Critical Suicidology as an Alternative to Mainstream Revolving-Door Suicidology

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I am not as optimistic as Ian Marsh (2015) has been in these pages about suicidology moving toward a critical perspective. Mainstream suicidology is firmly entrenched in its positivistic scientism. Marsh cites Heidi Hjelmeland showing how very little qualitative research is in suicidology journals (Hjelmeland and Knizek 2010; Hjelmeland 2015). I agree with Heidi that there is not much new that is published in these journals. I stopped going to the conferences of the American Association of Suicidology because there was never anything new. The same risk factors were always being studied with the same populations, and no new research methods or ideas, nor alternative theoretical dimensions, were being discussed. It is a revolving door of sameness.

Yet there is indeed a newer perspective being pursued in suicidology. A critical suicidology is emerging (White, Marsh, Kral and Morris, in press) with feminist, first-person, idiographic, and poststructural angles. It is however an alternative to mainstream suicidology. I’m not sure the mainstream people are even reading or hearing these newer voices. I do not think mainstream suicidology will change in the near future. So suicidology may become several social practices, the critical being one. Fitzpatrick, Hooker and Kerridge (2014) describe the social practice of suicidology as being theoretical and practical, a shared set of beliefs and actions, the socialization of new members, and social embeddedness. There is thus a mainstream social practice and this emerging critical social practice of suicidology.

Suicidology is changing because of this alternative. Some of us have been talking about organizing a conference on critical suicidology. It may not affect the mainstream, but newer voices will shape a newer view of suicide and suicide prevention. And these new perspectives will have an impact. One example has already affected suicide prevention policy in Canada. Health Canada has recently begun the National Aboriginal Youth Suicide Prevention Strategy. Instead of giving Indigenous communities “evidence-based” prevention programs, which have not worked, Health Canada is now funding Indigenous communities to develop and run their own suicide prevention programs. They have already funded over 200 communities. This is based on research showing that collective agency works in these communities, and when they have developed their own suicide prevention programs and taken control of community resources, suicides are often dramatically reduced (Chandler and Lalonde 1998; Kral 2012). This community-driven approach to suicide prevention is new, and needs to be studied and applied, not just for Indigenous communities (Kral and Allen, in press).

So I am optimistic that a new, critical suicidology will take shape and in turn shape the practice of understanding and preventing suicide. It will be an alternative to mainstream suicidology, which will go on as usual. There is motivation for such a new perspective. A few years ago some of us organized a critical suicidology panel at the mainstream American Association of Suicidology conference, and the room was packed. Audience members voiced quite loudly the need to see a change in suicidology. This change is taking place, and we welcome more voices into the new social practice.
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References


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