The Cultural Life of Suicide: Observing Care and Death at MIT

by

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<u>ABSTRACT</u>

Four undergraduate students died by suicide during my enrollment at MIT between 2013 and 2017. I document the ways in which suicide becomes more than the event of death itself, embedding itself back into everyday life. Suicide becomes what I describe as ambient and infrastructural, articulated through community traditions, announcement emails, Facebook posts, publicity posters, awareness flags, and all the other structures and artifacts of daily life in the MIT community. Drawing on field observations with the student-run texting help line Lean On Me, as well as interviews of students and administrators working in campus mental health organizations, I then explore how mental health organizations approach their work within an environment where suicide is ambient and infrastructural.

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ACKNOWLEDGMENTS

TABLE OF CONTENTS

1. INTRODUCTION

whenever i hear variations on the theme of "i was torn into a million pieces and then put back together again", it's never about a school. it's about a lover, or a religious experience, or something romantic like that. nothing as harsh, or as emotionally dry as "the Institute". but this place—this place really does that to you. it wrecks you. it tears you down; makes you reevaluate your confidence and your dreams, and through that, you end up reevaluating yourself on a wide lens you didn't know you could look through. this place hurts.

—Piper, *A Different Voice (MITAdmissions.org)*, 2014

In 2002, suicide at MIT took the national stage when the parents of Elizabeth Shin filed a $27 million wrongful death lawsuit against the university, following Elizabeth's apparent death by suicide two years earlier. The case was featured in a 7500-word New York Times Magazine article later that year by Deborah Sontag (2002). Shin v. MIT was later settled out of court, with Elizabeth's parents and MIT issuing a joint statement saying that the death was most likely an accident and not a suicide, but a larger question still looms in the title of Sontag's article: "Who was responsible for Elizabeth Shin?"

Who, or what, is responsible for suicide? Your answer to this question is likely to shape the way you think about suicide response. Lisa Wexler and Joseph Gone (2012), for instance, have argued that contemporary Western thought typically frames suicide as a consequence of psychological pain. Under this framework, suicide is individual, and the solution is to direct suicidal people to the care of mental healthcare professionals. But in American Indian/Alaska Native (AI/AN) communities,[1] suicide "is rather seen as a public expression of collective pain and is

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[1] Wexler and Gone use AI/AN, so I duplicate their language when citing them, acknowledging here that the label may not be the most respectful.

regarded as a predictable … outcome of rampant social disorder initiated by European colonization"
(Wexler and Gone, 2012, p. 802). This view takes suicide as a symptom of community suffering, a
social ill and not a psychological one. Intervention within this framework might take a very different
view, emphasizing community-building projects instead of clinical care.

Suicide occurs in many contexts. We might think of Romeo and Juliet (suicide as a
consequence of doomed romance), or of the self-immolating Tibetan monk (suicide as political
protest). I mention these examples only to motivate a cultural consideration of suicide, rather than a
simply psychological one. If Sontag asks who was responsible for Elizabeth Shin's death, I found
myself wrestling with the inverse version of that question: what was Elizabeth Shin's death, and
other deaths marked by suicide, responsible for? I wanted to locate the ways in which suicide weaves
itself back into culture, into daily life and daily experience. How does suicide, more than just the
event of death itself, more than just an individual or psychological tragedy, come to reshape how
people exist within the MIT community?

This work was motivated primarily by my own desire to understand my experience of MIT.
Three undergraduates died at MIT because of suicide during my sophomore year. One more passed
away while I was writing this thesis. The fact is that suicide is a reality of undergraduate life. After
the suicides my sophomore year, MIT conducted a campus-wide mental health survey called the
Healthy Minds Study. Healthy Minds is a broader research project led by the University of Michigan,
and the survey conducted at MIT had also been conducted at more than 100 other colleges in the
United States ("The Healthy Minds Study," 2015; Blanding, 2016). The following September, MIT
Chancellor Cynthia Barnhart and MIT Medical Director William Kettyle published the results of the
Healthy Minds Study and announced a series of actions meant to improve MIT's approach to
mental health and student wellness ("MIT announces steps," 2015). This included a number of
changes intended to make it easier for students to seek counsel at MIT Mental Health and Student

Support Services (S^3).[2] Barnhart and Kettyle also announced the creation of a new program jointly

led by the Office of the Chancellor and MIT Medical, called the MindHandHeart Initiative.

MindHandHeart's 2016-17 annual report states that "[MindHandHeart] is filling a strategic niche in

areas shown by research to promote mental health and well-being and reduce the risk of suicide"

(2017, p. 2). One program within MindHandHeart, called the MindHandHeart Innovation Fund,

awards grants every year to community-led wellbeing projects. As the MindHandHeart website

explains:

> The MindHandHeart Innovation Fund seeks to leverage the enthusiasm and problem-
>
> solving skills of the MIT community to find new and inventive ways of increasing awareness
>
> about mental health, building communities of support, and promoting life skills…The Fund
>
> offers grants of up to $10,000 to invest in cutting-edge ideas and grassroots solutions
>
> developed right here by our faculty, students, and staff.

According to their website, the MindHandHeart Innovation Fund has awarded grants to 40 projects

over the last five grant cycles, and that "11 projects are already self-sustaining and have found a

permanent home on campus."

The MindHandHeart Initiative and the Shin v. MIT lawsuit both illustrate the perhaps

obvious point that suicide has effects that ripple far beyond the death of a single individual. Wexler

and Gone note that communities often respond to death by reaffirming their own community

connectedness. In the AI/AN tribes they worked with, "tribal members have described funerals as

distinctive times when the community comes together and feels whole" (2012, p. 802). If death

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[2] Student Support Services, abbreviated S^3 and read as "S-cubed," is a branch of the Division for Student Life. Their role includes advocating to professors on behalf of students seeking extensions, exam reschedules, or other forms of academic support, due to medical or personal reasons. It's common for MIT professors to say on their syllabus that extensions on assignments won't be granted without a supporting note from S^3 ("Student Support Services", n.d.; see also K., 2017 and Piper, 2011).

brings communities closer together, this idea is echoed oddly when organizations like

MindHandHeart come into being after recent suicides and bear mission statements like "bringing

the MIT community together" or "building communities of support." MindHandHeart becomes

more than just a wellness initiative. It is a continued response to the students who died my

sophomore year. MindHandHeart, and other community wellness projects like it, become a kind of

continued memorial to past suicides. But they are something more than memorial too, as they

become organizing structures within academic and social life, shaping and reshaping daily existence.

Documentation and Ethnography

To be clear, my aim is not to criticize or evaluate the immense amount of hard work that is

currently being done on mental health and wellness issues at MIT. I am interested, rather, in what

happens when mental health and wellness initiatives, motivated by the memory of suicide, find (as

MindHandHeart says) "a permanent home on campus." In this work I have attempted to

understand the ways in which suicide continues to affect daily life as an MIT student. By using an

ethnographic approach rooted in observation and qualitative description, I try to understand suicide

in cultural terms rather than statistical ones.

I have always believed that documentation has its own inherent value. Before I was an MIT

student, I was a reporter and editor for my high school newspaper. Before that, I was a blogger,

earnestly broadcasting my thirteen-year-old musings into cyberspace. So it was with the mindset of a

journalist that I first set out to do this thesis. I was (and am still) struggling to understand my own

experience as an MIT student, contextualized by the suicides that took place within my communities

while I was enrolled. My motivation, more than anything else, was a feeling that there was something

worth writing down, an experience or a state of being worth entering into the public record.

Ethnography was therefore attractive to me as a methodological mode. In the words of one

of my professors, ethnography's objective is "to understand how other people understand the

world." Understanding culture means starting from the experiences of people within that culture. The toolbox of ethnographic methods (participant observation, conversational interviewing, content analysis) is meant to expose these experiences, much like reporters are called to document events while remaining accountable to a professional expectation of journalistic objectivity.

Nevertheless, there is a reason that this thesis is an ethnographic study and not a journalistic report or an extended blog post. Very generally speaking, journalists are concerned with stories about events, typically justified by some notion of "newsworthiness." Something *happens*, and then it is written about in the news. Ethnography, on the other hand, seeks to understand that slippery thing called culture, and it does so within an academic community (and an academic literature) striving toward the same objective. Boellstorff, Nardi, Pearce, and Taylor (2012) articulate the distinction between ethnography and journalism by arguing that ethnographers "track and record the cultural patterns and everyday lives of informants, including the mundane and routine" (p. 21). It was my hope to document not just those moments where suicide *occurred*, in explicit terms, but to try to understand how suicide comes to affect the everyday, mundane, routine experiences within MIT's culture.

One of the concepts at the center of ethnographic work is Clifford Geertz's notion of "thick description." Boellstorff et al. say that thick descriptions are "accounts of behavior that provide rich context. … without contextual embedding, it is impossible to meaningfully interpret what we see" (Boellstorff et al., 2012, p. 16). Describing thickly means accounting for the contextual details that give meanings to action. Boellstorff et al. summarize the example that Geertz uses: how can an ethnographer observe the difference between a wink and a twitch? It's not enough to document the simple action itself (closing and opening a single eye); that would be a "thin description." A thick description would account for the context in which that action took place, which gives the action meaning as either a conspiratorial wink or a reflexive twitch.

In my writing, I have tried to describe thickly. This is not only to earn the trust of you, the reader, but also to make my best attempt to faithfully represent how things "really are" at MIT. This is my take on Joseph Maxwell's reflection on validity in qualitative research. According to Maxwell, "The first concern of most qualitative researchers is with the factual accuracy of their account" (1992, p. 285). He calls this **descriptive validity**, which is the verifiable accuracy of an event: in the wink-versus-twitch example, did somebody actually open and close their eye, or did the researcher simply make up or misremember that event? Above that is **interpretive validity**, which is concerned with "what these objects, events, and behaviors *mean* to the people engaged in and with them" (1992, p. 288). Did the researcher correctly interpret the eye-movement as a wink and not a twitch, based on the context of the situation?

Maxwell goes on to say that "there is no in-principle access to data that would unequivocally address threats to validity" (1992, p. 290). This is true, of course, of all academic work, ethnographic or otherwise. Ultimately, it is a matter of whether or not readers decide to trust my account of things, or which parts of it they choose to trust or not trust. My responsibility, as ethnographer, is to "show my work" transparently so that readers are able to make that judgment. As Susan Silbey writes:

> Most important is that the researcher provide an account of how the conclusions were reached, why the reader should believe the claims and how one might go about trying to produce a similar account. … In short, we have an obligation not to "hide the ball." (2003, p. 122)

The ethnographic injunction to document cultural patterns, and not simply events, became even more significant once I noticed people talking about suicide as a cultural problem, rather than an individual one. When people say they are "changing the culture" at MIT, or "building a stronger community," what do these assertions mean? Especially at MIT, where technical and quantitative

fields tend to be valorized over the humanities, it becomes easy to forget that ethnography, anthropology, and the social sciences have always been engaged in questions of culture. In my conversation with Maryanne Kirkbride, the Executive Administrator of the MindHandHeart Initiative, she talked about the possibilities of using data-driven approaches to tackle mental health problems. Lean On Me is continually working to understand quantitative data from surveys and usage data from their help line.

I do not mean to say that technical, quantitative ways of understanding are necessarily flawed. But there is a gap that can be filled by qualitative, ethnographic work. Where engineering is called to make something new, where data is called to make something statistical, ethnography is called to listen and observe, to make visible what culture already is. Tricia Wang explains in her blog post "Big Data needs Thick Data," remixing Geertz's concept of thick description: "Big Data delivers numbers; thick data delivers stories. Big data relies on machine learning; thick data relies on human learning" (2013, para. 7). I hope that by using ethnographic approaches to try to understand mental health within MIT's culture, this work can demonstrate that there is a unique kind of cultural insight to be gained through ethnographic methods, and that there may be great value in addressing mental health in ethnographic terms together with technical and quantitative ones.

Networked Publics within MIT

Throughout this thesis I will describe events or observations not just from the physical campus of MIT, but also within digitally mediated environments like email and Facebook. I have taken social media as a legitimate fieldsite where MIT culture can be located, just as legitimate as the physical spaces, classrooms, and dormitories of MIT. To justify this, I want to take a moment to describe the particular role that email and mailing lists take within MIT social life. This is meant to illustrate the place that networked media takes in social life generally, and therefore the methodological necessity of attending to social media in order to understand MIT culture.

Chris Peterson, an Assistant Director of MIT Admissions, writes in a blog post that "The best thing about being affiliated with MIT, hands down, no questions, is the mailing lists" (2010). Administrators, faculty, and student leaders at MIT commonly use mailing lists to make announcements to students, serving information about important dates, class details, or campus events. But because anyone with MIT login credentials can create a mailing list, not just administrators and faculty, email is also a major site for social activity within the MIT community.

To illustrate, I am subscribed to a number of email lists because of my membership in a student a cappella group called the Toons. The main mailing list, [toons@mit.edu], includes every member in the group, and is used primarily for logistical announcements. As club treasurer, the other club leaders and I use a separate list [toons-request@mit.edu] for organizational discussions that need not concern the entire group. Because many members in the group often organize social time outside of club-specific activities, there is a social list called [toons-rocksuck@mit.edu] (the name refers to a cultural joke within the group), which includes current Toons as well as recent alums who, though they aren't part of the club anymore, still spend social time with current members. Out of five emails I received via [toons-rocksuck@mit.edu] within a three-day period, two include links to interesting music that members wished to share; one was a brief paragraph recommending a television show a member had recently started; one included organizational details for a member's birthday dinner; and one was comprised entirely of funny animated GIFs of a cartoon penguin.

These three mailing lists comprise essential components of the Toons' administrative function and social sphere. Mailing lists are a natural extension and reconfiguration of the Toons community, which manifests itself both online and offline. This is true not only of the Toons but of almost every subcommunity or social group at MIT. While writing this section, I received an email

through my dormitory's social mailing list saying to look outside at the full moon, and another email from someone asking if anybody in the dorm had five feet of metal chain to borrow for a project.

danah boyd (2014) writes that "engagement with social media is simply an everyday part of life, akin to watching television and using the phone" (p. 8). Members of the MIT community use email in almost all aspects of their social lives, whether to schedule birthday celebrations, share amusing content, or just "hang out" by collectively admiring the full moon. boyd might describe email as part of a **networked public** at MIT. She writes:

> Networked publics are publics both in the spatial sense and in the sense of an imagined
> community. They are built on and through social media and other emergent technologies. …
> [They] serve much the same functions as publics like the mall or the park did for previous
> generations of teenagers. (p. 9)

Understanding MIT communities as not simply physical, "real-world" communities, but also as networked publics, meant that engaging with "networked fieldsites" like email and social media was a required component of my fieldwork. To do so, I made use of many data collection methods from Boellstorff et al.'s handbook *Ethnography and Virtual Worlds* (2012). This handbook is framed primarily for the study of "virtual worlds" like MUDs or Second Life; Boellstorff et al. are explicit in saying that their definition of "virtual worlds" does not include simple networked environments like Facebook or MySpace. However, many of the methodological techniques that they suggest for doing field observations in virtual worlds (for instance, using screenshots) were applicable to events I observed via emails or Facebook posts.

Methods

I was a student at MIT while I was working on this thesis, and so it is difficult to say whether or not my thesis fieldwork can be meaningfully separated from all my other experiences as an MIT undergraduate. I live in a dormitory, and experience the ways in which care and suicide have affected

my living community. I have friends who are MIT students, most of whom struggle with the

academic stresses of MIT coursework, many of whom deal with depression. I have friends, or

friends-of-friends, who have attempted suicide or died by suicide. This thesis is a search for

understanding as much for my own sake as it is for the sake of the MIT community at large.

  Following the central technique of ethnographic research, I use myself and my own archive

of digital data as an instrument for data collection. I referred often to my own fieldnotes, journal

entries, my blog and Facebook posts, my archived emails, and my Google Calendar, in order to

recall the circumstances in which I observed specific situations. When in my day to day life as a

student I noticed mental health or suicide-related events on campus, I wrote descriptive fieldnotes

of my observations and took photographs if possible. While browsing Facebook or checking my

email, I took note of any mental health or suicide-related content I came across. I used screenshots

extensively to record Facebook posts or public forum conversations so that I could refer to them

later. I also used Gmail's email software to label and archive any emails I received concerning mental

health, wellness, or suicide. I include screenshots or direct quotes in this writeup only if the content

was authored by institutional organizations and issued to public forums (for instance, an email from

a student club to the student body advertising an event, or posters posted in public spaces). I quote

content from individuals only if it was authored anonymously on media forums where anonymous

authorship is possible (for instance, the academic forum Piazza, and anonymous "confession" pages

on Facebook).[3]

  Screenshots are linked to the older practice of using photography as an ethnographic

method. As such, screenshots must be engaged with the same cautions as photography. Boellstorff

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[3] Helen Nissenbaum (2004) has articulated that binary notions of "public" and "private" are difficult to apply to contemporary social media. Where divisions between public and private are blurry, I follow Nissenbaum's call to preserve the "contextual integrity" of the content I quote. Respecting the contextual integrity of digital information means preserving as much as possible the informational norms around the intended contexts of that content (Nissenbaum, 2004).

et al. (2012) write that "Photos or screenshots are never simply representations of objective social facts" (p. 115). The same is true of emails and content from forums or social media. All content – photographs, screenshots, emails, forum conversations – must be considered in the context of the communities where it originates. Individually, they form only partial facets of the lived experience at MIT. Like the wink and the eye twitch, no single email or Facebook post can be understood without accounting for the social contexts they exist in. To apply the principle of "thick description" to digital content in my fieldnotes, I included descriptions of the circumstances and contexts in which I came across each post or conversation. Every screenshot is timestamped and labeled with a short memo of where I was and what I was doing. I have many screenshots that my notes say were taken while I was walking between meetings, or checking Facebook during class, or even sitting on the toilet. Such is the nature, I suppose, of modern social life.

At the beginning of this thesis, I was not a member of any mental health organization at MIT. To help me understand the roles played by these organizations, I conducted and tape-recorded three semistructured interviews: two with student Peer Ears in my dormitory, and one with the Maryanne Kirkbride, the Executive Administrator of the MindHandHeart Initiative. The leaders of Lean On Me, a club and nonprofit startup created by MIT undergraduates, also allowed me to observe their weekly meetings throughout the school year. I participated in Lean On Me meetings in May 2017 before the summer break, and throughout the fall 2017 semester (September to December 2017). I've anonymized the quotes and observations from my interviews and fieldwork by not using names at all. Where names are used, they refer either to public figures or to interviewees who explicitly granted written consent to be quoted.

Suicide in Culture

As I began thinking of suicide as something cultural, and not simply individual or psychological, I found something resonant in Lisa Stevenson's (2014) ethnographic account of

suicide among Inuit youth in the Canadian city of Iqaluit, Nunavut. The suicide rate in Nunavut (as

of 2013) is over five times the Canadian national average, high enough that suicide among Inuit

youth is commonly described as an epidemic (Stevenson, 2014, p. 7). This is a community where

suicide is not unusual. Stevenson says that out of the twenty Inuit youth she worked with, "[a]ll of

them had witnessed suicides or suicidal acts in their lifetimes" (p. 8). Moreover, the commonality of

suicide and the statistical reality of Nunavut's suicide rate means that suicide becomes unsurprising,

even expected or anticipated. One person tells Stevenson that "Sometimes we hear, 'So-and-so

committed suicide…' I find that sometimes I try to really hear it and understand it, but I find it's just

in one ear and out the other" (p. 77). Though the suicide rate at MIT is lower than it is in Nunavut, I

couldn't help noticing that students here confront suicide in a similar way, as something unsurprising

and uncertainly anticipated.

The ubiquity of suicide is accompanied by a ubiquity of care. At MIT, organizations like

MindHandHeart, Peer Ears, and Lean On Me bridge administrators, medical practitioners, and

students in a collective effort to strengthen the MIT community and improve MIT culture.

According to their website, MindHandHeart has awarded grants to community-led projects

including:

- "MIT Connect, a digital platform connecting like-minded members of the MIT
   community for lunch"

- "Random Acts of Kindness (RAK) Week, a week bringing the MIT community together
   through spontaneous acts of generosity"

- "Notice and Respond, a training to help faculty, staff, and students recognize and
   respond to mental health concerns"

- "Sunshine Makes Us Happy, colorful Adirondack chairs placed in MIT's Eastman
   Court"

Eastman Court is visible from my dorm room window, and as I slept, and ate, and brushed my teeth, and worked on this thesis, I often looked out and saw people sitting in the colorful "Sunshine Make Us Happy" chairs. I saw people eating lunch, or talking to each other in twos and threes, or working on their laptops. In chapter two, I use the concepts of **ambience** and **infrastructure** to describe how suicide (and by extension, modes of care) become ubiquitous and anticipated within MIT life. In the same way that the chairs outside my window became part of the background to my daily routines, I argue that suicide has a similar ambience in the background of all MIT life. However, suicide being in the background does not mean that it is *only* in the background. I use the concept of infrastructure to explore how suicide and care become layered within the infrastructures that support MIT social life. Rather than simply remaining ambient, suicide and care are made concrete. The chairs are not just chairs, but MindHandHeart chairs, an infrastructural manifestation of suicide and care.

Stevenson describes a similar ubiquity of care in Nunavut, describing the "network of researchers, doctors, nurses, school counselors, ministers, teachers, and bureaucrats that have joined forces to confront suicide and keep Inuit alive" (2014, p. 8). This network of caregivers, which Stevenson calls the "suicide apparatus," comes to structure the way that suicide is combatted at a cultural level. Care is cast indiscriminately over all of Nunavut, and individuals become understood as members of a population, the entirety of which is at risk and implicated by epidemic suicide. The consequence is that "anonymous care" comes to dominate the structure of suicide prevention, a kind of care where "it doesn't matter *who* you are, just that you stay alive" (p. 7). Through

anonymous suicide hotlines, through bureaucratic procedures for handling and responding to suicide, care becomes an indifferent thing, directed at populations rather than individuals.[4]

What does care look like when it is collective, rather than individual? Mental wellness organizations at MIT talk often about cultural change, not simply helping individuals. The Executive Administrator of MindHandHeart, Maryanne Kirkbride, told me that the object of MindHandHeart was to work "not at the interaction level, but at the cultural level." Lean On Me's mission is "Building a world where everyone has somebody to lean on." In chapter three, I explore how students and administrators approach suicide prevention and community wellness in an environment where suicide is ambient and infrastructural. As mental health organizations work to create new infrastructures of care and support, I try to understand how those infrastructures are created. I explore how storytelling and imagination are used to translate ambient understandings of suicide into concrete infrastructures of care. Moreover, I show how for these organizations, becoming ambient and becoming infrastructural as mental health resources are seen as signs of positive progress towards a more caring community at large.

Throughout this thesis I have tried to provide a faithful representation of MIT undergraduate life, drawing from interviews and field observations but also from my own experiences as a student. I describe, for instance, the weekend I learned that a resident in my dorm had died by suicide. But words are limited and imprecise things. Please know that I don't include these descriptions for the simple sake of melodrama, but rather in an earnest attempt to document events as I experienced them, and to show how those events illustrate broader observations about how suicide fits into MIT life.

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[4] Stevenson goes on to argue that anonymous care is a manifestation of Canadian postcolonialism, conforming the Inuit population to a "regime of life" based on the axiomatic, unquestioned assertion "that life is worth living, that life itself is its own value" (2014, p. 8).

Most of my classmates, and many administrators and professors, care deeply about issues of mental health and community-building. I suspect that most of the people reading this thesis will be looking for clues for how to make MIT better. The common response, in a conversation about suicide, is to ask, "What should we do differently?" And throughout my time as a student, I have asked this question of myself repeatedly. I still don't know, exactly, what my answer would be. My hope, instead, is that this document will serve as a record of the current state of things. I have found the concepts of ambience and infrastructure useful for understanding my time at MIT, and perhaps you will also find them useful for understanding your own community. Perhaps you will not, and you will search for other concepts instead. But whether this work inspires new ideas for improving MIT or simply provides a basis for reflection, I hope that it will in some way be a meaningful or useful contribution to ongoing conversations about mental health and care within our communities.

2. AMBIENCE AND INFRASTRUCTURE

But then she got better. Time passed; we all healed slowly but surely. And then there was the death of Matthew, and then there was the death of Christina, and then Phoebe's death was officially ruled a suicide after months of uncertainty, and then we all fell down again.

—Rachel Davis, *The hilly road back to MIT (The Tech)*, 2015

It was just after midnight, and I was walking back home to campus from Harvard Square with a good friend. We were returning from a housewarming party hosted by some classmates. As we made our way down Mass Ave, we got to talking about our own experiences surrounding stress, mental illness, and suicide. It was about four weeks into the fall semester.

Arriving back at MIT, I noticed that one of the lawns in front of the student center was dotted with hundreds of small yellow flags. When I looked closer, I realized that this was an awareness display by the student group Active Minds. A placard staked amidst the flags bore the following statement:

Active Minds Suicide Prevention Month: September 10th – October 3rd

Suicide is the 2nd leading cause of death among college students, with 1100+ deaths per year in the United States. The 1100 flags here represent this statistic, and serve to honor the memory of those lost to suicide.

Silence Hurts Us All

If you need help, reach out.

National Suicide Prevention Lifeline – 1-800-273-TALK (8255)

Suicidepreventionlifeline.org

I took some photos of the display with my phone and then went to bed after walking my friend home. I had a lunch date scheduled for noon the next day, to catch up with another friend I hadn't seen in a while.

The next morning I woke up just before noon and sleepily checked my email on my phone while still lying in bed. There was the usual mess of emails. Discount codes for clothes or newspaper subscriptions. Publicity emails (affectionately called "spam" or "dormspam") from student groups to all the dormitory mailing lists, announcing upcoming events at MIT: see a movie with the vegan club, or apply to be a music director for the fall musical. Automatic notification emails sent from Piazza, a forum-style online platform commonly used by computer science instructors at MIT to allow students to ask questions anonymously. An email to my hall mailing list from one of my neighbors, asking if anyone knew how to repair a corrupted USB drive. Two other emails from students who had lost their phones; did anybody find a phone recently matching this description?

Amidst all this I found an email from my dorm's Head of House (an MIT professor who lives in the dormitory). It was sent to a mailing list limited only to current residents. The email was short: he announced that there would be a meeting at 2:00 pm that afternoon in the dormitory's main lounge, concerning "some very serious news to share with everyone, which is better done face to face."

I went to lunch with my friend as scheduled. She lived in the same dorm as me, and we decided to eat somewhere close by so that we could return for the meeting. I remember expressing nervousness about it, and I remember my friend agreeing, adding that it was a "weird email" to receive. While I was at lunch, I received an email from another friend and neighbor, forwarding me the Head of House's email and simply adding "…..uhhhhh…." I took this to mean that she was also nervous and uncertain about what this meeting could be about.

The first friend and I finished lunch and returned to my room to continue talking and passing the time before the mysterious meeting. We decided to go downstairs to the lounge a half-hour early. A few minutes later, the friend who emailed me came and joined us, and we sat next to each other in silence while people trickled in, dressed in pajamas and carrying mugs of tea or coffee. Nobody mentioned that there might have been another suicide, but in anticipation of that possibility, I had grabbed a notepad and pen from my room. At 1:36 PM, my notes say that "the unspoken feeling in the air is that someone has died." At 2:01 PM, the Head of House stood up on a chair in the now-crowded lounge and announced that a sophomore living on the floor below mine had died, apparently by suicide, in his dorm room the previous night.

Ambience

A Boston Globe report (Rocheleau, 2015) found that MIT's suicide rate between 2005 and 2015 was 10.2 per 100,000 students, higher than the national average for college campuses (6.5-7.5 per 100,000 students). These rates include both undergrads and graduate students. Among just undergraduate students, the rate is slightly higher: 12.63 per 100,000 students. In May 2015, a radio broadcast from Boston's NPR station reported that there had been seven suicides (six students and one professor) between March 2014 and May 2015 (Jolicoeur, 2015).[5]

But suicide (and by extension, mental illness) is more than something that just "happens" at MIT. I have been an MIT student since August 2013, and I remember the suicides from the last four years. They were followed by formal emails, sent from the president of MIT to the entire MIT community, announcing that a classmate had died. I never knew any of them personally. But I

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[5] MIT's suicide rate has been contested by both MIT administrators and students, who argue that MIT's suicide rate is not statistically higher than the national average for colleges (McGann, 2010) and that small sample sizes make it hard to measure the suicide rate at all (B., 2005). Nevertheless, research from the Centers for Disease Control and Prevention finds that suicide is the second leading cause of death among college-age people in the United States (Stone et al., 2017; see also McGann, 2010), so I mention some statistics here to help describe the reality of suicide as part of the college experience.

remember my conversations with friends, who would mention that they had talked to him once, or they sat next to her in a class last semester. Their names would continue to echo into the weeks and months afterward. At an Easter concert in 2015, someone would sing a song, and say that she wrote it for her classmates who died the year before (Ko, 2015). Around the same time, MIT would see a renewed push for new programs addressing mental wellness, most notably the creation of the MindHandHeart Initiative in September 2015.

In a post for the MIT Admissions undergraduate blogs, Chelsea R. (2015) writes that "The MIT community as a whole is now engaged in a dialogue about mental health and wellness more intense than any I can remember in the ~5 years I've been a part of it." It is in this sense that I mean when I say that at MIT, suicide is more than the event itself, more than something that just "happens." Suicide is an ongoing dialogue. Being a part of the MIT community, whether as student, faculty, or staff, means confronting suicide, not only when it happens, but on a regular basis. Suicide is "in the air." We remember suicide, both in people's minds as well as by collective or institutional practice. We anticipate suicide, even if only uncertainly, and in so doing, suicide comes to inflect almost every aspect of being at MIT. Suicide is **ambient**.

The day after I learned of my classmate's death at the dorm meeting, MIT President Rafael Reif issued a statement by email to all of MIT. Reif makes a similar announcement every time a member of the MIT community passes away, so the format of the email was predictable. First the name of the student, followed by some of the clubs, living groups, and academic departments the student had been part of. Then, phone numbers and links for various support resources, including Student Support Services and the MIT mental health office, with a note encouraging everyone to seek help if they needed it. The email does not state whether or not the cause of death was suicide.

In fact, earlier that same week, Reif sent a similar email announcing the death of an MIT doctoral student (and undergraduate alum). I received the email on my phone while I was sitting

with a friend in the Media Lab. I interrupted our conversation to show them the email. After reading it quietly, they said, "I guess it doesn't say whether or not it was a suicide." Whether or not suicide was "actually" the cause of death, suicide always seems to linger as a possibility, something uncertain but anticipated. This is the same uncertain anticipation that filled the time before my dorm meeting: my friend saying that it was a "weird email," my other friend saying "…uhhhh…." This is the same uncertain anticipation that led me to bring a notepad to the meeting and take fieldnotes at all, predicting that the meeting would be relevant to this thesis. I found a note in my journal from later that week, reflecting on the flagpoles in the main quad: "sitting in killian court. noticed again flags are at half mast – not sure if [because] of [suicide victim's name]? seems they've been at half mast for a while now." I was unable to find any other documented reason for the flags to be flown at half mast on that date. But neither do I know for sure that it had to do with the recent suicide.

This uncertainty is one of the many ways my observations at MIT echoed Stevenson's (2014) account of suicide among Inuit youth. Stevenson structures her methodological approach around the idea of uncertainty, arguing that there is worth in "taking the uncertain, the confused—that which is not clearly understood—as a legitimate ethnographic object. Fieldwork in uncertainty would be less about collecting facts than about paying attention to the moments when the facts falter" (2014, p. 2). These were such moments, when facts faltered. My friend, reading yet another email announcing a classmate's recent death, didn't know whether or not it was suicide. The possibility of suicide (but not the certainty of it) lingered around the Head of House's email announcing a dorm meeting for "very serious news," and around the lunch I had with my friend before that meeting, and around the email my other friend sent me saying "…uhhh…," and around the flags in the courtyard flying at half-mast. Suicide is uncertain and often unmentioned, but still somehow present. Stevenson describes this feeling of uncertainty:

Suicide is at once prohibited and awaited. Suicide, as a counterfactual—something that

hasn't but might happen—evokes ambivalence. Future suicides are imagined and the

thoughts then suppressed. (2014, p. 95)

If suicide is ambient, then uncertainty around suicide contributes to this ambience, keeping suicide

simultaneously present and "in the background." Reif's email is a perfect example, simultaneously

announcing a recent suicide while never actually stating that suicide was the cause of death. As a

result, all emails announcing deaths within the MIT community (whether or not they were suicides)

become uncertainly assessed with the ambient possibility of suicide. Suicide is anticipated. Suicide

"evokes ambivalence."

But something more than just uncertainty or ambivalence is captured by the concept of

ambience. There are many instances in which suicide (and mental illness, and care more broadly) was

unambiguously made present to me, beyond the event of suicide itself. My fieldnotes say that in late

October, I was eating dinner at a dining hall and overheard a casual conversation at the next table

about MIT's suicide rate. The group looked casual and the conversation quickly moved to a different

topic (according to my notes, something about integrals). In a more personal context, I know that I

have friends who have considered or attempted suicide. When they told me about their experiences,

they made suicide present and unambiguous.

Larissa Hjorth and Ingrid Richardson (2014) take up the concept of ambience in their work

on mobile games. They use the term "ambient play" to describe the "intermingling of quotidian life

and playfulness, as it is realized in our ongoing embodiment of mobile interfaces" (p. 69). Hjorth

and Richardson give an anecdote describing a group of friends playing the mobile game *I Love Coffee*

while sitting together in a coffeeshop, laughing "as they move in and out of gameplay and play

within the actual and virtual cafes" (p. 59). Hjorth and Richardson use the concept of ambience to

articulate the necessity of accounting for the ways in which play, through mobile phone technology,

becomes part of everyday life. They write that "it is important to acknowledge the spaces of

unofficial play—often unscripted, fluid, and intrinsic to existing social networks—that reside within

and around the more formal modes of gaming" (p. 62-63).

I argue that it is similarly important to attend to suicide, and care, as something ambient. At

MIT, suicide (and mental illness, and care in general) occupies something more than its "formal

modes," more than the event of suicide itself, the MindHandHeart Initiative, the various mental

wellness clubs, and the on-campus mental health clinic. It is intermingled with everyday life.

Stevenson writes that in the Inuit community where she did her fieldwork, suicide "had become part

of their everyday fabric of life" (2014, p. 9).

Suicide is not only made present in an ambient sense. It is also made present materially and

physically. There were, for instance, the yellow flags on the lawn in front of the student center,

labeled as suicide awareness flags. As another example, a pink poster appeared in the main entryway

to my dorm a few days after I learned of the latest suicide. It was addressed from another dormitory

to mine, and included small anonymous notes in many different handwritings from the residents of

that other dorm. The messages expressed a kind of generalized care and support. Some of them

mentioned the student by name, explicitly placing the poster in the context of the recent suicide.

- Stay Strong

- You are not alone…we are here for you. One MIT.

- Just a reminder that you're not alone – much love from the other side of campus.

- Keeping y'all in our thoughts; stay strong <3

- In this difficult time, know that our thoughts and prayers are with you. We're so sorry

  for this devastating loss, yet we know that together we can move forward…You have

  our full support and we love you very much.

- Take good care of each other!

- [Name] was a great guy. Sending our support…

- You are not alone. [Name] has touched the lives of many people…

The poster was still up in mid-December, over two months later, and I walk past it every day whenever I leave or enter my dorm. The concrete physicality of the poster contributes to the ambience of suicide, to be sure, in that it keeps suicide represented in the background of daily life, always present in passing. But there is something a little more structured about it too. Someone spent labor to make the poster and deliver it to my dormitory, and someone decided to attach it to the wall in the dorm entryway. The organization and labor behind concrete artifacts like the poster invite a consideration of suicide and care as not simply ambient, but infrastructural as well.

Infrastructure

I learned of my classmate's death in the dorm lounge, which is next door to the dorm's front desk, a small office used to host nightly S^3 office hours, and the Associate Head of House's apartment. After the announcement, the Head of House went on to remind everyone of the importance of eating and sleeping, and encouraged us to talk to each other and seek help if necessary. He dictated a litany of available resources: himself and all the members of the housing staff, open office hours with an S^3 dean, walk-in hours at the mental health clinic. He reiterated the importance of eating and sleeping and added that he would be ordering lunches and dinners delivered to the dorm for the rest of the weekend.

Throughout the rest of the day I received many emails doing the work of care and community. One person emailed the dorm residents saying she would be going to the nondenominational chapel to pray, and that anybody was welcome to come along. Someone else issued a similar message inviting people on a trip to the gym. Later, I received an email inviting residents to share smoothies and make music in the lounge at 10 PM. Old traditions or previous plans were repurposed and recontextualized. One person emailed his hall inviting people to his

room for "TeaTime," which takes place regularly throughout the year but now took on extra

significance. Two other halls announced that a potluck they had previously scheduled would be

moved to the main lounge, and everybody was invited to join.

I have argued that suicide is ambient. The concept of ambience evokes a sense of ambiguous

presence: something omnipresent but in the background, simultaneously perceptible and unnoticed,

like "ambient noise" or "ambient light." Marshall McLuhan and Quentin Fiore (2001) say about

sound that "We are enveloped by sound. It forms a seamless web around us…We hear sounds from

everywhere, without ever having to focus" (p. 111). In this sense, ambience is a useful concept for

describing how suicide is uncertainly anticipated and intermingled into everyday life. It is "around

us," always present without us "ever having to focus" on it.

It seems incomplete, however, to describe suicide and care as something that is simply

"around us." Suicide and care are built into and on top of other cultural practices and material

systems at MIT, all of which are layered within each other. In traditions like TeaTime and potlucks,

or in yellow awareness flags on the lawn, suicide becomes embedded in the organizing structures of

MIT life. I began thinking of these organizing structures as **infrastructural** in order to capture that

embeddedness, that built-into-ness, that is something more than just ambience.

In general terms, infrastructures are systems that support other work and other systems. We

might think of highway infrastructure, or telecommunications infrastructure. But infrastructure need

not be conceptually limited to material, technical systems. Susan Leigh Star and Karen Ruhleder

(1996) say that "infrastructure is a fundamentally relational concept. It becomes infrastructure in

relation to organized practices…Thus we ask, when—not what—is an infrastructure" (p.113).

Extending this idea and citing Star and Bowker (2000), Lisa Parks and Nicole Starosielski (2015)

write that "infrastructure refers not only to tubes and pipes but includes 'soft' systems of

organization and knowledge, ranging from professional societies to classificatory procedures"

(Introduction, section Relationality, para. 1). Social systems like clubs and dormitory communities can be just as infrastructural as email lists or bulletin boards.

Instead of "hard" and "soft," I use the terms **material infrastructures** and **social infrastructures** to distinguish between the material and the cultural. I use **material infrastructures** to mean everything ranging from technical systems like email, mailing list software, and social media platforms, all the way to the hallways, lounges, walls, offices, lawns, and bulletin boards that physically constitute the MIT campus. Meanwhile, **social infrastructures** encompass cultural structures like clubs, dormitory communities, and academic organizations, as well as traditions like TeaTime or community activities like potlucks and musical jam sessions. Notice that under Star and Bowker's conception of "soft" infrastructure as "systems of organization and knowledge, ranging from professional societies to classificatory procedures" (Parks and Starosielski, 2015, Introduction, section Relationality, para. 1) it is easy to conceive of soft infrastructures as formally or even strictly organized. Professional societies and classification systems remind us of constitutions, governance structures, bureaucracies, processes and procedures to organize members. Using the term "social infrastructure" and avoiding the abstractedness of "soft infrastructure" is my attempt to foreground the messiness of cultural practices that are a part of all social life. Potlucks and jam sessions are informal affairs, and they may not even take place regularly enough to be called traditions, but they are still organized practices even if they are only loosely organized.

It is within existing infrastructures that both suicide and care are articulated. Reif announces the death of a student by sending a statement to a mailing list. But the mailing list doesn't exist for the sole purpose of announcing suicides; it is a material infrastructure for issuing a variety of announcements to the MIT community. Similarly, the tradition of TeaTime does not exist for the sole reason of providing comfort and company after suicides. Rather, it is a social infrastructure that, when necessary, supports the work of coping with a recent suicide.

Social and material infrastructures are themselves tangled up in each other, so much so that it is impossible to define whether any infrastructure is totally social or totally material. The structuring concept of the dormitory itself embodies this. The physical dormitory is a material infrastructure: a building separated into distinct halls, rooms, and lounges in which people live and work. But the halls themselves become foundations for social infrastructures. One of the halls, as alluded to earlier, regularly hosts TeaTime, where one hall resident invites all their neighbors to join them in their room for tea. That invitation is usually issued to an email list (another material infrastructure) containing the current residents of that hall. Social and material infrastructures are alternately backgrounded and foregrounded in relation to each other. They are "fundamentally relational."

Piazza is another example of infrastructure that is somewhat social and somewhat material. Piazza is a forum-style social media platform commonly used for computer science classes at MIT. The most common types of posts are questions about course material, asking for hints about how to solve the homework problems or clarifications about new topics covered in lecture. In this way Piazza functions as a kind of virtual office hours. Piazza the website might be thought of as material infrastructure, but its organizational structure is tightly connected with the social infrastructure of the classroom and the hierarchy between instructors and students. Questions posted to Piazza might be addressed by the teacher during the next day's lecture, and the topics covered in lecture get discussed on Piazza. Some classes may even assign a participation grade to students based on their activity on the class Piazza forum.[6]

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[6] The algorithms class I took last semester had a Piazza forum for students to ask questions about the class or about the course material. Piazza forums are accessible by all the students taking the class, as well as the course faculty and teaching assistants. Users can choose to post either anonymously or under their name. The forum is organized in a question-and-answer format, where a new post is marked as an unlabeled question and users can subsequently post responses to it. Students can collaboratively edit a response in a box called "the students' answer." Instructors can do the same in a separate box labeled "the instructors' answer." Instead of editing the collaborative

In mid-October, a friend who knew I was thinking about mental health at MIT sent me screenshots of an anonymous discussion on the Piazza forum designated for academic advice for computer science and electrical engineering majors. An anonymous student had posted a question titled "Recommendations for recovery." The student wrote that they were feeling unhappy and burnt out, and that they were questioning whether or not they belonged in the computer science department.

> I'm putting 200% in my classes and still have nothing to show for it after my first round of midterms … I barely eat anymore I'm just jumping from lab to lab to survive … Do I really belong in [computer science]? Why are some of the professors and TAs so cold and heartless? … I just need someone to tell me what to do; why do I hate myself right now. :(

There were many anonymous (and some non-anonymous) responses to the post, including personal stories about similar feelings, general messages of encouragement, specific tips for studying and self-care, and appeals to use available campus resources like Peer Ears, Medlinks, MIT Medical, S^3, and MIT Mental Health. Some of these messages were posted in the "students' answer" or the "instructors' answer" collaborative boxes; others were simply posted as threaded follow-up discussions.

Piazza was designed as an academic forum, with a set of features meant to support an "office hours" interaction between students and instructors: optional anonymity, clear distinctions between students and instructors, question/answer format, and organization around academic coursework and majors. But these infrastructural features also supported a student seeking help for more personal and mental health related problems, as well as the students and instructors who responded to the original post with advice and encouragement. Here, Piazza is illustrative of how

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answers, users can also choose to start "followup discussions" which then get organized as separate posts below the original question, similar to the comments section under a blog post.

infrastructures exhibit "path dependencies." Parks and Starosielski (2015) use water towers as examples of path dependency, documenting how water towers' inherent height is often appropriated to display large billboards or host mobile cell phone antennas: "The water tower no longer only distributes water: it develops a "second life" by hosting a mobile phone tower" (Introduction, para. 3). In our example, Piazza develops a "second life" as an infrastructure for care. Shannon Mattern (2015) also explores this idea in the layering of media infrastructures on top of architecture and urban planning. Mattern calls this the "deep time" of media infrastructures, and cites one example of telecommunications companies laying optical fibers through preexisting water, gas, and sewage ducts to save cost.

Like optical fibers running alongside water pipelines, or billboards posted on high-altitude water towers, we find infrastructures of care alongside infrastructures of academia. Piazza was not the only example I came across. MIT Confessions is an open Facebook page where people can submit "confessions" to be posted anonymously. Confessions might include one-line jokes, compliments directed at specific people, or admittances of romantic attraction. But confessions also include questions soliciting advice on everything ranging from relationship problems to depression and anxiety. People have "confessed" to feeling like they are doing worse than everyone else at MIT, struggling to balance schoolwork with taking care of friends, and wanting to die. Another example is my dorm's discussion mailing list. It's common for people to send emails announcing that there is free food in the lounge, or asking to borrow tools or cooking ingredients. But it's also common for people to email out asking for advice about going to S^3 or dealing with depression. I've seen emails from people who were too busy or stressed to cook themselves a meal, and could anybody spare some food for them?

Somewhat ironically, infrastructures of care also reinforce the ambience of suicide at MIT. On Piazza, student stress is placed alongside questions about homework problems or course syllabi.

On MIT Confessions, thoughts of suicide are placed alongside lighthearted memes. Almost every school day since February 2017, I have received an email from an S^3 dean announcing that he will be holding open S^3 office hours in my dormitory that evening. During a two-week period in October 2017, I received between one and four emails per day advertising mental health-related events. Some of these emails were sent to the public mailing lists of all the student dorms, as is customary for advertising on-campus events. Some I received because I am a returning student who has taken a semester on leave, and there are mental health events specifically intended for returning students. Some I received only because I live in a particular dorm, and there are events meant only for my dorm's residents. Because of mobile phones, I might receive these emails while eating dinner or sitting on the toilet. Care and suicide are delivered through the infrastructure of email, and the infrastructure of my dormitory, and the infrastructure of the returning students community, and the infrastructure of Piazza, and the infrastructure of MIT Confessions. Because care and suicide are embedded in other infrastructures, they become impossible to escape. Earlier this semester, after hearing that there was an outbreak of hand-foot-mouth disease on campus, my friends joked during a party that they had contracted "Mind Hand Heart disease," riffing on the similarity between the name of the disease and the name of the MindHandHeart Initiative for mental wellness at MIT. Every aspect of MIT, from classrooms to dormitories to small talk at parties, become sites where suicide and care must be confronted on a day-to-day basis.

  To consider suicide and care as infrastructural means considering suicide and care as something embedded within layers of material and social infrastructures. Understanding suicide or care is impossible without also understanding the infrastructures, social and material, to which they relate. Mattern (2015) calls media scholars to "excavate" the layers of media infrastructure to better understand how infrastructures relate to and influence each other, to "determine when 'old' infrastructures 'leak' into new-media landscapes" (section Methods for Digging Into Infrastructure's

Deep Time, para. 3; see also Mattern, 2013). What might this excavation mean for understanding

suicide and care at MIT? Knowing that suicide and care are articulated along preexisting

infrastructural lines, like dormitories, or mailing lists, or Piazza, how do other infrastructures "leak"

into infrastructures of care? We might also consider why some infrastructures get leveraged for care

or suicide response and some do not.

Star (1999) describes infrastructure as something most often seen as "invisible, part of the

background for other kinds of work" (p. 380). That apparent invisibility, she says, makes it easy to

take for granted the work that infrastructure does, and the ways in which that work is not neutral.

Recent debates around network neutrality, the Dakota Access Pipeline, and lead contamination of

the water supply in Flint, Michigan, are indicative of how infrastructures can be deeply political. Star

says that information infrastructures employ so-called "master narratives" that enforce normative

views and hiding that which is "other," using the example of medical history forms that encode

monogamous heterosexuality by asking for female patients' "maiden name" and "husband's name."

Patients that don't conform to the master narrative are rendered invisible or denied access by the

informational infrastructure. So understanding infrastructure within social life means thinking

seriously about access: who does the infrastructure serve, and who does it not serve, or fail to serve?

As wellness initiatives work to make support resources more accessible on campus, they

become more ubiquitous, more infrastructural, and therefore more ambient as well. If we

understand the work of wellness initiatives as the building of new support infrastructures, the next

chapter considers how organizations like MindHandHeart and Lean On Me engage with ambience

and infrastructures as they work towards cultural change. Questions of access are vital: my

interviewees talk about their fear of students "falling through the cracks," that there are people who

need help but aren't receiving it. Driven by the imperative to provide support to as many people as

possible, wellness organizations take up ambient spaces and existing infrastructures as potential sites

for building out new infrastructures of care. By attending to the labor that goes into the making of

new infrastructures, we can begin to understand the cycle on which culture turns: how ambient

knowledge and existing infrastructures shape the way that wellness initiatives build new

infrastructures, and how those initiatives in turn work to become more ambient and more

infrastructural in their mission to help as many as possible.

3. BUILDING INFRASTRUCTURES OF CARE

At the beginning of my sophomore year, I decided to join a student organization so that I

could help promote campus mental health awareness. Later, my experience with depression

made me reflect deeply on what is effective and what is not effective in helping MIT's

student body in mental health issues. *The key, as I have observed, is to genuinely care for each other.*

—Angelina G., *IHTFParadise - A Journey of Depression at MIT (MITAdmissions.org)*, 2015

It was February 2017, and Lean On Me was hosting an infosession to recruit new members.

The blackboards in the classroom were still lined with what looked like fluid dynamics equations,

probably from a recitation earlier that day. At the front of the room was some catered Indian food

and a few liters of soda, free food being the usual way of attracting MIT students to campus events.

The team had draped a salmon-pink banner with the Lean On Me logo across a window on the left

side of the room. Underneath the logo was the slogan: "Building a world where everybody has

someone to lean on."

Lean On Me is an anonymous student-operated texting help line, created in September 2015

at MIT's annual hackathon, HackMIT. Two years later, Lean On Me is now a national nonprofit

organization with chapters at multiple colleges in the United States, each deploying a local version of

the Lean On Me platform.

At the infosession, the team explained the service by showing a slide with a stick figure

saying a quote: "Basketball practice stresses me out since I don't have time afterwards to finish my

problem set." The animation then showed the stick figure in the oval connecting to a spiderweb-like

network of ovals connected by lines, which the presenter said represented the Lean On Me support

network. She explained that when the user (the original stick figure in the oval) texts the service, the

service "pings the network," and the animation showed little square boxes emanating out from the

user towards the other ovals in the network. All the "peer supporters" are notified that someone is

texting the service and requesting a conversation. One of the peer supporters can then "claim" the

message; here, the animation showed the lines in the network disappearing until the user is

connected with a single other oval, representing the user and a peer supporter entering a private

conversation with each other. A little square box travels back and forth on the line between the two

ovals, signifying a conversation taking place between the two. The service is anonymous both ways;

that is, neither the user nor the supporter can see the other's phone number while they are texting.

In an environment where suicide is ambient and infrastructural, the project of Lean On Me

(like many other mental-health-oriented organizations) is to build a new infrastructure of care. In

this case, that infrastructure is the peer support network, visualized as a web of connected bubbles

that anybody can "ping" when they need help. But infrastructure is never neutral, and in fact,

building an infrastructure is fraught with decisions about who exactly the infrastructure serves (and

in turn, who it doesn't serve). In this chapter, I document some of the labor that goes into the

making of a new infrastructure, in an environment where suicide is already ambient and

infrastructural. I explore the ways in which mental health organizations confront moments of

infrastructure non-neutrality. I also consider the role played by storytelling within the construction

of infrastructure. Specifically, ambient knowledge about suicide and stress is made infrastructural

through storytelling. The basketball player texting the Lean On Me service, and other real or

hypothetical users like her, come to fundamentally inform the way Lean On Me is built, and stories

become a sort of vehicle through which ambient knowledge is translated into concrete forms of

care.

Before considering infrastructure itself, however, I want to consider first the work that these

infrastructures of care are meant to do within culture. Lean On Me's slogan, to build "a world where

everybody has someone to lean on," points at a kind of broader cultural mission, beyond simply

providing a new technical service. More than just another support resource for students to use, Lean

On Me becomes contextualized as part of a more general effort to change MIT culture for the

better.

Around the same time as Lean On Me's infosession, I had been interviewed as part of my

application to become a peer counselor for the Peer Ears program.[7] Although I was ultimately not

accepted, my interviewer said something that stuck in my mind: that "MIT has gotten much more

humane in the six or seven years I've been here." He credited the work of MIT President Rafael Reif

and MIT Chancellor Cynthia Barnhart, and also referred to a number of recent programs that he felt

signaled an improvement in campus culture: the Peer2Peer messaging service,[8] the MindHandHeart

Initiative, and the Tell Me About Your Day wristband project.[9]

Later on in my thesis work, I interviewed the Executive Administrator of MindHandHeart,

Maryanne Kirkbride. Kirkbride told me about what she called a "culture of suffering" at MIT. I

recalled that while I was scheduling this interview with Kirkbride's assistant, her assistant had used

the same phrase to describe MindHandHeart's mission: to "provide a counternarrative to the culture

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[7] Peer Ears identifies itself as a "residence-based mental health support network," making it a particularly interesting case of infrastructural care. I remember that when I first moved into my dormitory, a few Peer Ears had emailed out to announce that they were an available resource in the dorm. I had often heard Peer Ears described as "Medlinks for mental health." Medlinks are undergraduate students that serve as liaisons to MIT Medical; they can provide first aid and over-the-counter medicine to other students, as well as basic medical advice and information about more professional medical resources at MIT. Almost every hall in my dormitory has at least one student Medlink, and many students know to ask the nearest Medlink if they needed a band-aid replaced or a splinter removed. Peer Ears was meant to be something similar but specialized for mental health and peer support; in some sense, a mental health resource layered into the established infrastructures of dormitory communities and Medlinks.

[8] Peer2Peer, like Lean On Me, is an anonymous peer support instant-messaging service. However, where Lean On Me is an independent nonprofit organization, Peer2Peer is officially affiliated with MIT and supported by staff in MIT Medical (Gopinath, 2016).

[9] Tell Me About Your Day (TMAYD) was a student-led campaign, started after students died of suicide in 2015, to distribute white wristbands to as many members of the MIT community as possible. The wristbands are labeled with the acronym TMAYD in bold black letters. Wearing the wristband is meant to signal that the wearer is available to talk or offer support to anyone who approaches them (Dominguez, 2015; Morell, 2015; Neely, 2015).

of suffering." Kirkbride told me that she saw MindHandHeart as working "not at the interaction level, but at the cultural level."

Kirkbride and her assistant, like my Peer Ears interviewer and the Lean On Me slogan, have made rhetorical moves that frame their work in terms of broader cultural change at MIT. There is a culture of suffering, so the story goes, and MindHandHeart's objective is to remediate it by providing a counternarrative to that culture. Or as my Peer Ears interviewer tells it, administrators and mental health organizations are making MIT "more humane." The central belief is that culture itself can be intentionally changed, through some kind of work or some kind of intervention.

What does the work of cultural change look like, in practice? I argue that the goal of effecting cultural change is operationalized through a deep engagement with ambience and infrastructures. Mental health initiatives actively work to make support resources as ambient and infrastructural as possible, and signs of becoming ambient or becoming infrastructural are celebrated as signs of cultural progress. Moreover, they make use of the many layered infrastructures that already comprise MIT life in attempts to become more ambient and more infrastructural.

Becoming Ambient, Becoming Infrastructural

The MIT class ring, popularly known as the Brass Rat, is so tied to the identity of being an MIT student that it appears on Tony Stark's finger in the 2008 *Iron Man* movie, marking the Marvel Comics superhero as an MIT alum. The ring is redesigned every year by a committee of undergraduate students so that every class ring bears a unique design, capturing the zeitgeist of that class's time at MIT. The Class of 2019 Brass Rat features a representation of MIT's Great Dome, with three banners hanging between the pillars, marked with a brain, a hand, and a heart. The pamphlet describing the design states that these banners represent "the movement towards a more passionate and caring community spirit."

When I interviewed MindHandHeart Executive Administrator Maryanne Kirkbride, she cited the incorporation of MindHandHeart in the 2019 Brass Rat as representative of MindHandHeart's success in shifting campus culture. She emphasized that students on the Brass Rat committee incorporated MindHandHeart in the ring design independently and on their own initiative, without any influence from administrators. Becoming ambient is a marker of success, a sign that the MIT community is truly becoming more supportive and caring. In fact, Kirkbride later talked about her concern that although there were many support resources available to students through the MIT Medical website, she had doubts that that information was reaching students effectively. Most people don't care about this information until there is a situation in which they need it, she said, and it's therefore important to spread that knowledge to people before that situation arises. Support resources had to be made ambient, accessible and omnipresent so that everyone has it at hand in case they ever need it.

I was reminded of this when one of the Lean On Me team members announced excitedly that while he was studying, he had noticed that a girl at the next table had a Lean On Me sticker on her laptop. Without divulging that he worked for Lean On Me, he had asked her about the sticker. The girl had complimented Lean On Me, saying that she had used it and found it helpful, and that she had friends who used it too. The Lean On Me team took this as a sign that their help line was successfully reaching students at MIT who needed and used it.

Most Lean On Me team meetings include some discussion of marketing or publicity. The team makes decisions regularly about how best to advertise the service. Should they post more often to their Facebook page? What sort of content should they post to Facebook? They design flyers with the Lean On Me phone number and distribute them to members, asking them to post them on the bulletin boards throughout MIT's hallways and dormitories. They sign up to take turns standing in one of MIT's lobbies and handing out Lean On Me "swag," which range from business cards to

squeezable "stress balls" to helium balloons, all branded with the Lean On Me logo and phone number. In doing so, they leverage the infrastructures they have access to in order to publicize their existence. As a student club, they are allowed to post posters and hand out "swag" in public spaces on campus. Lean On Me also receives funding from the MIT student government (a privilege granted to all student clubs) to pay for promotional materials and posters.

Enthusiastic advertising isn't limited to Lean On Me. One week at Catholic mass at the MIT Chapel, I noticed that the person in front of me in the communion line was wearing a white t-shirt. The back of the t-shirt carried a litany of MIT support organizations: Student Support Services, MindHandHeart, MIT Medical, MIT Mental Health & Counseling, and many others. Two days later, I noticed a person in a dining hall wearing a blue long-sleeve shirt with the following text on the back:

Sponsors:

DSL | Division of Student Life

Mind+Hand+Heart Initiative

Via t-shirts and class rings, student bodies themselves become infrastructures for advertising mental health support organizations at MIT. And these infrastructures, in turn, carry information about mental health resources into ambient spaces, like standing in line at church or eating at dinner, just like Lean On Me's promotional work carries their service into the backgrounds of social media and MIT's campus.

Storytelling and Imagination

During the Lean On Me infosession described at the start of this chapter, mental health is narratively constructed in the stick-figure basketball player. On another slide, an imagined student asks the question: "Are my problems important enough?" These stories and imaginations, coming out of an ambient understanding of mental health at MIT, are built back into the infrastructure of

Lean On Me, informing technological design decisions like the enforcement of anonymity or the policy for suicidal users.

Stories matter. According to Patricia Ewick and Susan Silbey (1995), narrative is foundational to the way people understand the world. Moreover, those stories "are not simply reflective of or determined by those dominant meanings and power relations. They are implicated in the very *production* of those meanings and power relations" (p. 211). Ewick and Silbey go on to detail how narratives are social acts that can either reinforce social structures ("hegemonic tales") or undermine them ("subversive stories").

Mental health organizations already recognize that storytelling has power. This is an excerpt of an email sent to the public dormitory lists on September 19, 2016 by a student representative of Active Minds, the student-run MIT chapter of a national nonprofit with the same name:

> Active Minds @ MIT is so excited to be hosting an "Our Stories, Our Strength" (OSOS) Workshop this semester, facilitated by Maggie Bertram from the Active Minds Speakers Bureau! The goal of OSOS is to empower students to tell their mental health stories in safe, effective, and action-oriented ways for the benefit of both themselves and their audiences.

Another email from September 23, 2016 advertised a performative storytelling event called "Tales from the Homefront" (emphasis original):

> Over the course of many months, we have received anonymous submissions from our MIT community with stories they hold dear to their heart and wish to share with you all. Now this Friday, these stories will be performed for you. **They shared their story, now it is your time to listen.**
>
> This event aims to promote mental health awareness by showing our MIT community what their peers have overcome and how **you are not alone** in your own failures and triumphs.

> Come and join in the effort to bring our MIT community closer and raise awareness for
>
> mental health.

While walking through Central Square in November 2017, I passed a display by the entrance of the

MIT Press bookstore advertising a new hardcover book titled *Portraits of Resilience*. I recognized the

name from a series of interviews published in the MIT student newspaper last year. An

informational card next to the display described the book:

> At once a photo essay and a compendium of life stories, *Portraits of Resilience* brings us face to
>
> face with twenty-two extraordinary individuals, celebrating the wisdom they have gained on
>
> the frontline of a contemporary battle…

According to these organizations, storytelling by itself has the power to change culture and

strengthen communities. Active Minds' "Our Stories, Our Strength" event is meant to "empower

students" through storytelling, "for the benefit of both themselves and their audiences." "Tales from

the Homefront" aims to "bring our MIT community closer and raise awareness for mental health."

I doubt there are clear ways to assess any of these goals. What seems more important is that

they *feel* accurate; of course storytelling will raise awareness of mental health, of course storytelling is

empowering, of course storytelling might bring the MIT community closer together. These claims

reinforce mental health storytelling as something in and of itself positive, in and of itself beneficial.

The act of telling a story, or listening to someone else's story, becomes an infrastructure for care all

by itself.

But we can also recall how Lean On Me used the story of the stressed-out basketball player

to explain how their help line works. Here, storytelling is part of another infrastructure of care,

something more than just storytelling by itself. During one discussion in September, one team

member asked what would happen if a user texted Lean On Me and wanted to talk about suicide,

but not in such imminent terms. She adopted the voice of the hypothetical user to explain: "for

instance, if I've thought about it in the past." One of the other team members responded, saying

"Well, there's a difference between 'I've thought about it' and 'I refuse to talk to a hotline and I'm

going to kill myself right now.'" The latter would be the kind of "imminent crisis" that would trigger

a response procedure.

Here, storytelling is more than just the act of telling a story. It is a fundamental tool for the

Lean On Me team to imagine the way their service works, and in so doing, storytelling directly drives

the design of Lean On Me's policies as well as Lean On Me's software platform. The story of the

suicidal user informs what the appropriate response should be. As the discussion continued, the

team started talking about how the software platform for Lean On Me needed to work in order to

enable a specialized response procedure for suicidal users. The story of the suicidal user motivated a

list of technical requirements, like being able to decrypt a user's phone number or "hand off" a

conversation from Lean On Me to a third-party hotline better equipped to handle suicide

intervention. Stories being told about suicide become encoded in the software infrastructure of Lean

On Me.

These stories play out, quite literally, during training sessions for services like Peer Ears and

Lean On Me. In October 2017, Lean On Me had just accepted a new cohort of student supporters;

that is, undergraduate students who receive and answer incoming texts from people seeking support.

New supporters are required to undergo a training procedure (consisting of informational videos as

well as an in-person workshop) and pass an assessment before they can begin answering texts. That

workshop includes a "simulation" component where trainees in the workshop are paired up and

undergo a mock conversation over the texting interface. One supporter plays the role of the user

seeking help, and the other gets to practice providing support.

When I interviewed the two Peer Ears who lived in my dorm, they described a similar role-

play process taking place during Peer Ears training meetings. Each meeting started with a brief

presentation about a new skill or concept (for instance, "active listening") and then moved into role-play activities so they could practice the new skill. One person might play the role of someone with depression looking for advice, and the other person would practice active listening skills in supporting the first. The practitioners running the training would circulate through the room, listening to conversations and occasionally offering feedback.

In both Lean On Me and Peer Ears, supporters enact their imaginations of mental help at MIT by role-playing both the supporter and the person seeking support. These stories are co-created during training sessions, but as training material themselves, they also come to structure subsequent conversations with actual people seeking support. Stories, more than just things that are empowering in and of themselves, are in this sense formally integrated into services like Lean On Me.

In emphasizing the role of storytelling, I do not mean to allege that services like Lean On Me or Peer Ears are built on imagined users with no basis in the factual realities of help-seeking students. During the Lean On Me planning meeting, one person suggested that more experienced supporters could be brought in to play the role of the users seeking help, so that more of the new supporters could practice providing support. The more senior supporters draw from their actual experiences supporting people through Lean On Me, in order to inform their performance of the help-seeking student. I simply mean to draw attention to the fact that imagination is part and parcel of the informational flows through which mental health is conceptualized by help organizations, alongside other classes of information such as survey data or real conversations with help-seeking students.

Attention to storytelling becomes even more important once we recall Star's (1999) idea that infrastructures embody master narratives. Star says that "Listening for the master narrative and identifying it as such means identifying first with that which has been made other, or unnamed" (p. 385). Stories used to design support infrastructures become the master narratives of those

infrastructures, so it becomes critical to attend to them as such. Whose stories are represented, and what stories are missing? Are these stories accurate portrayals of people seeking help? And who does a care infrastructure fail to serve because somebody's story was not accounted for?

Falling Through the Cracks

Lean On Me's discussion of how to handle suicidal users became imminent when the platform received their first suicidal user in September 2017. At the next team meeting, one team member framed the problem this way: Lean On Me guarantees anonymity, but the Lean On Me website and terms of service also state explicitly that Lean On Me is not intended to serve as a crisis hotline. Therefore, if someone texts in and uses Lean On Me as a crisis hotline, they technically violate the terms of service. But what should Lean On Me do in that situation? Do they still guarantee the user's anonymity? The current policy was unclear, and there was a need for a clear guideline for handling such situations.

Eventually, a response procedure was decided on where a supporter would be able to signal to the executive team that a user they were talking to was suicidal. The executive team would work with the supporter to review the text conversation and judge if it is indeed an "actual crisis." If the conversation was so judged, the user's phone number would be decrypted and forwarded to another organization such as MIT Police or the Samaritans (a Massachusetts nonprofit crisis hotline). At the time, Lean On Me was in an ongoing process to formalize a relationship with the Samaritans, enabling Lean On Me to "hand off" conversations to a Samaritans volunteer if necessary. This negotiation illustrates the fundamental question about infrastructure raised in the previous chapter: who does infrastructure serve, and who does it not serve?

Lean On Me is not the only peer-run support resource at MIT. Peer2Peer is a similar platform where students can chat anonymously with trained student volunteers through a web-based instant-messaging interface (Gopinath, 2016), and Peer Ears is meant to be an in-person peer

counseling resource for students. Christopher Pudlinski (2005) uses the term "warm lines" to

describe services like Lean On Me and Peer2Peer, where calls are taken by peer volunteers offering

general social support rather than licensed professionals trained in crisis counseling. Through

ethnographic observations and conversation analyses of warm line transcripts, Pudlinski argues that

warm line operators hedge their language and defer to professionals in order to minimize

responsibility for callers' actions, a strategy he calls "mitigated advice." This is similar to conclusions

drawn by Susan Danby et al. (2005) in their study of an Australian help line for children under 18

years old. Danby et al. observed that operators would often search for a "reason" for a call, rather

than a "problem" that required a solution. In a sense, warm line volunteers, acting as part of an

infrastructure of care, manage callers in ways that reinforce the infrastructure's design. Danby et al.

say that "The reason for the call, then, needs to be (or to be turned into) a request for listening and

caring, not solving problems" (2005, p. 148). The warm line, as an infrastructure of care, is

prohibited from taking on responsibility for callers that don't fit its intended model of use. If a caller

uses the warm line for an unintended purpose, they need to be guided back to a kind of "model

user" who has a reason for calling rather than a problem requiring a solution. Callers who don't fit

the intended model of use are made to fit that model. In the case of Lean On Me, a procedure is put

in place to refer suicidal users to another service. Lean On Me is framed as an infrastructure for care

and support, but not for suicide prevention. Suicidal users are referred to services deemed more

appropriate, like MIT Police or the Samaritans hotline.

Anxiety around who infrastructure serves (and who it doesn't) is a prominent concern for

mental health organizations. One of the Peer Ears I interviewed spoke about their worry that there

are people "falling through the cracks." They asked, "Who's actually coming to talk to us? Who is

still falling through the cracks, because what they need isn't being offered, or they don't know that

we can offer that?" The idea that there are invisible people, in need of help but not being reached by

existing support resources, in some sense motivates the drive to become more ambient and more infrastructural. Signs that resources are becoming more ambient are seen as positive indicators that more people are being reached by those resources. But Lean On Me's negotiation around their suicidal user also motivates a different consideration of what it means to "fall through the cracks." It illustrates that access to support infrastructures might not necessarily be binary, in the sense that there are people who either have access or don't, who either seek help or don't. Access also means considering the harder question of *how* people are being helped, and whether the available infrastructures accommodate the kinds of help that people are seeking. Assessing efficacy means accounting for more than just number of users reached.

That's a difficult assessment to make, especially when the inherent nature of anonymous help lines is that they are, well, anonymous. Lean On Me is continuously wrestling to understand the efficacy of their service. As a startup, they routinely apply to startup accelerators and grant programs so that they have funding to continue running the service. During one of the first meetings I observed, Lean On Me team members were struggling to find ways to prove impact to potential funders. Because users are anonymous when they text in, it's difficult to prove exactly how Lean On Me is bringing about "a world where everybody has someone to lean on," as their slogan says. Although they have some quantitative data (for instance, number of users, what times users request conversations, duration of conversations), one team member raised the question: "Do we want returning users or do we actually want users to *not* have to return?" Someone else added, "Yeah, ideally people would be using this service *less*." An increase in users could mean that more people are seeking support through Lean On Me, but ideally, the number of students who need support at all should decrease over time. During their infosession, one team member said that "in an ideal world, our service wouldn't exist…people would just have open conversations with each other."

So why is the idea of peer support, especially anonymous peer support, still popular as a form of infrastructural care? Stevenson quotes one of Nunavut's suicide hotline volunteers:

You never know how good you are or whether you will save anybody's life, but the fact is that the opportunity is there. We will probably never know. But I've been at meetings and people have thanked us for being on the line and said how much we have helped them over the years. You don't know what good this line is doing because you can't measure it. You're not building a building; you can't literally see what you're doing. (2014, p. 91)

Stevenson argues that suicide hotlines proliferate despite the dearth of empirical evidence to their efficacy because they are vehicles through which an entire community comes to understand itself as a community who cares. Volunteers come to understand themselves as caring people, even if they don't know explicitly what good they are doing. This is a form of care Stevenson calls anonymous care: "One comes to experience oneself as a caring person, caring such that it matters not for whom" (2014, p. 84). Supporters learn to care in general terms, without knowing anything identifiable about the person seeking support, and without any possibility of establishing a longitudinal relationship outside the confines of the hotline conversation.

During Lean On Me's infosession, one attendee asked whether supporters and users could choose to deanonymize themselves and meet in person if they wanted. One of the presenters explained that there had been a case before where a supporter and a user wanted to meet in person. However, there was strict policy forbidding this; in fact, all supporters sign a "supporter oath" in which they pledge never to reveal their identity to a user. I personally ran up against the structures of anonymous care when I contacted Peer2Peer to request an interview. One of the student coordinators replied saying that interviewing their volunteers would violate their privacy and anonymity policy.

But the patterns of anonymous care extend beyond resources where anonymity is explicit, as it is for help lines like Lean On Me. Stevenson uses the anonymous suicide hotline as the most obvious example, but she also cites the generalized messages printed on suicide prevention posters. One such poster in Nunavut reads "Inuit Pride, Stay Alive, Inuit Survive" (2014, p. 82). Stevenson argues that "It matters not who you are, but that you, the reader of the poster, stay alive" (2014, p. 82). As I described in the last chapter, the yellow flags of the suicide awareness display included a sign that read "Silence Hurts Us All" and "If you need help, reach out." This poster, too, is a form of anonymous care. It matters not who you are, but that you, the reader of the sign, reach out for help. In this sense, anonymous care comes to represent a generalized, abstracted care. Stevenson explains that "[o]ne comes to experience oneself as a caring person, caring such that it matters not for whom" (2014, p. 84). Is this what is meant when wellness and support organizations call for MIT to work towards a stronger, more caring, or more humane community? And if we are becoming a stronger, more caring community only in anonymous terms, are there people still "falling through the cracks" when they seek help but find that the infrastructures they have don't actually accommodate their needs?

Taking it one step further, what might it mean to create or support care infrastructures that are nonanonymous? In the last chapter, I explained how after the suicide in my dormitory, the existing social infrastructures of our community bubbled to the surface. Traditions around making music, potlucks, and drinking tea together were recontextualized by suicide, taking on the new purpose of care, which perhaps was part of their purpose all along. Building nonanonymous care infrastructures forces us to engage with community wellness not as something universal, but as something specific to each subcommunity or individual at MIT. It means acknowledging what is lost when support infrastructures try to serve all of MIT, anonymously and ambiently, and in turn what might be gained from infrastructures that attend to identity instead of prohibiting it.

In my a cappella group, we have a tradition called "check-ins." After every rehearsal (which takes place twice a week), we sit down in a circle on the floor and go around, and everybody "checks in" about how they are doing. It's an opportunity to listen closely to each other as we reflect on what's going well and what's not in our lives. We talk about the new exciting class that we're taking, or the party we went to last weekend. We also talk about how much work we have, or relationship problems, or being mentally or physically ill, and how we're trying to cope with everything. The Lean On Me team does something similar called "highs and lows," where before every meeting, everybody takes turns talking about something bad and something good that happened over the last week. By these examples, I don't mean to claim that nonanonymous care is categorically better than anonymous care for suicide prevention or stress relief on campus. But it is a form of care that can be overlooked in conversations about "the MIT community" as a monolithic, generalized, and therefore anonymous entity, and perhaps reflecting on nonanonymous care can provoke new ways of thinking about and building support infrastructures.

4. CONCLUSION

There is an ongoing conversation about the responsibilities that colleges owe their students. In her New York Times Magazine article about Elizabeth Shin, Deborah Sontag writes that Shin v. MIT would be the first case in the state of Massachusetts to legally test the common-law doctrine of colleges serving students "in loco parentis" – in the place of a parent. She quotes an MIT official as saying "We have to win…If we don't, it has implications for every university in this country" (2002).

As it is explained by Douglas Goodman and Susan Silbey (2004), the "in loco parentis" policy refers generally to the college-student relationship before 1960. Colleges had wide latitude to regulate their students' nonacademic lives, such as imposing dress codes, curfews, gender-segregated dormitories, and limits on social clubs. In loco parentis was broadly withdrawn during the civil rights movement of the 1960s and 70s, when a series of cases ruled that colleges had to guarantee their students' constitutional rights (culminating in Dixon v. Alabama, which prohibited a college from expelling students for participating in a sit-in protest). Goodman and Silbey argue that the contemporary "post-in loco parentis" college is now characterized by "an intellectual and moral vacuum concerning college/student relations and obligations" (p.23). When it comes to suicide,

> Currently courts have rejected the idea that there is a special relationship and, consequently, duty of care between the college and a suicidal student. Colleges have therefore been immune under the general doctrine that third parties are not responsible for a person's decision to commit suicide (p. 31).

Nevertheless, Goodman and Silbey say that colleges "feel a need to assert authoritative control in areas in which they feel both uncomfortable and ineffective" (p. 30). Organizations like Lean On Me or MindHandHeart show that despite what the law says, administrators and students alike are taking on responsibility for students' mental health.

When Apple CEO Tim Cook visited MIT in June 2017, he visited MindHandHeart faculty chair Rosalind Picard's research group in the MIT Media Lab: Affective Computing. Picard told Cook about her group's research projects using cell phone data and machine learning techniques to identify or even predict depression (Byrnes, 2017; see also Jaques et al., 2015 and Sano et al., 2015). This anecdote gives me an opportunity to draw a parallel between colleges and technology platforms.

In much the same way that colleges are negotiating the nature of their responsibilities to their students, technology companies are negotiating their responsibilities to their users. Earlier this year, a high-profile article in the Atlantic by Jean Twenge argued that smartphones are partially responsible for the postmillennial generation's record levels of depression, anxiety, and loneliness (2017). Instagram banned searches of certain tags in 2012 in an attempt to inhibit the formation of pro-eating disorder communities (communities that encourage eating disorders), but researchers found that that intervention had little effect (Chancellor et al., 2016). In 2016, Facebook introduced new tools to help users flag posts about suicide or self-harm and support interventions for people deemed at-risk (Isaac, 2016). Artificially intelligent assistive bots like Amazon Alexa, Microsoft Cortana, Google Home, and Apple's Siri are programmed to respond to statements about suicide and refer users to help lines (Fessler, 2017; Stevens, 2017). There are continuing efforts in both academia and industry to use smartphone data with machine learning algorithms to detect and diagnose mental illnesses, including Picard's Affective Computing Group and the startup Mindstrong (whose team now boasts neuroscientist Thomas Insel, the former head of the National Institutes of Mental Health) (Chapman, 2017; Rogers, 2017).

Throughout the month of September, I saw multiple sponsored posts from Facebook about World Suicide Prevention Day:
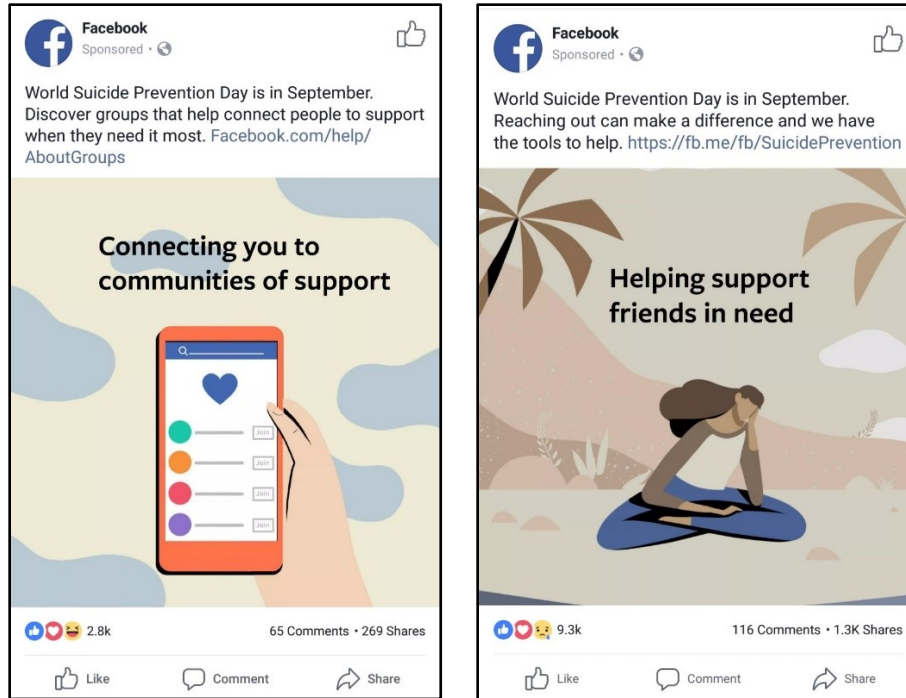
Even as suicide, mental health, and mental health initiatives become ambient and infrastructural at MIT, it is important to remember that the specific case of MIT generalizes not just to other college campuses but to everyday social life. Suicide and intervention are being articulated along the infrastructural lines of social media, built into our friendship networks and communications software. Even while suicide and depression become topics for nihilistic memes (Lorenz, 2017), millennials have been labeled the generation of self-care (Silva, 2017). The Twitter bot @tinycarebot posts hourly reminders to its hundred thousand followers to "please remember to adjust your posture" or "please remember to take a deep breath" (Peterson, 2017).

I think often about something my Head of House said when he announced my classmate's death to my dormitory: "I always wonder … if he had opened up maybe someone could have helped." And I think, too, about what Lisa Stevenson says:

> …after a suicide people say things like, "Oh, I wish we had known. I wish he had said something." But usually it isn't that he never said anything but that he was always saying it, and that the saying turned into a drone, which had no meaning except exhaustion, which

became the background of life. It's not that we never knew, it's that we always knew, and so

it didn't seem important. (2014, p. 100)

After two undergraduate suicides in 2011, MIT alumnus Stephen Tsai penned an open letter in

MITs student newspaper to Eric Grimson and Alan Siegel (at the time, the MIT Chancellor and the

Chief of MIT Mental Health, respectively). Tsai condemns MIT, saying that many students "find it

to be frigidly cold, are repressed beyond belief, overworked, stressed, and feel incredibly alone"

(2011). Tsai calls on administrators to "encourage their faculty to care more about undergraduate

life" and "increase efforts to foster a sense of campus-wide community" (2011).

As Facebook exhorts us to connect with "communities of support," as people at MIT work

towards strengthening "a sense of campus-wide community," I find myself stuck. I have

documented some observations about my experiences as a student. I have talked to some people

about the valuable work they are doing to build that sense of community, and I have reflected on the

ways that community has worked in my life. I think that ambience and infrastructure are useful

concepts for thinking about the place that suicide takes within MIT's culture, and I hope that they

might help someone else gain some insight about care in communities. But I cannot pretend that

this thesis has clear takeaways. I do not have new insights about how to "do" suicide intervention or

community wellness. Learning of a suicide tends to make people want to do things, to try to make

things better. Maybe this thesis was my piece, and if it does nothing else, perhaps it can serve to

make things a little more comprehensible, a cultural snapshot of sorts, of the current state of MIT.

REFERENCES

After Cluster Of Suicides, MIT Works to Relieve Student Pressure, Raise Awareness. (2015, May

    11). Boston, MA: WBUR. Retrieved from

    http://www.wbur.org/commonhealth/2015/05/11/mit-suicide

B, M. (2005, September 1). Lies, Damned Lies, and Statistics. Retrieved from

    http://mitadmissions.org/blogs/entry/lies_damned_lies_and_statistic

Blanding, M. (2016, February 23). The Toughest Job on Campus. *MIT Technology Review.* Retrieved

    from https://www.technologyreview.com/s/600726/the-toughest-job-on-campus/

Boellstorff, T. (Ed.). (2012). *Ethnography and virtual worlds: a handbook of method.* Princeton: Princeton

    University Press.

Bowker, G. C., & Star, S. L. (2000). *Sorting things out: classification and its consequences* (First paperback

    edition). Cambridge, Massachusetts London, England: The MIT Press.

Boyd, D. (2014). *It's complicated: the social lives of networked teens* (1. Aufl). New Haven: Yale University

    press.

Byrnes, N. (2017, June 9). Tim Cook: Technology Should Serve Humanity, Not the Other Way

    Around. *MIT Technology Review.* Retrieved from

    https://www.technologyreview.com/s/608051/tim-cook-technology-should-serve-

    humanity-not-the-other-way-around/

Chancellor, S., Pater, J. A., Clear, T. A., Gilbert, E., & De Choudhury, M. (2016). #thyghgapp:

    Instagram Content Moderation and Lexical Variation in Pro-Eating Disorder Communities

    (pp. 1199–1211). ACM Press. https://doi.org/10.1145/2818048.2819963

Chapman, G. (2017, September 11). Your Phone Can Tell When You're Depressed. *Vice.* Retrieved

    from https://www.vice.com/en_us/article/paa78k/your-phone-can-tell-when-youre-

    depressed

Danby, S., Baker, C., & Emmison, M. (2005). Four observations on openings in calls to Kids Help

Line. In C. Baker, M. Emmison, & A. Firth (Eds.), *Calling for Help: Language and social

interaction in telephone helplines* (Vol. 143, pp. 133–151). Amsterdam: John Benjamins Publishing

Company.

Davis, R. (2015, April 2). The hilly road back to MIT. *The Tech*. Retrieved from

http://tech.mit.edu/V135/N9/hospitalizations.html

Dominguez, P. (2015, April 23). Tell Me About Your Day tackles mental health with conversation.

The Tech. Retrieved from http://tech.mit.edu/V135/N13/tmayd.html

Ewick, P., & Silbey, S. S. (1995). Subversive Stories and Hegemonic Tales: Toward a Sociology of

Narrative. *Law & Society Review*, *29*(2), 197. https://doi.org/10.2307/3054010

Fessler, L. (2017, February 22). We tested bots like Siri and Alexa to see who would stand up to

sexual harassment. *Quartz*. Retrieved from https://qz.com/911681/we-tested-apples-siri-

amazon-echos-alexa-microsofts-cortana-and-googles-google-home-to-see-which-personal-

assistant-bots-stand-up-for-themselves-in-the-face-of-sexual-harassment/

G, A. (2015, February 2). IHTFParadise - A Journey of Depression at MIT. Retrieved from

http://mitadmissions.org/blogs/entry/ihtfparadise-a-journey-of-depression-at-mit

Goodman, D., & Silbey, S. (2004). Defending Liberal Education from the Law. In A. Sarat (Ed.),

Law in the Liberal Arts (pp. 17–40). Ithaca and London: Cornell University Press.

Gopinath, D. (2016, March 10). Peer2Peer joins other campus mental health initiatives. *The Tech*.

Retrieved from http://tech.mit.edu/V136/N7/peer.html

Hjorth, L., & Richardson, I. (2014). Ambient Play. In *Gaming in Social, Locative, and Mobile Media* (pp.

59–75). UK: Palgrave Macmillan.

Isaac, M. (2016, June 14). Facebook Offers Tools for Those Who Fear a Friend May Be Suicidal.

New York Times. Retrieved from

https://www.nytimes.com/2016/06/15/technology/facebook-offers-tools-for-those-who-fear-a-friend-may-be-suicidal.html

Jaques, N., Taylor, S., Azaria, A., Ghandeharioun, A., Sano, A., & Picard, R. (2015). Predicting students' happiness from physiology, phone, mobility, and behavioral data (pp. 222–228). IEEE. https://doi.org/10.1109/ACII.2015.7344575

K, Y. (2017, October 26). Ask Me Anything! Responses. Retrieved from http://mitadmissions.org/blogs/entry/ask-me-anything-now

Ko, A. (2015, April 5). an Easter vigil. Retrieved from http://mitadmissions.org/blogs/entry/an-easter-vigil

Lorenz, T. (2017, July 11). Why does everyone on the internet want to die? How suicide memes took over the web. Retrieved from https://mic.com/articles/181752/why-does-everyone-on-the-internet-want-to-die-how-death-memes-took-over-the-web

Mattern, S. (2013). Ear to the Wire: Listening to Historic Urban Infrastructures. *Amodern*, *2*. Retrieved from http://amodern.net/article/ear-to-the-wire/

Mattern, S. (2015). Deep Time of Media Infrastructure. In L. Parks & N. Starosielski (Eds.), *Signal Traffic: Critical Studies of Media Infrastructures* (pp. 94–112). University of Illinois Press.

Maxwell, J. (1992). Understanding and Validity in Qualitative Research. *Harvard Educational Review*, *62*(3), 279–301. https://doi.org/10.17763/haer.62.3.8323320856251826

McGann, M. (2010, August 10). Talking about a difficult subject. Retrieved from http://mitadmissions.org/blogs/entry/talking_about_a_difficult_subj

McLuhan, M., & Fiore, Q. (2001). *The medium is the massage: an inventory of effects*. Berkeley, CA: Gingko Press.

MindHandHeart Academic Year 2016-17 Annual Report. (2017). Retrieved from http://mindhandheart.mit.edu/sites/default/files/inline-files/annual%20report%20192.pdf

MIT announces steps to promote community well-being, strengthen mental health services. (2015,

       September 2). *MIT News*. Retrieved from https://news.mit.edu/2015/mind-hand-heart-0902

Morell, N. (2015, May 5). Tell me about your day, MIT. *MIT News*. Retrieved from

       http://news.mit.edu/2015/tell-me-about-your-day-mit-0505

Neely, P. (2015, May 10). After Campus Suicides, Building Community With A Simple Statement.

       NPR. Retrieved from https://www.npr.org/2015/05/10/405520575/after-campus-suicides-

       building-community-with-a-simple-statement

Nissenbaum, H. (2004). Privacy as Contextual Integrity. *Washington Law Review, 79*(1), 119–158.

Parks, L., & Starosielski, N. (Eds.). (2015). *Signal traffic: critical studies of media infrastructures*. Urbana:

       University of Illinois Press.

Peterson, C. (2010, August 4). Gallivanting with Gilles. Retrieved December 4, 2017, from

       http://mitadmissions.org/blogs/entry/gallavanting_with_gilles

Peterson, C. (2017, January 4). here's your reminder to follow @tinycarebot. Retrieved from

       http://mitadmissions.org/blogs/entry/this-is-your-helpful-reminder-to-follow-tinycarebot-

       on-twitter

Piper. (2011, August 24). Help@MIT. Retrieved from http://mitadmissions.org/blogs/entry/help-

       at-mit

Piper. (2014, November 24). A Different Voice. Retrieved from

       http://mitadmissions.org/blogs/entry/a-different-voice

Pudlinski, C. (2005). The mitigation of advice: Interactional dilemmas of peers on a telephone

       support service. In C. Baker, M. Emmison, & A. Firth (Eds.), *Calling for Help: Language and

       social interaction in telephone helplines* (Vol. 143, pp. 110–131). Amsterdam: John Benjamins

       Publishing Company.

R., C. (2015, March 8). Leaving. Retrieved November 11, 2017, from

http://mitadmissions.org/blogs/entry/leaving-mit

Rocheleau, M. (2015, March 17). Suicide rate at MIT higher than national average. *Boston Globe*.

Retrieved from https://www.bostonglobe.com/metro/2015/03/16/suicide-rate-mit-higher-

than-national-average/1aGWr7lRjiEyhoD1WIT78I/story.html

Rogers, A. (2017, May 11). Star Neuroscientist Tom Insel Leaves the Google-Spawned Verily for …

a Startup? *Wired*. Retrieved from https://www.wired.com/2017/05/star-neuroscientist-tom-

insel-leaves-google-spawned-verily-startup/

Sano, A., Yu, A. Z., McHill, A. W., Phillips, A. J. K., Taylor, S., Jaques, N., … Picard, R. W. (2015).

Prediction of Happy-Sad mood from daily behaviors and previous sleep history (pp. 6796–

6799). IEEE. https://doi.org/10.1109/EMBC.2015.7319954

Silbey, S. (2003). Designing Qualitative Research Projects. In *Workshop on Scientific Foundations of

Qualitative Research* (pp. 121–125). Arlington, Virginia: National Science Foundation.

Retrieved from https://www.nsf.gov/pubs/2004/nsf04219/nsf04219.pdf

Silva, C. (2017, June 4). The Millenial Obsession With Self-Care. *NPR*. Retrieved from

https://www.npr.org/2017/06/04/531051473/the-millennial-obsession-with-self-care

Sontag, D. (2002, April 28). Who Was Responsible for Elizabeth Shin? *New York Times Magazine*.

Retrieved from http://www.nytimes.com/2002/04/28/magazine/who-was-responsible-for-

elizabeth-shin.html

Star, S. L. (1999). The Ethnography of Infrastructure. *American Behavioral Scientist*, *43*(3), 377–391.

https://doi.org/10.1177/00027649921955326

Star, S. L., & Ruhleder, K. (1996). Steps Toward an Ecology of Infrastructure: Design and Access

for Large Information Spaces. *Information Systems Research*, *7*(1), 111–134.

https://doi.org/10.1287/isre.7.1.111

Stevens, L. (2017, October 23). "Alexa, Can You Prevent Suicide?" *Wall Street Journal*. Retrieved

       from https://www.wsj.com/articles/alexa-can-you-prevent-suicide-1508762311

Stevenson, L. (2014). *Life beside itself: imagining care in the Canadian Arctic*. Oakland, California:

       University of California Press.

Stone, D., Holland, K., Bartholow, B., Crosby, A., Davis, S., & Wilkins, N. (2017). Preventing

       Suicide: A Technical Package of Policy, Programs, and Practices. National Center for Injury

       Prevention and Control, Centers for Disease Control and Prevention. Retrieved from

       https://www.cdc.gov/violenceprevention/pdf/suicideTechnicalPackage.pdf

Student Support Services (S3). (n.d.). Retrieved from https://studentlife.mit.edu/s3

The Healthy Minds Study 2015 Survey Results. (2015, September 2). Retrieved from

       http://chancellor.mit.edu/2015-healthy-minds-study-results

Tsai, S. (2011, November 18). Two sides to every campus. *The Tech*. Retrieved from

       http://tech.mit.edu/V131/N53/tsai.html

Twenge, J. (2017, September). Have Smartphones Destroyed a Generation? *The Atlantic*. Retrieved

       from https://www.theatlantic.com/magazine/archive/2017/09/has-the-smartphone-

       destroyed-a-generation/534198/

Wang, T. (2013, May 13). Big Data Needs Thick Data. Retrieved December 3, 2017, from

       http://ethnographymatters.net/blog/2013/05/13/big-data-needs-thick-data/

Wexler, L. M., & Gone, J. P. (2012). Culturally Responsive Suicide Prevention in Indigenous

       Communities: Unexamined Assumptions and New Possibilities. *American Journal of Public

       Health*, *102*(5), 800–806. https://doi.org/10.2105/AJPH.2011.300432