal disorganization. Cavan's work recognized these facts, arguing suicide is and always will be a *local event* regardless of mass media or other mechanisms that transform geographically dispersed populations into imagined communities. Taking these insights and modifying them by considering advances in suicidology that uses ethnographic and case-study methods, powerful new insights from cultural sociology on how and why culture causes action, and encouraging sociologists to focus more heavily on the clustering of suicide beliefs in time and space, a more robust social disorganizational theory was offered. And it is the hope that this new theoretical framework invigorates the creative use of sociology's extensive tools of the trade, as both a means to advancing our scientific understanding of suicide *and* in contributing to the practical intervention in what Durkheim framed not as a personal problem, but as a public problem.

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