Commentary

Critical Perspectives in a Social Suicidology

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Abstract

In this essay I will attempt to demonstrate the unwillingness of scholars to breach disciplinary constraints of suicide research, resulting in significant shortcomings towards capturing the particularity of suicide. I suggest that an interdisciplinary review of suicidology will display the necessity of relying on multidisciplinary approaches to effectively inform suicidology. Studies that wholly rely on quantitative approaches do not address the important question, ''why suicide?'' while cultural theories of suicide can be developed through qualitative ethnography. I believe that a narrow focus on individual psychology or sociological statistics does not give enough attention to contextual understandings of suicide. Qualitative research may contribute to a deeper understanding of context in suicide studies. Moreover, a surveillance of literature that situates suicide as an object of study will show that there are various components that are deemed invaluable to suicidology. I argue that these components must be juxtaposed with local constructions of knowledge contextual meanings of and about suicide. While it is understood that it is impossible to adequately cover the entirety of available literature on suicide, the goal here is to display suicide's place within academia; only then can it be suggested where current suicidology falls short, and where it needs to go. Suicidology has greatly developed within the social sciences since Durkheim's (1951) classical study. However, I suggest that the tendency to construct studies and theories within the boundaries of a given discipline may hinder the complex phenomenon that is suicide.

Keywords: Context; Durkheim; Psychology; Conceptions

Highlights

- Rethinking suicide types, definitions
- Advocating for context in suicide studies
- Juxtaposing social sciences with individual psychology
- Identifying gender issues in suicide research, existing theories
- Suggesting avenues for suicide prevention

Introduction

The subject of suicide has a unique position in anthropology. As such, it has been argued that there exists a dichotomy in the study of suicide between psychiatric medical science and quantitative epidemiology/ sociology [1]. Münster & Broz [1] also contend that anthropology contributes to both of these currents; anthropology destabilizes the psychiatric field by questioning conceptions of health and illness, and "makes sense" of suicides; anthropology contributes to sociological branch by "making statistical representations and their effects the main ethnographic inquiry". However, I may add that a trichotomy exists, as I parallel White, Marsh, Kral, & Morris' [2] argument that a positivist, quantitative approach leaves out important voices. Furthermore, quantitative studies do not address the important question, ''why suicide?'' while cultural theories of suicide can be developed through qualitative ethnography [3]. It is time for anthropology to shed light on the subject. I believe that a narrow focus on individual psychology or sociological statistics does not give enough attention to contextual understandings of suicide.

Qualitative research may contribute to a deeper understanding of context in suicide studies [4].

Why does this matter? A surveillance of literature that situates suicide as an object of study will show that there are various components that are deemed invaluable to suicidology. I argue that these components must be juxtaposed with local constructions of knowledge contextual meanings of and about suicide. This essay will not argue for one of the fields presented in the former trichotomy; the claim of there being a singularly correct way of studying suicide is beyond the scope of this essay. In fact, it seems to be a largely unprovable hypothesis. Rather, this essay will discuss various components of suicidology put forth by authors from contrasting academic backgrounds. While it is understood that it is impossible to adequately cover the entirety of available literature on suicide, the goal here is to display suicide's place within academia, keeping the trichotomy in mind. Only then can it be suggested where current suicidology falls short, and where it needs to go.

Suicidology has greatly developed within the social sciences since Durkheim's [5] classical study. However, I might suggest that the tendency to construct studies and theories within the boundaries of a given discipline may hinder the complex phenomenon that is suicide. In this essay I will attempt to demonstrate the unwillingness of scholars to breach such disciplinary constraints, resulting in significant shortcomings in their work. Even Durkheim can be criticized in this manner, a topic that will be discussed below. I suggest that a review of suicidology through the different lenses of the aforementioned trichotomy will display the necessity of

relying on multidisciplinary approaches to effectively inform suicidology.

Defining Suicide and Typologies

It seems logical to begin with a definition of suicide and work from there. This is indeed what Durkheim [5] did in his classical study: "the term suicide is applied to all cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result". Durkheim posited this definition on the basis that suicide has common qualities objective enough to be recognizable by all. But there are problems with both this definition, and the very act of beginning with a definition. For example, suicide attempts were left out of Durkheim's study, even though they are clearly "suicidal behavior" and that they are more common than actual suicides [6]. Furthermore, suicidal intent was left out of Durkheim's classification as he was rather focused on the result [7]. By excluding suicide attempts and intent, women were not represented in Durkheim's study fairly; women commit more suicide attempts than men but follow through less on actually achieving death [6,8]. Therefore, a large area of suicidal behavior went unchecked in Durkheim's study. Moreover, Durkheim forced women into his typology by assuming that women's suicides resulted from modernity and gender role stress [6].

By starting with a definition of suicide, contradictory evidence can be forced into typology instead of reconsidering the core theory. Kushner & Sterk [6] highlight that the data that Durkheim used were inconsistent with his definition of what constituted a suicide and the typology he constructed. Perhaps confirmation bias can be more appropriately avoided by refraining from starting with a definition and trying to fit evidence within its framework. Therefore, I parallel the approach of Münster & Broz [1] that forgoes beginning with a definition of suicide and instead investigates phenomena that may contribute to understanding what suicide constitutes. However, how can we do this without a rough idea of what suicide actually means? This is a question that has typically been ignored in suicide research [9].

Context-Based Understandings of Suicide

Anthropology is critical of universal notions of suicide [1,10,11]. "Why" someone commits suicide contains an infinite number of elements, and possibly can never be fully understood. However, it is possible to identify salient elements that may be correlated with suicide and its formation as a concept. For example, why do authors advocate for suicide research to be sensitive towards local cultural, experiential, and environmental conditions [10,12,13]? It is evident to posit that suicide achieves death, or that a suicide attempt is an attempt to achieve death, but what does death mean? Or perhaps suicide is not that simplistic, in that we cannot universally say that suicide achieves death. Let us treat death, as well as suicide, as cultural constructions. It is it necessary to recognize one's embodied knowledge about

death, as one may draw on unconscious perspectives that were shaped by their socialization with a particular web of cultural circumstances when committing suicide [11]. For example, Flora [9] details the common case of names and identities passing through death in Greenland. If one physically kills themselves, as in they achieve a biological death in western terms, this is deemed a suicide; however, their essence, qualities, memories, and other elements of their person can be passed on through their name to subsequent generations. It is a form of reincarceration. In contrast, those who experience a state of irreversible anger may turn away from society and walk through wilderness, known as Qivttoq. Flora describes how this is a social death, but not a physical death, like suicide. Qivttoq is not celebrated, and not socially carried on in name or memory. Suicide as a universal concept would fit poorly in this case; Durkheim's definition would fit in both suicide and Qivttoq, as a death is knowingly achieved; however, it would be strikingly problematic to group suicide and Qivttoq together as the same phenomenon, as the circumstances post-death are so different.

If death is a salient element that claws at the particularity of suicide, then conceptions of life should be included in this discussion. In asking "what" causes suicide, local constructions of personhood and agency need to be considered since suicide cannot be wholly understood as an isolated or individual act [1,11]. I suggest that an equilibrium of health is what shapes personhood and life. This equilibrium, like death, must be contextually understood; the lack of equilibrium is a social illness [14]. For example, Wexler & Gone [13] suggest that cultural understandings set the parameters around sick and healthy rolls, subsequently structuring the most appropriate remedies. Applied to suicide prevention, this forwards approaches that rely on cultural understandings and variance, rather than a dominant view that can be universally applied. It is necessary, then, to understand any equilibrium of health in a specific context. What it means to be healthy or sick is not universal. Flora [9] suggests that loneliness is the greatest ill for villagers in Greenland, achieving a social death; however, Qivttoq is not a universally held concept. Therefore, if life and health are assumed to be homogenous in meaning, voices of those in marginalized positions are neglected [15]. Furthermore, understanding the cultural story that is impacting person's understanding of their emotional states and thought processes allows for a more effective locating of the discomfort and meaning that surrounds suicide, instead of simplifying the complexity of life to a diagnosis or behavioral pattern [15].

Social Forces and Agency

Staples' [11] argument that suicide cannot be understood as merely individual is salient as it calls for society to be included in suicide studies. In fact, society is seen as naturally producing a number of suicides [5,16]. The question arises then of whether or not society is deterministic of suicide. Is it as Durkheim [5] argues, that suicide's determining conditions are always of a certain general nature? Durkheim further posits that certain states of social

environment will always produce a number of suicides. Is this analysis completely removing agency from the individual? Indeed, it has been argued that suicides conform to social rules and are understood in particular ways by those left behind by suicide [11]. Staples also argues that those committing suicide are social actors rather than agents, as they behave in predetermined ways, as in sticking to certain methods of suicide, but criticizes such analysis as it does not adequately account for the complex relationships involved in a suicide attempt. Jaworski [17] adds that Durkheim's analysis argues that suicide is bound to the particular methods that shape it as a social outcome. It is clear then that Durkheim's fetish with the outcome or result of suicide glosses over suicide attempts.

We therefore arrive at a tension of agency in suicidology [1]; agency must be attributed as suicide is an intentional action and is different from other ways of dying. However, suicidology denies agency for there are universal causes beyond ones' control, denying situated political and cultural meanings of suicide. While agency is a vital part of suicidology, it may be suggested that the very intent Broz & Münster deem present could be shaped by social forces. Embodied knowledge about death and life is surely not innate [11]. However, not all of those who experience oppressive social forces commit suicide [9]. It is agreeable then that shifting agency away to the motive possibly diminishes authorship from the suicidal subject [7]. I find it necessary to shift the tension; it may be more salient to discuss why some individuals commit suicide under social forces and why some do not. The problem with assuming the suicide of society at a given time is sui generis (Durkheim, 1951), then, is that this analysis would assume that people are destined to respond uniformly to oppressive social forces. While agency can be tempered with social constraint (Staples, 2016), it is inadequate to attribute suicide to social forces; likewise, it is not enough to remove society's influence altogether.

Suicide and the Collective

Durkheim [5] focused on the collective consciousness, being the shared beliefs and meanings individual held within society, including the morality of suicide, in his study. This perspective remains salient today, as suicide can represent a disruption in status quo; the release from a helpless situation is achieved through the collective consciousness, or embodied knowledge, of what suicide can achieve [11]. On the subject of suicide not being a mere individual act, Staples & Widger [18] posit that understanding suicidal behavior in relation to others, rather than the self, is more important; both the causes and consequences of suicidal behavior are relational. This is to say anthropology's most salient contribution to suicidology is to see suicide as an occurrence in a nexus of bodies and relationships, in which 'self' and 'other' provides some form of meaning [18]. In other words, suicide must be studied in relation to the society and the organisms that form it; we must analyze how suicide intersects with the collective.

Suicide affects the collective as much as the individual. Reyes-Foster [14] writes that "the self is not merely one part of the community; rather, the entire community is a system of selves connected in space and time". It has been argued thus far that local constructions of the person, death, and life are salient in suicide research; the self especially is a concept that can be defined through linkages to others, as in an equilibrium dependent on a state of harmony with others [14]. There is a paradox when studying the collective in relation to suicide. On one hand, it is argued that violations of moral economy can lead to self-inflicted death, rather than collective action [19]. Perhaps this is best understood through Durkheim's [5] altruistic suicide, in that it is a sacrifice of life due to failure of an obligation. In other words, a violation of the collective can lead to suicide. However, suicide itself can be defined as a crime against the state; by committing suicide, the individual places his or her own interests above those of the collective [20]. Suicide in response to and as a form of relational violence is also a method itself of moral regulation about the self and others [21]. Pinnow [20] makes the following conclusion "We therefore should not read the information on suicide and violence as a mere summaries of reality, but instead interpret them within the larger framework of the revolutionary effort to achieve the dream of collective harmony...(perhaps) there could be no suicide... since it resulted in multiple victims-- the individual and the social body to which he or she belong". This is an interesting assertion; must we always consider every being, whether physical or conceptual, that is affected by suicide?

Women and Suicide

A more in-depth focus on women's suicides demonstrates two things in suicide literature: theories that exclude suicide attempts mischaracterize women's suicidal behavior; and theories that are not contextualized dangerously generalize female suicide. According to Kushner [22], women would have emerged as a group at greatest risk of self-destructive behavior if Durkheim would have included suicide attempts in his definition. Instead, female suicide was portrayed as an individual emotional act, a deviation from their less-conflicted traditional roles. Durkheim's [5] classical study on suicide assumed that women's place in traditional family life protected them from suicide, and therefore left no option to classify suicide as female behavior; this is strong criticism of Durkheim's study [22].

Literature on female suicide attempts show that women's suicides are often viewed negatively as cries for help or attention-seeking; this glosses over seeing attempts in relation to gendered inequities in relationships at home and work, or towards emotional pain and shame [23]. This failure reproduces inequities and may obscure effective suicide prevention. Furthermore, Eikjok points out that indigenous women are in a twofold subordinate position relative to the mainstream population because of their status as women and indigenous [24].

Chua [8] writes that male suicides are typically seen as self-authored acts directed against in personal adversities, while female suicides as impulsive or fraudulent acts gone awry and directed at personal troubles. It has been argued

hitherto that conceptions of personhood, life, and death need to be considered when understanding suicide. While Durkheim's prediction that women's role specialization would increase through time was incorrect, I posit all suicides should be considered, and therefore understood, with inclusion of the oppression that the suicidal person endures from inequalities in relationships, society, and hierarchies. These phenomena obviously vary in different places, perhaps most starkly between gender-equality progressive countries and those that still must fight for women's rights. Determinations on whether or not a suicide is a cry for help solely based on gender are malformed; furthermore, suicide attempts should not be excluded from suicide research.

The subordinate position of women in society, as well as existing inequities, needs to be more closely accounted for when studying female suicide. Peuchet & Marx [16] link women's oppression in marriage to suicide, as social conditions permit husbands to have complete control of their wives; "for she is but a part of his inventory...above all, the jealous man is a private property owner". Anderson [25] writes that Marx critiques bourgeois marriage as an oppressive institution that should not be regarded as a fixed universal, while Durkheim advocates for a functionalist argument, positing that role specialization is on the increase throughout modern society; the oppressiveness of the bourgeois family is directly responsible for many cases of female suicide, especially for young women. While we are unlikely to be able to say that a single social institution is responsible for suicides among women, it is clear that there exists discrepancies in how oppression is both experienced and created by social institutions between genders. It is not in the scope of this essay to argue that women's suicides are attributable to marriage; rather, the point here is that juxtaposing gender and societal oppression must be a key area of suicidology. If paid closer attention to, understandings of female suicides may gain valuable perspectives and could be more contextually informed.

Risk Factors and Psychology

In contrast to discussing social forces in relation to suicide, I find it necessary to include psychology for the reason that theories of suicide often take such an approach; suicide is typically looked at from an individual perspective, as a symptom of psychopathology [26]. It would be misleading to leave out the populated areas of literature and research that are informed by individual psychology. The atomistic investment in developing profiles of the suicidal person is characteristic of suicide from an individual psychology standpoint, a perspective that has been fairly dominant [10]. In building such a profile, risk factors become most salient in determining suicidal behavior; in other words, we can study suicide as a patterned phenomenon. Determining the phenomena that lead people to take their lives, or that put them most at-risk to do so, could be effective in understanding suicidal behavior. Those invested in studying risk factors would argue that the elimination of certain risk factors could lead to prevention of suicide [27].

These perspectives find much criticism in literature, however, with an unsurprising amount coming from the social sciences. Ansloos [10] holds that individual factors reinforce notions of the suicidal self as disordered, contrasted against coherency and health. I find this analysis salient as it advocates for the inclusion of context-based study; that is, conceptions of "healthy" and "disordered" are socially constructed, an understanding that would be glossed over with a focus on individual psychology. Hjelmeland [4] adds that focusing on most commonly known risk factors does not adequately compensate for those who do not commit suicide; as most people living with risk factors do not kill themselves, even after living with such factors for years, juxtaposing risk factors with the suicidality of some members in a group is not essential to suicide studies.

It is also necessary when discussing risk factors to highlight differences between those that predispose one to suicide, and factors that could be otherwise understood as psychological problems. Carstens [27] writes that psychological problems are rooted in social problems while predisposing factors might be considered part of the genetic domain. It seems another unprovable hypothesis to assume that suicidality is innate; therefore, can risk factors be useful in suicidality? I would contend that studying social forces and oppression and how they can cultivate increased risks to suicide is a useful parameter. For example, Uttjek [24] describes consequences of colonialism may be various traumas such as social and psychological distress, discrimination, violence, and ultimately suicide. To say that one is in an increased state of vulnerability towards suicide because of social forces may be useful in determining differences in suicide rates across social groups. However, risk factors alone do not suffice. Risk factors, like conceptions of life and death, must be understood in cultural contexts. Risk factors such as depression cannot be universally deemed as risk factors to suicide, as a cause-and-effect relationship cannot be proven. Risk factors also do not have a predetermined path of behavior. To say that a social group is more oppressed than another, has more risk factors to suicide, therefore accounting for a higher suicide rate, is an insufficient hypothesis. This would be inconsistent with groups that may gain solidarity through oppression; for example, Durkheim [5] uses the example of Jews experiencing unity by experiencing hostility from Christianity, an effect that made Jews as a group less vulnerable to egoistic suicide.

Suicide Prevention

Carstens' [27] criticism that using risk factors depicts suicide as preventable suggests that suicide should not be thought of something that can be completely prevented. When designing conceptions that combat suicide, or efforts that intend to prevent suicide, are we saying that every suicidal individual that completes the program successfully can change their course of taking their own life? And what perspectives should prevention programs be founded by? White [28] warns against the view that the application of

empirical knowledge and rationalism can completely prevent and fully understand suicide. Suicide is not a static entity that is universally conceived.

Psychology-based intervention may indeed use risk factors such as depression as their basis for preventing suicide. Under the premise that the suicidal individual is disordered, a "healthy" state of mental health becomes the goal. Those who fall short of this equilibrium commit suicide, but if equilibrium can be restored, the individual may not end up committing suicide. Ansloos [10] criticizes this sort of mental health promotion as it lacks engagement with logics informed by social and structural dimensions, limiting the range of actions that will be carried out. Perhaps it is ineffective to treat the symptom, rather than the cause; if prevention programs treat one as the "disordered" individual, are we really preventing suicide? This approach does nothing to account for the social pressures that can lead to risk factors, nor does it inform prevention for anyone other than the specific individual in question.

As previously mentioned, suicide is not a universal concept. What it means to commit suicide must be thought of in a similar light to how we conceive death: understandings are social constructions, and any conceptions that gloss-over context are malformed. Contending that suicide can be only understood and prevented by western pathology and mental health represents and enacts yet another form of colonialism [13]. If programs fail to juxtapose suicide with social, cultural, political, and economic aspects of people's lives, they may serve to reproduce inequities and obscure different, more effective approaches to prevention [23].

What then, can we do with society to inform effective, context-based suicide prevention? Discussing the prevention of suicide, Peuchet & Marx [16] write that any attempts "short of a total reform of the organization of our current society… would be in vain". For them, the primary causes of suicide were the mistreatments and injustices that those in subordinate positions received from superiors that they depended on. Recognizing and challenging oppressive social practices communities is in itself engaging in suicide prevention [29]. Therefore, the shift of suicide away from merely an individual phenomenon may be a good place to start. If suicide can be understood with the inclusion of collective, communal distress and suffering, preventions must also do so [13]. It is argued that the most successful prevention programs belong to and originate from the community itself [3,26;emphasis added]. Perhaps this is best attributed to the idea that community members, friends, and family best understand the specific social context of the suicidal person [13].

Therefore, it is argued that suicide can be more preventable by a closer attention to insider knowledge [30]. It is not the goal here to argue that suicide as a phenomenon is something that can be completely remedied; but perhaps holistic approaches that do not focus on individual risk factors and instead include context-based understandings of suicide, including social aspects, can be more effective in informing suicide prevention.

Conclusion

Let us return to Broz & Münster's [1] tension of agency. The idea that suicidology is both promoting the suicidal subject's agency while simultaneously taking it away from them naturally calls for a holistic approach. As I mentioned in the introduction, I do not advocate for one field, or one section of the aforementioned trichotomy, as being superior when studying suicide. Ideas like the tension of agency in suicidology do not narrowly argue for one side. I believe that suicidology is a complex field that requires a holistic perspective. For example, although risk factors may be criticized for suggesting that the elimination of such can result in the prevention of suicide, they are useful in identifying common factors and states of mind associated with suicide, if nothing else. However, individual psychology is insufficient alone to fully understand the complexities of cultural conceptions and context; White [28] asks: "If suicide itself were to be reconceptualized as a political issue and a "public trouble" (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response?". Indeed, being critical of remaining within the confines of individual psychology opens us to new possibilities and directions. Furthermore, studying social forces à la Durkheim allows for society to be critiqued as the cause for distress and the promotion of a healthy equilibrium of solidarity between community members; however, we also must remain skeptical about claims that increased submersion in community activity leads to improved health and consequently reduced suicide rates [6]. Durkheim's lack of qualitative data and reliance on sociological statistics also may inappropriately represent those being studied; Kral [26], writing about Inuit suicide, quips, "It is important to privilege the voices of Inuit because it is their lives at this book is about". Therefore, qualitative studies and ethnography are needed for suicidology, most effectively by contributing contextual understandings of life, death, health, and other phenomena associated with suicide. In conclusion, I argue that suicidology benefits from many different backgrounds of inquiry, each with valuable contributions, and each with its own insufficiency alone.

Funding

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