

"Boys don't cry? Critical phenomenology, self-harm, and suicide"

Amy Chandler (corresponding author)

School of Health in Social Science, University of Edinburgh, Doorway 6, Old Medical School,  
Edinburgh, EH8 9AG

[a.chandler@ed.ac.uk](mailto:a.chandler@ed.ac.uk)

In this paper I argue that critical phenomenology, informed by critical race and intersectional scholarship offers a useful lens through which to consider suicide and self-harm among men. To illustrate this, I draw on a narrative informed analysis of the accounts of ten men who had experienced self-harm, read through Sara Ahmed's *Queer Phenomenology*. Two themes are emphasised: gendered, raced, classed bodies that are (unexpectedly) stopped; and bodies that, despite being stopped, still 'do' – enacting violence and control against self and other. Critical phenomenology can support much needed examination of the complex ways in which socioeconomic class, race, gender and age structure experiences of distress among different social groups. This approach enables a simultaneous examination of the way that privilege and oppression may shape both the experience of distress, and the way it is responded to – including through violence against the self, and against others.

Keywords: gender, phenomenology, self-harm, suicide, whiteness

### **Acknowledgements**

This paper was initially conceived for a presentation at a workshop on Stigma and Health Inequalities, Cardiff 2018, funded by the Foundation for the Sociology of Health and Illness, and organised by Kayleigh Garthwaite and Gareth Thomas. Special thanks to Ruth Lewis and Fiona McQueen for insightful comments on an early draft. The paper was greatly improved by suggestions and provocations from three reviewers. Final thanks to all who participated and supported recruitment for the study.

### **Funding statement**

This research was funded by a small grant (SG 14/15 202) from Alcohol Research UK (now Alcohol Change).

## **Introduction**

Despite a long history within sociology, the study of suicide and self-harm remains a relatively marginal activity among sociologists, and in the allegedly interdisciplinary field of suicidology (Chandler, in press). This marginality is curious, as suicide is a complex social practice, with wide-reaching social implications and antecedents. Nevertheless, the academic study of suicide is dominated by the 'psy' disciplines (White et al., 2016). This paper contributes to a growing body of sociological and critical suicide studies research which takes seriously social and cultural aspects of suicide and self-harm, arguing that these should be central to the study of suicide. I draw on Sara

Ahmed's (2006) queer phenomenology to develop a novel theoretical orientation to think through the 'lived experiences' of inhabiting intersecting structures of power which shape social identities and practices, including suicide. I argue that a critical phenomenological analysis can contribute significantly to understanding the social patterns evident in statistical suicide rates, serving to connect structure with social action and meaning. This theoretical move has wider relevance within sociology, helping to ground phenomenologically oriented studies of social life in a critical examination of historical and contemporary structures of power and inequality.

Research that engages with the accounts of those who self-harm, who live with – or die by – suicidal practices has been relatively limited. Most research addressing suicide – including within sociology – has employed quantitative methods, quite far removed from what might be understood as the 'lived experience' of suicide/self-harm (Abrutyn & Mueller, 2014; Chandler, in press; Wray et al., 2011). More recently, there has been an increase in research using qualitative, sociologically informed approaches to enhance understandings of the subjective experience of suicide and self-harm, and to consider how these relate to broader social, economic and political contexts (eg Cleary, 2012; Fincham et al., 2011; Fullagar, 2003; McDermott & Roen, 2016; Mueller & Abrutyn, 2016).

However, gaps remain in how far existing sociological work addresses the embodied, felt, 'lived' experience of suicide among people inhabiting diverse social positions. Firstly, sociological studies have not tended to be intimately concerned with the accounts of those who have enacted suicide or self-harm; though exceptions include the analysis of suicide notes (Fincham et al., 2011) or interviews with people who have self-harmed (Cleary, 2012; McDermott & Roen, 2016). Secondly, while several studies have contributed to innovating and expanding sociological analysis of suicide, few enrol a comprehensive intersectional approach (Collins & Bilge, 2016). Instead, studies tend to prioritise particular social features: gender, sexuality, lifestage, or socioeconomic position, with race a marked absence in almost all cases.

In this paper, I contribute to addressing each of these gaps: the absence of race, and more broadly of an intersectional approach to the sociological study of suicide; and the relative absence of a consideration of 'lived experience'. A critical phenomenological approach has the capacity to engage each of these absences. To illustrate this, I present an analysis of accounts of suicide and self-harm among a group of 'high risk' men. I draw on Ahmed's *Queer Phenomenology* (2006), to make sense of the complex ways in which privilege (race, gender) *and* oppression (class, sexuality, disability) might contribute to shaping men's experiences of and responses to distress. At the same time, I examine how accounts of distress can be tied to broader social processes – of deindustrialisation, welfare reform and austerity (Mills 2018). Overall, I argue that sociological interventions in suicide

studies can do more to attend to the complex ways in which social identities, oppression *and* privilege shape the incidence and experience of distress.

### Gender and suicide

In the UK, the US and other minority world contexts, male suicide rates are between 3 and 5 times higher than women's (Payne et al., 2008), a topic which has garnered significant concern, framed in some cases as a 'crisis' (Jordan & Chandler, 2018). Alarm around high rates of male suicide somewhat diverts attention from high rates of non-fatal self-harm reported among women (Canetto & Sakinofsky, 1998). Indeed, the 'gender paradox' of suicide underlines some of the significant complexities of measuring, recording and indeed defining suicide and self-harm (Atkinson, 1968; Canetto & Sakinofsky, 1998; Timmermans, 2005). Jaworski has argued that understandings of suicide (as embodied enactment, and cultural symbol) are intimately tied to gender, and particularly to masculinities (Jaworski, 2014). As such, suicide in the cultural imaginary becomes something that men (rather than women) 'do'; while (non-fatal) self-harm is framed more passively as a 'failed suicide', or 'cry for help', engaged in mainly by women. Clearly, such readings of suicide and self-harm fall far short of the complex ways in which these practices are performed, and how they are understood by the 'actor' and others. However, gendered understandings of suicide and self-harm are intriguingly resilient (Jordan & Chandler, 2018; Scourfield, 2005).

Existing sociological research addressing suicide among men is characterised by a concern with the impact of hegemonic masculinity (Abrutyn & Mueller, 2018; Cleary, 2012; Fincham et al., 2011; Garcia, 2016; Reeves & Stuckler, 2016). The concept of hegemonic masculinity, though much debated, refers to the idea that men's identities are constructed in relation to a dominant, valued notion of what it means to be a man (Connell & Messerschmidt, 2005). Connell's theory of hegemonic masculinity affirms the existence of multiple masculinities, arguing that other – subordinated – masculinities are constructed or experienced in relation to hegemonic masculinity. In its original iteration, hegemonic masculinity included valued traits such as strength, power, and rationality, and the concept was explicitly tied to understanding and explaining patriarchal systems of oppression (Connell, 2002).

Studies of male suicide have argued that features of hegemonic masculinity – particularly regarding non-expression of emotion - can be enrolled to understand men's responses to distress, and why they die by suicide more often than women (Brownhill et al., 2005; Cleary, 2012). However, early research addressing gender and *emotions*, and more recent work on gender and *suicide*, can be seen to share a relative lack of critical engagement with the way in which gender and emotions have been conceptualised (Petersen, 2004). Studies tend to take at face value what is 'said' about emotions;

with minimal consideration of the interactional, intersubjective, embodied aspects of emotional experience – or the role of power and broader gender stratification in shaping accounts of emotions, distress and suicide (de Boise & Hearn, 2017).

Attempts to explain higher rates of male suicide engage little with the finding that some men appear more likely to die by suicide than others (with some exceptions, eg Cleary, 2012). For instance, men living with socioeconomic disadvantage, living in relatively more deprived areas, are up to *ten times* more likely to die by suicide than those in more affluent areas in the UK (Platt, 2011). Further, while rates of suicide among younger men in the UK have been cause for concern (it is a leading cause of death), rates of suicide are currently greatest among men in mid-life (between 35 and 54) (Scowcroft, 2017). LGBTQ groups have also been identified as embodying greater risk of suicide (Cover, 2012), and this risk appears particularly stark for gay and bisexual men, and highest among those who are trans\* (McDermott & Roen, 2016). With regards to sexuality, transgender and socioeconomic position, then, those who might be seen to represent ‘subjugated’ (or entirely contested) masculinities appear at greater risk of suicide.

However, when it comes to race the social patterning of suicide is more surprising. Statistics about race/ethnicity and suicide are not routinely recorded in the UK (Scowcroft, 2017). However, in the US, where this data is recorded, white men often appear to have the highest rates, followed closely by American Native, and Indigenous men (Case & Deaton, 2015; Houle & Light, 2017). Since the 1990s research has considered why it is that Black men have such *low* rates of suicide (Early & Akers, 1993; Gibbs Jewelle, 2010). Less often considered is why white men have such *high* rates.

Despite the clear complexity of social factors and suicide rates – not to mention rates of non-fatal self-harm – existing research addressing men and suicide has tended, thus far, not to engage deeply with the way in which social factors might intersect to produce suicide in different ways, among different social groups (Fincham et al., 2011; McDermott & Roen, 2016 are notable exceptions). In literature on *masculinities* and suicide, while notes are made of patterns regarding age, race and socioeconomic position (or class), empirical work that incorporates such complexity in explanations for suicide is still in its infancy (Apesoa-Varano et al., 2018; Cleary, 2012; Oliffe et al., 2017).

#### Race, gender, mental health and emotions

Debates about the causes of divergent rates of male and female suicide, and different styles of communication about distress rest on wider assumptions regarding gender and emotion (de Boise & Hearn, 2017). Male suicide is said to lead *both* from an idea that men express their emotions less often and less readily than women (eg they internalise or repress emotions) *and* that when they do express emotions they are more likely to ‘externalise’ these in acts such as violence, drug and

alcohol use – and suicide. This rests on a conceptualisation of emotions as ‘building up’ and ultimately having to be ‘let out’ in increasingly violent ways (Brownhill et al., 2005; Lupton, 1998; Petersen, 2004). However, the complex, and potentially contradictory, characterisation of men as both internalising and externalising emotions emerges simplistically when considering race and suicide.

“Societal discrimination against African-Americans has been associated with a cultural response-the externalization of aggression (Henry & Short, 1954; Stack, 1982). When confronted with frustration, African Americans are more apt to blame society or others and to externalize aggression in such forms as homicide. In contrast, Caucasians cannot attribute their various social and economic failures to discrimination. As such, when Caucasians are confronted with frustration, they are more apt than African Americans to attribute the frustration to their own inadequacies. Aggression, then, is more likely to be turned against oneself in such forms as suicide” (Stack, 2000: p. 147)

Stack notes that suicide rates are higher for white men, arguing that relatively lower rates among African Americans (implicitly, African American *men*) relate to this group being more likely to externalise blame, engaging in violence against others (homicide) rather than internalising blame and engaging in violence against the self (suicide). However, this explanation does not account for white male aggression and violence against others, nor does it engage with the notion that suicide itself could be understood as a ‘violent act’, carried out as a form of revenge or aggression against others (Fincham et al., 2011). Further, explanations for divergent rates of *self-harm* by gender are related to *men’s* tendency to externalise or ‘act out’ in response to distress – contrasted with *women’s* apparent tendency to internalise via non-fatal self-harm (Laye-Gindhu & Schonert-Reichl, 2005). There is much at stake here in terms of race, gender, and the ways in which conceptualisations of self-harm and suicide are enrolled to produce gendered and raced subjects (Jaworski 2014). The lack of supporting evidence in Stack’s discussion perhaps suggests reliance on stereotypical views of race and psychology, rather than any detailed (and certainly no qualitative) work exploring how men of different racial groups might experience, account for and understand distress, oppression and frustration.

Stack’s summary is reflective of recent sociological work on suicide and self-harm, which more usually fails to attend to the potential role of race in understanding suicidal practices. Indeed, following arguments by Ahmed (2007) and others (Alcoff, 2006) this can be seen to reflect the way in which whiteness is more usually made *invisible*. In the next section, I introduce an emerging literature which *does* attend to whiteness, suicide and violence against others.

Race, gender and suicide: uncovering whiteness and class

Kimmel's (2017) work on white supremacy among working-class white men in the US draws together violence and anger against others –government bureaucracies, and immigrant/people of colour – and violence against the self. Notably, Kimmel draws on the notion of expressing anger *outwards* (anger and violence against others) compared with turning anger *inwards* (violence against the self-suicide).

“Instead of getting angry at their fathers, Andy and his comrades claim the mantle of the grandfathers, displace their rage outwards, onto an impermeable, unfeeling government bureaucracy that didn't offer help. Some cannot do it. Some of the sons – and the fathers – turn their rage inwards... the number of suicides in America's Midwest was higher in the 1990s than during the Great Depression” (2017 p. 188)

Kimmel's analysis raises important questions. In particular – why do *some* men in such situations turn their anger 'inwards'? Kimmel's work is important because – unlike other writing (eg Stack, 2000) – he does not ignore white male violence against others. His analysis is less helpful, though, in understanding how white men in such positions – of thwarted privilege, of expectations that are denied – come to enact suicide rather than (or as well as) violence and rage against others.

Research examining murder-suicides offers space for engagement with such questions (Kalish & Kimmel, 2010; Oliffe et al., 2015). Most work on this issue draws on analysis of media reports, rather than accounts of the men in question. Kalish and Kimmel develop the concept of 'aggrieved entitlement' to analyse three high-profile cases of what they term 'suicide by mass murder'. Their analysis draws on the concept of hegemonic masculinity, suggesting that men who have not been able to live up to hegemonic ideals might draw on 'prized attributes' of masculinity (eg Kalish and Kimmel highlight 'warrior culture') to respond dramatically and fatally to cumulative slights, marginalisation and bullying. However, while the analysis is nuanced, the treatment of race falls into the more typical tendency of attributing 'cultural issues' to non-white actors (in this case Korean-American Cho Seung-Hui, who killed 32 people at Virginia Tech in 2007), while not fully addressing the whiteness of the other cases (Dylan Klebold and Eric Harris, Columbine High murders, and Steven Kazmierczak, who shot 24 people in 2008). Kalish and Kimmel are clear that more research is required, which takes seriously the environments (including cultures) in which young men carry out murder-suicides. I would add that there is a need to attend to suicides that occur in the context of domestic violence and abuse, as well as murder; and to ensure that race is fully incorporated.

Indeed, such a project seems even more pressing in light of recent mass-murder-suicides in the US, and Canada, which have prompted media discussion on the concerns raised here – of the 'aggrieved

entitlement' or so-called 'toxic masculinity' of white men (Wright, 2018). In the next section, I introduce critical phenomenological work which I suggest offers a useful, sociologically informed theoretical resource to consider these issues further. Crucially, this approach engages directly with accounts of lived experience, offering a closer reading of social practice than the more structural and distanced analyses of Kimmel and colleagues.

### Critical Phenomenology

Critical phenomenology refers to the work of a range of theorists who have drawn on phenomenology to analyse the embodied, lived nature of experience; whilst simultaneously affirming the relevance and importance of social structure, oppression and power (Guenther, 2017; Willen, 2007). Melançon argues the critical *roots* of phenomenology can be seen in the work of Merleau-Ponty and Bourdieu, and their role in contributing to critical analyses of oppression, stratification and injustice (Melançon, 2014). However, an alternative critical phenomenology can be excavated through consideration of the work of Frantz Fanon (1986), particularly via Sara Ahmed's work (2006; 2007). Ahmed's use of critical phenomenology to analyse the ways that difference and oppression are lived offers a useful resource for sociologists to consider what it might be about embodying a particular social position that might make those within some groups (white, male, working-class) more 'vulnerable' to death by suicide. In this paper I make a case for the repurposing of Ahmed's phenomenology of whiteness (2007) (which tends to focus more on the experience of *not* being white, and how inhabiting a body which is *not* white illuminates the whiteness of many social spaces) to consider this problem.

Ahmed's phenomenology centres orientations and movement, and the way in which the world can be seen as 'designed' for some bodies more than others; that some bodies are more mobile, have greater access to objects and spaces. Ahmed draws on Fanon's compelling account of the ease with which he inhabits his body, up until the point that he becomes the 'other' in interactions with white people in France, as a Black man from 'the colonies':

"...we asserted the equality of all men in the world ... I was satisfied with an intellectual understanding of these differences. ... And then ... And then the occasion arose when I had to meet the white man's eyes. An unfamiliar weight burdened me. The real world challenged my claims. In the white world the man of color encounters difficulties in the development of his bodily schema. Consciousness of the body is solely a negating activity. It is a third-person consciousness" (Fanon 1986: p. 110).

Ahmed draws from Fanon to consider the ways in which whiteness – specifically whiteness in the context of colonialism – might orient the world differently.

“Colonialism makes the world ‘white’, which is of course a world ‘ready’ for certain kinds of bodies, a world that puts certain objects within their reach” (Ahmed 2006, p. 153-4)

Ahmed refers here to the usually privileged position of white bodies which have ‘certain objects’ within reach; objects which are denied, or more inaccessible, to non-white bodies. This analysis led me to reflect on how it might feel to inhabit a body for which the world is *ostensibly* ‘ready’, but which finds certain objects are *not* within reach: jobs, intimate partners, children, money. Further, it led me to consider how it might be that some bodies could then be oriented more easily towards *different* objects: alcohol, pills, ropes, bridges.

In this paper, I suggest some extensions to Ahmed’s initial forays into a phenomenology of whiteness, to consider the phenomenology of being male, working-class, in mid-life and white, and to consider how inhabiting these social positions might orient some men, more often, towards violence against the self (and perhaps, against others). This work is necessarily partial – I am drawing on detailed analysis of accounts from ten white men who had self-harmed, or planned suicide. However, I suggest that initial experimentation with Ahmed’s theories, using empirical examples, indicates there is potential for a critical phenomenology to contribute to sociological analyses of suicide, as well as other embodied responses to distress.

## Methods

Data for this paper are drawn from a small study which held lifestory interviews in 2015 with ten men who had self-harmed, or planned suicide. The study had a number of aims: to test the feasibility of conducting in-depth, lifestory interviews with a group of men often characterised as ‘hard to reach’; to explore how men talked about alcohol use in relation to mental health and self-harm across the lifecourse; to examine cultural understandings of mental health, self-harm, suicide and alcohol use among a group statistically at ‘high risk’ of suicide: being male, in midlife (most aged between 35-54), having experience of self-harm (Wyllie et al., 2012).

Participants were recruited through a community mental health organisation. They were introduced to the study by a known worker, and those who expressed interest in taking part were offered a meeting with the researcher. In most cases, participants requested that meetings and interviews took place at the same time. Interviews were held in meeting rooms in community settings. All participants provided informed, written consent. The study was approved by the University of Edinburgh ethics committee. Participants’ time and contribution to the study was recognised with a £20 gift voucher.

Interviews were loosely structured, with participants given the option of using a life grid to help structure talk about the broad topic of ‘their life’. Life grids are presented over two A3 pieces of



paper, with themes listed in the left-hand column (eg where I lived, school and work, health, alcohol) and age in years across the top. The grid can provide a focus to support difficult conversations, but is intended to be used flexibly. Following previous experience of using the life grid (Chandler, 2013), some participants found the tool useful, filling out each cell carefully, while others had clearly defined stories which they shared without reference to the grid. All participants knew that the focus of the research was self-harm, suicide, mental health and alcohol use, and thus stories were often oriented towards these topics. Interviews lasted between 45 minutes and 2 hours.

Participants were all white, male and experiencing economic difficulty. Most described backgrounds that were 'working-class', with employment histories including mining, factory work, cleaning, low and semi-skilled office work. Two participants had retrained in later life, gaining professional qualifications. Two participants described drug dealing as a significant part of their income generating activities in their past. One participant described a professional early career, and higher education; while one other participant had owned small businesses. At the time of interview, all but two participants were currently receiving employment support allowance (previously incapacity benefit) or jobseekers allowance.

Histories of mental health and self-harm varied. Eight participants described past involvement in self-harm in the form of self-cutting (5) overdosing (5), or a 'suicide attempt' (3). Two participants described suicide thoughts or planning only with no reported self-harm. All participants were currently using community based mental health services, with all but one taking prescribed anti-depressants.

Interviews were recorded and transcribed. Transcriptions were read and re-read, with analysis drawing on narrative and thematic approaches (Riessman, 2008). Attention was paid to the ways participants talked about particular themes (eg health, suicide, alcohol use), retaining awareness of the overall shape of the narratives provided. For this paper, further analysis of accounts was carried out, attending to phenomenological features such as movement, stillness and embodied experience, as well as how men's articulations of suicide or distress were situated in relation to people and places. In doing so, I considered how the 'lived experience' of distress was narrated by participants, attending to links between these accounts and broader social structures of race, class and gender. While often considered to be separate approaches, arguably analysis of narratives is central to many phenomenological studies – especially where they engage with the experiences of 'others'. The approach I take here reflects my longstanding interest in excavating phenomenological experience from narrative accounts (Chandler, 2016).

### On being stopped – embodied distress in context

A key feature of the lifestory accounts was of being ‘stopped’. This feature became particularly apparent when reading transcripts alongside Ahmed’s *Queer Phenomenology*, and her reflections on the experiences of some (black/brown) bodies being ‘stopped’ or feeling ‘out of place’ in particular spaces. This led me to notice how men in the study talked about their own feelings of dis/ease, and how accounts spoke to a desire to control aspects of their sensate environments. These related to broader narratives about lives that did not go as anticipated, of lifestories that were ‘stopped’ in different ways – by illness, by unemployment, by relationship breakdown. What is important here is not just the experience of being ‘stopped’ or of having a life event derail an expected trajectory (Bury, 1982), but the role of social identity and position in shaping responses to such upsets. In this section I argue that such stoppages may be experienced as particularly difficult to bear for men – white men, in mid-life, in the UK – who, because of historical, structural conditions of patriarchy and colonialism might otherwise expect to have achieved (have felt entitled to) certain markers of status (wives, children, stable employment, stable housing) but who find these out of reach.

Mike spoke of over twenty years of suicidal thoughts, and a longer history of considering the possibility of suicide. Indeed, he traced his thoughts of suicide back to early childhood – to experiences with bullying and difficult relationships in the family home. The story he provided was one where he initially ‘escaped’ these – finding skilled, high-status employment, buying a home, having friends and a full social life), and getting married. However, he spoke also of a series of ‘stoppages’ – diagnosis of a long-term health condition, industrial disputes (the 1980s mining strikes), redundancies, and most recently a bereavement and being forced to stop work due to incapacity.

I always used to think, it’d be good if you didn’t have to work and you could just go away to the fishing and you could do all this and you could do all that. But she [wife] wasn’t fine that I wasn’t working and I was, like, sitting there in the kitchen and I was looking at the four walls and I was...it was driving me crazy. I was...it just felt like I was going to, like...any instant, any second, could have been the second that I did just pick up all my tablets and go and take them all.

[...]

So my work, I got sent to the occupational health and that and they says, no, you’ll not be back. I got paid off. Then of course went to try and get some kind of benefits, and then they’re saying, oh you could...there’s something out there that you could do and that. But there’s nothing I could do. [If I could come in and go...passing pens to somebody or

something, aye (spoken disparagingly)]<sup>i</sup>, you know. There's probably [work that you could do], but...so I'd worked all my life and found myself sitting in the kitchen and looking

**Mike, 53**

The stillness and stopped-ness of his situation – being unemployed, experiencing anxiety, having money worries – were told poignantly through the imagery of sitting in the kitchen. Mike's account is gendered, and speaks to relational aspects of the situation – he suggests his wife was unhappy about him not working, as much as he was. Also evident are broader structural concerns – challenges with negotiating benefits systems, and the changing nature of available employment for working class men (McDowell, 2000). The contrast between (feminine) kitchen and more markedly masculine spaces of pit or workshop were striking; as was the contrast Mike drew between the (real, masculine) work he had done all his life, and the (feminised) office work (*passing pens*) proposed by occupational health. Mike spoke also about problems with the house – damp on the kitchen walls – and feeling unable to fix these, despite *knowing* 'what to do'. Again, this affirmed a sense of feeling stopped, trapped, in an uncomfortable space, with 'taking tablets' constructed as an ever-present escape route.

In contrast to Mike, Brad told of a life working on the margins – of being denied access to long term meaningful work. Brad described most of his jobs as 'meaningless labour work', supplemented with drug dealing which garnered more excitement and interest. This was a life that was never entirely on the 'straight and narrow'. In accounting for his more recent situation – of relatively long-term unemployment due to incapacity, Brad suggested that thoughts of suicide were ever-present, representing an 'easy way out' of the challenges he faced.

I just think, wouldn't it be fucking great, just walk in front of that bus, right now, just as the bus is coming along, and then I've got no worries anymore like that, or anything like, you know. You do, I think about things like that all the time. **Brad, 48**

The challenges Brad described related to difficulty accessing suitable housing, adequate benefits, negotiating with his GP as to whether he was 'fit to work' despite being in recovery from an accident which left him unable to walk. In this context, Brad's narrative drew on suicide as an 'understandable' response to structural and systemic conditions which stopped an already slowed body from 'doing'.

I phoned up for painkillers and a sick note, and when I phoned up for them, the doctor says to me ... you should be thinking about getting yourself ready for going back to work... So I

said, over the phone, I said, are you having a fucking laugh. I says, I can't even walk, mate [...]

How do they expect you to get better, how do they expect you not to go back to drinking again? That's the thing that gets me.... They put all these obstacles in front of you, just to fucking make you feel worse. Because I do, I seriously do. **Brad, 48**

These two brief excerpts of lives 'stopped' point to felt injustice; expectations not realised; indignation about stoppedness. In each case, and across the other interviews, these stories can be related to political, economic conditions which produce 'obstacles', yet frame individuals as responsible (Mills, 2018). However, I suggest that these accounts speak also to a thwarted privilege which can be read through gender, class and race. The expected rewards of masculinity that are implicated (but denied) in these accounts can be more closely associated with *white* masculinity. It is important to be transparent - to note that this type of analysis, which attempts to make visible whiteness – is only possible when reading these accounts alongside theory. Whiteness was not explicitly present in these men's accounts. In this case I drew on Ahmed's enrolment of phenomenology to consider race, and the ways that skin can orient certain bodies in some directions; and bar access to others. I have built on this to consider how bodies who might *expect* such structural ease of access might experience being stopped, in order to attend to the otherwise invisible presence of whiteness in these accounts. This is necessarily partial, and underlines an urgent requirement for in-depth consideration of experiences of self-harm and suicide among men (and women) of colour.

### Body as object, body as agent

In the analysis above I centre accounts which speak of bodies that are 'stopped' by structural or (gendered) relational factors. However, men's accounts of suicide, self-harm and violence against others implicate a body that may be stopped in some ways, but is nonetheless one that still *does*. Brad's body considers moving in front of buses; Mike's body might feel trapped – but may take tablets to escape. In this section, I consider in more detail how men's accounts address the body/self as object, as agent, and what this might mean for understanding suicide, self-harm and violence against others.

Ahmed speaks of whiteness as an orientation in a straight line; of a world made ready for a certain type of bodies. The accounts of men in this study told of a world that was no longer shaped for their bodies, of objects – or relationships with other bodies – that were no longer in reach. One way we might consider these accounts is of attempting to articulate a trajectory which has gone awry, of bodies which find themselves oriented towards other types of objects in the face of a lack

elsewhere. In the following passage, Niall talks of a time following the breakdown of a relationship during which his use of alcohol increased, and he self-harmed – overdosing on tablets, putting himself in front of cars:

I would just drink all the time, because I had nothing...basically it wasn't just 'cause I had nothing else to do, it's just I was lonely. Loneliness. And I would drink bad. And on other days...some days I would take too many tablets. I've been hit by a few cars through just wanting to end it. **Niall, 54**

Phenomenologically, suicidal acts involve the body in movement – it is a body that reaches out for certain objects (ropes, tablets), or which puts itself in certain places (bridges, buildings, in front of moving cars). Each of these practices involves reaching out and attempting to enact some control over a *situation*. Indeed, some men talked of suicide and self-harm in a way that engaged directly with this interpretation, and might be understood as framing these practices as a response which had the power to 'straighten out' (Ahmed 2006) trajectories which were experienced as going awry.

One example of this can be seen in Robert's detailed account of a relationship breakdown, occurring in the context of accusations against him of domestic abuse, which he framed as central to understanding his suicidal thoughts and planning. Echoing other participants, Robert's account spoke of a body that was at a loss – it did not know what to do. In the following excerpt, Robert speaks of drawing on the language of suicide in order to communicate and respond to this disorientation.

I didn't do some of the things people would have done when they say, it's over. I didn't threaten her, I didn't intimidate her, I didn't threaten suicide, I didn't call her all the names under the sun. I just said, 'please don't do this, I love you'. She didn't want to hear that. The worst thing for her to hear. [...] I said, 'can I talk to you please, can I talk to you'? She went upstairs. 'Well, what is it'? I said, 'I had a really black day at work today', and this is true. [...] I said, 'I went up to the top of the building' – you can't get out there – 'and I just felt like jumping off a building'.

Robert's interview, perhaps because it focused so intimately on the breakdown of a relationship, spoke directly to the way in which the talk and practice of self-harm and suicide can be embedded in interpersonal relationships; relationships which are shaped by prevailing structures of gender, class and race. The section of text presented here implicates Robert in attempting to control a situation (his partner leaving him) through words – chosen carefully and aimed at constructing a self as reasonable, rational ('I didn't threaten her, I didn't intimidate her'): affective markers of white

masculinity (de Boise & Hearn, 2017). At the same time, Robert speaks to an 'out of control' which is tied to distress ("a black day ... I went up to the top ... I just felt like jumping off"). Robert's body is narrated as moving to a particular place, almost despite his assertion that he 'didn't threaten suicide' – he speaks shortly afterwards of 'feeling like' suicide. Robert describes disorientation, being stopped in his tracks – but his body still 'does'.

Niall spoke of a 'breakdown' – a temporally bounded event involving violence against himself and his wife. Being stopped became 'too much', and Niall's account implicated a body that reached out in violence towards his wife and himself.

I got made redundant and then she spent all the money and I, kind of...I just had a total breakdown. I just didn't know what to do. I even tried to run my car off the road because I just didn't know what to do. And then I had a breakdown later on that day. On the morning I tried to run my car off the road on a bypass and then later on that [...] evening, I had a breakdown.

[...]

I had my big...my breakdown and I left my wife. I hit her, right, so I got done [prosecuted] [...] all my life, I wasn't a wife beater or anything. She hit me, I hit her back. Okay, at the end when I had a big breakdown, I...but I was...me, having a breakdown, that was everything on top of everything for all the years, you know.

Niall's account refers to his body in movement – in this period of crisis, of discovering his wife had spent a large amount of money, an event he frames as 'tipping him over the edge', Niall talks of a response that involves violent, dramatic acts – attempting to run his car off the road; later, hitting his wife. This is a body which has found some objects out of reach – money, a job, a fulfilling relationship with his wife; a body which is no longer travelling in straight line, it 'does not know what to do'. However, as with Robert, this is a body that still *does*. It is a body that drives, a body that strikes out at others.

## Discussion

"Husserl and Merleau-Ponty describe the body as 'successful', as being 'able' to extend itself (through objects) in order to act on and in the world. Fanon helps us to expose this 'success' not as a measure of competence, but as a bodily form of privilege" (Ahmed 2007, p. 161)

In Fanon's (1986) enrolment of phenomenology his (Black) body is objectified, made visible as an object to others in the context of urban France. It is a body that 'cannot' (Ahmed 2007, p. 161) contrasted to a white body that 'can'.

"I move slowly in the world, accustomed now to seek no longer for upheaval. I progress by crawling. And already I am being dissected under white eyes, the only real eyes. I am fixed. Having adjusted their microtomes they objectively cut away slices of my reality. I am laid bare [...] Why, it's a Negro!" (1986: p. 116)

Building on Ahmed and Fanon's analysis, I have considered the orientations and experiences of *white*, male bodies that find they 'cannot'. This consideration echoes some of the jarring, (justifiably) indignant aspects of Fanon's analysis – of an unexpected discovery of racialisation. The men whose accounts I analyse talk not of the jarring of racialisation, but the jarring of being stopped unexpectedly – of expected privileges unfulfilled. This is a delicate line to walk as an analyst – in part, these accounts can be read as highlighting significant injustices in current UK policies regarding employment, incapacity, and housing (Mills, 2018). However, at the same time I suggest they speak to an often unacknowledged privilege and power that can be uncovered through considerations of accounts of distress which address control, violence against others, and the construction of a body that while stopped, still *does*.

Previous analyses have highlighted the importance of hegemonic masculinity in understanding suicide among men (Canetto & Cleary, 2012). However, this may inadvertently position men as the 'new victims', in a way which does not attend to the simultaneous privileges – and privileged expectations – men, especially white men, might embody. In contrast, I suggest that male suicide is not simply about men being 'new victims' – in many ways men, and especially *white* men, are privileged, and have anticipated certain 'rewards' which *some men* are now less likely – due to a wide range of structural, social and cultural changes – to receive. So, following Mills (2018), this *is* a story of psychopolitics – of suicide, self-harm and distress that can be tied directly to punitive policies, neoliberalism, choices made by governments about how to respond to changing economic and labour markets. However, is also a story of men who expected more, whose bodies anticipated straight lines, and who were stopped. Violence against self and other can be read in relation to each of these processes; and I suggest that a critical phenomenological perspective offers one possible way for sociology to consider this complexity.

In this paper I have sought to highlight the invisibility of whiteness, and the simplistic way in which race has been enrolled in existing suicide research. I have argued that critical phenomenology, drawing especially on Ahmed's Queer Phenomenology, may offer a productive way forward in

addressing this significant limitation. However, surfacing whiteness in this small study, among a sample of men who – reflecting this invisibility – did not directly acknowledge or address themselves as ‘white’, has been challenging. Acknowledging race in studies of suicide is a first step in seeking to understand how race may shape suicidal practices. Drawing on critical phenomenology offers a further layer of analysis in order to begin to think this through. However, this is a small step on a long path, and the aim with these initial reflections is to prompt further analysis of race in future studies.

Critical phenomenology, I suggest, offers some benefits in contrast to the more structurally oriented, and more pervasive, use of variations of ‘hegemonic masculinity’ to understand white, male suicide (Apesoa-Varano et al., 2018; Canetto, 2017). In particular, critical phenomenology centres emotion and embodied ‘lived’ experience, seeking to understand these in light of structural and historical conditions and expectations. For sociologists, this provides a rich analytic space in which to think through the embodiment of structure, how this may be *felt*, and the ways in which structure and experience can be understood to produce action.

## Conclusion

I have argued that critical phenomenology, informed by critical race and intersectional scholarship offers a useful lens through which sociology can consider the structural contexts *and* lived experience of suicide and self-harm among men. This analysis facilitates consideration of the importance of class, economic disadvantage, race, gender and age in structuring the experiences of men and, in some cases, putting ‘certain objects’ within their reach. As Ahmed notes (2006), early phenomenological thought tended to focus on the bodies and experiences of privileged white men. In more recent years such insights have been extended to consider bodies that are marked with less privilege, excavating an alternative history of phenomenology, especially via the work of Frantz Fanon (1986). I suggest that critical phenomenology can *also* be enrolled to consider *ostensibly* privileged, white men, serving to better understand how and why this group might be particularly ‘vulnerable’ to suicide. Ultimately, I suggest that this vulnerability is inextricably bound to the complexity of social identity, class and history embodied by white men. Both the violence of suicide and violence against others can be tied to what has been called by others aggrieved entitlement (Kalish & Kimmel, 2010), and which I suggest might also be understood as *thwarted privilege*. More particularly, I suggest that a critical phenomenological perspective provides a closer reading of how and why such embodied experiences of thwarted privilege might – for some – result in violence against the self and others.



## References

- Abrutyn, S. and Mueller, A.S. (2014) The Socioemotional Foundations of Suicide: A Microsociological View of Durkheim's Suicide, *Sociological Theory*, 32, 4, 327-351.
- Abrutyn, S. and Mueller, A.S. (2018) Toward a Cultural-Structural Theory of Suicide: Examining Excessive Regulation and Its Discontents, *Sociological Theory*, 36, 1, 48-66.
- Ahmed, S. (2006) *Queer Phenomenology: Orientations, Objects, Others*: Duke University Press.
- Ahmed, S. (2007) A phenomenology of whiteness, *Feminist Theory*, 8, 2, 149-168.
- Alcoff, L.M. (2006) *Visible Identities: Race, Gender, and the Self*, Oxford: Oxford University Press.
- Apeso-Varano, E.C., Barker, J.C. and Hinton, L. (2018) "If You Were Like Me, You Would Consider It Too": Suicide, Older Men, and Masculinity, *Society and Mental Health*, 8, 2, 157-173.
- Atkinson, J.M. (1968) On the Sociology of Suicide, *The Sociological Review*, 16, 1, 83-92.
- Brownhill, S., Wilhelm, K., Barclay, L. and Schmied, V. (2005) 'Big build': hidden depression in men, *Australian and New Zealand Journal of Psychiatry*, 39, 10, 921-931.
- Bury, M. (1982) Chronic illness as biographical disruption, *Sociology of Health & Illness*, 4, 2, 167-182.
- Canetto, S.S. (2017) Suicide: Why Are Older Men So Vulnerable?, *Men and Masculinities*, 20, 1, 49-70.
- Canetto, S.S. and Cleary, A. (2012) Men, masculinities and suicidal behaviour, *Social Science & Medicine*, 74, 4, 461-465.
- Canetto, S.S. and Sakinofsky, I. (1998) The Gender Paradox in Suicide, *Suicide and Life-Threatening Behavior*, 28, 1, 1-23.
- Case, A. and Deaton, A. (2015) Rising morbidity and mortality in midlife among white non-Hispanic Americans in the 21st century, *Proceedings of the National Academy of Sciences*, 112, 49, 15078-15083.
- Chandler, A. (2013) Inviting pain? Pain, dualism and embodiment in narratives of self-injury, *Sociology of Health & Illness*, 35, 5, 716-730.
- Chandler, A. (2016) *Self-injury, medicine and society: authentic bodies*, Basingstoke: Palgrave Macmillan.
- Chandler, A. (in press) Socioeconomic inequalities of suicide: sociological and psychological interventions, *European Journal of Social Theory*.
- Cleary, A. (2012) Suicidal action, emotional expression, and the performance of masculinities, *Social Science & Medicine*, 74, 498-505.
- Collins, P.H. and Bilge, S. (2016) *Intersectionality*, Bristol: Polity Press.
- Connell, R.W. (2002) *Gender*, Cambridge: Polity.
- Connell, R.W. and Messerschmidt, J.W. (2005) Hegemonic Masculinity: Rethinking the Concept, *Gender & Society*, 19, 6, 829-859.
- Cover, R. (2012) *Queer Youth Suicide, Culture and Identity: Unlivable Lives?*, London: Routledge.
- Early, K.E. and Akers, R.L. (1993) "It's a white thing": An exploration of beliefs about suicide in the African-American community, *Deviant Behavior*, 14, 4, 277-296.
- Fanon, F. (1986) *Black Skin, White Masks*, London: Pluto Press.
- Fincham, B., Langer, S., Scourfield, J. and Shiner, M. (2011) *Understanding Suicide: A Sociological Autopsy*, London: Palgrave Macmillan.
- Fullagar, S. (2003) Wasted lives: The social dynamics of shame and youth suicide, *Journal of Sociology*, 39, 3, 291-307.
- Garcia, F. (2016) *Coping and Suicide amongst the Lads: Expectations of Masculinity in Post-Traditional Ireland*, Basingstoke: Palgrave Macmillan.
- Gibbs Jewelle, T. (2010) African-American Suicide: A Cultural Paradox, *Suicide and Life-Threatening Behavior*, 27, 1, 68-79.
- Guenther, L. (2017) A Critical Phenomenology of Solidarity and Resistance in the 2013 California Prison Hunger Strikes, In Dolezal, L. and Petherbridge, D. (eds) *Body/Self/Other: The Phenomenology of Social Encounters*: SUNY Press.

- Houle, J.N. and Light, M.T. (2017) The harder they fall? Sex and race/ethnic specific suicide rates in the U.S. foreclosure crisis, *Social Science & Medicine*, 180, Supplement C, 114-124.
- Jaworski, K. (2014) *The Gender of Suicide*, Aldershot: Ashgate.
- Jordan, A. and Chandler, A. (2018) Crisis, what crisis? A feminist analysis of discourse on masculinities and suicide, *Journal of Gender Studies*, 1-13.
- Kalish, R. and Kimmel, M. (2010) Suicide by mass murder: Masculinity, aggrieved entitlement, and rampage school shootings, *Health Sociology Review*, 19, 4, 451-464.
- Kimmel, M. (2017) White Supremacists, or the Emasculation of the American White Man, In Horlacher, S. and Floyd, K. (eds) *Contemporary Masculinities in the UK and the US: Between Bodies and Systems*, Basingstoke: Palgrave Macmillan. pp. 177-200.
- Laye-Gindhu, A. and Schonert-Reichl, K.A. (2005) Nonsuicidal Self-Harm Among Community Adolescents: Understanding the "Whats" and "Whys" of Self-Harm, *Journal of Youth and Adolescence*, 34, 5, 447-457.
- Lupton, D. (1998) *The Emotional Self: A Sociocultural Exploration*, London: Sage.
- McDermott, E. and Roen, K. (2016) *Queer Youth, Suicide and Self-Harm - Troubled Subjects, Troubling Norms*, Basingstoke: Palgrave Macmillan.
- McDowell, L. (2000) Learning to Serve? Employment aspirations and attitudes of young working-class men in an era of labour market restructuring, *Gender, Place & Culture*, 7, 4, 389-416.
- Melançon, J. (2014) Thinking Corporeally, Socially, and Politically: Critical Phenomenology after Merleau-Ponty and Bourdieu, *Bulletin d'Analyse Phénoménologique*, 10, 8, 1-28.
- Mills, C. (2018) 'Dead people don't claim': A psychopolitical autopsy of UK austerity suicides, *Critical Social Policy*, 38, 2, 302-322.
- Mueller, A.S. and Abrutyn, S. (2016) Adolescents under Pressure: A New Durkheimian Framework for Understanding Adolescent Suicide in a Cohesive Community, *American Sociological Review*, 81, 5, 877-899.
- Oliffe, J.L., Creighton, G., Robertson, S., Broom, A., Jenkins, E.K., Ogradniczuk, J.S. and Ferlatte, O. (2017) Injury, Interiority, and Isolation in Men's Suicidality, *American Journal of Men's Health*, 11, 4, 888-899.
- Oliffe, J.L., Han, C.S.E., Drummond, M., Maria, E.S., Bottorff, J.L. and Creighton, G. (2015) Men, Masculinities, and Murder-Suicide, *American Journal of Men's Health*, 9, 6, 473-485.
- Payne, S., Swami, V. and Stanistreet, D.L. (2008) The social construction of gender and its influence on suicide: a review of the literature, *Journal of Men's Health*, 5, 1, 23-35.
- Petersen, A. (2004) *Engendering Emotions*, Basingstoke: Palgrave Macmillan.
- Platt, S. (2011) Inequalities and Suicidal Behaviour, In O'Connor, R.C., Platt, S. and Gordon, J. (eds) *International Handbook of Suicide Prevention: Research, Policy and Practice*, Oxford: Wiley-Blackwell. pp. 211-234.
- Reeves, A. and Stuckler, D. (2016) Suicidality, Economic Shocks, and Egalitarian Gender Norms, *European Sociological Review*, 32, 1, 39-53.
- Riessman, C.K. (2008) *Narrative Methods for the Human Sciences*, Thousand Oaks: Sage.
- Scourfield, J. (2005) Suicidal Masculinities, *Sociological Research Online*, 10, 2.
- Scowcroft, E. (2017) Suicide statistics report 2017, London: Samaritans.
- Stack, S. (2000) Suicide: A 15-Year Review of the Sociological Literature. Part I: Cultural and Economic Factors, *Suicide and Life Threatening Behavior*, 30, 2, 145-162.
- Timmermans, S. (2005) Suicide Determination and the Professional Authority of Medical Examiners, *American Sociological Review*, 70, 2, 311-333.
- White, J., Marsh, I., Kral, M.J. and Morris, J. (2016) *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, Vancouver: UBC Press.
- Willen, S.S. (2007) Toward a Critical Phenomenology of "Illegality": State Power, Criminalization, and Abjectivity among Undocumented Migrant Workers in Tel Aviv, Israel, *International Migration*, 45, 3, 8-38.

Wray, M., Colen, C. and Pescosolido, B. (2011) The Sociology of Suicide, *Annual Review of Sociology*, 37, 1, 505-528.

Wright, J. (2018) Men Are Responsible for Mass Shootings: How toxic masculinity is killing us *Harper's Bazaar*, <https://www.harpersbazaar.com/culture/politics/a18207600/mass-shootings-male-entitlement-toxic-masculinity/>.

Wyllie, C., Platt, S., Brownlie, J., Chandler, A., Connolly, S., Evans, R., Kennelly, B., Kirtley, O., Moore, G., O'Connor, R. and Scourfield, J. (2012) *Men, Suicide and Society*, London: Samaritans.

---

<sup>i</sup> Transcription text in square brackets indicates unclear speech.