

# Historical Phenomenology: Understanding experiences of suicide and suicidality across time.

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## **Abstract**

Different cultures at different moments in history have constructed suicide differently. That seems an obvious statement, and any book which offers up a history of the topic confirms the fact. For Ian Hacking, “[t]he meanings of suicide itself are so protean across time and space that it is not so clear that there is one thing, suicide” (2008 p1), and it is not so hard to agree that meanings, descriptions and representations change, but beyond these, are there non-contingent (ahistorical and acultural) features of suicide? Is there perhaps an unchanging experience of suicidality? Many modern theories implicitly suggest there is (for example, Edwin Shneidman's notion of psychache, and Thomas Joiner's constructs of perceived burdensomeness and thwarted belongingness, can be read as attempts to describe underlying universals in the experience of suicide).

This chapter argues that theories, representations, and accounts of suicide are necessarily contingent on the contexts (cultural, historical, discursive) within which they arise, but that so too are the experiences of suicidal subjects. Historical phenomenological approaches are well placed to help illuminate these issues, and by casting light on the contingency and heterogeneity of not only representations but also experiences of suicide, assumptions implicit in contemporary ways of understanding suicide can be usefully called into question. How notions of personhood, subjectivity and agency, as well as experiences of emotions and feelings, change over time and the ways in which these contingent aspects of life might relate to experiences of suicidality are considered, and the implications for contemporary suicidology, both in terms of theory and practice, are discussed.

## Introduction

To say that different cultures at different moments in history have constructed suicide differently is probably to state the obvious. Any book which offers up a history of the subject confirms that this is so. We can read, for instance, that in Ancient Rome certain philosophers viewed acts of voluntary death as honourable; that in Europe in the Middle Ages self-murder was taken to be a heinous sin and crime; that more recently suicide has come to be thought of as a symptom or outcome of mental illness, or associated with particular economic and social structures (e.g. van Hooff 2000).

But what, actually, is the subject of these histories? There are accounts of people acting to end their own lives in pretty much all eras and in all places. That these accounts vary is easy to see, but is what they are accounts of, namely 'suicide', singular? Is there an unchanging element, essence or experience of suicide or suicidality and it is merely the descriptions and meanings that change according to place and time? Or is suicide mutable and heterogeneous? Is suicide itself – as an event, an act or experience – always an historical and cultural product, its form necessarily contingent on the context within which it arises? This chapter tries to address some of these issues, drawing on work from the fields of history and anthropology in order to cast doubt on some of the universalist assumptions implicit in many modern theories of suicide. In so doing, a different perspective on the experiences of suicidal people is offered.

It is perhaps worth noting from the outset that the term 'suicide' can be brought to bear on a broad range of acts - physician-assisted suicide, suicide bombing, political acts of suicide, self-starvation in religious ritual, suicides in the context of military tactics and actions, suicides of honour, self-sacrifice, martyrdom – so on one level the heterogeneity of what gets termed 'suicide' is also not so hard to argue (Battin 2015). What I am particularly interested in here, though, are those acts which are read as archetypally or definitively 'suicide' in contemporary mainstream academic and clinical books and articles on the subject. Within suicidology (that is the discipline concerned with the study of suicide) it tends to be taken as read that suicide is always (or almost always) pathological ('people who kill themselves are mentally ill'), and that it is primarily an individual act (that is that suicidality arises from, and is located within, the 'interiority' of a separate, singular, individual subject). There also seems to be a strong belief that research into suicide should proceed along western scientific lines ('we will come to the best understanding of suicide through studying it objectively, using the tools of Western medical science') (Marsh 2010; 2015).

Accounts of suicide constructed from within this worldview tend to assume suicide has unchanging, acultural and ahistorical elements. Certainly medico-psychiatric descriptions take mental illness, usually depression, to be a nearly universal feature of such acts, not just of the present day but also through history (e.g. Thomas 1980; Colt 2006; Pahor 2006). Psychological theories, too, have tended to work from an assumption that there are invariant

elements to suicide. One of the founders of modern suicidology, Edwin Shneidman, posited “psychache” or mental pain as a necessary and unchanging feature of suicide (Shneidman 1993; 1996). More recently Thomas Joiner (2005) and others (e.g. van Orden et al. 2010) have developed the Interpersonal Theory of Suicide which, building in part on Shneidman’s work, argues that mental pain arises due to unmet human needs – specifically thwarted belongingness and perceived burdensomeness – and that these factors, alongside an acquired capacity for suicide, are the main drivers behind acts of suicide. These elements are taken to be universals; for example, Joiner (2005) describes the need to belong as a “fundamental human motive” (p118). Similar assumptions can be found in Van Orden et al.’s later (2010) paper on the Interpersonal Theory of Suicide, “social connectedness variables are associated with suicide because they are observable indicators that a *fundamental human psychological need* is unmet; this need is described by Baumeister and Leary (1995) as the “need to belong” (p. 1). According to the theory, when this need is unmet—a state we refer to as thwarted belongingness—a desire for death develops” (p9, my emphasis). Or later, “the theory’s constructs represent the etiological mechanisms that underlie *all forms of suicidal behavior.*” (p26 my emphasis).

Arguments for the existence of invariant elements to suicide are not uncommon in contemporary suicidology; indeed, assumptions as to the near universal applicability of particular ideas can be found in most mainstream theories, with these often centring on Western notions of psychopathology. To take another example, in a recent paper Joiner and colleagues (2016) argue “that death by suicide in humans is *without exception* a derangement” (p235 my emphasis), and they state that they view “suicide as pathological—indeed an exemplar of psychopathology—and thus our position offers no support for suicide itself as adaptive or as anything other than a pathological derangement involving (and producing) great misery” (p235).

These theories of suicide raise a number of issues for me. First, I’m not sure these claims of universality are justifiable. Secondly, I’m interested in what effects those theories have on prevention practices and on suicidal subjects themselves, as well as the effects in relation to the formation of suicidal subjectivities. These are complicated issues to address, but I think historical studies of suicide can help illuminate these aspects, but perhaps only if working from particular methodological assumptions. My thinking here with regards to methodology draws on recent work in the anthropology of suicide, specifically Ludek Broz’s and Daniel Münster’s edited volume, *Suicide and Agency* (2015), and I think that their understanding of the pre-requisites for a critical anthropology of suicide, and of what such an approach can contribute, has relevance for critical historical approaches to the study of suicide too, particularly in relation to challenging taken-for-granted contemporary universalist assumptions on suicide. I will explain this approach in more detail below, then go on to argue that both anthropological and historical studies of suicide indicate that there are no essential features of suicide; that each age and culture produces its own particular forms of suicide;

and that experiences of suicidality also vary in relation to the beliefs, customs and norms of personhood found at particular times and places. This has implications for both phenomenological understandings of suicide and, more generally, with regards to the assumptions we bring to research, theory and practice on the topic, and towards the end of the chapter I will address these issues in more detail.

### **Anthropology and historical phenomenology as critical perspectives on contemporary suicidology**

In the introduction to *Suicide and Agency* (2015), Daniel Münster and Ludek Broz make clear that they believe it necessary for an anthropology of suicide to take a critical stance in relation to dominant contemporary framings;

For anthropology, the particular challenge lies in thinking beyond some of the assumptions implicit in the powerful and widespread clinical conceptualization of suicide, which presents it as a pathological and individual act, committed with wilful intent, full consciousness and unambiguous authorship, whose default subject is arguably a “Western,” male, white, middle-class human. These implicit assumptions serve as a “gold standard” of real suicide, to which all acts of self-harm are compared or ultimately attributed (Broz and Münster 2015 p3).

A degree of scepticism then towards the knowledge claims of Western suicidologists, or at the least a ‘setting aside’ of the assumptions of mainstream suicidology with regard to notions of free will, suffering, authorship, power and personhood, is necessary in order to be able to read cultural differences in suicide. Münster and Broz point to the positive example of critical medical anthropology, which has productively destabilised “Eurocentric certainties surrounding the medical sciences’ knowledge claims by bringing in questions of power, the geopolitics of knowledge, and divergent ontologies of body, personhood, health/well-being, and death” (p8). In addition, Münster and Broz argue that “the value added by anthropology lies in bringing examples of the formation of “suicidal subjectivities” from contexts characterized by very different views of morality and of (moral) personhood to the study of suicide and agency” (p17). By focussing on these elements and processes in relation to suicide, I think anthropology can act as a critical counter-force to the taken-for-granted assumptions of ‘Western’ suicidology, and Münster and Broz’s book is evidence of how productive such an approach can be. I also think that an approach committed to understanding “divergent ontologies of body, personhood, health/wellbeing and death” and the formation of suicidal subjectivities over time within different contexts is one where history also has something critical and counter-hegemonic to contribute.

Interestingly, Münster and Broz do set limits to the project of an anthropology of suicide, stating that “it is scarcely the aim of the authors [in their edited volume] to achieve an ethnographic proximity to suicide, in the sense of getting as close as possible in a temporal, spatial, or empathic sense to suicide acts. Rather, they study what may be called *suicide*

*fields*— the wider domains of practices and of sense making, out of which realized, imaginary, or disputed suicides emerge” (p9). However, I think that there is something to be said for exploring the possible relationship between such “suicide fields” and experiences of suicide and suicidality, both ethnographically and from an historical perspective. Either approach can cast light on how social values, beliefs, and practices interact in complex ways with a desire to end life – in particular on how experiences, and even the formation, of such a desire are necessarily shaped by the historical and cultural milieu within which they arise. I will now try to explore these issues a little, first by trying to think through how we might understand the relationship between culture and experience, how this relates to suicide, and how historical accounts can help us to better understand the ways in which experiences of suicide and suicidality are formed over time within particular societies.

Mapping such complex relationships is not in any way straightforward, though. For one thing, there is a widespread belief in, as Al Alvarez puts it in *A Savage God* (1971), the “closed world of suicide” (p95) with “its own irresistible logic”, where the suicidal person is taken to reside in a “shut off, impregnable but wholly convincing world” (p144). If we were to take Alvarez’s description at face value we might conclude that such a world is unavoidably beyond reach, understanding, or reconstruction from the ‘outside’ – in the present time let alone historically. I am not so sure, though, that any experience, however extreme, is completely closed or outside of culture. Even experiences which seem most private, direct and acultural such as physical or mental pain are embedded within cultural worlds. As Lakoff and Johnson (1980) argue,

“direct physical experience” is never merely a matter of having a body of a certain sort, rather, every experience takes place within a vast background of cultural presuppositions. It can be misleading, therefore, to speak of direct physical experience as though there were some core of immediate experience which we then “interpret” in terms of our conceptual system. Cultural assumptions, values, and attitudes are not a conceptual overlay which we may or may not place upon experience as we choose. It would be more correct to say that all experience is cultural through and through, that we experience our “world” in such a way that our culture is already present in the very experience itself (p57).

From such a stance – that “our culture is already present in the very experience itself” – we can assume that there are shared features and elements of experience, even of extreme states, that can be noticed, communicated, and understood. Work which has explored the social formation and constitution of those experiences usually read as private and individual in nature, and often taken to be ahistorical and acultural, such as emotions and experiences of pain (e.g. Ahmed 2014) or thought and inner speech (e.g. Fernyhough 2016) opens up possibilities for considering how the cultural and historical constructions of personhood, authorship and agency, as well as beliefs, traditions and social norms, relate to the formation of suicidal subjectivities and experiences of suicidality. Here historical and phenomenological studies can be illuminating as well as anthropological / ethnographic ones.

## Historical phenomenology

Historical phenomenological approaches have been brought to bear on a wide-range of subjects including premodern sexualities (Smith 2000); sport (Skillen 1993); and Shakespeare studies (Curran and Kearney 2012). Although not a unified field of study by any means, historical phenomenological approaches do share an interest in what it must have been like for historical subjects to experience particular sensations and feelings. As Curran and Kearney (2012) explain, “[i]f phenomenology as a philosophical school can be broadly characterized as the study of sense experience from the firstperson point of view, then historical phenomenology can be characterized, more narrowly, as the study of sense experience during a specific historical past” (p354). They go on to explain the premises at work in such an approach; “First, that feeling and sensing have a history. The way we feel sad is different from the way Shakespeare felt sad; the way we smell perfume is different from the way Queen Elizabeth smelled perfume. This is because the two experiences occur in distinct cultural, institutional, and discursive contexts” (p354). They also emphasise that, importantly, “feeling and smelling are not historical artefacts in the same way that we might argue a book, a building, or even an event is since feeling and sensing are embodied, subjective processes” (p354). “Historical phenomenology”, they argue, “therefore, embraces the dynamism and nebulosity of feeling and sensation by thinking in terms of ecologies rather than artifacts, experiences rather than objects, and by abandoning neat distinctions between persons and things” (p354).

So a starting point for an historical phenomenological approach to suicide and suicidality might be to ask how notions of personhood, subjectivity, interiority, individuality, authorship and agency change over time and the ways in which these contingent aspects of life might relate to emotions, feelings, and experiences of suicidality. However, these aspects of selfhood (e.g. ideas and experiences of interiority, individuality, authorship and agency) can be difficult to read as contingent, embedded as they are in our everyday notions of our self and others, and often presented in thoroughly realist and essentialist ways. Critical anthropological and historical approaches can cast light on assumptions of subjectivity and agency perhaps only by being reflexively aware of what assumptions are bought along with the anthropologist and historian. It is maybe only possible to highlight differences between contemporary dominant Western assumptions about personhood, subjectivity and agency by first being reflexively aware that we are always dealing with contingent, situated assumptions, not universal facts in relation to these areas. Clifford Geertz (1983) argued that a person is conceived in the western world to be “a bounded, unique, more or less integrated motivational and cognitive universe, a dynamic center of awareness, emotion, judgement and action organized into a distinctive whole and set contrastively against other such wholes and against its social and natural background” (p59). This was, he said (albeit controversially), in contrast to most other cultures. Similarly, we have a tendency to take Western contemporary conceptualisations and experiences of emotion as having universal applicability, but as Gail

Kern Paster, Katharine Rowe, and Mary Floyd-Wilson (2004) point out, our modern tendency to script emotions as individual and proprietary rather than as largely social phenomena does not map all that well against the evidence from historical records. In relation to the historical study of suicide, then, it is necessary to be aware that contemporary normative scripts may not much match those of the culture being explored.

Timothy Hill reflects on these issues in the introduction to his monograph *Ambitiosa Mors: Suicide and Self in Roman Thought and Literature* (2004). Hill argues that in order to understand Roman voluntary death, both 'suicide' and 'self' need to be carefully redefined, as carrying over contemporary meanings into a Roman context leads to fundamental misunderstandings. Hill's analysis shows that deaths that are now read as "pathological, isolated, and despairing" (p2) were in Roman sources presented as rational and social. Hill notes that,

In the modern world, suicide is a grim business. It is understood primarily as an act arising out of intense, morbid, and pathological states of mind, representative of the furthest extreme of human misery. It is above all an isolated act, isolated not only in the sense that suicides of the modern era tend to seclude themselves from others before attempting their final act, but in the sense that suicide is held by modern writers to express a sense of personal alienation so complete that others cannot conceptualize this psychological nadir even in imagination. Suicide is, in this view, a supremely individual act, utterly inscrutable to all outside observers.... Hopeless, despairing, and mentally ill, the suicide is seen in modern literary, psychological, and sociological discourse as driven to death by the intolerable pressure of some peculiarly internalized torment..." (p1-2).

The contrast with Roman forms of self-accomplished death, Hill argues, is marked. Notions of individual pathology, even of individual mental or emotional states related to the act of self-killing, are almost totally absent from ancient accounts. So too is the idea that "the act is necessarily, or even ideally, a private one" (p2) with the presence of witnesses often noted, and seemingly required by etiquette in some cases.

Many writers and scholars, reflecting on these apparently cold, rational, deliberate and often quite public 'suicides', tend to conclude that such deaths are either historical 'outliers' (anomalous to the point of uniqueness), that Roman sources were unreliable and partial in their reporting, or that they missed the obvious signs of pathology before them (Marsh, 2013). For example, Al Alvarez (1971) describes as "admirable, even enviable" the "icy heroism" of Roman aristocratic 'suicides', but concludes that "it also seems, at least from our perspective, curiously unreal. It seems impossible that life and behaviour could ever be so rational, and the will, at the moment of crisis, quite so dependable" (p83).

As Hill (2004) argues, perhaps the most difficult to grasp aspect of Roman self-killing, from a modern perspective, relates to differing notions of autonomy, agency and individuality. The Cartesian view of “the self as an entity necessarily epistemologically, ethically, and/or ontologically prior to all other entities permeates the modern Western intellectual tradition” (p14) to such an extent that ancient systems of thought can seem “paradoxical or inexplicable” (p15). Furthermore, “the divergence between modern Cartesian perspectives on the self and the concept of self that might profitably be used to render Roman discourse on suicide intelligible, however, is so extreme that the difficulty of formulating a phrase capable of linking the two is severe. Whereas in the case of the word “suicide” there exists a significant overlap between Roman and modern English discourse, the role of the subjective consciousness in Roman ethical thought is relatively so attenuated that there is no ready equivalent for the Cartesian “self” to be found in Latin writing” (p15). So whilst modern Western discourse draws upon terms and concepts such as ‘identity’, ‘self’, ‘character’, and ‘personality’ when discussing the individual in an abstract way, Latin writers, by contrast, tended to make use of “broad terms such as nos (“we/ourselves”) and hominess (“people”)” (p16), and thus made very little distinction between “individualized and generic conceptions of the person” (ibid).

Hill’s analysis points strongly to the historically contingent nature of notions of personhood, self, interiority, authorship and agency, to the extent that it becomes hard to continue to treat these as invariant in relation to suicide. As Kurt Danziger (2001) argues, and Hill exemplifies, historians need “to question the tendency to credit psychological objects with much greater historical persistence than they in fact possess and to make visible the extraordinary historical mutability of these objects” (no page number). Even fundamental distinctions between what is taken to constitute ‘inside’ and ‘outside’ – that is, what belongs to the individual or to the social realm – has been shown in historical (e.g. Paster, Rowe, and Floyd-Wilson 2004) and ethnopsychological (Danzinger 1997) studies to be culturally specific rather than universal. For instance, in their introduction to *Reading the Early Modern Passions*, Gail Kern Paster, Katharine Rowe, and Mary Floyd-Wilson explain that, “[e]arly modern psychology... only partially shares the priority we place on inwardness, alongside very different conceptions of emotions as physical, environmental, and external phenomena” (p15).

An understanding of the contingency of constructs often read as unchanging, such as ‘the individual’, ‘the mind’, the form distinctions such as ‘inside-outside’ take, or where emotions are said to reside, allows us to ask questions not only about how such ideas and distinctions appear at different points in history, but also about how particular constructions shape experience. Such an approach can cast light not only on the contingency and mutability of elements involved in the constitution of suicide and the ‘suicidal individual’, but also on how the experience of being suicidal relates to, and maybe relies upon, certain socially constructed notions of individuality, selfhood and so on.

Issues around sameness and difference, continuity and discontinuity are, of course, of concern to historians of suicide. Whilst not all address these matters in as direct or comprehensive a way as Timothy Hill in *Ambitiosa Mors*, judgements as to whether suicide and suicidality have ahistorical elements are necessarily present (implicitly if not explicitly). As an example, Marzio Barbagli in *Farewell to the World: A History of Suicide* (2015) writes in the introduction that “relations between the psychological and psychiatric variables, on the one hand, and culture, political and social ones, on the other, are complex and have not been sufficiently studied for their relevance to suicide, but they are unquestionably numerous and highly important. In the first place, the significance attributed to the symptoms of some disorders (both mental and physical), which, in combination with other circumstances, may lead a person to take their life, varies from culture to culture” (p11) – which seems to be suggesting that “psychological and psychiatric” symptoms exist at some level in an invariant form outside of culture, politics, and society (and history too), but the importance attributed to them is variable. This line of thought can be seen in Barbagli’s brief case study of Virginia Woolf. When discussing the “horror” Virginia Woolf experienced when suicidal, Barbagli asserts that she was “bipolar and experienced bouts of mania and depression” (p11). Barbagli then goes on to ask, and partially answer, an interesting question, “how would Virginia Woolf have acted had she lived in the Middle Ages? Of course, no one can say. However, she might well have interpreted her feelings very differently, attributing the ‘horror’ to Satan’s influence” (p11). What is taken, in accounts such as Barbagli’s, to vary historically and culturally are interpretations of feelings, but the feelings themselves, even when ‘transported’ to an earlier age, are read as unchanging, as indeed is the experiencing subject herself.

However, if we accept Lakoff and Johnson’s (1980) premise that “culture is already present in the very experience itself” (p57) – that is, that the constituent elements of experience are cultural through and through – then that opens up an unsettling possibility, namely that the ways in which we frame issues of selfhood, emotion, and agency are not outside of peoples’ experiences of suicide and suicidality but are intrinsic to it. As Chlöe Taylor (2015) argues, “the suicidal subject, similar to the mentally ill subject, the delinquent, and the sexual subject, is not so much an object of scientific knowledge as a product of it. The psychological sciences have not so much come to understand the truth of suicide... as they have constituted a new reality, making of suicide a subject position, a human kind, or an identity. Troublingly, this means that the discourses and practices that we draw upon to understand and to prevent suicide may in fact contribute to creating subjects bound to kill themselves, or at least to contemplate suicide throughout their lives” (Taylor p18). Of course, such a reading makes no judgement in relation to the intentions or objectives of the psy-professions, but even so the claim that the production and circulation of expert scientific knowledge in relation to suicide has a bearing on peoples’ experiences of suicide and suicidality, not always in positive ways, is perhaps not easily assimilated or accepted. Taylor (2015), though, skilfully demonstrates how such an analysis can be applied to help understand the life and suicide of a contemporary figure (the Québécoise writer Nelly Arcan) – that is, how psychological and psychiatric

discourses and practices act to form and shape experiences of suicidality – and I'd like to draw on a similar approach to try to illuminate the experiences of suicidality, and eventual suicide, of an historical figure (the English painter Benjamin Haydon, who died in 1846).

### **Benjamin Haydon**

The early nineteenth-century saw the emergence of a medico-psychiatric style of thought which was brought to bear on the problem of suicide. A vocabulary of medicine and science were utilised to reconceptualise suicide as primarily a question of pathology rather than morality or criminality (Hacking 1990; Marsh 2010). New truths of suicide, based on ideas of diseased interiorities (both bodily and mental), were constructed for the first time (e.g. Esquirol 1821), and these notions came to exert a powerful effect in terms of the formation of objects, concepts, and subjects in relation to suicide (Marsh 2010). I would argue that new forms of suicide, and different ways of experiencing a desire to die, came into being in relation to the production and dissemination of authoritative medical truths in this period, and the life and death of the painter Benjamin Haydon is illustrative of these. Haydon kept a detailed journal and wrote an autobiography, and whilst, undoubtedly, many forces were at work in Haydon's suicide (disappointment over the reception of his paintings, debts, and so on) there can be discerned in his writings a relationship between Haydon's thoughts (if we take his journal as a record of such), his actions, and the truth of himself as constituted by medico-psychiatric discourse and practices.

Historian Barbara Gates (1989) writes that Haydon was "morbidly interested" in the relationship of the "physical brain to the act of self-destruction" (p15). In a journal entry of 1821 he had written;

I am inclined to imagine that much of the pain and anxiety of mind I have suffered for the last few days arose from nothing more or less than indigestion. My stomach was heated and affected my brain. Suppose in that humour I had shot myself! Would a superior Being have destroyed my soul, because, my brain being irritated by an indigestion, I had in a state of perturbation put an end to a painful existence? Surely not! (in Taylor 1853 volume II p17).

Haydon evidently had an awareness of how the viscera and brain were held to be connected within the emerging medical thought of the time. He attributed his "perturbation" to his "heated" stomach affecting his brain, and that these are linked to thoughts of self-destruction. The suicides of Sir Samuel Romilly (in 1818) and Castlereagh (in 1822) were, Haydon believed, due to an excess of blood in the brain, writing that "the two must have achieved relief when they cut their throats and the blood began to flow, removing the pressure built up in their brains" (in Gates 1989 p15). In his diary Haydon had written; "[i]t may be laid down that self destruction is the physical mode of relieving a diseased brain, because the first impression on a brain diseased, or diseased for a Time, is the necessity of this horrid crime. There is no doubt of it" (in Taylor 1853 volume III p169). In 1846 Haydon

shot himself in the head and then cut his throat believing he was suffering from a “diseased brain” that required relief through blood letting.

Although it could be argued that in many ways Haydon’s death was unrepresentative of suicides in general at this time (Anderson 1987), the fact that he conceived of self-destruction in terms of pathological anatomy, that the ‘truth’ of his troubles were to be found in medical theories of organic disease that necessitated a drastic physical remedy, points to the formation of new ways of thinking, acting but also experiencing in relation to suffering and suicide. Medical science was not involved solely in the discovery or uncovering of the facts of suicide; rather there was a production and circulation of new authoritative ideas around suicide that created new objects of study (e.g. the diseased brain, categories of illness such as “suicidal monomania”), and new modes of being in relation to such objects (suicidal patients with an excess of blood on the brain, the “suicidal monomaniac”) and, relatedly, new forms of experience.

## **Conclusions**

I think these processes and sets of relations are always present. That is, experiences of suicidality, as well as the form and meanings of suicidal acts themselves, are always constituted from available, historically situated, cultural sources. If, however, we assume, as do many contemporary theories of suicide, that both suicide and the experience of suicidality are underpinned by unchanging, universal elements we are likely to overlook many of the cultural and historical factors involved in their formation. Understanding the contingency of the suicidal subject, though, (and the constituting elements of such a subject), allows for a different way of approaching the issue. Our investigations would focus less on trying to locate assumed invariable elements of suicide (e.g. psychache, perceived burdensomeness or thwarted belongingness) and instead look to understand the changing cultural forces involved in the formation of suicidal subjects over time. Such a stance would open up very different ways of understanding suicide and the experience of being suicidal. For instance, authoritative contemporary descriptions of suicide could be understood not as universally applicable, objective descriptions of reality but rather as distinctive styles of thought that produce particular effects. We would be able to understand the ways in which vocabularies, concepts, metaphors, images and stories are used to form certain ways of framing suicide, and that these descriptions partially (but often quite forcefully) shape the experiences of people within their sphere of influence – suicidal individuals, survivors, mental health professionals, indeed each of us.

Such a focus on the historical and cultural formation of suicidal subjectivities also creates possibilities for exploring what could be considered the ‘politics of suicide’. Mark Button (2016) frames these as involving both the interrogation of “the cultural scripts that sustain a punitive model of human agency” as well as “addressing the material-institutional conditions

that prevent a dignified form of reciprocal social care from forming” (p6). The first points to an approach which doesn't take for granted notions such as 'intention', 'agency', 'autonomy', or even 'mental' or 'psychological', but which instead interrogates the effects of such constructions on our sense of self and it's perceived livability, particularly in relation to those in society who are marginalised or deemed 'other'. The second opens up consideration of what a social justice approach to suicide would look like – a move away from psychocentric understandings (the reducing of human problems to flaws in individual bodies/minds) (Rimke 2010; Rimke and Brock 2012) of suicide to approaches which centre more on questions of exclusion and oppression, politics, stigma, relations of power, and hate (Reynolds 2016).

For suicide prevention practices to be more effective it might be that we need to rethink what it is to be suicidal. Historical phenomenology and the study of anthropological differences can help us to understand that our current understandings of suicide and approaches to prevention are based on culturally and historically situated notions of personhood and experience – drawn from a limited disciplinary base – which perpetuates a restrictive focus on individual pathology read as being universally applicable. Understanding the contingency of suicide and the experience of being suicidal allows us to shift our focus in attempts to make sense of such acts and experiences, as well as allowing us to question the assumptions which currently underlie our ways of responding to people experiencing a desire to die.

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