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## **Critical suicide studies, between methodology and ethics: Introduction**

Amy Chandler, University of Edinburgh, UK

Rob Cover, RMIT, Australia

Scott Fitzpatrick, Australian National University, Australia

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Critical Suicide Studies developed across the 2010s as a means to theorise and intervene in suicide from perspectives alternative to the ‘mainstream’ of suicidology. What the critical approach understands as ‘mainstream’ or ‘traditional’ suicidology can be characterised as originating in two key ways: a North American ego-psychological framework that posited suicide as an individual act resulting from poor mental health (Shneidman, 1985), and a European model that approached suicide as social, the trends and causes of which are primarily apprehended through statistics (Durkheim, 1952). The result has been a field that is positivist and quantitative, pathologising suicidal individuals and approaching the prevention of suicide through the detection and treatment of mental illness (Hjelmeland et al., 2018).

A critical suicidology emerged through the work of scholars frustrated by the limitations of dominant pathologising and medicalised approaches to suicide research and prevention practices. These scholars argued that suicidology was in need of a critical re-thinking of its subject matter and a broadening of its disciplinary basis; they critiqued cultural sense-making practices, considering both the concept and act of suicide to be shaped by history, politics, gender, identity, culture, media, and power (White et al., 2016). The aim of a critical suicidology is not merely to counter the limitations of dominant quantitative, positivist, and pathologising approaches, but to develop alternative readings of suicide through rigorous research that draws on the humanities and social sciences. Alternative

readings of suicide incorporate its potential to be understood as a voluntary rather than pathological act, and suicides as a product of cultural forces situated outside the individual (Marsh, 2010: 72-75). Critical suicide studies thus seeks to understand how, for instance, postcolonial cultures or exclusionary practices of fixed gender play a role not only in positioning a subject as suicidal, but in the very conception and framing of the concept of suicide itself.

Critique is the first step to ensuring actors act in good faith, and that research and prevention activities remain focused not on limiting knowledge within disciplinary bounds but on seeking socially-just, democratic, and ethical mechanisms by which to incorporate alternative ways of thinking and being. This includes the inclusion of the voices of lived experience, the perspectives of marginalised communities, and other approaches that are made discursively unavailable through institutionalised knowledge practices. Critique operates, as Judith Butler (2009) has noted, every time the question of what constitutes a legitimate knowledge framework, practice, intervention or policy is raised, meaning it takes a multiplicity of forms beyond those more familiar and recognisable frameworks. Indeed, critique seeks to understand how those frameworks have become normativised and how those norms can be undone through rigorous and persistent interrogation of the regimes of rationality, including contemporary liberal-humanist, global, postcolonial, and transactional institutions that govern social health (Butler 2009: 789). The social and democratic imperative of critique does not warrant a permanent state of paranoid distrust of traditional approaches. Rather, in the context of suicide, critique calls upon traditional health and mental health practices to enter into a dialogue with frameworks that incorporate justice, ethics, marginalisation, and the knowledge that no individual nor act is constituted in anything but social relationality.

Rather than positing an alternative understanding of suicide causality and prevention, critical suicide studies engages in practices of knowledge-making by critiquing its own assumptions and the ways in which its own critical practices might obscure social exclusion, colonial violence, racism, patriarchy, the role of consumerist and transactional health practices, and other injustices (White, 2017). The essays and studies gathered in this special issue represent new work that not only responds to traditional approaches associated with risk assessment and psycho-pathologisation, but seeks to further critical suicide studies through persistent expansion of its own framing of critique.

### **Methodologies**

A key feature of critical suicide studies has been drawing attention to the limitations of a reliance on quantitative methodologies in much suicide research. (In)famously, one major suicidology journal published an editorial which explicitly elevated clinical, randomised controlled trials as the ‘gold standard’ for suicide research. Critical suicide studies scholars have argued against this, with many contending the vital importance of qualitative approaches to understanding suicide (Chandler, 2020; Hjelmeland & Knizek, 2010). Such approaches better situate suicides in relation to wider cultural contexts and structures and, crucially, relations of power. As Jennifer White (2017) notes, critical suicide studies uses methods attentive to “language, discourse, power relations, and social histories, to show how knowledge, practice, ways of being ‘selves’ and ideas about life, death and suicide are not settled but are always being (re)produced and co-constituted in multiple and fluid ways within specific, social historical, cultural and political contexts” (473).

These considerations have led many critical suicide studies scholars to draw on methodological tools from cultural studies – whereby a range of narratives and productions of ‘what suicide is, and who it affects’, are subject to careful critique. Often situated within European poststructuralist traditions, critical suicide studies scholars frequently draw on critical and discourse analysis to examine how suicide is ‘made up’ in a range of spaces: suicide prevention policies, media and popular discourses, psychiatric writing, and practice (Marsh, 2010; Cover, 2012). Such approaches valuably unsettle the very concept of ‘suicide’ – encouraging studies attentive to the contingency and social constitution of core beliefs (Marsh, 2010). Methodological tools which facilitate engagement with diversities of meaning include practices of listening carefully to first-person and lived experience accounts, adding a valuable perspective to wider suicidologies.

The turn towards qualitative methods and cultural approaches to understanding suicide has not been without critique. Fitzpatrick (2016) has questioned the focus on first person accounts, raising concerns about how these may be co-opted by, and indeed draw on and reflect, relatively narrow, individualistic views of what suicide is. Bantjes and Swartz (2019) wonder what status first-person accounts have in research oriented towards suicide *prevention*. While we may want to exercise caution when reading, interpreting, and responding to first-person accounts of suicide; this does not obviate the importance of such accounts. Indeed, what these critiques highlight is the importance of disciplinary and theoretical diversity in making sense of and contextualising accounts of suicide. First person accounts are no less liable than quantitative studies of suicide to reflecting dominant ideas of the nature of suicide. This underlines the importance of critical, questioning approaches in all cases.

## **Ethics**

Because the study of suicide involves fundamental questions of human liveability and what are the best ways of responding to distress, illness, suffering, oppression, despair, and, above all, the desire to die, any discussion of research methodology in suicidology is inherently ethical and political. The qualitative turn and the ethical commitment to the centrality of lived experience obliges an ethical framework focused on moving the field beyond medically reductionist, technological, ahistorical accounts of suicide toward complex, locally situated, historically and politically informed moral engagement (Turner, 2006).

As an area of interdisciplinary study, ethical reflection in critical suicide studies draws on numerous theories, methods, and traditions of inquiry. The move away from biomedical approaches has meant considerable attention is paid to the social and political determinants of suicide; in particular those that have a disproportionate impact on minority and historically disadvantaged groups who experience elevated rates of suicide. The persistence of inequalities in suicide mortality has led to the application of a social justice lens to provide a better understanding of just how deeply connected suicide is with unjust social-structural factors including socioeconomic disadvantage, incarceration, ageism, racism, ableism, colonialism, homophobia, and transphobia (Button and Marsh, 2019). The ethico-political questions that arise from this work concern not only the obligation of the state and its institutions to redress the often pernicious structural processes that contribute to considerable distress and suicide, but also the implicit value judgements in research and political decision making that hinder action on the social and political determinants of suicide.

Concerns for social justice and equality have implications for suicide prevention policy and practice. Preventive interventions take different forms, yet treatment and prevention are closely intertwined (Cratsley and Radden, 2019). For example, integrated, multicomponent, multilevel approaches that have evolved internationally over the past decade seek to provide high quality treatment and continuing care in combination with public health education to improve knowledge and attitudes toward mental health, suicide, and help-seeking (World Health Organization, 2014). The ethical and political implications of these preventive activities have received considerable attention from critical suicide scholars in relation to ideologies of individualism, risk, and economic rationalism that bind suicide and its prevention with specific moral values, obligations, and forms of prevention that are deeply rooted in political agendas and institutional arrangements for managing conduct (Fitzpatrick, 2021).

Tracing the link between structural contexts and lived experiences of suicide, critical suicide scholars have also paid particular attention to ethical issues that emerge within specific social institutions and settings. Conceptualisations of suicide in current preventive strategies are largely formulated around perceived individual mental health problems, poor coping strategies, and negative attitudes to help-seeking (World Health Organisation, 2014). Such approaches, however, divest suicide of meaning, intent, and agency and limit efforts to understand suicidal experiences. A relational view of ethics that emphasises notions of trust, mutuality, reciprocity, and solidarity to foster open discussion and reflection destabilises current practices of risk assessment, surveillance, detention, and coercive treatment; and in doing so, broadens the possibilities by which practitioners engage with suicidal persons (Espeland et al., 2021). This, in turn, has led to an increasingly critical stance by some scholars toward the moralising rhetoric of prevention that seeks to safeguard life at all cost;

silence the voices of suicidal individuals, and subject persons to harmful environments and consequences (Baril, 2017; Tack, 2019).

### **Overview of Special Issue**

A strength of the papers gathered in this special issue of *Health* lies in their disciplinary, methodological, and theoretical diversity. It is no accident that several of the papers draw on indigenous methodologies and ethics to push critical studies of suicide further in considering the sometimes deeply entrenched colonial basis of suicide research. It is notable, however, that all papers approach the interface between ethics and methodologies through the critique of practices that encourage alternative readings (or ways of perceiving, listening, and viewing) of evidence, experiences, data, and texts. Marsh, Winter, and Marzano, for example, read ethnographic data gathered from a study of railway suicides to explore agency and planning among suicidal subjects. Arguing that normative concepts of prevention and pathologisation impact on methods of reading suicidal subjects, they point to the ways in which this unethically valorises expertise over lived experience, and silences important ways of speaking about suicide.

Questions of how a topic is framed, and the role of researcher assumptions about suicide and self-harm are raised by Rhiannon Evans and colleagues in their reflection on a study which explored an array of accounts of self-harm ‘prevention’ among young people in a UK accident and emergency department. They broach important questions about how far self-harm ‘prevention’ was a meaningful construct to their participants, highlighting the need for researchers to critique their reading and framing practices. Grappling with the contested and blurred boundaries between self-harm and suicide, as well as the impact of research



interviews in studying these phenomena, they demonstrate how assumptions both shape knowledge and can hamper researchers' best intentions.

Turning the question of reading, framing, and perception onto the researcher-interviewee relationship, Katrina Jaworski presents an account grounded in critical theory's approaches to perception, listening, and framing of research participants that can be differentiated between different stakeholders in the research process. While research ethics processes risk sustaining stereotypes of minority subjects as vulnerable, research practices developed through a relational ethics have the potential to enable the kinds of listening practices that allow a researcher to apprehend the subject *as a subject* rather than be limited by the interpretative framing of vulnerability. Given the ways in which the suicidal subject has been pre-conditioned in much functionalist suicidology as always vulnerable and lacking agency, critical approaches call on scholars to see the significance of listening, since ethical practices of listening shift the responsibility for their conditions from the marginalised other to the "conventions, institutions and privileges which shape who and what can be heard" (Dreher, 2009: 445).

Just as the ethical practices of listening have bearing on methodologies in suicide research and the salience of prevention discourses, so too do other practices of 'reading' that frame the suicidal subject or, indeed, the subject of suicide studies. Kristen Cardon's paper presents a novel reparative reading practice to re-frame suicide prevention as suicide justice. Arguing that public narratives regard the study of suicide prevention as the study of a cluster of individuals, Cardon suggests that a justice-focused practice of reading the field can help us perceive colonisation, enslavement, displacement, and genocide as key social, historical, and cultural factors, rather than individual risks. As a practice that governs our 'ways of

thinking’, we are ethically obliged to listen for those histories and social injustices that bear upon the suicidal subject as historically and relationally constituted.

The role and value of stories of suicide and their capacity to bestow meaning and power make them a focus of ethical and political concern. Exploring ethical issues emergent in the research and practice of suicide gatekeeper training in a rural community, Patti Ranahan and Veronica Keefe show how stories about suicide are produced by researchers, participants, and the broader community, and how they are deeply embedded within social relations and structures that determine their content, styles of discourse, and worthiness. Rendering visible a contested landscape of suicide talk across conversations in training, with health professionals, media, and community stakeholders, Ranahan and Keefe invite us to reflect on the ways stories of suicide and their re-presentation in research and prevention practice serve a variety of moral and political ends.

The ethical project of redressing epistemic violence and injustice through decolonial critiques of white, European epistemologies and methodologies are taken up in two contributions. Ansloos and Peltier, like Cardon, seek to consider suicide in light of justice, specifically attending to practices and concepts Indigenous studies can offer suicide studies, both in thinking through high rates of suicide among people living in the shadow of ongoing colonisation, and in obliging scholars to think beyond individualising and pathologising frames. Informed by a rich body of Indigenous scholarship, Ansloos and Peltier argue for the role of affect, biosociality, and land-based relations. Each of these engages a much broader lens in considering a ‘suicidal subject’ as deeply entangled with enduring, ongoing colonial relations between peoples and land. This powerful contribution encourages suicide scholars to reflect critically on the contexts in which ‘prevention’ occurs. By calling on scholars of

minority suicide to move beyond “the mere naming of a social determinant” they provoke wider reflections across suicide studies.

Interrogating colonial epistemologies and structures of power through an Andean decolonial perspective, Tisha X and marcela polanco seek to unmask how suicide knowledge is created and sustained within Western racialist, techno-scientific, and capitalist systems and institutions, and its destructive effects on ways of knowing and being within the context of their immigrant backgrounds and as family therapists. Their critique both challenges and extends methodological approaches to framing questions of the meaning of suicide, but also, through their adoption of Spanglish vocabularies and autoethnographic reflection, invites us to consider decolonial possibilities for reimagining and storying alternate knowledges, realities, and existences in the border between life and death.

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