Abstracts

Suicidology's Cultural Turn, and Beyond
March 19–20 2016

Venue
- Vila Lanna, Prague, Czech Republic
- http://www.vila-lanna.cz/index.html

Organizing institutions
- The Institute of Ethnology, Czech Academy of Sciences, v.v.i.
- The School of Social Work, Wayne State University

Organizers
- Luděk Brož, Michael Kral

Organizing Committee
- Ian Marsh, Daniel Münster, Jennifer White

Supported by

The Czech Academy of Sciences
Strategy AV21
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Friday, March 18th

18:00 registration —— to 19:00

19:00 reception —— to 22:00

Saturday, March 19th

8:40 registration —— to 9:00

Session 1* —— *chair: Michael KRAL

9:00 ***Welcome Address***: Marek HRUBEC, director of the programme "Global Conflicts and Local Interactions" under Strategy AV21

9:05 ***Introduction: Suicidology's cultural turn, and beyond.***

—— Luděk BROŽ (Institute of Ethnology, Czech Academy of Sciences)

9:15 ***The radical contingency of the suicidal subject? Anthropology and historical phenomenology as critical perspectives.***

—— Ian MARSH (Canterbury Christ Church University)

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 paper explores the idea that theories, representations, accounts and even the direct experiences of suicidal subjects are necessarily contingent on the contexts (cultural, historical, discursive) within which they arise. It is argued that historical phenomenological and anthropological approaches are well placed to help illuminate these issues and in so doing problematize contemporary universalist constructions of suicide.

Anthropological insights into personhood, subjectivity and agency in relation to suicide can work to reconfigure the ways in which the issue can be thought about, although the rather narrow view of mainstream suicidology as to what can be considered a viable approach to the subject presents a barrier to their uptake.

9:30 ***Suicidology: An obstacle to a culturally informed study of suicide.***

—— Eva Yampolsky (University of Lausanne and Centre Alexandre Koyré) Howard Kushner (Emory University and University of California)

The greatest obstacle to developing a cultural investigation of suicide is suicidology itself. As it is currently constructed, suicidology claims to be an objective science relying on empirical and quantitative methods to establish a causal connection between certain populations, mental health, and suicide. The underlying assumption of suicidology is that suicide results from pathological processes. This medicalized belief frames prevention and intervention strategies. We analyze the extent to which medicalized preconceptions restrict what constitutes legitimate evidence for the study and interpretation of suicide. To do this, we investigate how and why these postulates became synonymous with suicidology.

For the past two centuries the vast majority of suicide investigators have insisted that suicide and suicidal behaviors are ipso facto pathological. As a result suicidologists redefined

suicide from its traditional explanation as a sin and/or a crime to a mental illness. With the institutionalization of public health in Western countries, the power of a suicidological frame has deepened. Data to support assumptions about the etiology of suicide are built on population variables including race, gender, sex, age, and socioeconomic status, to both predict and contain the putative epidemic of suicide. The focus of suicidology has been on how rather than if these findings might best be employed to reduce the risk of suicide for vulnerable populations. These prevention strategies, however, have failed to reduce suicide rates.

This is due, in large measure, to the unstable classification of behaviors as suicides. There is no uniform definition of suicide within single jurisdictions, let alone across cultures. The same can be said about the variables examined in etiological studies, including identification and classification of mental illness. Thus, researchers cannot insist that suicide rates are increasing or decreasing if they do not agree on the definitions of categories of mental illness within and between societies and over time.

While statistical and sociological data helps researchers identify patterns in suicidal behavior, their practical application always serves to buttress the assumption of suicidology that suicide is an outcome of mental illness. The main function of this data seems to be to provide legitimacy for medicalized assumptions about the etiology of suicide, making it almost impossible for other non-psychiatric and non-medical workers to elaborate alternative cultural explanations and strategies for confronting suicide.

9:45 ***Going in circles, getting nowhere? A critical look at current suicide research.***

—— Heidi HJELMELAND (Norwegian University of Science and Technology), Birthe Loa KNIZEK (Norwegian University of Science and Technology)

For decades, the suicide research field has been dominated by repetitive, quantitative risk factor research. A review of recent volumes (2011-2014) of the three main international suicide research journals (Archives of Suicide Research, Crisis, and Suicide and LifeThreatening Behavior) shows that to still be the case. Researchers keep looking for, and finding, the same commonly known risk factors over and over again in constantly more 'peculiar' groups. In addition to different groups from the general population (in terms of age, gender and ethnicity), groups of people with various psychiatric and/or somatic diagnoses, and groups from different branches of the military, some examples ofrather peculiar groups recently studied with regard to risk factors for suicidal behaviour are: separated men, homeless men, criminal men, men abusing alcohol and seeking help for it, victims of sexual abuse and/or partner violence, veterinarians, offspring of bipolar parents, people living in homes with weapons, and people living at high altitudes.

Although the occasional new risk factor also is found, very often the conclusion of these studies is that depression and alcohol abuse, among others, are risk factors for suicide. We have actually known that for decades. What we still don't know, and what such research is unable to find, is why, or how, if at all, these risk factors are connected to suicide for a few of those struggling with them whereas the majority of people who are depressed and/or abuse substances do not take their life. The same applies to all other risk factors as well. In fact, there is hardly any limit to what we can find to be a risk factor if we go looking for it in correlational studies. For instance, sunshine was recently found to be a risk factor for suicide. We argue that a change of direction in suicide research, as well as in publication practices and priorities, is urgently needed. One of the numerous problems with quantitative suicide research is that context or culture cannot be included in the analysis in any meaningful way seeing as neither are measurable variables. Whether suicidal or not, we are all complex, intentional, meaning-seeking, reflecting and relational beings that in our respective contexts constantly are exposed to and influenced by an indefinite number of constantly changing factors and fortuitous events in constellations unique to the individual in that context. And,

suicide is by definition a conscious, intentional act. Therefore, repetitive pursuits of single or a few risk factors are not helpful if we want to understand what suicide is all about for those who are suicidal. We need to take culture and context into consideration in the analysis if we want to understand that and then we need the voices of people with lived experience. This makes qualitative research absolutely essential in getting the suicide research field out of the dead-end of repetitive quantitative risk factor research in which it currently finds itself. Time permitting, examples of how some of the quantitative studies recently published might have benefitted from including a qualitative component as well as examples of how 'pure' qualitative studies are able to produce new and useful knowledge for suicide prevention will be presented.

10:00 ***Community-based suicide prevention in low-middle income countries: What´s the 'export'?***

—— Erminia COLUCCI (Queen Mary University of London)

In the last decades, suicide prevention in Western countries has gradually become equated with means control, screenings and media monitoring at a public health level and, when it comes to specific interventions, it tends to coincide with mainstream mental health services. In other words, suicide is equated with mental illness (and mental illness with biomedical disorders), thus the prevention strategies for suicide, from gatekeepers training to therapies, are not dissimilar to 'madness'. In this presentation Erminia Colucci, based on her work in Asian low-middle income countries, will reflect over if this is the model we are importing in the so-called 'developing countries' and if so, what are the dangers of this, considering that suicide prevention is still a main public health problem in many 'developed' countries and is there something Western high-income countries could 'import' from other societies?

10:15 ***discussion***

10:30 coffee break

Session 2 —— chair: Daniel Münster

11:00 ***Innovation without change: Suicide prevention is going nowhere.***

—— Colin TATZ (Australian National University)

Scientific innovation usually attracts instant responses from the public and the professions. Suicide — which is hardly a science — presents a particular paradox: while we appear to grasp new approaches in this field, nothing changes — only more calls for more money, more psychiatrists, better pharmacology.

How do we overcome the socio-cultural and medical mindset that young suicide is always a "mental health" issue — and only that? How do we break through the membrane that blocks the pathway to new anthropological and cultural perspectives that illuminate existential frustrations, dilemmas and crises? The cost of examining the context in which the "mind" becomes disturbed is infinitely less than throwing more millions at the current attitudes and practices.

11:15 ***Towards ethics of wonder and generosity in critical suicidology.***

—— Katrina JAWORSKI (University of South Australia)

More than ever before it is clear that suicidology requires a serious re-thinking of its subject matter and broadening of its disciplinary basis. This is somewhat ironic given that at least in regards to the latter, suicidology has traditionally been a multidisciplinary enterprise. As promising and ambitious as it sounds, what exactly does it mean to re-think and to broaden? If we succeed in such a venture, will we pathologise and medicalise suicide any less? Or will our efforts amount to nothing other than putting a bandage over a wound that simply will not heal? Intended as a provocation, I respond to these rhetorical questions by suggesting

that we need to take two steps backwards before we take one step forward. Rather than concerning ourselves with rethinking suicidology's subject matter and its disciplinary boundaries, we need to think through the philosophical roots of suicidology if critical suicidology is to become truly critical. I begin by briefly surveying suicidology's philosophical underpinnings. I then critically consider the role of ethics, and its relationship with wonder and generosity in continental philosophy. Finally, I consider what role such ethics might have in providing a new foundation for critical suicidology – a foundation that remains open to change, to difference and unconditional hospitality as means of truly responding to the painful agency of suicide.

11:30 ***The Ethics of Suicide: Historical Sources.***

—— Margaret BATTIN (University of Utah)

Is suicide wrong, profoundly morally wrong? Almost always wrong, but excusable in a few cases? Sometimes morally permissible? Imprudent, but not wrong? Is it sick, a matter of mental illness? Is it a private matter or a largely social one? Could it sometimes be right, or a "noble duty," or even a fundamental human right? Whether it is called "suicide" or not, what role may a person play in the end of his or her own life? All of these views have been defended in the past, in many different time periods and varying cultures; it is clear that there is no simple answer to these questions.

Examining the principal texts of ethical interest from major writers in western and nonwestern cultures—from the principal religious traditions, and from oral cultures where observer reports of traditional practices are available, spanning Europe, Asia, the Middle East, Africa, Oceania, the Arctic, and North and South America—facilitates exploration of many of these controversial practical issues: physician-assisted suicide or aid-in-dying; suicide in social or political protest; self-sacrifice and martyrdom; suicides of honor or loyalty; religious and ritual practices that lead to death, including sati or widow-burning, hara-kiri, and sallekhana, or fasting unto death; and suicide bombings, kamikaze missions, jihad, and other tactical and military suicides. The objective of such exploration is not to take sides in controversies about the ethics of suicide; rather, it is to expand the character of these debates, by showing them to be multi-dimensional, a complex and vital part of human ethical thought.

This presentation will exhibit some of the remarkable variation in thinking about suicide, showing developments over time in all eras, from all parts of the globe, and from the major writers, from ancient to modern, who have wrestled with these issues.

11:45 ***Disruptive potential: Understanding how critical suicidology and the anthropological underpinnings of narrative therapy can collide, to support an up-close analysis of suicide, with the potential of shifting policy and practice.***

—— Jonny MORRIS (University of Victoria)

Narrative ideas and practices hold promise for convening people in new ways, making space for unique and transformative conversations, and for disrupting the taken for granted. "Suicidology", as collections of guidelines, activities, policies, and practices, can shrink down or grow up peoples' lives, through the conditions of living they constrain or enable.

This interactive presentation will explore what becomes possible when narrative ideas and practices intersect with the practices of suicidology. In the same ways narrative ideas resist individualization and privatization of problems, they can also help to call into question the dominant, and often constraining, discourses that underpin contemporary suicidology. In what ways might narrative questions open up new possibilities of critical | anthropological suicidology that resist the individualization of problems? For example, what possibilities for living are created when we resist the "rules" of suicide prevention? Do certain lives matter more than others? What is the influence of neoliberalism upon our framing of suicidology? What exists in the contexts in which we live that might be helping the problem of suicide along? How might the ways in which narrative invites people to gather, witness, and respond

help us with the critical analysis (e.g. power, race) required to transform suicidology for the better? The presentation will conclude with an opportunity for symposium participants to contribute critically oriented and anthropologically inspired questions to help in the effort to develop "practical tools of engagement . . . towards collective and community-driven approaches."

Jonny Morris has an MA in Child and Youth Care from the University of Victoria. Over the past few years, Jonny has used post structural and narrative ideas in his up close analysis of youth suicide. More recently, in his work focused on social policy and mental health, he has infused narrative practices into policy making spaces, in an effort to call attention to the dominant discursive frames that underpin current policy directions. Through a collision of social artistry, narrative interviews, and outsider witness teams, Jonny has worked with insiders, service providers, and policy makers to re-imagine possibilities for change in policy and practice.

12:00 *discussion*

12:30 lunch —— to 14:00

Session 3 —— chair: Ian Marsh

14:00 ***What can critical suicidology do?***

—— Jennifer WHITE (University of Victoria)

Critical suicidology is an emerging site of scholarship and praxis that brings together academics, community activists, mental health service users, practitioners, policy makers, family members and local citizens to re-think what it means to study suicide and enact practices of suicide prevention in more diverse and creative, less psychocentric and de-politicized, ways (White, Marsh, Kral & Morris, 2015). Enfolding several (and at times competing) critically oriented agendas and theoretical frameworks, including feminist, constructionist, post-structural, post-colonial, anti-racist, queer, anti-psychiatry, critical public health, and other activist perspectives, critical suicidology typically coalesces around a shared dissatisfaction with suicidology's status quo. This includes for example: hierarchical approaches to knowledge generation; privileging of positivist research traditions in the conceptualization of evidence; favoring of biomedical understandings of distress and healing; masculinist readings of suicide, preoccupation with risk factors; and an unwarranted faith in professional expertise and interventions. As a way to move beyond the well-developed critique of mainstream suicidology (Jaworski, 2014; Marsh, 2010) in this paper, I engage with the question: what can critical suicidology do? Drawing on my own practice as an educator, policy consultant and researcher in the area of youth suicide prevention, I begin to articulate what it might mean to 'think like a critical suicidologist,' the questions that might get asked from this position, the academic and activist allies who might get recruited to the cause, and the potential cracks we might open up in pursuit of a more hopeful, life-affirming, and just future.

14:15 ***Community-driven suicide prevention among Inuit in Arctic Canada: a new model.***

—— Michael KRAL (Wayne State University)

Inuit in Arctic Canada, like other Indigenous Arctic peoples, have among the highest youth suicide rates in the world. Much of this is based on the colonial takeover of their lives by the Canadian government starting in the 1950s. They were moved to large crowded settlements from their family camps on the land, ones that were run by white Northern Service Officers, their children were taken away to residential/boarding or day schools, and a wage economy was started that with very few jobs created poverty. Inuit lives were transformed. Relationships among Inuit were also transformed, especially family relationships and parenting. In a family-based collectivist culture, this means much trouble. Inuit have

been developing their own suicide prevention programs and running them, in spite of the government having tried Western suicide prevention with no effect. These programs are working, and suicides have declined significantly. In this presentation I will describe what Inuit did, showing it was mostly youth, and demonstrate that community-driven suicide prevention is a profoundly important method.

14:30 ***Access dilemma in suicide research: The empowering role of formal system engagement on suicide survivors.***

—— Johnny ANDOH-ARTHUR (Norwegian University of Science and Technology and Sør-Trøndelag University College), Birthe Loa KNIZEK (Norwegian University of Science and Technology), Heidi HJELMELAND (Norwegian University of Science and Technology), Joseph OSAFO (University of Ghana)

Gaining access to participants in suicide research remains a challenge globally. In some parts of Africa, cultural norms and legal prohibitions surrounding suicide compound this challenge. Notwithstanding these constraints, broadening understanding of suicide by scaling up research, focusing on people bereaved by suicide, is gaining interest in the field. Inherent in this research perspective, however, are two possibilities. On one hand, people bereaved by suicide may experience further marginalization when exposed to the intrusive nature of suicide research. On the other hand, they may be empowered if the research is sensitive to their needs and the contextual factors that perpetuate their marginalization. The later possibility is important due to its potential for inducing voluntary participation. The corollary is the foregrounding of the perspectives of this population in understanding the complexity of suicide phenomenon. This paper problematizes the issue of gaining access to people bereaved by suicide in an ongoing qualitative psychological autopsy suicide research in Ghana and offers a contextualized view for addressing access issues. The paper argues that in highly proscribed contexts where formal systems appear to be key in the institutionalization of stigma, suicide research should seek collaboration with such systems in a way that enhances their awareness of their gatekeeping functions as well as their critical role in suicide prevention. The paper discusses and presents the pragmatic view that diffusing the roles of the researcher, the formal system and the researched throughout the data gathering process helps breaks the cycle of fear and stigma surrounding suicide and thus empowers the suicide bereaved.

14:45 ***At the limits of suicide: The bad timing of the gift.***

—— Katrina JAWORSKI (University of South Australia), Daniel G. SCOTT (University of Victoria)

No matter how hard we try to grasp it fully, something about suicide always remains out of reach, unspoken, shrouded by the privacy and singularity of the moment in which someone suicided. How do we, the living, respond to this secret, to this bad timing so to speak? How do we give voice to the unspoken, which ironically is bespoken and embodied the moment it comes to be? In this paper we respond to the secret of suicide by examining how poetry resonates through suicide's bad timing. Our discussion orbits around four parts of one poem entitled, 'Suicide Quartet in Four Voices'. Keeping company with thinkers such as Jan Zwicky, Jacques Derrida, Elizabeth Grosz, Emmanuel Levinas and Margaret Atwood, we analyse how the viscerality of the body and time constitute what comes across as beyond the limits of understanding suicide. We also examine the embodied thinking of poets whose work honours suicide's bad timing. We argue that poetry bears witness to the gift of suicide – an ethical demand placed on the living to honour what is vulnerable and visceral in death as much as it is in life.

15:00 ***Understanding suicidal behaviour in Ghana: A contestation between moral transgression and health crisis.***

—— Joseph OSAFO (University of Ghana), Charity AKOTIA (University of Ghana), Birthe Loa KNIZEK (Norwegian University of Science and Technology), Heidi HJELMELAND (Norwegian University of Science and Technology)

An established fact in suicidology is that the act is a multidimensional malaise giving rise to various disciplines and theoretical perspectives on the subject. Yet, one important current position in the field that appears to piece all differing views together is culture and context. This presentation seeks to highlight the critical relevance of this position in a 7 year qualitative research experience on suicide in Ghana; a context in which the act is morally sensitive. It will show how cultural context in Ghana moralizes suicide at three levels: *religious infraction, social injury and statutory crime* with implications for deepening stigma towards suicidal persons. The nature of the moral discourses and how they are institutionalized to contest the *health crisis* view which is predominantly the view of health workers is further highlighted. There are two key conclusions in this presentation: 1) qualitative approach in exploring the cultural dynamics in suicide continues to be critical in cultural settings with strong moral standpoints on suicide, 2)in Ghana (and perhaps other African cultural settings) public education towards stigma reduction is a key suicide prevention target that may facilitate the weakening of the moral standpoints whilst strengthening the health crisis view.

15:15 ***discussion***

15:30 coffee break

16:00 ***Session 4 —— chair: Jonny Morris***

Making sense of farmers´ suicides: Vernacular diagnosis in the context of agrarian crisis.

—— Daniel MÜNSTER (Heidelberg University)

When a series of newspaper articles announced a suicide epidemic in Wayanad (Kerala, South India) and put the district of on the map of "Suicide Prone Districts" in India, these suicide became a sort of public death and where widely debated by a variety of actors in the district. My paper traces the vernacular ways of making sense of these suicide by actors who were diffentially situated in this suicide crisis. In ethnographic engagement with survivors' families, medical professionals, NGO workers, journalists and the general public I describe the general tension between explanatory models that stress universal psychological/ neurological universals and those who attribute these suicides to the economic shocks of neoliberalizing India and a third group that made sense of suicide in relation to the idiosyncrasies of the suicidal person. I am most interested in the way these suicide were given a diagnostic quality in talking about the state / fate of Indian smallholder agriculture in the 21st Century.

16:15 ***Suicide as artifact: The myth of the suicidal Maya and the politics of heritage in Yucatan, Mexico.***

—— Beatriz REYES-FOSTER (University of Central Florida)

Suicide in Yucatan, Mexico, presents epidemiological challenges –its most recently available suicide rate, 9.5 per 100,000 people, is among the highest in the nation. Significantly, suicide is understood in public discourse and everyday practice as a problem in the indigenous Maya population. Although suicide is far from "mythical" in Yucatan, the idea of that suicide is a primarily indigenous problem certainly is. This "myth" can be identified in colonial texts and subsequent archaeological interpretations of colonial texts about suicide and the Maya, particularly in terms of the existence of an uncorroborated suicide goddess, Ixtab. In this

paper, I present a historical and ethnographic tracing of the construction of Maya identity and Maya suicide. I argue that current understandings of Maya suicide and suicide as Maya are the result of a recent fascination with all things "Maya" in contemporary Yucatan, which is the result of a deliberate state economic development strategy seeking to build the Yucatecan tourist economy. In the first decades of the 21st century, the Yucatan state government turned to cultural tourism as an important revenue source. This resulted in a state-wide effort to revitalize "living Maya culture" through targeted investment and public relations campaigns. The commodification of "Maya culture" has resulted in the valuing of certain visible markers of "authentic" Maya identity (clothing, language, rituals). In this context, public discourse on suicide in Yucatan portrays suicide as an inherently Maya problem, basing this portrayal on "pop" archaeological claims about Ixtab, an alleged suicide goddess for which there is no iconographic or archaeological evidence. Thus, I argue that current characterizations of suicide as an indigenous problem are based on an essentialized and commodified vision of Maya culture that obscures broader societal and structural problems fueling this phenomenon.

16:30 ***"I don´t feel sad about death, but my soul will rest in peace if Telangana is given." Contextualizing suicide protest in an Indian regionalist movement.***

—— Lorenz GRAITL (Humboldt University)

From 2009 on the Telangana movement has struggled to carve out a new territorial unit out of the Indian state Andhra Pradesh. In 2014 the movement succeeded in founding a new state which hoped to target the fair distribution of water, resources, jobs and educational opportunities. Throughout the entire cycle of protest, a large number of suicide protests occurred in the name of the neglected region. In the database where I compiled global suicide protests from 2008 to2012, the Telangana wave accounted for 197 cases, even surpassing the 107 cases for the cause of Tibet. Many of those who died left suicide notes behind, explaining their motives. These testimonies give insight about why the protesters see this as a necessary step, what they think their death could accomplish and how they want the surviving movement members and politicians to act. During the mobilizations there were several peaks and lows in the number of protest deaths. This paper investigates how the dynamic of the suicide protest is linked to the course of the political process in the region and how both are affecting each other. Another question is the role of the media environment. Does an intensified and expanded use of media stimulate an increase in the number of politically motivated suicides? Who is the agent of change: the deceased martyr or movement leaders and politicians who frame their death?

16:45 ***discussion***

17:00 stretching break

17:15 ***The meaning of life. (movie)***

—— Hugh BRODY (University of the Fraser Valley)

The Meaning of Life is a film, made in 2005–2008, that follows the lives of inmates in a prison high in the mountains of British Columbia. Most of these prisoners are doing life sentences for extreme crimes; many of them come from First Nations backgrounds; all are being offered Aboriginal culture as a key part of their rehabilitation.

In the film the men speak about their lives, and all that has led them towards crime and incarceration. And they speak of the abuse and self-harm that lie in the formative phases of their experience. They have lived at the edge of many kinds of death – of self, heritage and faith in any kind of redemption or recovery; yet in the prison, they live with a new possibility of hope, which comes from Aboriginal culture within the prison.

The prison is a unique partnership between the First Nation on whose land the prison has been built and Correctional Services Canada. There is no other such prison in North America. Here is an attempt to reveal the potential of culture; in the film we can see how life can lose its meaning, and how, even within a life sentence, it can perhaps be recovered. Every part of this film bears on the question of suicide – its origins and its possible prevention.

Sunday, March 20th

Session 5 —— chair: Katrina Jaworski

9:00 ***An incarnated and humane phenomenological perspective to self-imposed death: The stories of U.S. Air Force members.***

—— Marcela POLANCO (Our Lady of the Lake University), Tirzah SHELTON (Our Lady of the Lake University), Sarai MANCIAS (Our Lady of the Lake University)

A critical perspective to the current trends of the professionalization of the meanings of "self-imposed death" (Marsh, 2010) and the person's body will be at the center of this presentation. The effects of the conditions of being a person when considering the current mental health practices of social control, turning the body into a "patient" and/or "client" of a medical system, will be addressed. The discussion will be supported by Marleau-Ponty's (1945/1962) phenomenological perspective of the body as an integral condition of lived experience. He situates the body being in the world intimately intertwined and mutually engaged with cultural meanings; hence, at risk of being objectified when in contact with psychiatric perspectives to suicidality.

The presenters seek to raise this critical perspective to counteract the institutional practices that—although in the name of the person's wellbeing—may harm their conditions of humanity. They hope to engage in a sociocultural perspective to mental health systems in relation to self-imposed death, taking from an insiders' perspective and local knowledges. This is, to call into question the authority of the professionalizing trends of individualistic, psychological and psychiatric perspectives.

The presentation will be based on the presenters' research. They are currently conducting an Interpretative Phenomenological Analysis (Finlay, 2011) of the meanings that U.S. Air Force members attribute to the conditions that led them to opt out from self-imposing death, even after attempting to do so. The annual report of the U.S. Armed Forces Medical Examiner System (ARMES) (2013) reported 259 suicides among Active Component Service Members and Selective Reserve as of June 2014.

The potential significant contributions of this research may include looking at self-imposed death from a different perspective and applying this new information to work more effectively/efficiently with mental health systems in the U.S. military. The presenters hope to contribute to rethink current approaches to prevention, based on insiders' perspectives within the context of current historical, relational, and sociopolitical considerations in mental health.

9:15 ***Being more than just your final act: Elevating the multiple storylines of suicide with narrative practices.***

—— Marine SATHER (University of Melbourne), David NEWMAN

In this presentation we describe a project in which we gathered skills and knowledge's of loved ones bereaved by suicide. We will outline how the project was born from narrative theories and practice. We will describe some cultural and historical meanings that have surrounded suicide and how they continue to play a part in the complexity of current meaning making around suicide. We will argue that it is crucial to examine some of the cultural and historical meanings surrounding suicide as we understand that those who are bereaved by suicide are in relationship with meanings from earlier times. We will outline three steps that were involved in our project: writing the questions that were designed to help in the

collection of stories; collecting stories generated by the questions, and naming the skills and knowledge's in the stories.

9:30 ***Suicide thoughts. From suffering to risk.***

—— Justyna ZIÓLKOWSKA (University of Social Sciences and Humanities, Poland), Dariusz GALASINSKI (University of Wolverhampton)

In this paper we are interested in exploring discursive transformation of patients' stories of suicidal ideation into medical discourses. In other words, we focus on how the narrated experience of suicidal thoughts made during the psychiatric assessment interview is recorded in the patients' medical record.

Our data come from recordings of psychiatric interviews collected in three psychiatric hospitals in Poland, as well as the doctors' notes in the medical records made after the interviews. Assuming a constructionist view of discourse, we demonstrate that lived experience of suicide ideation resulting in stories of a complex and homogeneous group of 'thoughts' is reduced to brief statements of fact of presence/existence.

We shall finish with the argument that the transformation can be seen not only as backgrounding experience and suffering, but also as focusing on risk assessment and through this cannot be seen as partaking of therapeutic discourses.

9:45 ***Caduti in acqua: The origins of humane societies and lifesaving in suicide prevention.***

—— Maria Teresa BRANCACCIO (Maastricht University), David LEDERER (National University of Ireland Maynooth)

In the last quarter of the 18th century, humane societies sprang up throughout Europe and the United States. They had a demonstrable impact on public perceptions of suicide and the development of modern suicidology. The first, the Maatschappij tot Redding van Drenkelingen, was founded in 1767 by an Amsterdam philanthropic society composed of physicians and religious figures dedicated to saving drowning persons from the city's canals. Housed in a bourgeois palais, it promoted resuscitation, the instruction of lifesaving, the provisioning of stations along the canal with lifesaving rings and medical apparatus, as well as rewarding those who intervened to save lives. Humane societies subsequently appeared in Paris, Edinburgh, London, Boston, Philadelphia, Venice, Saxony and many other places. The structures varied: some followed a private philanthropic model, while others were operated by state or religious institutions. Humane societies raised funds and awareness through publicity and awards to those who intervened to save drowning victims. Formed during the Enlightenment, these first humane and lifesaving societies were in fact the first organizations promoting suicide prevention. At that time, enlightened intellectuals engaged to decriminalize suicide across Europe. Religious restrictions on burials in hallowed ground were challenged. The so-called Republic of Letters pursued suicide prevention within the wider discourses on secularization, pathologization and professionalization, epitomizing what Jürgen Habermas dubbed public sphere.

However, the public at large still harboured traditional and superstitiousapprehensions about physical contact with the body of a suicide, which resulted in the legal loss of honour. By the late 18th century, although access to the courts was no longer required to re-establish one's honour, widespread popular beliefs proved very difficult to eradicate. Philanthropic humane societies deliberately targeted these belief structures by appealing to greed – offering premiums to overcome popular prejudice –and technology. However, confidence¬ schemes perpetrated by some would-be lifesavers demonstrate how selective the consumption of enlightened principles could be. Additionally, in many regions, the traditional punishment of corpses through dishonourable interment was simply replaced by their delivery to anatomies for dissection.

This joint paper employs a multi-disciplinary approach with methods from cultural anthropology and the history of medicine to identify critical meanings of suicide in the

development of philanthropy and a proactive view of citizenship. Although early lifesaving methods and technologies encouraged public toleration, a more critical analysis reveals how the treatment of suicide was still fraught by presuppositions and unsubstantiated prejudice. Through the exploration of humane societies, we trace the roots of modern suicidology as a science and its impact in framing the act of suicide as a medical and legal concern in modern society, for better or worse.

10:00 *discussion*

10:30 coffee break

Session 6 —— chair: Jennifer White

11:00 ***Rituals and communication styles connected to suicide among the Baganda: Qualitative research where no suicide research previously has been conducted.***

—— James MUGISHA (Kyambogo University), Birthe Loa KNIZEK (Norwegian University of Science and Technology), Eugene KINYANDA (MRC/UVRI Uganda research Unit on AIDS), Heidi HJELMELAND (Norwegian University of Science and Technology)

Human experience and current behavior are historically, culturally and linguistically mediated. In Uganda, among the Baganda suicide is the most feared cause of death and a great abomination to the community. Because of this fear, upon a suicide, Baganda undertake an extended period of rituals to distance themselves from the suicide. Examples of such rituals are practices conducted to liberate the children from the suicide spirit, detaching the family from a genealogical spirit by denying a man who has killed himself an heir, destroying the house of the deceased, and planting traditional signs to safeguard the community.
Baganda also belong to an indirect culture. They don't communicate about death directly. They use their linguistic resources to communicate indirectly about death in a way they deem not risky to society. Among the Baganda, talking about suicide is invi ting it to the fami ly and the entire community and such behaviour should be condemned.
It therefore becomes essential that researching and understanding of the rituals performed on suicide among the Baganda requires an in-depth understanding of their language. Since they don't communicate directly about death, in this study we use a deeper understanding of their language (talk and other intonations) as a cultural resource to gain a sense/ understanding of their cognitions (in terms of attitudes and likely consequent behavior) about death due to suicide. The data were analysed by both grounded theory and discourse analysis. The words used by our informants are used to develop two major linguistic/ cognitive categories: the individual views on suicide, which were normally sympathizing to suicide and, the communal view of suicide which was always dogmatic and condemnatory to suicide. In the majority of the cases, both the individual and communal views on suicide were indirectly communicated to the researcher collecting data.
Conducting qualitative suicide research in this context is not only important, but even essential, for two reasons: First, qualitative methodologies are flexible and hence culturally sensitive. Second, the findings described in this study would have been completely impossible to obtain by means of quantitative research methodologies. Hence, qualitative research contributes to the understanding of suicide in context beyond what is possible in quantitative research and is essential in developing culture sensitive suicide prevention strategies.

11:15 ***"I´m not killing myself. Cancer is killing me." On the use of suicide in discourses on physician aid-in-dying in the United States.***

—— Caitlin CASSADY (Wayne State University)

In 2014, California native and Oregon transplant Brittany Maynard became an outspoken activist in the Death-with-Dignity movement. In addition for speaking out on terminal patients' rights to hasten their deaths, she identified use of the word "suicide" as "inflammatory" adding, "I'm not killing myself. Cancer is killing me." Aided dying for the terminally ill is legal in only a handful of places in the United States, with active legislation in many others. In 2015, aided dying became legal in the State of California as well as the United States' neighbor to the north, Canada. As public opinion and legislative outcomes slowly shift, language about how a doctor helps a patient die is emerging as a contested and potentially important issue. This paper will explore use of the word *suicide* in various public texts to answer the question of how language comes to matter in death choices and "suicide" for humans with terminal diagnoses, health professionals, and others taking part in a divisive discourse.

11:30 ***Suicides of the marginalised – asylum seekers, indigenous and queer youth: cultural approaches to relationality, mobility and liveable lives.***

—— Rob COVER (The University of Western Australia)

Suicide among marginalized and minority groups are one of the few occasions in which self-harm and suicide are framed in public-sphere debate as having cultural, social, environmental, historical or structural causes. Narratives of suicide causality are overwhelmingly dominated in suicidology, psychology and public discourse by frames in which suicide is the extension of genetic and mental disorders, individualized psychic pain and internal, individualized pathologies. Recent developments in cultural approaches to suicide challenge medico-psychological models that individualise suicide by pointing to social and environmental causes. In public sphere discourse, suicides of "marginalized" groups such as asylum seekers, Indigenous persons and queer/LGBT youth are "authorized" to be discussed from social perspectives, informing opportunities to re-think suicidality, identity and liveability.

This presentation examines some of the ways in which suicides of persons deemed/depicted/represented as marginal or minorities are articulated through frameworks of social causality. This research aims to demonstrate how cultural approaches to (a) relationality, (b) aspiration, and (c) mobility can provide frameworks for thinking through the distinctions and inequitable distribution of belonging, identity and futurity as conditions for liveability. It is argued that suicide can be understood in the context of the performativity of a gap between self-perception of oneself as an aspiring and aspirational subject and the self-perception of one's capacity or incapacity to be included in community by beginning to re-focus suicidality on a more complex sociality that is figured through mobility and relationality.

It is by turning away from medico-psychiatric models' acceptance monolithic depiction of individualized intervention towards an alternative politics of or hospitality as the means by which to produce the kinds of socialities, relationalities and liveabilities that foster resilience against suicidality. Understanding how approaches to minority suicides can re-figure how we think about suicide causality more broadly is an important next step.

11:45 ***"99% of suicides are tragic; we´re fighting for the other 1%": 'Sound minds' and unsound bodies in right to die activism.***

—— Ari GANDSMAN (University of Ottawa)

Right to die activism can be divided along the lines of reformist and radical positions. Reformists dedicated to changing the law often argue for sharply defined eligibility criteria, either a narrowly defined terminal illness (i.e. six months to live) or a broader unrelievable or unbearable suffering that encompasses medically untreatable diseases and degenerative

conditions. In both cases, they argue for strong safeguards that involve multiple consultations with medical professionals, including psychiatric evaluations even when believing that psychological, emotional, and existential suffering are the prime motivations of people seeking this right. On the other side, more radical activists argue for the right to die in a more broadly defined "rational suicide" that can include those "tired of life" or feel that they have reached a "completed life." They argue against the medicalization of death and dying that they see within the reformist camp and believe that doctors should not be gatekeepers in this process since death and dying are predominantly social rather than medical concerns. They also radically critique suicide prevention programs and psychological interventionism as well as the notion that suicidal ideation is inherently pathological. At the same time, both positions largely reject the term "suicide" to describe what they are advocating by positing notions of a "sound mind" or rational decision making processes while invoking physical deterioration and biological degradation. Based on participant observation research and interviews with right to die activists, this paper will examine how right to die activists understand notions of rationality in manifestations of desire to end one's life.

12:00 discussion

12:30 lunch —— to 14:00

14:00 ***Session 7 —— chair: Luděk Brož***

Intervention techniques social workers and instructors use for suicidal individuals in an educational setting.

—— Susan WOODS (Wayne State University)

Students with mental illnesses and behavior disorders are at an increased risk of attempting or dying by suicide. Special education programs that serve students with emotional and behavioral disabilities allow students to receive an education in an environment that caters to their individualized needs. The main supporters in these environments are the instructors and social workers. This study utilized qualitative interviews and reviews of special education protocols as the basis for data. Exploring how social workers and instructors respond to suicide attempts in the school is crucial to understanding (a) the trust between students and the supporters, (b) how supporters' training factors into responses/intervention techniques prior (determining risk factors), during and after the suicide attempt, and (c) possible prevention techniques special education programs can implement. While there is limited research on suicide attempts in the school setting, little to no research has been done on how attempts in special education programs may be handled differently than in non-special education programs. Thus, the current research will help improve current intervention techniques and further discussion on the topic in school systems.

14:15 ***Four moral discourses as the basis of attitude formation among health personnel in Uganda.***

—— Birthe Loa KNIZEK (Norwegian University of Science and Technology), Eugene KINYANDA, Charity AKOTIA (University of Ghana), Heidi HJELMELAND (Norwegian University of Science and Technology)

Background: In Uganda, attitudes towards suicide and suicidal persons develop in the context of suicide attempts being criminalized, the church condemning suicidal behavior and the cultural tradition perceiving suicide and suicidal behavior as an abomination. However, health personnel are bound to help people in need, regardless of the origin of their suffering. Given the overall negative attitude towards suicidal behavior from both formal and informal institutions, the health personnel, due to their duty to have a positive attitude towards every patient, must solve contradictory demands from the four moral discourses (juridical, religious,

traditional and professional) when making up their personal attitude towards suicidal behavior and persons. The aim of our study was to investigate attitudes towards suicide and suicidal persons among health professionals in Uganda.
Method: We conducted a qualitative interview study and interviewed 30 mental health workers in Kampala, the capital of Uganda; ten psychiatrists, five clinical psychologists, eight psychiatric clinical officers and seven psychiatric nurses. Fifteen men and 15 women were interviewed and both genders were represented in all groups. Most of the informants professed to a specific religion. Eleven were Catholics, nine were Protestants, and the remaining ten were either Born Again, Seventh Day Adventists, Pentecostal, Muslim or Christians with unspecified denomination. Only one person described himself as not very religious, but interested in spirituality. They were asked about their principal attitude towards suicide and suicidal people as well as their views on the current law criminalizing suicidal behavior in Uganda.
Findings: In general, the informants seemed to have no pangs of conscience when the patient was assumed mentally ill and without any free will. A problem, though, was to define what mental illness is and whether all illnesses are incompatible with free will. At this point, the professionals would employ the four moral discourses in order to make up their minds. In addition, in case of suicidal behavior that could not be explained by mental illness, the professionals seemed to experience a dilemma, which they solved by arguments from the different moral discourses. In terms of juridical reasoning, about two thirds of the sample took the clear standpoint that the law criminalizing attempted suicide should be abolished, whereas some took an equally clear standpoint that the law should remain in place. The religious reasoning on the other hand, was strong in all informants and sometimes overruled the other moral discourses, especially regarding a principal attitude towards suicide. However, the psychologist and psychiatrists seemed heavier attached to their professional obligations than the nurses in case of suicidal behavior not explained by mental illness.

14:30 ***Traditional healers talk about suicide and suicide prevention in South Africa.***

—— Jason BANTJES (Stellenbosch University), Leslie SWARTZ (Stellenbosch University), Sithembile CEMBI (Stellenbosch University)

Suicide is a serious public health problem in South Africa. Little is, however, known about the socio-cultural context in which this behaviour occurs and there is no national suicide prevention strategy for the country. Traditional healers (herbalists and spiritual healers) are an important part of the health care system in South Africa, yet their voices are often absent from discussions about public health. It is within this context that we set out to investigate how a group of traditional healers in South Africa understand suicide and document their ideas for suicide prevention. In depth, semi-structured interviews were conducted with six traditional healers. Data were analysed using thematic content analysis. The traditional healers report they are frequently consulted by suicidal individuals and they are confident about their ability to help people in a suicidal crisis. Findings suggest that traditional healers understand suicidal behaviour as a symptom of social disconnection and cultural discontinuity. Traditional healers believe that they have a role to play in suicide prevention and report that suicidal individuals can be helped by re-establishing inter-personal connections, re-connecting to family and ancestors, and re-mewing their cultural identities through rituals. These findings suggest that traditional healers understand suicide in inter-personal, cultural and meta-physical terms, which is in contrast to the dominant psychiatric view of suicidal behaviour as a symptom of individual psychopathology.

14:45 ***Community cultural response to suicide.***

—— Leslie MCGREGOR (Whitefish River Community Health Canter, Birch Island, ON Canada)

Between 2010 and 2011, Whitefish River First Nation (mid-northern Ontario, Canada) suffered

a cluster of youth suicides. There had been sporadic completed suicides in the community in previous years but during this particular time frame, approximately every 6 months there was a completed suicide and, following this, several attempts and ideations. To address this critical issue, the First Nation began a series of connected events. Primarily, there was a resurgence in the culture through ceremonies and activities like "Life is Sacred" events and Shake Tent ceremony as community members tried to come to terms with these significant losses. Since this time, the First Nation has been actively promoting "Life is Sacred" events and developing traditional knowledge based activities to reconnect youth (and children) to land and spirituality. These activities are partnered with technical skills (like SafeTalk) enables youth (and community members) to talk to friends/family who have suicide ideations and provides awareness on what to do in these situations. These open discussions, workshops and presentations have created a supportive environment that gives voice to community member's concerns and supports community healing. There has not been a suicide in the community for over 2 years and, with one attempt by a teenager, friends knew what to do. There have also been other major strategies and activities that have been enacted when an ideation and/or attempt occurs. Using a case conference approach, relevant services are put into place to address the attempt/ ideation and it includes ceremonial and spiritual practices.

15:00 ***Conclusion: Beyond the given in suicidology.***

—— Michael KRAL (Wayne State University)

15:10 ***concluding discussion***