



# What does it mean to be exposed to suicide?: Suicide exposure, suicide risk, and the importance of meaning-making



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## ABSTRACT

Current research indicates that exposure to suicide is a risk factor for suicidality; however, we know little about the mechanisms through which exposure confers this risk. In this study, we address this gap by examining the role of meaning-making after a suicide death in moderating individual's vulnerability to suicide. We draw on interview data with suicide bereaved individuals in the USA (N = 48), the majority of whom engaged in intense meaning-making processes after their loss. Many reported an increased awareness of suicide as a 'something that actually happens,' a realization that impacted their lives and relationships with others (N = 37). For 7 participants, all women, their loss appeared to trigger increased suicidality, as they not only felt overwhelmed by grief, but also came to see suicide as something they, too, could do. However, for 19 participants, witnessing the profound impact of suicide *on others* made them feel that suicide was something they could *never* do. Thus, in our data, how exposure impacted vulnerability was tied to how individuals made sense of and experienced their loss. For some, suicide was re-framed as more of an option, while for others it was re-framed as not just the killing-of-oneself, but as the harming-of-others through grief and trauma, which in turn diminished their view of suicide's acceptability. Collectively, our findings suggest that exposure to suicide itself is not inherently risky, though it may be inherently distressing; instead, whether it results in increased vulnerability depends on the meaning an individual makes of the experience and likely the context surrounding the death. We discuss the implications of our findings for theories of suicide contagion, suicide itself, and suicide prevention.

## 1. Introduction

Over the past 15 years, in the United States, the suicide rate has been steadily climbing across demographic groups (Stone et al., 2018). While this trend has generated considerable efforts to improve suicide prevention, there is concomitant increasing concern about how to support individuals who have lost someone to suicide. This concern is warranted as a plethora of studies indicate that exposure to suicide can lead to a variety of negative sequelae among both kin and non-kin, including depression and anxiety, as well as increased risk of suicide ideation, attempts, and even—in case of family members—death (see Abrutyn and Mueller, 2014; Pitman et al., 2014; Bottomley et al., 2018; Maple et al., 2017). The increased vulnerability to suicide after exposure to suicide is a particularly concerning phenomenon, sometimes referred to as 'suicide suggestion' (Phillips, 1974; Bjarnason, 1994), 'suicide contagion' (Velting and Gould, 1997; Abrutyn and Mueller, 2014), or 'suicide diffusion' (Baller and Richardson, 2009). It has also

resulted in efforts at 'postvention'—essentially, suicide prevention focused on loss survivors—and the notion of "Postvention as Prevention" (Norton, 2015).

One of the major limitations in developing effective postvention strategies, and in understanding vulnerability to suicide more generally, is a lack of research investigating the mechanisms undergirding the association between exposure to suicide and vulnerability to suicide. Instead, much of the research effort to date has focused on adjudicating whether the increased risk of suicidality observed in numerous studies represents a 'real' effect or whether it is just a consequence of other factors, such as depression that follows a sudden death (e.g. Brent et al. 1989; Wong et al., 2005), or preexisting risk factors shared between the person experiencing bereavement and the person they lost to suicide (Joiner, 1999, 2003). Very little work has examined what mechanisms may be responsible for the change in risk.

With this study, we leverage data from qualitative interviews with individuals bereaved by suicide (N = 48) in the USA to address this gap

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in the literature. We pursue several key questions. First, how do individuals make sense of their loss? Relatedly, how does variation in that sense or meaning-making condition vulnerability to suicide post-exposure? Finally, when an individual is exposed to suicide, what are the other experiences, beyond the loss itself, that come to constitute ‘exposure’? In doing so, we problematize the idea that exposure to suicide inherently confers risk—a notion implicitly eluded to with the prevalent disease-model language of suicide ‘contagion.’ At the same time, we make use of the variation in the experience to better understand how, for some, vulnerability to suicide is heightened with the experience of exposure. In short, we find that exposure to suicide is not a simple binary variable (exposure or no exposure) or even a continuum based on perceived closeness to the decedent (e.g. Cerel and Sanford, 2018). Not only can ‘suicide exposure’ involve related but separate events, most notably the witnessing of others’ grief, but the impact of the said exposure also depends on the way individuals assign meaning to the death in the context of their own lives.

Before we turn to our data, however, we review what is known about exposure to suicide and suicide bereavement and offer a theoretical argument for why examining meaning-making allows for an important and novel contribution to our understanding of suicide risk and bereavement.

## 2. Suicide diffusion

The heightened risk of suicide in those exposed to a suicide death has been documented anecdotally for centuries. Durkheim (1897/1952), for example, listed in passing several examples of what he called “moral [suicide] epidemics” in penitentiaries and small villages where after an initial suicide, a spike in the local suicide rate occurred. The earliest empirical work on this topic examined these geographic spikes in suicide rates, linking them to high-profile media stories about suicides that seemed to role model suicide as an option for exposed audiences (e.g., Phillips, 1974). While research has repeatedly confirmed a link between media stories and local suicide rates (e.g., Niederkrotenthaler et al., 2012), these studies leave much unanswered. As such, researchers turned to examining the impact of personal role models—like friends and family—to better understand how exposure to suicide deaths and attempts shapes individual’s mental health (e.g. Cerel et al., 2005; Liu, 2006; Abrutyn and Mueller, 2014). This turn to the individual is important, as it allows researchers to examine whether pre-existing risk factors for suicide shared between the survivor of suicide loss and the person who died by suicide are driving the observed diffusion of suicide.

Indeed, one of the biggest critiques of the literature on exposure to suicide is that humans disproportionately form relationships with individuals who are similar to them (Joiner, 2003); a phenomenon referred to as ‘assortative relating,’ ‘homophily’ or ‘social selection’ (McPherson et al., 2001). Though there is ample evidence of the human preference for similar others (e.g. McPherson et al., 2001), including others with similar depression levels (Schaefer et al., 2011), multiple studies using longitudinal data and causal modeling strategies suggest that both social selection *and* social influence drive the observed increased vulnerability to suicidality after exposure. For example, in a nationally-representative sample of youth who reported no suicidal thoughts or attempts in the past 12 months at time 1, youth who had a friend attempt or die by suicide at time 1 were significantly and substantially more likely to report seriously contemplating suicide at time 2, and among girls, were more likely to actually attempt suicide (Abrutyn and Mueller, 2014). This evidence, particularly when combined with studies using other causal modeling strategies such as propensity score matching (e.g., Baller and Richardson, 2009; Randall et al., 2015) or a quasi-experimental design with an instrumental variable (Fletcher, 2017) suggest that exposure to suicide, on average, exacerbates vulnerability to suicidality.

Despite this important finding, the nature of this relationship—or

how and why exposure translates into elevated risk of suicide—has not been determined, greatly stymying efforts at intervention. There has been some research focusing on the role of complicated grief and depression, that may link suicide bereavement to heightened vulnerability of suicide in the bereaved (Latham and Prigerson, 2004). However, in studies using longitudinal nationally representative data, holding the effect of emotional distress constant, grief and depression do not fully explain how exposure to suicide translates into an individual’s vulnerability to suicidality (Abrutyn and Mueller, 2014; Nanayakkara et al., 2013). This suggests that grief and depression after a suicide may not be the only mechanism through which suicide diffusion operates.

## 3. Understanding meaning

While the above debates have been important and useful, their dominance within the literature has led scholars to neglect other important questions that may improve our ability to help healing after a suicide loss. Most notably, there has been very little research examining the individual lived experience of suicide loss with an eye towards illuminating the mechanisms of suicide diffusion. This is a significant gap in the literature, as the decades of interpretive scholarship in the social sciences have clearly shown that individual, interpersonal, and collective experiences play a significant role in how events are understood and lived. Medical anthropologists and sociologists have, for example, repeatedly noted that both the cultural context, as well as individual understanding and narratives of illness impact ones psychological and bodily experience (e.g. Kleinman, 1988, Scheper-Hughes, 1993, Luhrmann, 2007; Hydén, 1997, Pierret, 2003.) Furthermore, over the past decade, scholars of suicide have stressed the need to include qualitative research of lived experience as a way to start understanding *why* suicide happens (e.g. Hjelmeland and Knizek, 2010; Pompili, 2010; White, 2016).

Additionally, historical and anthropological work has highlighted the fact that the meanings of suicide—and the understanding of what kind of a phenomenon suicide is—vary across space and time (e.g. Staples and Widger, 2012; Barbagli, 2015). This is relevant, as a broad literature on human behavior teaches us that we learn behaviors not simply by watching others, but through interaction and the acquisition of the *significance* of the behavior (Blumer, 1969; McCall, 2018). Suicide, being a social act, requires the learning of its meanings (Douglas, 1967; Kral, 1994) and the internalization of those meanings, such that they can be rehearsed in one’s mind and mobilized in practice (Abrutyn et al., 2019). Within the contemporary Western context, these meanings have most often been investigated as ‘lay belief about’ or ‘attitudes toward’ suicide (see e.g. Ingram and Ellis, 1992), and various studies have found that holding more permissive attitudes about suicide are associated with increased individual suicide risk (Stein et al., 1998; Gibb et al., 2006; Joe et al., 2007; Phillips and Luth, 2018). Additionally, studies focusing on adolescents specifically have found that suicidal students, compared to their non-suicidal peers, are less likely to associate suicide with mental illness and more likely to believe anyone can be driven to suicide (Lake et al., 2013), while they are also more likely to see suicidal ideation and behaviors as widespread (Reyes-Portillo et al., 2018).

Taken together, these studies suggest that individuals may develop their own understanding of suicide throughout their lives: through interpersonal conversations and public health campaigns, through media and individual contemplation. In this process, a very intimate and personal experience of suicide—such as an exposure to a suicide death of a loved one—undoubtedly plays a significant role, because it forces one to engage in the process of meaning-making. Consider the work of Neimeyer et al. (2006, 2014) on bereavement. They have found that violent deaths, especially suicide, invoke powerful meaning-making projects as individuals try to make sense of why a person died by suicide. Additionally, their work has shown that meaning-making is not purely individual, but rather collective. People draw from general and

local political, historical, and sociocultural sources for meaning and, more often than not, engage in a *collective* meaning-making project with other loved ones (Gillies and Neimeyer, 2006). Research has also shown that the meanings people come to impose on the death shape how long and complicated the bereavement process is. This matters as complicated grief is strongly associated with suicide risk and poor mental health (Latham and Prigerson, 2004; Szanto et al., 2006).

Furthermore, in a recent qualitative study of suicide bereaved adults (Pitman et al., 2017), the participants reported changed orientations towards suicide after experiencing a loved one's suicide. For many, suicide became a more tangible option, and some respondents came to identify with the deceased, experiencing suicide as more normalized and seeing themselves as more vulnerable to it. This fits with the traditional idea of exposure to suicide as risky; however, there is some evidence to suggest that not all exposures to suicide losses result in similar meanings. For example, Brent et al. (1993) reported anecdotally in their study of youth exposed to suicide that for some youth, witnessing the aftermath of suicide, generated in them a determination to avoid suicide.

Notably, although grounded in a psychological tradition, the recent theories of suicide also acknowledge—somewhat indirectly—the importance of the meanings that individuals and cultures ascribe to suicide. According to the Interpersonal Theory of Suicide (Joiner, 2007; Van Orden et al., 2010), exposure to others' suicidal behavior might make one more habituated to the fear of said behavior and could therefore make them more capable of acting on their suicidal ideation. The most recent reformulation of the Integrated Motivational-Volitional Model (O'Connor and Kirtley, 2018) also acknowledges that a variety of so-called volitional moderators—including social ones—matter in the transition from suicidal ideation to action. The authors theorize that exposure to suicide may “increase the salience and cognitive accessibility of suicide such that an individual is more likely to attempt suicide when they encounter stressors” (O'Connor and Kirtley, 2018, p. 4). Developments in our theories of suicide are, at least in part, due to our increasingly detailed knowledge of the variety of factors that play a role in driving an individual to suicide, and this includes the accumulating evidence that social contexts and cultural meanings matter—even if we do not yet fully know *how* they play a role, especially in diffusion. With this in mind, we contribute to the literature by examining the complexity of experience of suicide exposure with our current study.

#### 4. Methods

Our data comes from 48 semi-structured in-depth interviews with individuals (37 women, 11 men) who have been exposed to a suicide death, conducted in a few urban and suburban locations across the United States between 2014 and 2016, as a part of a larger qualitative study of suicide and suicide bereavement. The participants were predominantly white (approx. 90% of the sample) and middle-class, ranging in age from 15 to around 65 years (mean approx. 30 years). Of the 48 participants, 16 were family members or long-term romantic partners of the deceased, 17 were close friends or short-term romantic partners, and 15 were acquaintances or individuals who lived in the same community. Our recruitment strategy deliberately aimed to generate diversity in closeness to the deceased person. The participants were recruited through fliers and word of mouth and interviewed by the second and the third author. The interviews ranged from 1.5 to 2.5 hours, and inquired about participants' lives, their exposure to suicide, experience of suicide bereavement, and their views regarding suicide in general—for example whether they believed suicide was selfish, whether it was a choice, and whether their views of suicide changed after someone they knew died of suicide. When possible, we interviewed multiple respondents who knew the same person who died by suicide, to observe multiple reactions to the same loss. The interviews were transcribed by professional transcribers and coded in NVivo 11 (QSR International) for relevant themes, such beliefs about and

attitudes towards suicide, relationship to the suicide decedent(s), reactions to suicide exposure and bereavement, different emotions, own experiences with suicidality, etc. Each interview was coded independently by the first and the last author, under the supervision of the second and third authors. The data has been anonymized, including the use of pseudonyms. This study received human-subjects approval from our universities' institutional review board.

We approached our data through an abductive analytic lens (Timmermans and Tavory, 2012), which facilitated our engagement with surprising findings that did not necessarily fit our literature-based predictions. In fact, this paper emerged, in part, due to a set of such surprising findings. Specifically, during data collection, we noticed an unexpected category of respondent: individuals who were more committed to *not* dying by suicide after exposure to a suicide loss—a phenomenon that was at odds with the notion of exposure solely as a risk factor. This led us to categorize narratives with respect to presence and kind of attitude shift following exposure to suicide. Due to the overall small sample size and a non-random sample, we refrain from causal statements, and instead leverage our in-depth interviews to highlight the complexity and relevance of meaning-making post-exposure and in so doing, generate new theoretical insights and questions for further research.

#### 5. Results

There was a large diversity of experiences represented in our respondents' narratives—though the majority were deeply affected by the loss. Notably, we did not find any clear patterning between the relationship with the deceased and the effect of the exposure. Slightly over half of our sample (N = 26) did not report any thoughts and experiences that would indicate a change in suicide risk as a result of exposure to suicide. The majority of these participants said they never had any suicidal thoughts—and did not understand what it would be like to experience them—while the rest reported only some fleeting ideation in their adolescence that preceded the exposure to suicide. The other 22 participants, however, reported significant and sometimes elaborate changes in attitudes and beliefs about suicide as the result of their loss, pointing to an increase (N = 7) and/or a decrease (N = 19) in risk. As suicide bereavement is a complex process and our participants do not fit neatly into categories of experience, we present our findings in terms of three broad emergent themes, chosen due to their resonance with the literature on suicide exposure and with our respondents' narratives.

##### 5.1. *‘It made it so much more real’*

For the majority of the participants (N = 37/48), the suicide death of the person they knew triggered a difficult, and often long meaning-making process. The eleven participants who did not engage in significant meaning-making processes predominantly “saw [the suicide] coming” and appeared to be able to easily fit their loss within existing available cultural narratives for suicide: for example, an old grandfather fighting terminal cancer, or a son who was struggling with severe bipolar disorder and suicidality for years. For the majority (N = 37/48), however, understanding why their loved one died by suicide was not as easy: they were generally deeply shocked by the death and struggled to really understand “why suicide?” Consequently, reflecting on their suicide loss, they reported an increased awareness of suicide as an actual problem. The acquired sense of suicide as “something much more real” is well-exemplified by Monica, a woman in her early twenties who lost an uncle, a classmate, and a good friend to suicide:

I had heard [of] the suicide hotlines and stuff like that, but I never believed it to be true. I was like, oh, *that doesn't happen to people, people don't do that, and then it happens and it changed my perspective. It's like a light went on and it's like, Monica, you have to do something.*

You can't just sit there and be doing life. You have to be doing something more to life. You have to help people, you have to strive to be a better person, you can't just sit there and do nothing all the time. (...) I want to make people smile no matter what. So even if they're having a bad day, *that one smile might save their life*. (emphasis added)

While many of these 37 participants productively incorporated this attitude-shift into their grieving and healing processes, there were some potentially negative consequences of realizing the gravity of suicide. For example, Vanessa, a college freshman who lost a friend to suicide in high school pointed out:

I definitely became more aware of all the depression and – ‘cause I knew that – I knew a bunch of people with eating disorders and depression, and obviously, I knew that that meant something, *but [my friend's] suicide made it so much more real*. So, I definitely became more just aware that it could be much worse than I think it is. And I definitely—because suicide is so prevalent here [in the town where I grew up], I feel like I always go to the thought, when I know that someone's depressed, that they're gonna commit suicide. (...) And I go to the worst place because *it's such a common thing* and it's not this far-out idea. *It's just become so much more realistic and I feel like I'm always expecting it, which is awful, obviously*. (emphasis added)

For both of these women, knowing someone who died by suicide transformed suicide from a hypothetical event to a real problem—something that can happen to others around them. While this realization inspired Monica to become a better person and take more care of others, it made Vanessa not only more caring, but also more anxious about her other friends. Vanessa, reflecting both on her friend's death and on the high rate of suicide in her high school, came to see suicide as common, and even highly likely. For example, she actively worries when a depressed friend of hers does not respond to her texts—an experience she finds quite awful.

Facing the ‘realness’ of suicide is not an easy project for an individual. For those individuals that never had thoughts of suicide themselves, this new understanding mainly manifested in their concern for others—it encouraged them to be more caring and more vigilant, or even to pursue a related career or activist cause. However, for those individuals that did report some suicidality pre- and/or post-exposure, this meaning-making process also had great implications for the *self*. It is to these groups that we now turn.

### 5.2. ‘This is something you can do’

As expected, some of our participants' narratives (N = 7) aligned with the notion of suicide exposure as a risk generating experience. Grief was certainly a powerful factor: one participant wondered if taking her own life would “make the pain stop” after she lost her teenage boyfriend; a mother had brief thoughts of her own suicide hoping to be closer to the daughter she had lost; and a young woman, bereaved by multiple suicides, reflected on life and asked “What's the point?” However, for most in this group, the salient element was that experiencing a suicide death can make suicide more ‘thinkable.’

For example, Amy, in her mid-twenties at the time of the interview, lost her mother to suicide when she was 17 and in the years that followed she attempted suicide three times, using the same method as her mother. When asked about this connection, she offers the following:

I think if you know someone personally in your life that has done it, especially if it's someone that was close to you, *it opens up a possibility almost, is what I feel like that maybe you never considered before*. (...) And before [my mother's suicide] it wasn't something, like I never thought oh, I'm really depressed I could end my life. *But after she did that, it was like this is something; this is something that you can do*. (emphasis added)

Here, Amy shows evidence of a particular meaning-making process through which ‘suicide’ moved from a more abstract notion to an option accessible to someone like her. Similarly, Madison, describing her state of mind after losing her close friend Mark in high school, notes:

And, I would think like, “He had so many issues of his own, and now he doesn't have them anymore. *Like, how great would that be?* To not have to like go through your life thinking about every little thing that you do ... ” (emphasis added)

While suicide as an idea was not new to Madison—she reported always being intrigued by death—having Mark die by suicide made it a more palpable option. She not only fantasized about this option, identifying with Mark and his issues, but also made a suicide attempt following Mark's death.

The above narratives, while significant in terms of existing literature, were not common in our data: only seven participants provided any evidence of increased suicidality following exposure. Notably, though, all seven of these were women, and six of them under the age of 25. Even though their relationships with the deceased varied, and included family members (daughter, mother, father, cousin) as well as peers (close friends, boyfriend, housemate), all the participants whose experience indicated increased (risk of) suicidality were close to the decedents.

### 5.3. ‘I could never do it’

Most interestingly, especially in the context of the current literature on exposure to suicide, about a third of the participants (N = 19) shared a very interpersonal experience of exposure to suicide that stands in contrast to the above ‘contagion’ narratives. These individuals, many of whom have themselves reported suicidality *prior* to their suicide loss, discussed in detail the tragic aftermath of suicide. The defining feature of this group is that after witnessing the grief and the destruction the suicide caused in loved ones' lives, they reported feeling that they could never do the same to their own families. Thus, these respondents experienced exposure to suicide as something that diminished their vulnerability to suicide. For example, Chloe, who was best friends with Kennedy when they were growing up, shared the following experience:

Of course I thought about suicide (...) I could honestly say I think everyone, in their life, has contemplated suicide (...) it's such an easy fix to a big problem, but it's not fixing anything, you know? But, after Kennedy did that, *I would never do that. I wouldn't do it to my mother. I wouldn't do it to my friends*. (...) Kennedy woke me up a little bit, with that one. So, like I said, I might not have really grasped the importance and the beauty of the life that I had and have now, had I not recognized how quick and how ugly it can be when you lose one. Especially *one in a selfish way*.

Chloe's commitment to life was quite important as she previously experienced suicidal ideation during difficult times, had been taking anti-depressants and was even hospitalized for a period for a mental illness, but she was ‘woken up’ by Kennedy's suicide. Kennedy's death made Chloe determined not to inflict her own suicide on her loved ones, and ultimately led her to take a more proactive role in her emotional health and development.

A factor that emerged as significant in many of these narratives is the relationship with other bereaved individuals: sharing grief and seeing the grief of others, especially the grief of parents. For example, Jack—Kennedy's boyfriend at the time of her death—formed a close relationship with Kennedy's parents and would visit them weekly to “just talk.” Jack had been in therapy and on Prozac most of his adolescence (though he had never felt suicidal), but through his experience with Kennedy's loss, he came to know that suicide is “something I could never do. Because you just see the results. Which is really the worst part. There is—all the havoc it causes. (...)—I mean, [Kennedy's

parents] will never get over it.”

Exposure to grief seems to be very powerful even in the absence of a strong response to the actual suicide. For example, Shara—a nurse in her mid-twenties who is in therapy but still struggling with suicidality—lost an acquaintance, Lauren, to suicide while in high school. At that time, though,

I didn't one hundred percent experience the grief [of Lauren's loss]. (...) Only a couple of my friends had to experience the grief. *So it didn't affect me as deeply.* (...) Before when I was in high school, *I didn't really care about how [my suicide] would affect my family* because it wouldn't affect me. My issue would be over in my mind.

Her perspective on suicide, however, changed when she started to get involved with suicide prevention and especially after she attended an Out of the Darkness walk, where she reconnected with Lauren's mother. Out of the Darkness Walks are events organized by the American Foundation for Suicide Prevention, that seeks to raise awareness of suicide, and funds for suicide prevention. The majority of the participants are survivors of suicide loss, walking in remembrance of their loved ones. Shara describes her experience:

I'm like I don't want my family walking for me [in an Out of the Darkness Walk]. Like kind of like I don't want them to be walking with my name on a T-shirt. *Like, oh my gosh (...) that's what happens.* They'll have my pictures and my name, and that's it. Like I don't want that. (...) like for me, *like seeing the grief on the family's face, it's like whoa. I don't want to do that.*

Although Shara was not strongly impacted by the news of a Lauren's suicide while in high-school, the reverberations of suicide loss made a very strong impression on her years later, when she saw not just Lauren's family, but many others grieving for those lost. This vicarious experience of suffering made suicide much less of an accessible option for her—so much so that she feels participating in these Walks may benefit others as well.

Collectively, our data reveals that while exposure to suicide can make suicide ‘more real’ or more of an ‘option’, exposure to suicide grief can make the *consequences* of suicide ‘more real’ and accessible to an individual's thought process. Interestingly, we also found that these two can co-occur and give rise to a powerful ambivalence, sometimes rendering the categories not mutually exclusive. For example, Robert, a lawyer in his mid-thirties who lost his brother to suicide two years prior, reflected:

*Robert:* You know, I have [considered suicide before] – yeah – I have in the past, but not the thought – *probably in the last five years the thought has crossed my mind probably more than it had previous, you know, before [my brother's suicide].* I've been relatively unhappy for a while and it definitely crossed my mind (...)

*Interviewer:* Did [your brother's death] change the way you think about [suicide]?

*Robert:* Yeah. Yeah. I could – it would have to – I couldn't do it, *because just seeing the utter devastation that my brother has caused my family is like it would – it would – I can't do that to my parents.* You know, if they were – *in the future, if they're dead, if they're gone, you know, that might change things,* but what it does to the survivors is so horrible that I can't put my mom through that.

While Robert does, on one hand, offer a narrative that would align with increased risk—the increase in suicide ideation that accompanied a general feeling of unhappiness— in reflecting on his parents' grief, he also exhibits an increased commitment to life. Although suicide seems to have become a more accessible option for him, it also became an option that was more objectionable. Robert's narrative, therefore, not only emphasizes the power of witnessing other's grief and caring for one's own loved ones, but shows the possibility of an ambivalent response to suicide exposure.

## 6. Discussion

Literature on suicide exposure and ‘suicide contagion’ overwhelmingly focuses on determining whether knowing someone who died by suicide increases one's own risk of suicidality. This literature has largely concluded that exposure to suicide, on average, increases the risk of suicidality in the individual exposed, even when important controls are held constant (Abrutyn and Mueller, 2014). What the literature lacks however, is an understanding of the mechanisms undergirding the transference of risk after suicide loss. Our goal with this study was to begin to address this gap in the literature.

Perhaps surprisingly, overall, our data shows that ‘exposure to suicide’ and its aftermath are diverse complex phenomena that might facilitate vulnerability to suicide for some, while ‘inoculating’ against suicide for others. More importantly, we found that how individuals interpret their experience matters substantially to whether the experience confers risk or protection from suicide. This interpretation often occurs in an interpersonal context which encourages individuals to closely examine both their own experience and the experiences of others.

Of our 48 participants, 37 reported an increased awareness of suicide as ‘something that actually happens,’ a realization that impacted their lives and relationships with others, often increasing their anxiety and concern for others' mental health and safety. For 7 participants, all women, their loss seemed to trigger increased suicidality, in the form of ideation and attempts, as they not only felt overwhelmed by grief after their loss, but also came to see suicide as something they, too, could do to resolve their psychological pain or problems. Finally, for 19 participants, witnessing the profound impacts of suicide *on others* made them feel suicide was not something they could ever do. These experiences were not necessarily mutually exclusive and some of our participants, like Robert, reported both increased ideation and increased determination not to attempt suicide after their loss. Furthermore, they do not seem to be a straightforward artefact of closeness or identification with the decedent, as exemplified by Chloe who came to appreciate life and move beyond her own suicidality after losing her best friend to suicide. Our participants' narratives highlight the fact that the said exposure can take many forms, and often inevitably includes other experiences, such as witnessing and sharing of the grief with others.

Our findings generate important contributions to existing literature on suicide exposure and suicide, as well as suicide prevention work. Our primary goal with this study was to better understand how exposure to suicide generates risk. Thus, our most important contribution is in revealing that how individuals make sense of their loss shapes whether suicide not only comes to seem more *thinkable* but also becomes more *doable*. This is in line with current major theories of suicide that focus on suicide exposure as increasing one's likelihood of acting on their suicidal thoughts—that is modifying ‘acquired capacity for suicide’ (Van Orden et al., 2010). Our results also indicate that suicide contagion likely involves individuals' experience of identifying with a deceased person's perceived motives and coming to see suicide as ‘a thing one can do’ to cope with psychological pain or to deal with a personal problem. Through exposure, suicide becomes incorporated into a person's cultural repertoire for action. This suggests that a part of a person's capacity for suicide involves not only their capacity to overcome their fear of death and physical pain, but (something we call) their *normative capacity* for suicide, or their ability to imagine suicide as an option.

While we found evidence that exposure increases individuals' normative capacity for suicide, we also found evidence of a possible ‘inoculation’ effect among our respondents. Specifically, exposure can reframe suicide to be not just the killing-of-oneself, but also the harming-of others through grief and trauma, thereby diminishing the exposed's normative capacity for suicide. Collectively, our findings suggest that exposure to suicide itself is not inherently risky, though it may be inherently distressing; instead, whether it results in increased

vulnerability to suicide depends on the meaning an individual makes of the experience and likely the context surrounding the death.

To further investigate this potential ‘inoculation effect’ and the role of normative capacity in suicide, it is crucial we diversify the questions that are asked in the usual quantitative studies of the effects of exposure. First, beyond inquiring about exposure suicide, surveys should also ask about attitudes towards and beliefs about suicide, as these could capture some of the nuances of suicide exposure. For example, our participants (e.g., Chloe), voiced explicitly negative attitudes about suicide, such as considering it selfish, and research shows that more negative attitudes are associated with decreased risk of suicide (e.g. Stein et al., 1998; Gibb et al., 2006; Joe et al., 2007). Second, surveys should measure exposure to the *grief of others* after a suicide loss, in addition to exposure to suicide death (or attempt) and one's own grief. Our results suggest that exposure to the grief of others can play an important role in how an individual reacts to exposure to suicide, and especially whether contagion or inoculation results. Finally, future research should further explore the way structural relationships and identification with the decedents, as well as other bereaved individuals, come to shape the meaning-making process.

Beyond these implications for understanding suicide exposure, our work also contributes to the developing literature on suicide that engages with individual experience and questions of meaning. When reflecting on their own suicidal thoughts after exposure, our respondents expressed diverse positionalities with respect to the idea of taking their own life. For some, these thoughts took a positive, even fantasy-like, character as they imagined their future in which their problems would be gone. For others, though, the thoughts of their own death immediately made them imagine what the future would be like for the others they would leave behind. Thus, ‘suicide’ is not the *same* kind of a thing for everyone, and ‘thinking about suicide’ is not the same kind of a process—it can vary across individuals and, as previous work has shown, across cultures (e.g. Staples and Widger, 2012; Barbagli, 2015). While valuable for certain kinds of research efforts, emphasis on objective risk factors (such as ‘exposure’ or ‘ideation’) does not capture the roles and meanings of these factors in individual lives, and it obscures the complex phenomenological process that is contemplating and pursuing one's own death (see Pompili, 2010).

Our study also has implications for current dominant, largely psychological, theories of suicide. While the mechanisms that we propose in our ‘inoculation effect’ align with current theories of suicide, they can also be used to elaborate them. For example, the Interpersonal Theory of Suicide (Joiner, 2007, Van Orden et al., 2010) proposes that suicide occurs when an individual feels ‘perceived burdensomeness’ and ‘thwarted belongingness.’ Our findings urge us to consider the notion of ‘perceived burdensomeness’ as encompassing not only one's beliefs about how much of a burden to others they are, but also how much of a burden their suicide would be. Witnessing grief of others may then work to motivate individuals to keep on living as a way of minimizing burdensomeness. This is in line with previous work showing that recognizes positive orientation to life and concern for loved ones are protective factors against suicide (c. Linehan et al., 1983) and represents another area also ripe for further investigation.

Finally, our findings are relevant to suicide postvention and intervention. Our respondents who reported diminished vulnerability to suicide after their loss often emphasized how powerful it was to witness the grief of others. It helped them process their own emotions, while also ensuring they understood the tremendous burden of loss that a suicide death imposes on loved ones. Bringing individuals struggling with suicide together with individuals who have experienced suicide loss in professionally-mediated sessions may be a creative way to build understanding, both of the pain of suicide ideation and of suicide loss. Indeed, one of our participants—a mother who lost her daughter—stressed how her experience in an art therapy group that combined suicidal individuals with bereaved individuals was a transformative healing experience. Furthermore, many of our participants exemplified

personal growth as a result of that grief (see Feigelman et al., 2009) and have even found that witnessing the grief of others positively impacted their own suicidal thoughts. It would be fruitful in the context of suicide prevention to further explore the powerful capacities of grief in transforming individuals' views of suicide and potentially decreasing their suicide risk.

Despite our contributions, this study also has limitations. Our sample is non-random and likely non-representative of the population of individuals who have been exposed to suicide. In particular, individuals who are less distressed by their loss may be more likely to participate in a study on suicide bereavement. Additionally, we cannot capture the experiences of individuals who died by suicide after experiencing a suicide loss. Furthermore, while our study features a larger age-range than many existing studies of suicide contagion (which overwhelmingly focus on adolescents) our sample consists mainly of younger, white, middle-class individuals, all of whom are living in urban areas in the United States. Finally, our research did not set out to record all possible experiences of exposure to suicide and suicide bereavement, but rather to note their variety. We acknowledge that people might react to suicide in a multitude of other ways; in fact, our respondents shared experiences that we do not discuss in this paper, such as that of a man who felt his brother was miserable in this world, and was at peace with his suicide. We can even envision that witnessing others' grief might serve as a contributing factor in suicide, since hurting others is sometimes a motivation for suicide (in their study of over 1300 suicide note, Pestian et al., [2012] find that around 14% of the notes contained sentiments of anger, such as “Well, Jane I hope this makes you happy”). This variety of experience should be explored in future work.

These limitations notwithstanding, our study offers important contributions to the literature by showing that suicide is not simply an act an individual might resort to in a particular situation if they have amassed enough risk factors. Rather, as is argued within a more interpretive framework, it is a “vehicle by which people (...) come to understand their own lives, and the world around them” (Staples and Widger, 2012, p. 186). As they struggled to make meaning of another's suicide death, and of their own lives, our participants thought not only about, but *with* suicide, reflecting on their past and imagining different futures. Thus, the findings of our study also point to the importance of the processes through which individuals come to think about and understand suicide as well as its consequences, in both psychological and social terms. Being that life-long processes of meaning-making can be difficult to study, further exploring the aftermath of suicide exposure—as a period of intense and deliberate meaning making about suicide—could be productive not only for our understanding of suicide bereavement, but of suicide in general.

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## References

- Abrutyn, S., Mueller, A.S., 2014. Are suicidal behaviors contagious in adolescence? Using longitudinal data to examine suicide suggestion. *Am. Sociol. Rev.* 79 (2), 211–227.
- Abrutyn, S., Mueller, A.S., Osborne, M., 2019. Rekeying Cultural Scripts for Youth Suicide: How Social Networks Facilitate Suicide Diffusion and Suicide Clusters Following Exposure to Suicide. *Society and Mental Health*.
- Baller, R.D., Richardson, K.K., 2009. The “Dark side” of the strength of weak ties: the diffusion of suicidal thoughts. *J. Health Soc. Behav.* 50 (3), 261–276.
- Barbagli, M., 2015. Farewell to the World. *Polity Press*.

- Bjarnason, T., 1994. The influence of social support, suggestion and depression on suicidal behavior among Icelandic youth. *Acta Sociol.* 37 (2), 195–206.
- Blumer, H., 1969. *Symbolic Interactionism: Perspective and Method*. University of California Press, Berkeley.
- Bottomley, J.S., Abrutyn, S., Smigelsky, M.A., Neimeyer, R.A., 2018. Mental health symptomatology and exposure to non-fatal suicidal behavior: factors that predict vulnerability and resilience among college students. *Arch. Suicide Res.* 22 (4), 596–614.
- Brent, David A., Margaret Kerr, Mary, Goldstein, Charles, Bozgar, James, Wartella, Mary, Allan, Marjorie J., 1989. An outbreak of suicide and suicidal behavior in a high school. *Journal of the American Academy of Child & Adolescent Psychiatry* 28 (6), 918–924.
- Brent, D.A., Perper, J.A., Mortiz, G., Allman, C., Schweers, J., Roth, C., et al., 1993. Psychiatric sequelae to the loss of an adolescent peer to suicide. *J. Am. Acad. Child Adolesc. Psychiatry* 32 (3), 509–517.
- Cerel, J., Roberts, T., Nilsen, W., 2005. Peer suicidal behavior and adolescent risk behavior. *J. Nerv. Ment. Dis.* 193, 237–243.
- Cerel, J., Sanford, R.L., 2018. It's not who you know, it's how you think you know them: suicide exposure and suicide bereavement. *Psychoanal. Stud. Child* 71 (1), 76–96.
- Douglas, Jack D., 1967. *The Social Meanings of Suicide*. Princeton University Press, Princeton, N.J.
- Durkheim, E. (1897/1952). *Suicide: A Study in Sociology*. (J. Spaulding & G. Simpson, Trans.). London: Routledge.
- Feigelman, William, Jordan, John R., Gorman, Bernard S., 2009. Personal growth after a suicide loss: Cross-sectional findings suggest growth after loss may be associated with better mental health among survivors. *OMEGA-Journal of death and dying* 59 (3), 181–202.
- Fletcher, J.M., 2017. Gender-specific pathways of peer influence on adolescent suicidal behaviors. *Socius* 3 2378023117729952.
- Gibb, B.E., Andover, M.S., Beach, S.R.H., 2006. Suicidal ideation and attitudes toward suicide. *Suicide Life-Threatening Behav.* 36 (1), 12–18 2006.
- Gillies, J., Neimeyer, R.A., 2006. Loss, grief, and the search for significance: toward a model of meaning reconstruction in bereavement. *J. Constr. Psychol.* 19 (1), 31–65.
- Hjelmeland, H., Knizek, B.L., 2010. Why we need qualitative research in suicidology. *Suicide Life-Threatening Behav.* 40 (1), 74–80.
- Hydén, L.C., 1997. Illness and narrative. *Sociol. Health Illness* 19 (1), 48–69.
- Ingram, E., Ellis, J.B., 1992. Attitudes toward suicidal behavior: a review of the literature. *Death Stud.* 16 (1), 31–43. <http://doi.org/10.1080/07481189208252555>.
- Joe, S., Romer, D., Jamieson, P.E., 2007. Suicide acceptability is related to suicide planning in U.S. adolescents and young adults. *Suicide Life-Threatening Behav.* 37 (2), 165–178.
- Joiner, T.E., 1999. The clustering and contagion of suicide. *Curr. Dir. Psychol. Sci.* 8 (3), 89–92.
- Joiner, T.E., 2003. Contagion of suicidal symptoms as a function of assortative relating and shared relationship stress in college roommates. *J. Adolesc.* 26 (4), 495–504.
- Joiner, T.E., 2007. *Why People Die by Suicide*. Harvard University Press.
- Kleinman, A., 1988. *The Illness Narratives: Suffering, Healing, and the Human Condition*. Basic Books, New York, NY, US.
- Kral, M.J., 1994. Suicide as social logic. *Suicide Life-Threatening Behav.* 24 (3), 245–255.
- Lake, A.M., Kandasamy, S., Kleinman, M., Gould, M.S., 2013. Adolescents' attitudes about the role of mental illness in suicide, and their association with suicide risk. *Suicide Life-Threatening Behav.* 43 (6), 692–703.
- Latham, A.E., Prigerson, H.G., 2004. Suicidality and bereavement: complicated grief as psychiatric disorder presenting greatest risk for suicidality. *Suicide Life-Threatening Behav.* 34 (4), 350–362.
- Linehan, M.M., Goodstein, J.L., Nielsen, S.L., 1983. Reasons for staying alive when you are thinking of killing yourself: the reasons for living inventory. *J. Consult. Clin. Psychol.* 51 (2), 276–286.
- Liu, R., 2006. Vulnerability to friends' suicide influence: the moderating effects of gender and adolescent depression. *J. Youth Adolesc.* 35, 479–489.
- Luhmann, T.M., 2007. Social defeat and the culture of chronicity: or, why schizophrenia does so well over there and so badly here. *Cult. Med. Psychiatr.* 31 (2), 135–172.
- Maple, M., Cerel, J., Sanford, R., Pearce, T., Jordan, J., 2017. Is exposure to suicide beyond kin associated with risk for suicidal behavior? A systematic review of the evidence. *Suicide Life-Threatening Behav.* 47 (4), 461–474.
- McCall, G.J., 2018. Symbolic interaction. In: Burke, P.J. (Ed.), *Contemporary Social Psychological Theories* (pp. 5–28). Stanford University Press, Stanford, pp. 5–28.
- McPherson, M., Smith-Lovin, L., Cook, J.M., 2001. Birds of a feather: homophily in social networks. *Annu. Rev. Sociol.* 27 (1), 415–444.
- Nanayakkara, S., Misch, D., Chang, L., Henry, D., 2013. Depression and exposure to suicide predict suicide attempt. *Depress. Anxiety* 30 (10), 991–996.
- Neimeyer, R.A., Baldwin, S.A., Gillies, J., 2006. Continuing bonds and reconstructing meaning: mitigating complications in bereavement. *Death Stud.* 30 (8), 715–738.
- Neimeyer, R.A., Klass, D., Dennis, M.R., 2014. A social constructionist account of grief: loss and the narration of meaning. *Death Stud.* 38 (8), 485–498.
- Niederkröthaler, T., Fu, K.W., Yip, P.S., Fong, D.Y., Stack, S., Cheng, Q., Pirkis, J., 2012. Changes in suicide rates following media reports on celebrity suicide: a meta-analysis. *J. Epidemiol. Community Health* 66 (11), 1037–1042.
- Norton, K., 2015, May 7. *Postvention as prevention*. <https://www.sprc.org/news/postvention-prevention>, Accessed date: 17 July 2018.
- O'Connor, R.C., Kirtley, O.J., 2018. The integrated motivational–volitional model of suicidal behaviour. *Phil. Trans. Biol. Sci.* 373 (1754), 20170268.
- Pestian, J.P., Matykievicz, P., Linn-Gust, M., 2012. What's in a note: construction of a suicide note corpus. *Biomed. Inf. Insights* 5, BII-S10213.
- Phillips, D.P., 1974. The influence of suggestion on suicide: substantive and theoretical implications of the Werther effect. *Am. Sociol. Rev.* 39 (3), 340–354.
- Phillips, J.A., Luth, E.A., 2018. Beliefs about suicide acceptability in the United States: how do they affect suicide mortality? *J. Gerontol. B Psychol. Sci. Soc. Sci.* 1–12.
- Pierret, J., 2003. The illness experience: state of knowledge and perspectives for research. *Sociol. Health Illness* 25 (3), 4–22.
- Pitman, A., Nesse, H., Morant, N., Azorina, V., Stevenson, F., King, M., Osborn, D., 2017. Attitudes to suicide following the suicide of a friend or relative: a qualitative study of the views of 429 young bereaved adults in the UK. *BMC Psychiatry* 17 (1).
- Pitman, A., Osborn, D., King, M., Erlangen, A., 2014. Effects of suicide bereavement on mental health and suicide risk. *Lancet Psychiatry* 1 (1), 86–94.
- Pompili, M., 2010. Exploring the phenomenology of suicide. *Suicide Life-Threatening Behav.* 40 (3), 234–244.
- Randall, J.R., Nickel, N.C., Colman, I., 2015. Contagion from peer suicidal behavior in a representative sample of American adolescents. *J. Affect. Disord.* 186, 219–225.
- Reyes-Portillo, J.A., Lake, A.M., Kleinman, M., Gould, M.S., 2018. The relation between descriptive norms, suicide ideation, and suicide attempts among adolescents. *Suicide Life-Threatening Behav.* 19 (2), 263.
- Schaefer, D.R., Kornienko, O., Fox, A.M., 2011. Misery does not love company: network selection mechanisms and depression homophily. *Am. Sociol. Rev.* 76 (5), 764–785.
- Scheper-Hughes, N., 1993. *Death without Weeping: the Violence of Everyday Life in Brazil*. Univ. of California Press.
- Staples, J., Wigger, T., 2012. Situating suicide as an anthropological problem: ethnographic approaches to understanding self-harm and self-inflicted death. *Cult. Med. Psychiatr.* 36 (2), 183–203.
- Stein, D., Brom, D., Elizur, A., Witztum, E., 1998. The association between attitudes toward suicide and suicidal ideation in adolescents. *Acta Psychiatr. Scand.* 97 (3), 195–201.
- Stone, D.M., Simon, T.R., Fowler, K.A., Kegler, S.R., Yuan, K., Holland, K.M., Ivey Stephenson, A.Z., Crosby, A.E., 2018. Vital signs: trends in state suicide rates—United States, 1999–2016 and circumstances contributing to suicide—27 states, 2015. *MMWR (Morb. Mortal. Wkly. Rep.)* 67 (22), 617.
- Szanto, K., Shear, M.K., Houck, P.R., Frank, E., Caroff, K., Silowash, R., 2006. Indirect self-destructive behavior and overt suicidality in patients with complicated grief. *J. Clin. Psychiatry* 67 (2), 233–239.
- Timmermans, S., Tavory, I., 2012. Theory construction in qualitative research: from grounded theory to abductive analysis. *Socio. Theor.* 30 (3), 167–186.
- Van Orden, K.A., Witte, T.K., Cukrowicz, K.C., Braithwaite, S.R., Selby, E.A., Joiner, T.E., 2010. The interpersonal theory of suicide. *Psychol. Rev.* 117 (2), 575–600.
- Velting, D.M., Gould, M.S., 1997. Suicide contagion. In: Maris, R.W., Silverman, M.M., Canetto, S.S. (Eds.), *Review of Suicidology, 1997*. Review of Suicidology. Guilford Press, New York, NY, US, pp. 96–137 1997.
- White, J., 2016. Qualitative evidence in suicide ideation, attempts, and suicide prevention. In: *Handbook of Qualitative Health Research for Evidence-Based Practice*. Springer, New York, NY, pp. 335–354.
- Wong, J.P.S., Stewart, S.M., Ho, S.Y., Rao, U., Lam, T.H., 2005. Exposure to suicide and suicidal behaviors among Hong Kong adolescents. *Soc. Sci.*