

## Understanding death, suicide and self-injury among adherents of the emo youth subculture: A qualitative study

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### Abstract

Emo youth subculture bases its subcultural identification mostly on symbols of death, dying, suicide, and other kinds of morbid content. The main goal of the present study was to explore attitudes toward suicidal behavior and self-injury in emo adolescents. Semistructured in-depth qualitative interviews were conducted with 14 emo adherents, accompanied by the analysis of emo Web discussion forums. Participants reported attitudes including high acceptance for suicidal behavior and self-injury. The identification with the emo youth subculture is considered to be a factor strengthening vulnerability towards risky behaviors.

### Introduction

EMO youth subculture bases its subcultural identification on symbols of death, dying, suicide and the mutilation of body parts. Adherents of this subculture are mostly in adolescence, which is a critical period otherwise highly vulnerable for engaging in risky behaviors such as suicide (Anderson, Lowry, & Wuensch, 2015; Miers, Abbott, & Springer, 2012; Wood, Byram, Gosling, & Stokes, 2012) or self-injury (Anestis & Selby, 2015; Heilbron & Prinstein, 2008; Swannell, Martin, Page, Hasking, & St John, 2014). Research on suicidal behavior in adolescence is undoubtedly very important (see e.g., Andriessen, Draper, Dudley, & Mitchell, 2016). There is a topical and strong need to explore not only cultural factors relating to the suicidal behavior of adolescents (e.g., Chu, Goldblum, Floyd, & Bongar, 2010; Langhinrichsen-Rohling, Friend, & Powell, 2009), but also the influence of peers, for example, on the level of youth subcultures. In contrast to the influences of gender (e.g. Allooh, Rummell, & Levant, 2013; Ryalls, 2013), culture (Eskin, Schild, Öncü, Stieger, & Voracek, 2015), race (Anderson, Lowry, & Wuensch, 2015; Mortara & Ironico, 2013) or ethnicity (Range et al., 1999; Chu, Goldblum, Floyd, & Bongar, 2010), less attention has thus far been paid to the role of subcultural identification in adolescent attitudes toward suicidal behavior.

Given that adolescence is a period during which peers are especially influential (e.g., Dishion & Tipsord, 2011; Spear, 2000), adhering to some youth subcultures may be related to a specific kind of peer influence. Young et al. (2006) found an influence of identification with several youth subcultures on the risk of suicide attempts and self-injury. Further, the study of Bowes et al. (2015) showed that young people identifying with Goth subculture might be at increased risk for depression and self-harm. Stack, Lester, and Rosenberg (2012) even refer to some music-based subcultures as suicidogenic. Goth subculture shares some aspects with EMO subculture, such as a morbid visual aesthetic, and one may seriously ask about the possible relationship between youth subcultural identification and attitudes towards self-harming or suicide.



Figure 1. Adherents of the EMO youth subculture. (Photo: Radek Trnka)

Given the above-mentioned findings, a detailed, in-depth investigation of the influence of adhering to EMO youth subculture on suicidal behavior in adolescents is desirable. When seeking a link between the social influence of peers and problematic adolescent behavior, the theory of peer contagion (Dishion & Tipsord, 2011) offers a suitable theoretical basis. Generally, the concept of peer contagion describes "a mutual influence process that occurs between an individual and a peer and includes behaviors and emotions that potentially undermine one's own development or cause harm to others" (Dishion & Tipsord, 2011, p. 190). The mechanism of peer contagion is not sufficiently clear, but Bowes et al. (2015) suggest that interpersonal processes and peer contagion may be related to an increased risk for self-harm in adherents of Goth youth subculture. Also, the interpersonal theory of suicide emphasizes that the suicidal ideation is interpersonal in nature (Lockman & Servaty-Seib, 2016).

As mentioned at the beginning of this paper, EMO subcultural identification is based on the interiorization of symbols of death, dying or suicide, and these symbols as well as other kinds of morbid aesthetic are shared in adherents of EMO youth subculture. There is evidence that public opinion generally links the EMO youth subculture with self-harming and suicidal behavior (Strauss, 2012). EMO adolescents are generally perceived as being emotionally oversensitive, easily hurt, often frustrated, depressed and also highly vulnerable to committing suicide (Definis-Gojanovic, Gusic, & Sutlovic, 2009). Although this public opinion may be biased in part due to EMO's morbid aesthetics, self-destructive behavior and suicidal tendencies definitely do occur in EMO communities (Johnson & Cloonan, 2009).

The EMO subculture is a highly individualized one, but it is possible to distinguish several features shared by its adherents. The most striking feature of the EMO subculture is the visual appearance of EMO adolescents (Bailey, 2006; Kuška, Formankova, & Kolarova, 2010), which also serves as an identifying marker of their interiorized EMO lifestyle (see Figure 1). Their clothing is usually tuned to dark colors, often with brightly colored accessories in girls, while boys' clothing evokes an overall impression of shabbiness (Kuška, Formankova, & Kolarova, 2010). They wear canvas sneakers and put dark make up around the eyes. The hairstyle is especially distinctive, often dyed to dark shades with a quiff covering one or both eyes. The lyrics of EMO music groups as well as EMO comic books are saturated with death, suicides, blood, images of pain, sorrow, suffering as well as with bodily mutilations (Baker & Bor, 2008; de Boise, 2014). There are images such as cut wrists, hollowed-out eyes, a heart extracted from the chest, penetration of the skull, and so on. It is reasonable to ask about what kind of attitudes toward suicide and self-injury may be found in adolescent adherents of EMO subculture.

Adherents of EMO communities represent an example of a hard-to-reach population. EMO adherents are closed or even inaccessible to people outside of the EMO subculture. For this reason, EMO is a quite rarely studied subculture, and quantitative research of suicidal behavior and ideation in EMO adolescents is lacking. Several papers that have been published on EMO subculture were based on virtual analysis from Internet resources, without personal contact of researchers with EMO adolescents (e.g., Chernoff & Widdicombe, 2015; Seganti & Smahel, 2011; Zdanow & Wright, 2012). Other recent research on EMO subculture has been conducted in more general field of popular culture (e.g., Red, 2014), lifestyle (Rohde, 2016; Mortara & Ironico, 2013) or specific aspects, like crisis of masculinity (de Boise, 2014; Ryalls, 2013) or gender in general (Allooh, Rummell, & Levant, 2013; Rohde, 2016). The purpose of the present study is to explore attitudes toward suicide and self-injury in adolescent adherents of the EMO youth subculture. We focus on the ways EMO adolescents understand and interpret suicidal and self-injuring behavior and analyze the meanings that self-injury and suicidal behavior have for adolescent adherents of EMO subculture.

## **Methods**

### *Participants and Procedure*

All participants were caucasian Czechs living in the Czech Republic. They participated voluntarily without any financial reimbursement. The adherents of the EMO subculture were contacted personally at public events, like the concerts of EMO music groups, EMO events in music clubs and outdoor EMO meetings. Adolescent adherents of the EMO subculture behaved very distantly. They appeared self-contained, shy, inaccessible and leery of the researchers. We contacted 186 EMO adherents in total, but 149 of them strictly refused the invitation for an interview immediately, and communication with those who did agree to the interview was very delicate. Twenty-three interviews were later canceled, and many contacts with participants were not successful in the starting stage of the research.

The semi-structured qualitative interviews were mostly conducted in music clubs before their program started, or in bars, fast food restaurants and cafés following the initial contact and negotiation with the potential EMO participants. Several interviews were conducted at EMO outdoor meetings in a park in the center of Prague. All interviews were recorded on a Dictaphone, and all participants agreed with the recording of their interviews and provided signed informed consent with participation in the study. Signed parental informed consent was obtained in cases of participants younger than 18 years. The average duration of a recorded interview was 59 minutes, and a total of 14 semi-structured in-depth interviews were included in the final sample (6 EMO boys; 8 EMO girls; aged 15 to 19).

The research design was approved by the institutional ethics committee. We always respected the adolescents' refusal to participate or continue in their participation (CIOMS, 2002). We assured participants about protecting the confidentiality of the research data. The true names of the participants were changed when presenting their testimonies in the following text. Although a recent review of Dazzi, Gribble, Wessely, and Fear (2014) suggests that talking about suicide in fact reduces, rather than increases, suicidal ideation, we were aware that we were investigating potentially vulnerable participants, and thus contacting as well as interviewing them was done very sensitively.

### *Measures*

The structure of the in-depth interviews included seven broader areas: family atmosphere, personal values and identity, attitudes toward suicide and self-harming, circumstances of joining EMO, EMO commercial products, identification features of the EMO community, and future life plans. The presentation of the whole data set far exceeds the focus and extent of the present study; therefore, attention will be primarily paid to attitudes towards suicide and self-injury and the ways the participants make sense of phenomena like suicide and self-injury. Data concerning these issues will be presented in this study.

The battery of questions in the second half of the interview reflected the participants' attitudes and understanding of suicide and self-injury and included questions on personal experiences with suicide or self-injury (both their own and their EMO friends) and personal opinions on what self-injury and suicide mean to them. We also asked additional questions based on the actual course of the particular interview. We remained open to new issues and dimensions that emerged during the interview. Transcriptions of all interviews were made at the end of the interviewing stage of the project.

The qualitative research was accompanied by supplementary content analysis of Web discussion forums in the Czech language. The utilization of strategies based on samples drawn from Web pages dedicated to the music subculture is also recommended by Stack, Lester, and Rosenberg (2012). We found and analyzed eight online discussions from two public EMO portals and contents and discussions from nine EMO blogs.

### *Analytical Strategy*

The interviews were analyzed using the inductive content analysis that has been proved to be a suitable analysis strategy in qualitative descriptive studies (Rissanen, Kylma, & Laukkanen, 2009; Sandelowski, 2000; Sullivan-Bolyai, Knafl, Tamborlane, & Grey, 2004). The analytical strategy was further inspired by the method of interpretative phenomenological analysis (Smith, Flowers, & Larkin, 2009) in the sense that we focused on understanding the experiential world of the participants. More specifically, we focused on insights into how the participants make sense of phenomena like suicide and self-injury.

The transcripts of the interviews were subjected to multiple close readings. All the statements in which a participant told something about self-injury or suicide were coded independently by two researchers (M.K., R.T.) and validated by another researcher (K.B.). The process of validation was based on the comparison of codes from two independent coders (M.K., R.T.) by a third researcher (K.B.), who also recommended various improvements for coding. The codes were grouped into categories based on their similarities and differences, and the categories were named according to their content. All four authors agreed on the selection of representative quotations. The contents from the supplementary analysis of Web discussion forums were analyzed in a similar way.

## **Results**

### ***Suicide as a Natural Outcome of Strong Emotions***

EMO participants expressed high acceptance of suicide, suicidal behavior and deliberate self-injury. Suicide was not perceived as something strange or pathological, but rather as a way that “serious problems” can be solved. Testimonies often included notions about “serious problems”, “escape from reality”, “great passions” or “big emotions”. Emotions occupy a central position in the general philosophy of the EMO subculture, as reported by our EMO participants. The main philosophy of the EMO subculture is “to experience and express your actual emotions without any restraint”. During the contact stage of the research, we often observed at public events that EMO adolescents overtly expressed intensive emotions like crying or angry screaming, i.e. those emotions whose overt expression is otherwise mostly restricted by cultural display rules in public spaces. Thus, the escalation of, for example, strong depression in the form of suicide is perceived as something quite common in EMO communities. EMO participants in the present study also reported stories about the successful suicides of their past EMO friends as well as about their own suicide attempts. One participant, Viktor, had already attempted suicide three times unsuccessfully:

Researcher: *Have you ever considered the idea that you would try to harm yourself?*

Viktor: *No, I loathe the fact that I have veins and arteries and blood, etc. ... I cannot stand seeing blood ... even if I cut my finger; it's crazy, isn't it? And mainly, why should I have any scars? Should I have a big problem, I'd just do it ... and it would be really freaky ... and it would be really mad, that it would simply be the end, I would just kill myself, but cut myself? Why?*

Researcher: *What would have to happen for you to make you to cut yourself?*

Viktor: *What would happen? Well, I'd cut myself, because I want to die. And it would become necessary, for example, I don't know, if I had a girlfriend for five years and she died. In this case I would think about it, because I would be sad, but I think ... maybe it's not necessary to kill myself because of something like this. I think ... I would do it ... I don't know ... only if I just would be threatened by an awful danger and nothing could be done about it ... Just when "they" would come for me in my house and someone would want to burn or beat or kill me, I don't know, murder, mafia, in such a case, I would do it, but otherwise I find it unnecessary to erase myself from the world.*

Viktor belonged to a group of EMO adherents with a high occurrence of completed suicides. It is likely that his own attitudes towards suicidal behavior may also be related to the influence of suicidal behavior of his previous EMO friends. To the question "Do you have any EMO friends?" he answered:

*Viktor: Not any more. I just look for new friends everywhere ... I do not know ... I just want such a friend ... I have always needed such friend, and I had ... but all of the people died. And those who were here at the top ... on the peak, the style ... simply awful people ... everyone knew them and talked about them. When their nickname was said, everyone knew who it was. But ... they just stopped ... None of my friends remain; everyone said that I am the last, and this is true – no one is like that among the people I know.*

### ***Suicide as a Common Solution to Life Problems***

Suicide is perceived as a one of the acceptable solutions to serious life problems by EMO adolescents. Some testimonies include expressions of indifference to the possibilities of living or to dying:

*Alex: Suicide is a certain solution. I agree, too. Until I was 13, I lived with an alcoholic father. He could just get drunk and came home, wake me, beat me, wake my sister, forced us to go into the living room and watch as he beat my mother ... I do not have enough strength to kill myself, but I don't care if I die. I don't mind. If I die, so it was just meant to be. It didn't bother me to such an extent that once I doused myself with gasoline and set on fire. I did it just because I was bored, so I took the camera, doused myself and shot it. I don't really care if I die.*

Alex presented his story on an EMO Web discussion forum. The reactions of several other EMO adherents illustrate that they understand suicide as one of commonly perceived possibilities when encountering difficult life situations:

*Evelina: Everyone has it different, some manage better, some worse, and when it's all too much, I do not see any other way than to leave ... and it may not be that they would not want to suffer anymore, but it may be that they think that without them other people will feel better.*

*Bernard: Simply to kill oneself. Two seconds are enough and the suffering may end and you can finally breathe normally and can feel like a full human being. It is not a bad prospect...*

*Radim: From my perspective, suicide is a last rescue. I'm not saying that I've thought about it, but I know about it, and I live as fully as I can, because I know that when the time comes, I can do it with a clear conscience and not regret anything. At best it should stop, right?*

*Patricie: As it has already been mentioned here—I feel and experience so much that it hurts. I'm not strong enough to do it (suicide) alone. But I strongly wish to be at the end. Let it happen...*

The reactions of other EMO adherents to online suicidal self-disclosure as well as public suicidal self-disclosure may itself be related to interpersonal sharing of attitudes and possibly also to online peer contagion. Aside from this, the interviewed participants often reported other instances of interpersonal influences, for example:

*Researcher: Have you ever met someone of EMO people who cut himself/herself?*

*Anastazie: Of course! I met a girl who did not look like an EMO girl, indeed, but she presented herself as EMO. And ... she cut her legs...here, above the knee...and she wore miniskirts so others could see...and she boasted about it.*

### ***Strange Excitement after Self-Injury***

Various experiences with self-injuring behavior were reported by the participants. Testimonies about deliberate self-injury and the experience of pain included several interesting aspects. Although deep skin damage may elicit pain in the self-injuring person, such feelings were not often reported, at least not when describing the moment of committing self-injury. On the contrary, positive feelings like relief were reported:

Researcher: *How would you describe the feeling before, during and after cutting?*

Adam: *During: a strange excitement ... and after: Damn, my foot hurts!*

Researcher: *Another characteristic?*

Adam: *It is such satisfaction, but so terribly special ... It is a relief, but at the same time, one knows it just does not make sense. That it is useless. But at the same time one feels relieved. One knows that it will not solve anything, but I still do it again.*

Adam learned when he was thirteen that his parents are adoptive. Then, in his own words, “his life was changed forever”. He described this event as a very traumatic experience. He then started to respond aggressively to his father and became an adherent of the EMO subculture. Adam and his girlfriend Liliana (also an adherent of the EMO subculture) both reported experimenting with practices of black magic, telepathy and astral travelling. Both have already committed self-injury, and Adam also thinks about committing suicide in the future. For him, astral travelling is considered to be a preparation for real death. Similar feelings accompanying self-injury were described by Boris:

Researcher: *So you're ... Do you sometimes have the feeling that you have to cut yourself?*

Boris: *No feelings to cut, but when I'm really very upset and I do not have cigarettes in hand, and I'm lazy to buy them ... so ... I need to cut myself a few times, on the surface only ... because I need to feel relief.*

Researcher: *How many times do you have to cut yourself like this per month?*

Boris: *Now, not so many times. I have got antidepressants prescribed by my doctor again.*

Participant Kristian reported decreased awareness of the pain, or partial analgesia in the course of his intentional self-injury:

Researcher: *How would you describe the feeling before, during and after cutting?*

Kristian: *When you are angry a lot, or nervous, or are strongly depressed, then I cannot feel the pain, at least until I am O.K. again. Then my hand starts to hurt. But otherwise, it is ... I do it basically also with a “scientific” intent, because when you are bleeding, the endorphins should get released and you feel a little bit happier. So when I am strongly depressed and do not have any antidepressant pills at hand ... sometimes I cut myself ... a little bit.*

Kristian did not feel pain when he cut his forearm. The changed affective state, as predicted by the affect-regulation model (Klonsky, 2007), often appeared in the testimonies of participants involving the subjective experience of intentional self-injury. Participants reported depression, distress, feeling upset, anger, or nervousness before they commit an act of self-injury.

### ***Self-Injuries as a Mark of Affiliation to EMO Subculture***

The analysis of Web discussion forums and the researchers' experiences from the contact stage of the research revealed that EMO adherents overtly present their self-injuries during face-to-face encounters as well as online. During the contact stage of the project, we saw many EMO adolescents with already healed self-injuries at public events, like concerts of EMO music groups, EMO events in music clubs and outdoor EMO meetings. The scars were mostly on their forearms, and they wore clothing that left the scars clearly visible. For example, they selected appropriate sleeve-lengths so as not to conceal the scars. For many of them the overt demonstration of self-injury in the community of EMO adherents is a mark of affiliation to EMO subculture. They aim to affirm that they are real insiders, that they are “true EMOs”.

The analysis of Web discussion forums revealed that many EMO adherents are motivated even to show photos of their self-injuries on the Internet. Most self-injuries were of skin damage caused by cutting with knives, needles or razor-blades. Some of the photos published on the Web were taken with almost professional lighting, composition, etc., and present the self-injuries in an artistic manner. This indicates that at least some EMO adherents even perceive their self-injury as a form of art. The artistic presentation of self-injuries is a part of the morbid aesthetics considered to be one of the typical features of EMO subculture.

The contents of online discussion forums provided us with further opinions of EMO adherents regarding their self-injury. Many of reactions on the Internet justified the individual choice of engaging in deliberate self-injury:

*Gabriel: If you have never cut yourself and gotten to the other side of the barricade, I dare say with all regards, you do not know what you're talking about ... I have totally sawed my whole left hand, for example. Yes, it is quite visible. And not hide it forever! I'm not talking about it with anybody, apart from the psychologist I visit... someone is depressed and cuts himself – he has real problems.*

*Benedikt: I hate people who hassle us about the fact that we cut. So what? It's our thing and cutting is the only escape from this fucking reality...*

*Diana: Hey, I write it like this. I cut myself for a long time; it calms me and overrides the emotional pain by this physical pain and it doesn't hurt so much... !! In all, there are a million reasons not to do it, but there are still infinite reasons why we are doing it!!!*

*Antonie: Hi, hey EMO is a style... These people must be different... if we are not something different, then everyone could be EMO and it would not be something exceptional, as it is now... EMO is about cutting and it also is not... It is not a rule to cut yourself...I will not cut when I am O.K... but EMOs are people with great passion and emotions... they feel and experience everything much more strongly than other people... therefore, they cut themselves... they are exceptional in this, ...for this reason people connect us with cutting and so we are exceptional ... so if you want to cut, let's cut...but be careful, I once did it and then I'd like to do it again and again... when my blood is flowing from my veins...I love it...but I hate it at the same time.*

## **Discussion**

The results of the present study contribute to current knowledge about attitudes of adolescents toward suicide and deliberate self-injury, reflecting the identification of youth with a subculture based on morbid aesthetics. First, the EMO adolescents in our study showed high tolerance for suicide, suicidal behavior and deliberate self-harm (see also Segal, Connella, Miller, & Coolidge, 2016). Suicide is understood to be something relatively common, or an acceptable solution to a difficult life situation. It is possible to consider that the attitudes towards suicide and deliberate self-injury in adolescent adherents of the EMO subculture are shaped by the opinions and attitudes of other EMO peers with whom they are, or previously were, in contact. Thus, their understanding of self-injury and suicide may be shaped by belonging to a community of other EMO adherents as well as by an online perception of values and symbols related to the EMO subculture. The participants reported high acceptance for suicidal behavior and deliberate self-injury. Such attitudes toward suicidal behavior and self-injury may be influenced by mutual communication among EMO community members as well as by online sharing, i.e. using blogs, social networks and online discussions. These findings provide new impetus for the theory of peer contagion (Dishion & Tipsord, 2011) and also support previous findings in Goth subculture (Bowes et al., 2015). Also, other scholars considered social contagion to be a risk factor for engagement in self-injury (Jarvi, Jackson, Swenson, & Crawford, 2013). Social contagion was suggested to influence the transmission of self-injury and increase the risk of initial engagement in deliberate self-injury among individuals (Jarvi, Jackson, Swenson, & Crawford, 2013). The peer-contagion effect may be present in the transfer of risky attitudes towards both suicidal behavior and deliberate self-injury between EMO adherents. Therefore, we consider the identification with EMO youth subculture to be a factor strengthening vulnerability towards risky behaviors, especially suicidal behavior and deliberate self-injury.

Second, the researchers' experiences with EMO adherents and the analysis of Web discussion forums revealed that EMO adherents are intensely exposed to morbid images and contents, including death, suicides, blood, suffering, self-injury and other injuries, self-mutilation, etc. Such themes also occur in the lyrics of musical interpreters favored by EMO adherents. EMO adherents meet with these themes expressed visually in the form of symbols both online and during face-to-face encounters with their EMO friends. These morbid symbols are involved in commercially designed EMO clothes, T-shirts, sweatshirts, trousers, etc. and also in the graphical designs of EMO Web forums and blogs. Morbid images are shared both online and via face-to-face interactions. Indeed, the frequent perception of morbid symbols may represent an important influence for mental development of adolescents. Baker and Lewis (2013) reported that exposure to graphic stimuli, including self-injury, reinforced and

encouraged self-harming. Analogically, if we think about heightened exposure to images, including suicidal behavior, a similar effect on adolescents' own suicidal behavior and suicidal ideation may be hypothesized. The study of McMahon, Corcoran, Keeley, Perry, and Arensman (2013) brought evidence that adolescents exposed to suicidal behavior in the past were eight-times more likely to report self-harm than adolescents not exposed to suicidal behavior. Further, a meta-analysis on risk-glorifying media exposure determined that exposure to risk-glorifying music tended to be associated with risky behaviors, cognitions and emotions (Fischer et al., 2011). Taking into account the effect of peer contagion (Dishion & Tipsord, 2011), the intense exposure of EMO adherents to morbid symbols and images can also be considered a risk factor for initial engagement in suicidal behavior.

Third, the present study contributes to current knowledge about self-injury in adolescents. Our results support Klonsky's (2007) affect-regulation model in part using a non-clinical, community sample of adolescents. The affect-regulation model posits the idea that self-injury is preceded by negative emotions. Participants in the present study reported that the execution of self-injury often takes place following an experience of depression, distress, being upset or nervousness. These results, based on testimonies emerging from structured interviews, are in line with the empirical study of Klonsky (2009). Undergraduates reported similar affect-states as frustrated, anxious, sad and overwhelmed or hurt emotionally.

We consider the identification with EMO youth subculture to be a risk factor strengthening vulnerability towards problematic behavior, such as suicidal behavior or deliberate self-injury. However, it is not clear how strong the influence of EMO peers on attitudes of newcomers joining the EMO subculture is. What is contentious is the influence of personality and previous attitudes of adolescents that are attracted to join the EMO youth subculture. Bowes et al. (2015) posited that a degree of self-selection is present, where thinking about young people who are attracted to join the Goth subculture. We may consider the possibility that some adolescents attracted by a subculture based on morbid aesthetics may be more personally susceptible to depression, self-harming or suicidal behavior. Such personal predispositions may influence the probability that an adolescent will decide to become an adherent of some youth subculture that is in accordance with his/her personality. Taking personal predispositions and vulnerability factors for risky behavior into consideration may be very fruitful for future research on the peer contagion effect (Dishion & Tipsord, 2011) relating to death and suicide.

A limitation of the present study is that qualitative data have a limited potential for making any broader generalizations. Therefore, our conclusions represent rather new hypotheses and new questions that may be inspiring for future research. A further limitation is that the transcriptions of all interviews were made at the end of the interviewing stage, which is not conventional in qualitative research. Future research should consider the influence of EMO music on mental distress and depressivity of EMO adherents (see, e.g. Peterson, Safer, & Jobes, 2008; Rustad, Snall, Jobes, Safer, & Peterson, 2003). We hypothesize that listening to the lyrics of EMO music may potentially elicit feelings of alienation, pessimism or hopelessness, and hopelessness was previously considered to be a key risk factor for suicide (e.g. Stack, 1998; Stack et al., 1994). Further, the role of autobiographical self-disclosure on suicidal ideation (Kovac & Range, 2002) could also be taken into account when analyzing the effects of blogging and online self-disclosure of adherents of some suicidogenic subcultures.

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