

Short Communication

Moving Toward a Critical Suicidology

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Abstract

Suicidology is a social practice that sees itself as a science. Most of the research being done in suicidology draws from the positivist tradition. A key claim of the field is that over 90% of suicides have had a mental disorder. A new intellectual space is starting to emerge called critical suicidology. It highlights the limits of mainstream approaches to understanding and responding to suicide. Critical suicidology is committed to incorporating more contextualized poetic, subjective, historical, ecological, social justice oriented, and political perspectives. Suicide and culture is of particular interest. We believe that suicidology has grown to the point where it can welcome new and diverse, increasingly critical, perspectives, opening new doors of inquiry.

Keywords

- Suicidology
- Mental disorder
- Intellectual space

INTRODUCTION

Suicidology is a social practice that sees itself as a science, with almost all research being positivist and quantitative. It is claimed that over 90% of suicides have had a mental disorder. A new intellectual space is growing called critical suicidology. It highlights the limits of mainstream approaches to embrace a more contextualized poetic, subjective, historical, ecological, social justice oriented, and political perspectives. A new book has been published on critical suicidology [1], and a second conference is planned in England. We believe that suicidology has grown to the point where it can welcome new and diverse, increasingly critical, perspectives, opening new doors of inquiry. This paper is a look at this new suicidology, examining the various perspectives it carries. The study of suicide has a very long and rich history, going back to the time of antiquity. Understanding why human beings kill themselves has been a preoccupation for philosophers, medics, religious and legal scholars, and social scientists for centuries. The emergence of a unique field of study dedicated to understanding and preventing suicide – suicidology – is often associated with the beginning works of American scholars, Norman Farberow and Edwin Shneidman back in the 1950's in Los Angeles [2]. More than 50 years later, suicidology has become an identifiable social practice [3]. Specifically, suicidology sees itself as a science, and the “dominance of scientific understanding [of suicide] has determined its scope, meaning, norms, limits and language” [3]. A commonly held assumption in suicidology is that those who kill themselves have been mentally ill. It is believed that 95-100% of people who kill themselves had a mental disorder [4]. This usually stems from psychological autopsy studies, where family members and friends of the deceased are interviewed. This is problematic, because one has to interview the patient in order to make a diagnosis. Diagnosis by proxy is

both unreliable and invalid [5,6]. While much of value has been discovered through scientific approaches to understanding suicide, deeper insights can be missed. A number of critical scholars have begun to raise important questions about the limits of reading suicide exclusively through a lens of psychopathology and individualism or what Marsh calls a “compulsory ontology of pathology” [7]. Marsh has critiqued the way that suicidology valorizes expert knowledge at the expense of other ways of understanding. This marginalizes alternative readings of suicide, and presents a “regime of truth” that is narrow and limiting.

In response to these concerns, a new intellectual space and social movement called critical suicidology has begun, which highlights some of the limits of mainstream approaches to embrace more contextualized, poetic, subjective, historical, ecological, social justice oriented, and political perspectives [1].

One new intellectual space is culture. It is only recently that suicidology has begun to account for culture [8]. A book by [9] provides ethnographic accounts of suicide, and decenters Western ontologies, avoids pathologizing, and interrogates positivist approaches in suicidology. It is an anthropology of suicide, seeing suicide in context, up close, through the people's experiences. [10] look at cultural norms and suicide, social meanings and representations, and attitudes. [11] examine suicide historically and argue for a knowledge of cultural contexts and systems of meaning in suicide. White (in press) [12] sees suicide as relational entanglements, as a collective phenomenon, rather than an individual behavior. [13] argued that suicide is internalized from culture by vulnerable people, that it is imitated and contagious [12] offers an initial description of critical suicidology.

Critical suicidology is an emerging area of scholarship and praxis that brings together academics, community activists,

mental health service users, practitioners, policy makers, family members and persons with lived experience, to re-think what it means to study suicide and enact practices of suicide prevention in more diverse and creative, less psycho-centric and less de-politicized, ways. Enfolding several (and at times competing) critically oriented agendas and theoretical frameworks, including feminist, constructionist, post-structural, post-colonial, anti-racist, queer, critical, and activist perspectives, critical suicidology typically coalesces around a shared dissatisfaction with suicidology's status quo.

In a recent edited volume on critical suicidology, several important lines of critique can be discerned [1]. These include: a critical examination of key assumptions in contemporary suicidology; a critique of the exclusive reliance on quantitative methodologies; a decolonizing approach to suicide prevention among Indigenous peoples; a critique of mainstream youth suicide prevention programs; and a critical examination of gendered discourses in female depression. There are also moves to re-think the meaning of suicide bereavement through narrative therapy practices which recognize persons as more than their suicide deaths; integrate professional knowledge with the knowledge of those who have lived experience of being suicidal; provide personal accounts of the experience of being suicidal; offer a social justice perspective on suicide; provide an analysis of suicidal behavior among queer youth from a post structural perspective; understand suicide through poetry; recognize suicide prevention organized by Indigenous communities, and emphasize the role of collaboration and participation of youth in suicide prevention. Public health has taken on suicide prevention, seeing suicide stemming from multiple factors that exist at multiple levels. This can also be seen as a critical approach to suicidology. The World Health Organization has put together a framework for public health action for suicide prevention [14], and public health has been used for suicide prevention with Native Americans [15] and the U.S. Air Force [16].

We propose that the field of suicidology has matured to the point where it can welcome new and diverse, increasingly critical, perspectives. There is an important place for critical suicidology, which promises to extend and complicate existing scholarship in this field. It is a way of expanding our understanding of suicide and suicide prevention, opening new doors of inquiry, and enlivening the range of practice orientations and frameworks.

REFERENCES

1. White J, Marsh I, Kral MJ, Morris, J. *Critical suicidology: Transforming suicide research and prevention for the 21st century*. Vancouver, BC: University of British Columbia Press. 2016.
2. Spencer-Thomas S, Jahn DR. Tracking a movement: U.S. milestones in suicide prevention. *Suicide Life Threat Behav.* 2012; 42: 78-85.
3. Fitzpatrick S, Hooker C, Kerridge I. Suicidology as a social practice. *Social Epistemology.* 2014 1-20.
4. Joiner TE, Hom MA, Hagan CR, Silva C. Suicide as a derangement of the self-sacrificial aspect of eusociality. *Psychol Rev.* 2016; 123: 235-254.
5. Hjelmeland H, Knizek B L. (in press). Suicide and mental disorders: A discourse of politics, power, and vested interests. *Death Studies.* 2016
6. Hjelmeland H, Knizek BL. Why we need qualitative research in suicidology. *Suicide Life Threat Behav.* 2010; 40: 74-80.
7. Marsh I. *Suicide: Foucault, history, and truth*. Cambridge, UK: Cambridge.2010.
8. Staples J, Widger T. Situating suicide as an anthropological problem: ethnographic approaches to understanding self-harm and self-inflicted death. *Cult Med Psychiatry.* 2012; 36: 183-203.
9. Broz L, Munster D. *Suicide and agency: Anthropological perspectives on self-destruction, person hood, and power*. Burlington, VT: Ashgate. 2015.
10. Colucci E, Lester D. *Suicide and culture: Understanding the context*. Cambridge, MA: Hogrefe. 2013.
11. Honkasalo ML, Tuominen, M. *Culture, suicide, and the human condition*. New York, NY: Berghahn. 2014.
12. White, J. (in press). What can critical suicidology do? *Death Studies.*
13. Kral MJ. Suicide and the internalization of culture: Three questions. *Transcultural Psychiatry.* 1988; 35: 221-233.
14. World Health Organization. *Public health action for suicide prevention*. Geneva, Switzerland: World Health Organization. 2012.
15. May PA, Serna P, Hurt L, Debruyne LM. Outcome evaluation of a public health approach to suicide prevention in an American Indian tribal nation. *Am J Public Health.* 2005; 95: 1238-44.
16. Knox KL, Pflanz S, Talcott GW, Campise RL, Lavigne JE, Bajorska A, et al. The U.S. Air Force suicide prevention program: Implications for public health policy. *Am J Public Health.* 2010; 100: 2457-2463.

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