Social Epistemology Review and Reply Collective, 2015
Vol. 4, No. 6, 1-4. http://wp.me/p1Bfg0-26q

Shaking Up Suicidology

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> We need shaking up because suicide is encumbered with so many conceptual taboos that we do not know how to think it.[1]

In their excellent article, "Suicidology as a Social Practice", Scott Fitzpatrick, Claire Hooker, and Ian Kerridge offer a useful platform for re-thinking suicidology, which as Ian Hacking observes, could use a little shaking up. Even though there is a rich body of scholarship on suicide that is broad in scope and engages with a wide range of methodological and conceptual tools, the social practice of suicidology is something different altogether. As Fitzpatrick and colleagues note, "research into suicide is diverse and multidisciplinary [but] this is not necessarily true of suicidology" (5).

As many of us can attest, not all empirical or philosophical investigations into suicide count as 'doing suicidology.' We learn for example that Tom Widger's interesting fieldwork on suicide in Sri Lanka, is considered out of scope for a suicidology journal. Meanwhile, I recently had a conference paper rejected because the scientific committee of a suicidology conference judged my contribution—which included a critique of mainstream suicidology—to be more akin to 'a political speech' than a conference paper. Even the rejection notice is intellectually interesting for the way in which it discursively positions the scientific conference program as ideologically neutral and untouched by politics. Conceptualizing suicidology as a developing social practice helps us to make sense of some of these enactments and exclusions, which as Widger (2015) wryly notes, are largely maintained by "only a few hundred rather idiosyncratic people across departments of medicine, psychology, and sociology" (3).

The contributors to this exchange have already nicely illustrated how contemporary suicidology is predicated on certain ways of saying and doing things and coheres around a set of values and commitments that are largely taken as givens. Specifically, suicidology generally draws on a settled ontology of what suicide *is* (i.e. a regrettable, self-inflicted, intentional, and tragic death that is linked to individual psychopathology).[2] While potentially useful to some, this conceptualization of suicide is not timeless, universal, or natural, and may actually preclude the consideration of approaches and responses that engage with the cultural and sociopolitical contexts that produce vulnerabilities to suicide.

It is only when we begin to actively consider alternative readings of suicide that do not align with familiar biomedical or individualistic understandings (including, and perhaps especially, conceptual taboos), that we begin to notice how powerfully regulated and circumscribed 'thinking suicide' has become within suicidology. In his excellent book, *Suicide: Foucault, History and Truth*, Ian Marsh (2010) illustrates how the psy-discourses, with their emphases on individual minds, pathology, and expert interventions, actively shape contemporary understandings about suicide and its prevention. As a

[1] Ian Hacking (2008).
[2] Ian Marsh (2010) calls this a "compulsory ontology of pathology."

thought experiment, imagine a 21st century suicidology journal or conference creating a space for exploring subjugated meanings of suicide, including for example, suicide as sin, weapon, freedom, philosophical contemplation, or aesthetic experience. Those of us with even a limited amount of experience with the social practice of suicidology would likely consider this unimaginable. In other words, some ways of making sense of suicide and conceptualizing the work of suicide prevention are simply unthinkable or unsayable within suicidology. Drawing on Fitzpatrick et al.'s notion of suicidology as a social practice, it is interesting to consider what suicidology is doing, and what some of the effects of these doings might be.[3]

As some of us have suggested, "the very attempt to prevent and control differences, anomalies and death, [potentially means] that life itself, in all of its creative and unpredictable character, is smothered" (Kouri & White, 2014, 182). Katrina Jaworski makes much the same point and suggests that the implicit demand to read suicide through a singular lens, is "an interpretive act that is itself deathlike, continually denying the autonomy and agency of divergent voices and experiences that deserve to be heard and recognized in our understandings of suicide" (7). Laura Delano offers a related perspective based on her lived experience of suicidality and her extensive involvement with the formal mental health system in the U.S. which she has chronicled on the *Mad in America* website. She writes, "When suicide is seen as something to be prevented, honest listening — which, to me, means listening without needing to act and without needing to find an immediate answer — is deemed irresponsible or even dangerous." How might we reflexively engage with these paradoxes and contradictions to recognize how we are potentially contributing to the very problems that suicidology has been set up to solve?

Emboldened by these thinkers and inspired by the thoughtful exchange here, I am interested in exploring the productive potential of taking up a position as a "suicidology misfit."[4] A suicidology misfit is someone who is interested in extending and complicating how suicide is conceptualized. She brings a strong set of ethical and political commitments to the task of understanding suicide which means, among other things, questioning the assumption that suicidal despair exists *inside persons* (i.e. the suicidal mind) or that suicide can be understood outside the sociocultural and historical contexts within which it takes place. Many writers, activists, public intellectuals, therapists and scholars who work on the borders of suicidology fit this description.[5] Their work provides me with hope. Their work also provides many useful openings for unsettling and further animating the conversation about suicide prevention.

As just one example, Katrina Jaworski recently wrote a wonderfully provocative book called, *The Gender of Suicide: Knowledge Production, Theory and Suicidology*. Jaworski draws on poststructural, postmodern, and feminist theories to show how suicidology is a highly gendered project that depends on dominant cultural (i.e. masculinist) discourses

[3] I am inspired here by Sara Ahmed's (2012) conceptualization of diversity as a type of practice. She asks "what does diversity do?"

[4] Capturing the complicated relationship many of us have with suicidology, some of the contributors to our forthcoming edited book, *Critical suicidology: Transforming suicide research and prevention* (White, Marsh, Kral & Morris, 2015) recently characterized ourselves in this playful way.

[5] See for example Ian Marsh (2010); Katrina Jaworski (2014); Vikki Reynolds (2015); Colin Tatz (2001).

for its meaning, authority, and intelligibility. Jaworski uses the concept of 'gendering' to refer to the ways that cultural assumptions about gender, including for example dominant ideas about suicidal intent, outcome, agency, and masculine and feminine bodies, powerfully shape "how what is known becomes known in suicide" (5). Lest there be any doubt that contemporary suicidology is a highly gendered social practice, one need only consider the results of a recent study undertaken to track some of the key milestones within the American suicidology movement (Spencer-Thomas & Jahn, 2012). A questionnaire was sent to leaders in the field of suicidology and suicide prevention and based on a list of 60 theories and publications, participants were asked to identify the "most important theories" and "milestone events" in the history of suicide prevention. The top ten theories were all produced by men.

What Jaworski calls a "masculinist reading of suicide," is rarely noticed because we have learned to see suicide as an empirical fact, untouched by dominant cultural and gendered constructions. Gendered frameworks work to produce certain truths about suicide, which draw on familiar ideas and binary pairs such as active/passive; rational/irrational; success/failure; serious attempt/attention-seeking gesture, etc. By historicizing and contextualizing suicide, Jaworski shows how knowledge about suicide and suicidology, including the contributions made by coroners, physicians, researchers, and psychiatrists, is far from neutral. Invisible gendered assumptions about intent, agency, rationality, and the suicidal body collectively exert a powerful influence on how suicide has come to be known. Jaworski argues for a more discursive, gender compassionate, and relational reading of suicide in which we ask ourselves "whether the way we interpret gender differences in suicide has something to do with the living, with the researchers and practitioners working on suicide prevention, rather than those who want to die…" (107). This is the kind of question that introduces a useful stutter into our taken for granted understandings about suicide.

I am definitely intrigued by the possibility of Widger's notion of a post-suicidology, especially one that provokes an engagement with differences, contradictions, multiplicities and complexities. In my mind, a post-suicidology would recognize the role of human interpretation and dominant cultural discourses in creating the conditions and limits for knowing about suicide. It has the potential to invite new vantage points and enable multiple forms of theorizing and action. Importantly, a post-suicidology would also ask different questions of itself. For example, which understandings of suicide have become historically marginalized or silenced? What do these gaps and silence have to say to us? How are we implicated in producing the very problems that suicidology is designed to solve? How might we work in the midst of these tensions? What forms of life do we want to make possible?

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