Part I

Introduction and analytic strategy

My aim will be to show you how social practices may engender domains of knowledge that not only bring new objects, new concepts, and new techniques to light, but also give rise to totally new forms of subjects and subjects of knowledge. The subject of knowledge itself has a history; the relation of the subject to the object; or, more clearly, truth itself has a history.   Michel Foucault (2002a)

A critique is not a matter of saying that things are not right as they are. It is a matter of pointing out on what kinds of assumptions, what kinds of familiar, unchallenged, unconsidered modes of thought the practices that we accept rest.   Michel Foucault (1988a)

1   Introduction

Foucault, critique and the study of suicide

This book, which is for the most part influenced by the work of Michel Foucault, critically examines contemporary approaches to the problem of suicide. From Foucault comes a focus on relations of power, knowledge and the subject, and it is argued that it is possible to identify certain principles and strategies of analysis from Foucault's own studies (e.g. *Madness and Civilization*, 1965; *Discipline and Punish*, 1977 and *The History of Sexuality*, vol. I: *An Introduction*, 1981) that can usefully be employed to interrogate the assumptions and certainties embedded in our beliefs, attitudes and practices concerning suicide and the suicidal.

One way of characterising Foucault's work (and there are many ways of so doing it must be admitted, as even a brief survey of the secondary literature will confirm) would be to say that it concerned itself with mapping the often complex relationships between the production, dissemination and circulation of authoritative knowledge, particular relations of power-to-knowledge and knowledge-to-power, and certain 'truth effects' in terms of the constitution of objects and subjects of knowledge. This book looks to map such relations with regard to the ways in which suicide and the suicidal are most commonly conceptualised and responded to in practice.

Foucault's writings were also forms of critique – they sought to call into question the 'taken-for-granted', and to cast light on and challenge the necessity of the 'kinds of familiar, unchallenged, unconsidered modes of thought [on which] the practices that we accept rest' (Foucault, 1988a, p. 155). Foucault's book-length studies of madness, discipline and punishment, and sexuality could be said to be, in part, attempts to trace the ways in which certain 'authoritative knowledges' were produced, circulated and organised, how particular 'regimes of truth' (Foucault, 2002a, p. 131) could come to be formed, and, importantly, as kinds of critical analyses, to map the 'truth effects' that followed. Analysis of the possibilities for thought and action opened up by particular 'truth-telling'

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practices proceeded alongside consideration of the ways in which they could be said to be problematic.

Such a critical approach can usefully be brought to bear, I believe, on the study of suicide. Suicide is now read, almost always, as a tragedy, one caused primarily by pathological processes internal to the individual that require expert diagnosis and management. Such is the dominance of this position that it is possible to speak here of a contemporary 'regime of truth', one centring on a compulsory ontology of pathology in relation to suicide. Obviously, attempts to understand suicide and to prevent its occurrence by focusing on questions of illness and pathology possess an obvious ration-ale but the assumptions embedded within these approaches, and their effects (in terms of both intended and unintended consequences) have not them-selves been the subject of any sustained critical analysis (with one or two notable exceptions, e.g. Szasz, 1999; Stevenson and Cutcliffe, 2006). One aim of this book is, therefore, to explore the possibilities for thought and action that the insistence on reading suicide as pathological opens up, as well as to examine the limitations imposed by the dominance and hegemonising tendencies of this particular 'regime' (evidenced, perhaps, by the margin-alisation of other meanings of self-accomplished death – an act of protest or resistance, of self-determination, choice or will, an event of moral, criminal or political concern, even as a subject of philosophical debate).

In many of his writings Foucault made strategic use of historical anal-ysis as a means of unsettling contemporary claims to truth by drawing attention to the numerous contingencies that underlay the certainties of the present, but also by mapping the vested (but often veiled) interests at work in the making of such claims (again, as examples, 1965, 1977, and 1981). The central idea is that particular truths have a history that can usefully be traced in the service of critique. In an interview in 1983, Foucault commented on how certain forms of historical analysis could allow an understanding of the contingencies of contemporary truths and practices to emerge, and how this could, in turn, open up a conceptual space, freed from 'necessities' imposed by the present, where other ways of thinking and acting become possible. Foucault explicitly linked the use of a historicist approach to addressing concerns in the present, and the opening up of possibilities for the future. For Foucault, a 'diagnosing' of the present

does not consist in simply characterizing what we are, but in following the lines of fragility of the present, in coming to grasp in what way that which is and how that which is could no longer be that which is. And it is in this sense that the description should be made according to that kind of virtual rupture that opens a space of freedom, understood as a space of concrete freedom, that is to say, of possible transformation. (In Davidson, 2001, p. 189)

It can be by means of the 'recourse to history' that such possibilities can come to be realised, for

what different forms of rationality present as their necessary condition one can perfectly well do the history of, and recover the network of contingencies from which it has emerged; which does not mean however that these forms of rationality were irrational; it means that they rest on a base of human practice and of human history and since these things have been made, they can, provided one knows how they were made, be unmade. (Davidson, 2001, p. 189)

In a similar vein, Nikolas Rose (1998) speaks of 'a critical history' that 'helps us think about the nature and limits of our present, about the conditions under which that which we take for truth and reality has been established' (p. 18). For Rose, such a critical history 'disturbs and fragments, it reveals the fragility of that which seems solid, the contingency of that which seems necessary … [i]t enables us to think *against* the present, in the sense of exploring its horizons and conditions of possibility' (p. 18).

A similarly historicist approach can be useful, it is argued, as a way of 'diagnosing' the present and of unsettling 'taken-for-granted' truths so as to open up possibilities for thinking and acting differently with regard to suicide and the suicidal. There have, of course, been many histories of suicide published (e.g. Anderson, 1987; MacDonald and Murphy, 1990; Murray, 1998, 2000; Minois, 1999) but analysis in terms of relations of power, knowledge and the subject has been partial at most (perhaps certain chapters in Ian Hacking's *The Taming of Chance* (1990) come closest, despite this not being the book's primary aim by any means). So a 'Foucauldian' analysis is employed here in order to map the formation, consolidation and expansion of a 'regime of truth' centring on a compulsory ontology of pathology in relation to suicide that has come to be so dominant. The conditions of possibility for such a regime, the site of its formation, the means by which relations of power and of power-knowledge acted to produce its truths and justify its practices, and its effects in terms of the objects, concepts and subjects formed, are the broad targets for analysis. The analytic strategy employed in the book will be considered in more detail in chapter 2, but perhaps before then it is necessary, given the sensitivity of the subject matter, to speak a little more about the possible utility of taking such a critical approach.

Rationale

As discussed above, this book can be thought of as an attempt to critically analyse the workings of a contemporary 'regime of truth' in relation to suicide. Unfortunately, such a task is not easy, for governing or dominant

rationalities of any period tend to be self-justifying. If we seek to pass judge-
ment on 'accepted' ways of talking and doing we are often faced with setting
out a case using a vocabulary and concepts that, for the most part, already
effectively constrain what can be said in general about a topic, and more
particularly what can be truthfully stated. Strong normative forces tend to be
at work here. But Foucault's primary concern in his own work was not really
with opening up the present to criticism – as in a passing of judgement – but
more of making strange, or unfamiliar, that which had come to feel most
true, most natural, most necessary and most real. Again, this task is rendered
difficult with respect to the current subject, as the 'truths' of suicide tend to
feel particularly real – after all there are dead bodies and grief; to describe
people who take their own lives as having acted 'while the balance of their
minds was disturbed' appears a natural, almost self-evident, truth. To seek to
prevent suicide by any means available, given the above, would seem to be an
absolute necessity. Critique can thus be met by recourse to 'the real', 'the
true', 'the natural', and 'the necessary', and fears can be raised that any
loosening of the 'conventional' grip will lead to more suicides.

So what leverage can a critical analysis, or critique, hope to have if what
can be stated is already normatively and forcibly constrained? Judith
Butler asserts, following Foucault, that 'the primary task of critique will
not be to evaluate whether its objects – social conditions, practices, forms
of knowledge, power, and discourse – are good or bad, valued highly or
demeaned, but to bring into relief the very framework of evaluation itself'
(in Salih, 2004, pp. 306–7). Through the engagement in such a task – the
interrogation of the constitution and limits of normatively organised dis-
cursive formations (an unsettling of our 'most sure ways of knowing'
(p. 307)) – a space may be created where new possibilities for thought
and action can emerge. But, it might be asked, how can we be sure that
such a project will be beneficial? Butler provides an answer (drawing on
more of a deconstructionist argument than a Foucauldian one) that points
to an inherent incompleteness in our ways of categorising the world that
can lead to a crisis of knowing:

One asks about the limits of ways of knowing because one has already run up
against a crisis within the epistemological field in which one lives. The categories
by which social life are ordered produce a certain incoherence or entire realms of
unspeakability. And it is from this condition, the tear in the fabric of our episte-
mological web, that the practice of critique emerges, with the awareness that no
discourse is adequate here or that our reigning discourses have produced an
impasse. (pp. 307–8)

For Butler such is the instability of discourse that hegemonic foreclosure
will never be complete. From this perspective suicide, as a discursively

constituted phenomenon, will always resist complete description, if for no other reason than as a cultural product it lacks any unchanging essence that could act as a stabilising centre by which to secure such a description. The last 200 years have seen concerted efforts to find such a centre, through related medical and scientific investigations, and in the process 'a certain incoherence or entire realms of unspeakability' may have arisen, and it is to these areas that a critical analysis may productively focus.

Such a critical practice can also uncover the means by which that which is productive, formative and ideologically saturated comes to be read as merely representational and ideologically neutral. For if dominant or governing discourses and practices act to form over time, at least in part, 'suicide' and 'suicidal subjectivities', rather than simply responding to them in order to contain or eradicate them, then this can cast them in a new light. Analysis of the constituting effects of dominant discursive practices offers the possibility of opening up a new field of enquiry rather than just seeking to contest one that is already foreclosed to criticism.

Critique, then, looks to the fissures and fragilities of governing, compulsory discursive formations, not in order to pass judgement on them, but to uncover the assumptions embedded within them and the ways by which they in part constitute the very acts and subjectivities they claim only to name. That such an approach is itself open to criticism – to charges of, in Butler's words, 'immorality, evil, aestheticism' (p. 313) – is perhaps inevitable, for

the critical attitude is not moral according to the rules whose limits that very critical relation seeks to interrogate. But how else can critique do its job without risking the denunciations of those who naturalize and render hegemonic the very moral terms put into question by critique itself? (pp. 313–14)

By interrogating the well guarded certainties of suicide it may be possible to approach the subject in such a way that the cultural and historical forces that act to form 'suicide' and 'suicidal subjectivities' are not concealed by reference to universal 'truths', but are instead opened up to scrutiny. The results of such an enquiry will not take the form of a prescriptive list of solutions that have somehow been overlooked by the experts. Rather, as noted earlier, what is sought is more an unsettling of the terms upon which certainties are based, by recourse to historical analysis of the discursive elements and practices that come together to form these 'truths' and of the constituting effects of such discursive practices, in order to locate the places and moments where their contingency may be revealed.

The principal focus of the book is on the assumptions embedded within accepted ways of thinking and practices with regard to suicide and suicide prevention in the clinical field, the means by which certain truths of

suicide have been formed and disseminated over time, and the effects of these truths on groups and individuals. This book is therefore not intended as a general work of social theory or medical sociology nor as a traditional history of suicide. It is, for the most part, an attempt to understand how suicide came to be read as arising from some form of internal pathology and has thus come to be taken as primarily a matter of medical/ psychiatric concern. So rather than an attempt at a 'complete' genealogy (if such a thing were possible), a narrower focus is maintained, for the most part tracing those ways of thinking and acting that produced and reproduced truths of suicide in terms of its pathology. Emphasis is placed on analysis of medical texts and practices over that of the wider context, and as a consequence the economic and political aspects of the 'pathologisation' of suicide are relatively under-examined. However, the comprehensive histories of the medicalisation of madness already available have, arguably, explored similar territory in great detail (see, for instance, Scull, 1981, 1993; or Porter, 1987; and Foucault, 2005), whereas analysis of specific historical texts that relate to suicide are notable by their absence. By maintaining a focus on certain 'styles of thought' (Fleck, 1981; Rose, 2000, 2007) and practices that are seen to relate most directly to contemporary clinical beliefs and ways of working with regard to suicide, it is hoped that these may be problematised in a way that may prove productive. By this it is meant that if we can more fully understand the ways by which contemporary constructions of suicide have come to be formed over time we may be able to change what self-accomplished death is for us now, and move away from the insistence that there is a singular act – suicide – with a singular meaning – pathology. In so doing, new possibilities for thought, actions and experiences in relation to self-accomplished deaths can come to be formed. What is sought is the enabling of new freedoms of thought and action in place of those that have come to be constraining and problematic in themselves – not new freedoms whereby it becomes easier for people to kill themselves, more the creating of a space where a wider framework for understanding and responding to the reality or possibility of such acts could arise.

Plan of the book

The book is divided into four parts. The first concerns itself with the analytic strategy employed throughout the study. In chapter 2 the basic principles of the approach taken are outlined, as are the main domains and forms of analysis. Research questions that address the relationship between the production of scientific truths and the formation of objects and subjects with regard to suicide within certain relations of power are set out.

Part II of the book looks to map and problematise contemporary truths and practices with regard to suicide. Many different sources are drawn upon – from government policy documents to journal articles and books written by experts in the field, as well as media guidelines on the reporting of suicide, newspaper articles and first-person accounts – in order to understand how suicide is most often discursively constituted, by whom, with what authority, by what means and to what effect. It is argued that suicide is most often taken to be pathological in nature, with the suicidal person usually represented as a tragic and tormented figure. The potentially problematic nature of present-day truths and practices are discussed in terms of the objects, concepts and subjects they act to form and the relations of power that constitute and are constituted by such a contemporary 'regime of truth', as well as by reference to possible alternative ways of thinking and acting in relation to self-accomplished deaths that are foreclosed or marginalised by such dominant and authoritative accounts.

Part III looks to understand the cultural and historical forces involved in the formation of present-day truths in relation to suicide. Here, the historicist approach employed in many of Foucault's own studies is adopted. As noted above, historical analysis along the lines pursued by Foucault can call into question contemporary assumptions and practices by uncovering their contingency, as well as allowing an examination of the relationship between the production of truths, 'truth effects' and relations of power.

Contingency is thus a central theme of chapter 5. Here, an attempt is made to understand how self-accomplished deaths were described at other times and other places. Roman and Greek accounts of such acts are interesting as contrasts to present-day formulations, as they allow us to see the possibility of a diversity of acts and a multiplicity of descriptions that are not subsumed under the singular term 'suicide'. An example of a Roman self-accomplished death that could be read as relational, philosophical and political, as opposed to internal, pathological and medical, is analysed in order to call into question the universality of present-day assumptions and practices. For similar reasons, examples of the construction of self-inflicted death as self-killing and thus a sin and a crime are set out in order to illustrate how relations of power-knowledge can vary according to time and place, and produce markedly different effects. After Augustine (late fourth/early fifth century) self-killing increasingly came to be read as a sin (the worst kind as it involved the rejection of God's grace) and later, under canon and common law, self-murder became a crime (the most heinous, more despised even than murder) (MacDonald and Murphy, 1990). As a sin and a crime – a form of transgression against

God and the king – such acts could be punished by the desecration of the body of the deceased, burial outside consecrated ground and the forfeiture of goods from the surviving family. An example of such practices in relation to an act of self-murder is set out in order to illustrate the relationship between authoritative discourse and practices, and to provide a contrast to present-day ways of thinking and acting with regard to suicide.

Chapter 6 looks to understand the conditions of possibility for the formation of contemporary truths of suicide. Here I discuss a number of related historical changes in terms of the constitution of the subject, the coinage and uptake of the word 'suicide' to signify acts of self-inflicted deaths in the seventeenth century, the gradual secularisation of suicide in the 'Classical Age' (roughly the seventeenth and eighteenth centuries), and the ways in which asylums could act as laboratories for the production of medical truths towards the end of the eighteenth and into the nineteenth century. These, it is argued, were prerequisites for the redescription of suicide in medical terms that occurred in the first decades of the nineteenth century. The chapter concludes by drawing on Foucault's (1981) notions of sovereign power and bio-power to cast light on the shift from punishment to prevention during this period.

Chapter 7 offers a detailed analysis of a key text in the 'pathologisation' of suicide. In an entry for the 1821 *Dictionnaire des sciences médicales* (1821), French physician and *aliéniste* (a term coined in late eighteenth-century France to describe a doctor specialising in 'mental maladies' or 'alienation') Jean-Etienne Esquirol declared that suicide was a form of '*pathologie interne*' and was thus 'one of the most important subjects of clinical medicine' (p. 213). At this moment, it is argued, new truths in relation to suicide, based on notions of diseased interiorities (bodily and mental), are set out in detail for the first time. Whereas previously the condemnation of suicide, in the form of judicial and canonical laws, acted as a deterrent through fear, now the 'discovery' of premonitory medical signs of a disposition to suicide opened up the possibility of intervention before a suicidal act could be committed. Medicine not only claimed expertise and authority, but also promised a more effective solution to the problem of suicide through prevention. A circular relationship between the production of knowledge through asylum practices of confinement, observation and examination, and the rationalisation of these practices by reference to the knowledge produced is noted and analysed in terms of the development of a productive power-knowledge nexus.

Such themes are taken up in chapter 8, where the production, dissemination and circulation of medical, later psychiatric, truths of suicide in the nineteenth century, and their effects in terms of practices and the constitution of subjects, are examined in detail. Initially, pathological

anatomy was taken to be the cause of suicide; however neither autopsies nor the reading of the signs of internal pathology, said to be written on the surface of the bodies of the suicidal, provided sufficient evidence for these theories and after mid-century focus shifted to notions of diseased instincts and impulses. The effects of these approaches are explored, and it is argued that medical/psychiatric discourses, with the increasing weight of authority afforded to medicine and science as the century wore on, acted to form certain subjects and experiences in relation to suicide. A key argument developed in this chapter is that not only was suicide constituted by reference to contemporary notions of pathology and insanity, but also that suicide acted as a key reference point in the development of new, medicalised formulations of madness that arose in the nineteenth century. Insanity was established as implicitly dangerous by means of repeated allusions to the destructiveness of the madman and thus provided the *raison d'être* for the emerging psychiatric profession; namely, 'the control of dangers hidden in the human behaviour' (Foucault, 2002a, p. 185). Chapter 9 outlines the practices that arose in relation to the prevention and treatment of the suicidal during this period, and also seeks to make sense of the comparatively low numbers of suicides that occurred within the asylums.

Chapter 10 offers an examination of the various ways 'psy' discourses and practices have constituted objects and subjects of knowledge in relation to suicide from the late nineteenth century on. It is argued that psychiatry, and the related disciplines of psychology, psychoanalysis and the psychotherapies have each acted to extend the notion of pathology as the primary cause of suicide and in so doing changed what it means to be suicidal, insane or mentally ill. During the twentieth century clues as to the cause of suicide, or signs of a propensity to self-destructive acts, have been sought 'within' the individual subject by means of reference to a pathologised 'psyche'; in the biographical history of patients through analysis of childhood memories; or in the everyday speech, gestures, moods, acts and behaviours of observed suicidal individuals as well as retrospectively by means of psychological autopsy studies of those who did end their own lives. Knowledge of suicide and the suicidal subject thus comes to be gathered from ever broader and 'deeper' sources. Equally, it becomes possible to extend notions of what it is to be abnormal or mentally ill by drawing on such knowledge – so suicidal thoughts or behaviours can come to indicate the presence of some form of pathology linked to unconscious drives and impulses, biographical details, or through any number of human traits or actions. Such processes are illustrated by examples taken from the psychoanalytic literature on suicide from the 1930s, and from a well-known psychological autopsy study published in 1959.