



Building Critical Bridges:

The Third Conference of the
Critical Suicide Studies Network (a.k.a. *CritSui3*)
www.criticalsuicidology.net

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Abstracts and Bio List

(alphabetical order by surname)

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Jeffrey Ansloos

Suicide and Indigenous sovereignty: Towards a decolonial turn in critical suicidology

Abstract: Colonialism is increasingly acknowledged as a structural factor in the population-level disparities of Indigenous suicide. Frequently cited as a social dimension of health, colonialism is often defined as a disruption of Indigenous culture. Nelson & Wilson (2017) suggest, “the remedies proposed by much of the research rely on a concept of ‘culture’ which reinforce multicultural ideals that, in turn, limit decolonization to the inclusion of ‘cultural’ activities within the colonial nation and preclude more substantial economic, jurisdictional and territorial decolonization” (p. 102). Indigenous scholars reject this neoliberal turn (Coulthard, 2014); emphasizing instead a radical polity where decolonization is: a resurgence of embodied political orders expressed relationally with land (Simpson, 2018); a material unsettling of the colonial state (Tuck & Yang, 2011); and, a futurism in the midst of a dystopian present (Lee, 2016, Belcourt, 2017). In this short presentation, I explore the following: (1) If the Indigenous body is a political order, what does suicide suggest about status of the colonial project? (i.e., the uninhabitability of the present). What decolonial “social logics of suicide” emerge (Kral, 1994; i.e., suicide as protest, suicide as counter-conduct to surveillance, suicide as emancipation). (2) If decolonization is a materially unsettling of the settler-state through repatriation (i.e., land reclamation), how might the practices of suicide prevention be informed by decolonial polity? (3) If decolonization is a futurism, how might we imagine a practice beyond the prevention of death? How do we nourish livable lives which can conceive a future even in the midst of the colonial present? 

Bio: Dr. Jeffrey Ansloos is Nehiyaw and English, and a member of Fisher River Cree Nation (Ochekwi-Sipi; Treaty 5 Territory). He is an Assistant Professor of Indigenous Mental Health and Social Policy at the University of Toronto, Ontario Institute for Studies in Education. His research focuses on cultural and sociopolitical dimensions of Indigenous peoples’ health, addressing intersections with suicide. He is the principle investigator on four research programs focused on Indigenous life promotion with the Canadian Institute for Health Research and the Social Sciences and Humanities Research Council. Dr. Ansloos is the Chair of the Indigenous Peoples Psychology division of the Canadian Psychological Association.

Email: jeffrey.ansloos@utoronto.ca

Laura Apol

Writing for healing after a **daughter’s** death: A researcher-poet-m**other’s** journey *Sometimes language is the rescuer*—Anne Michaels

Abstract: For ten years, I worked with survivors of the Rwanda genocide against the Tutsi, using writing to facilitate healing in a workshop setting and writing my own poems about that experience (Apol, 2015; Apol, 2017). I was a poet and a workshop facilitator; working with survivors confirmed what I already believed about trauma and writing: that writing can prove therapeutic because it allows an individual to organize traumatic memory by converting images and emotions into words and text; that deliberately revisiting the trauma through writing allows the individual to manage the emotional response and give order and structure to what otherwise feels chaotic and disorganized; and that as survivors learn that they can move into and back out of painful memories, they begin to associate feelings of control over previously intolerable and unmanageable emotions (Apol, in press). I believed all that about writing and healing. And then my twenty-six-year-old daughter died by suicide. And I had to learn, from the inside, how writing can be respite from and a repository for emotions that threaten, daily, to overwhelm. After Hanna died, I took a year and wrote, poem after poem. But I also documented the process and the various stages, post-suicide, that the poems represented—what I needed to learn, what I was trying to navigate, how words sometimes facilitated and sometimes got in the way of that journey. In this roundtable presentation I will bring together several identities—myself as researcher, as poet, and as parent of a daughter lost to suicide—to talk first about the theoretical bases for writing and healing, then to talk about how that process worked for me from the inside, as a survivor of suicide loss. I will share some of the poems, and as I do so I will begin to outline stages various poems represent, including what it has meant to make these poems public—to navigate my identities in complex and sometimes confusing ways as I work with

poet-colleagues on revision and then bring the poems more widely into the world through performance and publication.

Bio: Dr. Laura Apol teaches creative writing and literature at Michigan State University. For more than twenty years, she has led workshops for writers of all skill levels in local, national and international contexts. Her poetry has appeared in a number of literary journals and anthologies, and she is the author of several award-winning collections, including *Requiem, Rwanda* (drawn from her work using writing to facilitate healing among survivors of the 1994 genocide against the Tutsi). She is currently working on a book with the working title *Carrying*, based on the loss of her daughter, Hanna, who died by suicide in April 2017.

Email: lauraapol@gmail.com

Dameyon Bonson

Indigenous culture and/as preventative measures to Indigenous suicide

Abstract: Indigenous culture, as a preventative measure to Indigenous suicide, is spoken about regularly and **both quite emphatically and passionately. Yet, the quantification on what “Indigenous culture” is in this context**, and how it is a preventative measure is rarely explained or articulated, particularly for regions where Indigenous suicide is at its highest. The presence of Indigenous culture is often marked by the speaking language, living on country, and /or engaging in ceremonial practices. Yet in the regions where Indigenous suicide is at its highest, **these “markers” are part of day to day life. Having spent two specific years working** – living for 5 years - across 423,517 km² of remote Australia alongside remote Indigenous communities in suicide prevention, Dameyon offers his insight into what he sees as what is missing and needed to respond to these suicides.

Bio: Dameyon Bonson is a Mangarayi and Torres Strait Islander male, based in the Northern Territory. Possessing an expertise in remote Indigenous suicide prevention and strategising male health engagement, he has spent the past 7 years working in upstream Indigenous suicide prevention in remote Indigenous communities, 4 of those across the North-West of WA. He currently resides back in Darwin, NT. The NT has highest rates of Indigenous suicide in the country. He is the founder of Black Rainbow, a national platform to increase the visibility of Indigenous LGBQTI people in suicide prevention activities and health.

Email: dameyon@indigenist.com.au

Belinda Carpenter, Gordon Tait and Steph Jowett

Coronial decision making and the concept of suicide

Abstract: This paper addresses some of the results from a large-scale funded research project into the coronial conceptualisation and adjudgement of suicide; in particular, it is founded upon an ongoing dissatisfaction with the accuracy of suicide data. The research is based upon in-depth interviews with 35 coroners from almost every Australian jurisdiction, as well as an analysis of transcripts from a range of coronial inquests. This paper focuses upon the administrative, epistemological and ontological classification of suicide as category of death. The coroners – who are have sole responsibility for suicide determination – express a range of concerns over the options available to them in order to produce more defensible statistics (ie. to address the problem of ongoing

underestimation of suicide). First, the coroners have generally expressed a dissatisfaction with the fundamental **binary finding of ‘suicide/not suicide’**. Second, purely administratively, most coroners see little point in expanding the categories available to them in terms of the probable accuracy of their finding. Third, epistemologically however, the coroners are more open to the introduction of a category of sub-intentional suicide as a way of dealing with problems over the issue of certainty of intent. Finally, a significant number of coroners – particularly those who have significant experience with indigenous suicide – propose the abandonment of the category of suicide altogether, largely due to its ontological incoherence, and cultural flexibility. The central conclusion here is that - if more ‘accurate’ suicide statistics are to be produced - then, at very least, coroners need more choices of finding than are currently available.

Bio: Belinda Carpenter is Professor and Assistant Dean of Research in the Faculty of Law at Queensland University of Technology. Since 2004, Belinda has been researching Coronial decision-making and has been the lead CI on three ARC grants on this topic, as well as publishing 30 journal articles and book chapters, and presenting her research internationally to professional and academic audiences. Aside from suicide and death investigation, Belinda also researches on the topic of sex crimes and has written 4 books and numerous articles on topics ranging from prostitution, to sex trafficking, incest and pornography.

Bio: Gordon Tait is a Professor in the Faculty of Education at Queensland University of Technology, and has degrees in philosophy, law and science. His research expertise includes the philosophy of education, young people and governance, the pathologising of conduct, and the links between suicide and Coronial practice. Gordon has written 6 books—including works on philosophy, cultural studies, education, and criminology—as well as 50 journal articles, and 20 book chapters. He is also a lead CI on two ARC grants on the coronial system.

Bio: Steph Jowett is Senior Research Associate on Carpenter and Tait’s ARC grant (2015-2018) entitled “Exploring the Coronial Determination of Suicide as a Category of Death.” Steph is also a Doctoral student in the Faculty of Law at QUT and a member of the Australian Centre for Health Law Research.

Email: b.carpenter@qut.edu.au

Amy Chandler

Stopped bodies, doing bodies: Critical phenomenology, suicide and self-harm

Abstract: In this paper I argue that critical phenomenology, informed by critical race and intersectional scholarship offers a useful lens through which to consider suicide and self-harm among different social groups. To illustrate this, I draw on a narrative informed analysis of the accounts of ten white men, living in Scotland, UK, who had experienced self-harm, read through Sara Ahmed’s *Queer Phenomenology*. Each participant took part in a life-story interview addressing ‘stories’ about mental health, self-harm and alcohol use across the lifecourse. In the analysis presented here, two themes are emphasised: gendered, raced, classed bodies that are **(unexpectedly) stopped; and bodies that, despite being stopped still ‘do’** – enacting violence and control against self and other. Critical phenomenology can support much needed examination of the complex ways in which socioeconomic class, race, sexuality, gender and age structure experiences of distress among different social groups. This approach enables a simultaneous examination of the way that privilege *and* oppression may shape both the experience of distress, and the way it is responded to – including through violence against the self, and against others.

Bio: Amy is a sociologist with a long-standing interest in self-harm and suicide. Her first monograph, *Self-Injury, Medicine and Society*, was published in 2016, and draws on sociologies of embodiment, and health and illness, to analyse accounts of self-harm among young people and adults. She has worked with Samaritans, a UK-based suicide prevention organisation, contributing sociological expertise to reports on gender and socioeconomic inequalities in suicide. Her current research programme (*Suicide Cultures*) is using arts-based, and ‘sociological autopsy’ methods to study understandings of suicide in diverse communities across Scotland.

Email: a.chandler@ed.ac.uk

Rob Cover

Popular culture and the persistence of suicide depiction in contemporary Australian film and television—Understanding representation; theorising impact

Abstract: Popular Cultural depictions of suicidality and suicide causality are significant because they inform a **broad population in the ‘available’ ways to think about**, address and understand suicide. Popular film and television up to the early 2000s persisted in stereotypes of minority gender- and sexually-diverse persons as suicidal. However, five very recent Australian film and television series focused on gender- and sexually-diverse characters, themes and narratives have included LGBTQ suicidality as a key topic or narrative event (*The Slap* [2011], *Deep Water* [2016], *Boys in the Trees* [2016], *Monster Pies* [2013], *Cut Snake* [2014]). These occur alongside significant changes in the depiction of gender- and sexual-minorities in media more generally, including increased media visibility, greater depth and complexity of characterisation and reduced **representation as ‘issue’ or ‘spectacle’**. **This presentation** discusses some of the available ways to understand how and why these depictions have emerged in the Australian context yet waned in frequency in international media. It provides a nascent theorisation of the relationship between media depiction, identity performativity and suicidality as a disposition of unliveability.

Bio: Rob Cover is Associate Professor in Social Sciences at The University of Western Australia. He is a chief investigator on the *Queer Generations* ARC Discovery Project (2015-18) examining the history and conditions of LGBTQI youth sexuality support and on a Discovery Project (2018-20) investigating representations of gender/sexual diversity in Australian screen media. Recent books include: *Queer Youth Suicide, Culture and Identity: Unliveable Lives?* (2012), *Digital Identities: Creating and Communicating the Online Self* (2016) and *Emergent Identities: New Sexualities, Gender and Relationships in a Digital Era* (2018). He is co-editor of the anthology *Youth, Sexuality and Sexual Citizenship* (Routledge 2018).

Email: rob.cover@uwa.edu.au

Mic Eales

The role of self-care and its need to be front and centre of suicide prevention

Abstract: The difficulty for many attempt survivors is that no matter how strong and supportive our networks are (family, friends, therapists), reaching out for help can be almost impossible at times. And when we do, we often speak in cryptic language, that can be difficult to decipher or interpret. This underlies the complexity of suicidal behaviour. Sadly but ultimately the decision as to whether to take ones own life rests with the individual. Support networks are critical in successfully navigating a suicidal crisis and the period beyond however as Edwin Shneidman suggested, there is much that the individual can do to help themselves. As a researcher/attempt survivor my focus today is not so much concerned with my own suicidality or understanding that of others but to concentrate specifically on self-care. It is my belief that focusing on self-care in the aftermath of any deeply traumatic experience is essential in the healing processes of recovery. An wholistic approach that nurtures the physical (including diet & exercise), emotional (including engaging in creative pursuits) and spiritual needs (including cultural/identity aspects) of human beings need to be encouraged and taught. How many people set aside time to consciously nurture themselves? How many suicide attempt survivors, people bereaved by suicide or people caring for someone experiencing a suicidal crisis are taught self-care? I have often heard it spoken about but few know how to practice it. It is time we all learnt the power of nurture, until we do more lives will be needlessly lost.

Bio: Mic Eales is a sculptor/mixed media artist and an art-based researcher. He completed his PhD, *Different Voice, Different Perspective: An arts-based and evocative research response to original voice narratives of suicide* at Southern Cross University. He is a suicide survivor in the sense that he has twice attempted to take his own life and having lost his brother to suicide in 2002. It was after his brothers death that he began creating a series of artworks about the personal, social and cultural ramifications of suicide.

Email: littlecreek@aapt.net.au

Bronwen Edwards

The urgency to implement widespread non-clinical alternative entry points??

Abstract: As suicide rates in Australia continue to rise alongside unprecedented investment and focus on suicide prevention, we must consider what can we do differently, examine what are we missing, and what are the **game changers we need to implement. We cannot keep waiting for every 'i' to be dotted and every 't' to be crossed** before we translate all our strategic work and system reform into the tangible, grassroots options, alternatives, coordination and solutions that our communities are screaming for. Those who have lived through suicidal trauma have taught us what people need when in crisis, what support can represent the difference between life and death. We have the answers – we have solid research evidence, decades of practice, proven alternatives to care and priceless lived experience insight to move forward with confidence. There is an urgent need for the contextualisation of peer support within suicide prevention, the need for robust Peer CARE Companion workforce development, the need for us and our government to take a deep breath, be courageous and embark on widespread implementation of the practical solutions within communities that will save lives, in parallel with major system reform and continuing research.

Bio: **Bronwen lost her brother Mark to suicide in 2008 and is the Founding CEO of 'Roses in the Ocean', a lead organisation for lived experience, which exists to save lives and reduce emotional pain by informing, influencing and enhancing suicide prevention through the lived experience.** Bronwen has been a key advocate and driving force for the inclusion of lived experience in all aspects of suicide prevention, and is passionately advocating for non-clinical alternatives to care, greater support for families and carers, and the inclusion of lived experience peers in historically medicalised service models. Key positions include: Co-Chair of the Queensland Suicide Prevention in Health Taskforce (2016-2020), 5th Mental Health & Suicide Prevention Plan Implementation Reference Committee, Black Dog Institute - LifeSpan Research & Advisory Committee, IASP SIG Chair - Lived Experience, Qld Forensic Mental Health Services Steering Committee – Partners in Prevention project.

Email: bronwen@rosesintheocean.com.au

Rhiannon Evans

Survival, signaling, and security: Foster **carers' and** residential **carers'** accounts of self-harming practices among children and young people in care

Abstract: **Research on clinicians' interpretations of self-harming practices** has shown that they can often be negative. To date there has been **limited consideration of other professionals' narratives, notably those working in social care.** This presentation presents focus group and interview data generated with foster carers ($n = 15$) and residential carers ($n = 15$) to explore the symbolic meanings ascribed to self-harm among the children and young people they care for. Three repertoires of interpretation are presented: survival, which conceives self-harm as a mechanism for redefining the identity of "looked-after"; signaling, which understands self-harm as a communicative tool for the expression of emotion; and security, which sees self-harming practices as testing the authenticity and safety of the caring relationship. Through their focus on sociocultural narratives, carers position themselves as experts on self-harm due to their intimacy with young people's social worlds. This construction potentially creates distance from health professionals, which is problematic given the current privileging of interprofessional working.

Bio: I am a Senior Lecturer at the Centre for the Development and Evaluation of Complex Interventions for Public Health improvement (DECIPHer), School of Social Sciences, Cardiff University. I lead the programme of work on children, families and health inequalities. I am also a co-applicant on the Department for Education's **What Works Centre for Children's Social Care, where I lead the systematic review work stream.** My substantive research interests are the mental health and wellbeing of children and young people, including self-harm prevention and intervention. My methodological research interests include qualitative methods, process evaluations and implementation science, and qualitative systematic reviews.

Email: EvansRE8@cardiff.ac.uk

Scott Fitzpatrick

Rethinking rural suicide: Intersectionality in research and policy

Abstract: Geographic variation in patterns of suicide rates, both nationally and internationally, indicate that social factors are likely to contribute as much as, if not more than, individual factors, and that multilevel approaches that address the interconnected determinants of suicide are needed to deal with this complex problem. This is the case in rural Australia where recent research has shown that suicide rates among men are 33% higher than in urban areas despite similar rates of reported mental disorders. Despite these concerns, little is known about the factors driving current and changing patterns of social inequalities in suicide mortality in rural Australia, and the basis upon which decisions about rural suicide prevention are made. Aiming to advance understanding of the meaning and relationship between different determinants of rural suicide and the wider context of structural inequities in which they are embedded, this presentation will report preliminary findings from a pilot study of coronial data of rural Australian suicide. An intersectional analysis of coronial data will provide a theoretical framework for examining crosscutting issues that relate to rural suicide including: i) the simultaneous influence of mental health status, poverty, addiction and social processes of discrimination among vulnerable men and women, and ii) the interlocking dynamics of gender, old age, physical disability and damaging cultural constructions of ageing. Investigating the multiplicative effects of various determinants of suicide and the broader social and political contexts in which they are embedded will serve as the basis for discussion of the design and potential reach of current interventions and their likely impact on rural suicide.

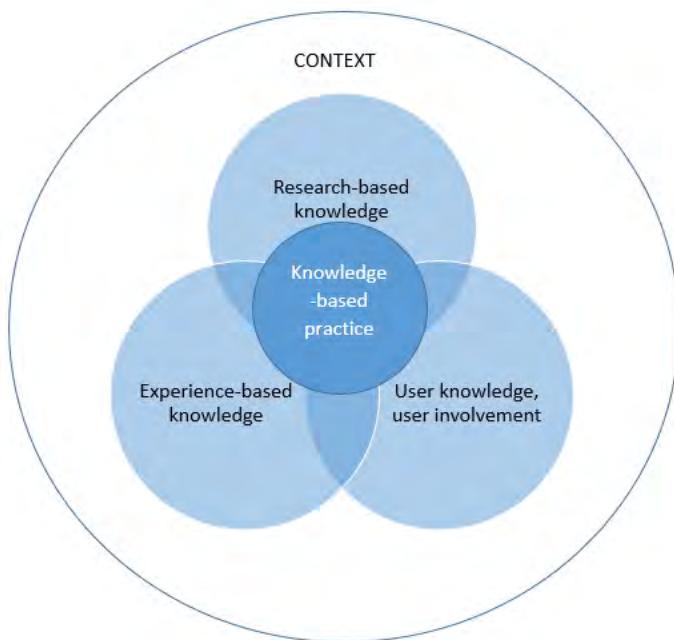
Bio: Scott Fitzpatrick is a Research Fellow at the Centre for Rural and Remote Mental Health, The University of Newcastle, Australia. He employs sociological concepts and theories, in conjunction with empirical research, to examine the moral, political and socio-cultural aspects of mental health, suicide, and suicide prevention. His work has focused primarily on broadening contemporary ethical and political discussion of suicide and has a strong focus on applicability to policy making, and to clinical and public health practice.

Email: scott.fitzpatrick@newcastle.edu.au

Julia Hagen, Heidi Hjelmeland and Birthe Loa Knizek

A critical look at suicide prevention in mental health services

Abstract: A large proportion of admissions to psychiatric services is due to suicidality. However, it seems they do not receive the help they need since many patients or recently discharged patients take their own lives. In Norway, this amounts to 43% (N=250) of all suicides in the country. This high proportion of suicides among persons under specialized care indicates that the services are not good enough, or that professionals do not provide care **according to the patients' needs or** wishes. Our interview studies illustrate challenges in the services, or lack of sufficient care of patients. This is further investigated in our ongoing field study in an acute psychiatric ward, where we focus on how professionals in practice meet and care for patients struggling with suicidality, and how patients experience the care provided. The limitations and possible adverse **consequences of psychiatry's focus on psychiatric** diagnostics and standardized suicide risk assessments is well known among researchers and professionals, as well as among service users. Still, even though there is **increasing emphasis on service users' perspectives and** lived experiences, and on recovery-oriented approaches, the development in mental health services goes towards more standardization (e.g., by implementing diagnosis



specific “treatment packages”), and continued emphasis on simplified assessment and management of suicide risk. How can we influence this development so that mental health services focus more on the service users’ needs and wishes, and thereby contribute to improve suicide prevention? A starting point for our discussion may be this model on knowledge-based practice used in Norway, which illustrates that practice is influenced by different forms of knowledge in the figure below. The different forms of knowledge seem equally valuable in this model, but we know they are not considered equal in mental health services and in suicide prevention. How can we change this? Should the three forms of knowledge be equal, or how should it be?

Bio: Julia Hagen is postdoc at the Department of Mental Health, Norwegian University of Science and Technology (NTNU) in Trondheim, Norway. She has a professional background as a mental health nurse. Her research is on treatment and care of patients struggling with suicidality, and she is currently conducting a field study in a psychiatric acute ward.

Bio: Heidi Hjelmeland is professor at the Department of Mental Health, Norwegian University of Science and Technology (NTNU) in Trondheim, Norway. Her current research is on various aspects of suicidal behavior, such as intentionality, attitudes, gender, and culture. She is also researching the suicide research in the framework of critical suicidology, and engaged in theoretical and methodological development of the suicide research field.

Bio: Birthe Loa Knizek is professor at the Department of Mental Health, Norwegian University of Science and Technology (NTNU), Trondheim, Norway. She is a specialist in clinical psychology (children- and adolescents). Her current research is on various aspects of suicidal behavior and especially culture and gender. She also is into research on mental health among children and adolescents with HIV/AIDS in Uganda.

Email: julia.hagen@ntnu.no

Sam Han

Suicide in the digital age: Durkheim in post-boom East Asia

Abstract: Since Durkheim’s *Suicide*(1897), there has been an assumed connection between suicide and religion. The argument was as follows: there is a correlation between the levels of strong, social bond demanded of its members by different religious traditions and suicide. (Hence, suicide among Protestants was higher than among Catholics or Jews, according to Durkheim.) **Durkheim’s book dispelled the easy, psychological explanations of suicide**, linking it to individual depression, unhappiness and the like without exploring *collective* suicide itself. While it must be understood in terms of social (dis)integration, suicide, in Durkheim, remains ultimately an individualized action. In the past decade or so, both Japan and South Korea have shown extremely high rates of suicide—in fact, the highest among OECD nations. While many popular journalistic accounts of this reality emphasize the economic downturn in East Asia in the wake of the Asian Financial Crisis of the 1990s (and effectively reproducing the Durkheimian argument regarding anomie suicide), what is yet to be explored fully is the emergent mode of suicide—online suicide pacts, where suicidal strangers meet on the **Internet to kill themselves**. In this presentation, I scrutinize Durkheim’s typology of suicide in light of these particular realities, bringing his linking of suicide and religious models of social integration and collectivity to bear on the Internet and also in the socio-cultural context of East Asia. Specifically, I analyze the “architecture of participation” in order to explore the “affective relationality” between strangers in coming together to die. In doing so we also seek to set online suicide pacts in discussions in social theory regarding modernity in Asia, secularization and affect.

Bio: Sam Han is an interdisciplinary social scientist, working primarily in the areas of social/cultural/critical theory, new media studies, religion, the United States and East Asia (as well as their various overlaps and nodal points). He is currently Senior Lecturer of Anthropology and Sociology in the School of Social Sciences at the University of Western Australia. He is author of *Technologies of Religion: Spheres of the Sacred in a Post-Secular Modernity* (Routledge, 2016), *Digital Culture and Religion in Asia* (Routledge, 2015)(with Kamaludeen Mohamed Nasir), *Web 2.0* (Routledge, 2011), *Navigating Technomedia: Caught in the Web* (Rowman & Littlefield, 2007) and editor (with Daniel Chaffee) of *The Race of Time: A Charles Lemert Reader* (Routledge, 2009). He is at work on a book called *(Inter)Facing Death: Living in Global Uncertainty*.

Email: sam.han@uwa.edu.au

Annie Hayford-Joyner and Toni Wright

The need for black and women of colour feminist epistemologies in critical suicide studies

Abstract: The ways Black and Women of Colour (WoC) feminists have continued to challenge the legitimacy of racist ‘feminism’ to call itself feminism teaches us about the ways language can be appropriated for destructive means. Black and WoC feminists have critiqued dominant white feminism, which has positioned itself as a version of ‘feminism’ that excludes and denies the lived experiences of Black women and WoC. Understanding how Black and WoC feminist critiques of white feminism transformed feminist studies and activism offers Critical Suicide Studies an opportunity to consider important lessons if it is to speak truth to power both outside and within its disciplinary field. Building on the work of Ahmed (2017) this paper issues a forewarning to the field of Critical Suicide Studies around the potential dangers of using language to project a critical stance, whilst not being as attentive to what that projection conceals, enabling non-action through its very utilisation. In terms of mainstream suicidology, this paper highlights the importance of attention to language and how a focus on suicide has been mobilised to disappear the social structures at work that underwrite suicidality. Theorising through the affects of language, the paper proposes an intersectional feminist critical suicide studies that centres the experiences and knowledges of marginalised people; that is explicitly anti-racist and anti-‘psy’ in stance; that raises consciousness of oppressive and marginalising discourses and practices of corporeal, emotional, and epistemic violence; that is vulnerable, wilful, political and ethical; and that seeks to find associations and solidarities across differences towards visions, hopes, and actions for a better world.

Bio: A. M. Hayford-Joyner is a doctoral candidate at Canterbury Christ Church University, utilising Black and Woman of Colour feminist theories to study suicidality. Somewhat recently, she was the co-organiser of the Critical Suicidology 2.0 conference in Canterbury UK. She has a BA History from The Ohio State University and an MA Environment, Policy and Society from The Open University. A lifelong feminist killjoy, she particularly enjoys making eyes roll. She tweets occasionally at [@hayfordian](https://twitter.com/hayfordian).

Bio: T. Wright is a Research Fellow working in the Faculty of Health and Wellbeing at Canterbury Christ Church University. Toni’s interests are in healthcare practice, gender, feminist and critical social justice studies and research.

Email: annie.hayford@canterbury.ac.uk

Kat Houareau

Chair, Wanneroo and Communities Suicide Prevention Network

Bio: Katherine is a Lifeline WA Ambassador, and also Chair of the Wanneroo and Communities Suicide Prevention Network. Katherine co-hosts a Radio show called “Strong Minds Talk Back Radio” on 100.9FM which is aired nationally and overseas talking all things mental health & wellbeing each week. Having been trained as a Community Presenter this has allowed her to appear and speak at various events discussing sensitive topics; her lived experience of suicide, adults surviving childhood abuse, anxiety, bullying in the workplace, domestic violence, sexual trauma, depression, alcohol and other drugs, family court challenges, institutional abuse and more.

Email: wac.suicideprevention@gmail.com

Katrina Jaworski

The ethics of facing the other in suicide

Abstract: What happens when we, as researchers, come face-to-face with someone who has been suicidal? How do we respond to this 'other', often deemed as vulnerable and voiceless? To what extent does this 'other' has anything to do with our research practices? I respond to these questions by drawing on my experiences of interviewing queer young people about their familiarity with suicide. These experiences are based on a study I conducted on queer youth suicide, drawing on the unstructured interview technique often used in qualitative research. Inspired by works of Emmanuel Levinas, Michel Foucault and Judith Butler, I consider what it means to face those deemed as 'other', and what this facing entails well beyond concerns of university human research ethics committees or the content of most qualitative research methods texts. I contend that facing reveals the 'other' as agentic. This agency is entangled with the ethics of hearing, and the invisible labour of emotions, which, I also contend, contribute to researchers' willingness to be open and responsive to difference. In this sense, knowledge about suicide is never outside those who research it.

Bio: Dr Katrina Jaworski is a Senior Lecturer in Cultural Studies at the School of Creative Industries, University of South Australia. Having published on the topic of suicide for almost 20 years, her research focuses on the agency of suicide, with attention to gender, body, sexuality, ethics and poetry. She also works on Rwandan genocide, the philosophy of dying bodies, trauma and the cultural politics of thinking. To date, she has authored the following books: *The Gender of Suicide: Knowledge Production, Theory and Suicidology* (Routledge); co-edited *Women Supervising and Writing Doctoral Dissertations: Walking on the Grass* (Lexington); and *Rethinking Madness: Interdisciplinary and Multicultural Reflections* (Brill). With Nikki Sullivan, she is currently completing the 2nd edition of the *Critical Introduction to Queer Theory* (Edinburgh Press: UK).

Email: Katrina.Jaworski@unisa.edu.au

Michael Kral

Indigenous suicide prevention: From the **community's** point of view

Abstract: Indigenous people have for a very long time demanded that they regain control over their lives, which was taken from them by various white governments. In my work with Inuit in Arctic Canada, some communities have taken control over suicide prevention. In this presentation I will talk about two Inuit communities that did something to decrease suicide significantly. This is contrary to Western psychiatric and psychological approaches to suicide, as here the communities put together programs and activities themselves. What they did was very different in each community, so there is no prescription for suicide prevention. Evidence-based programs do not work with minority populations. What these communities had in common was that they were in control, the activities were theirs, it was collective efficacy and agency. This is the key to suicide prevention, having the people at risk develop their own suicide prevention programs.

Bio: Michael Kral is an Associate Professor in the School of Social Work at Wayne State University in Detroit, and is also a faculty member in the Department of Psychiatry, University of Toronto. He has done community-based participatory action research with Inuit in Arctic Canada for over 20 years, looking at suicide, suicide prevention, culture change, kinship, and youth resilience. He has two books on suicide coming out in 2019.

Email: michael.kral@wayne.edu

Ian Marsh

Critical suicide studies and suicide prevention: Interdisciplinary practices and ethical tensions

Abstract: This paper reflects on some of the issues (theoretical, practical and ethical) which can come to the fore when trying to develop critical, interdisciplinary approaches to suicide prevention. Drawing on experiences with prevention projects in universities and for the railway industry, I explore some of the possibilities which exist for more radical and critical (re)framings of suicide, and also some of the theoretical and ethical tensions which can arise when trying to put these into practice. Critical prevention projects, drawing on a wide range of theories (e.g. feminist, poststructuralist, queer) and disciplines (e.g. anthropology, history, geography, cultural studies) are able to take into account how suicide is shaped by politics and power, and can move away from individualised, reductive biomedical readings of the act that have dominated theory and practice for so long. However, engagement with mainstream prevention assumptions and practices can raise ethical issues, and I **discuss how the 'prevention imperative' can exist alongside institutional indifference, and how imbalances of power between different groups formed as objects and subjects of suicide prevention knowledge can re-entrench rather than challenge inequality and injustice.** Specifically, I will focus on how a psychopolitical analysis of male student suicidality and help-seeking sought to shape university support systems, and how framing railways as discursive, social and affective (as well as physical) environments opened up possibilities for a more critically-informed, interdisciplinary approach to prevention.

Bio: Dr Ian Marsh is a senior lecturer at Canterbury Christ Church University. He is the Suicide-Safer Universities project lead, and academic lead for the Kent and Medway Suicide Prevention Group. Ian is the author of *Suicide: Foucault, History and Truth* (Cambridge University Press, 2010) and co-editor of *Critical Suicidology: Toward Creative Alternatives* (UBC Press, 2016).

Email: ian.marsh@canterbury.ac.uk

China Mills

Strengthening borders and toughening up welfare: Suicides and the UK's hostile environment

Abstract: In austerity Britain governmental appeals to strengthen UK borders occur alongside calls to 'toughen up' on welfare provision. This rhetoric is performed at street level, with anti-immigration vehicles driven round the streets branded with- 'In the UK illegally? Go Home or Face Arrest', and public posters advertising a hotline to call if you think your neighbours are 'benefit cheats' (i.e. fraudulently claiming welfare). These measures are part of a web of tightening immigration controls that constitutes what the UK Home Office calls a 'hostile environment' – a set of policies designed to both deter migrants and to make being in the UK as difficult as possible for migrants without leave to remain - to encourage them to "voluntarily leave". A number of disabled people's activist groups have pointed out that the UK is also a hostile environment for disabled people, and particularly those who claim welfare, given the landscape of punitive welfare reform in austerity Britain. The **crafting of a 'hostile environment' for migrants and/or disabled people** is informed by a rationale of deterrence – whereby webs of punitive measures, overwhelming bureaucracy, and administrative violence, are used as strategies to encourage people to voluntarily opt out (i.e. stop claiming welfare and/or leave the country). Deaths and suicides are part of this hostile landscape, and activists maintain online lists of those who have died as a result of welfare reform, and those whose suicides are linked to immigration detention. In this paper, I aim to understand suicide as a response to a hostile environment – **a way to 'voluntarily leave' a violent system** designed to make life unliveable. I explore this through attending to the intersections of border imperialism and eugenics – that craft moral economies of worth, fitness, and deservingness. I aim to understand how bordering practices have long connected to the political crafting of disgust for certain groups used to justify both **slow and spectacular violence in the name of people's 'welfare'.**

Bio: China Mills is a Lecturer at the University of Sheffield (UK). **China's research examines the way mental health** gets framed as a global health priority and the way global health policies and technologies are enacted, navigated and resisted in local contexts. She is Principal Investigator on two British Academy funded projects researching behaviour change, psy-technologies and the digital revolution in relation to (mental) health, spanning Australia, India and South Africa. She has published widely in a range of leading health and social

policy journals (such as Critical Public Health, Development and Change, and Critical Social Policy); is co-editor of the Routledge book series on '***Therapeutic Cultures***'; and is a member of the editorial collective of the international journal Critical Social Policy, and Asylum – a magazine for democratic psychiatry. In 2014, she published the book: '*Decolonizing Global Mental Health: the Psychiatrization of the Majority World*' (Routledge).

Email: china.mills@sheffield.ac.uk

Cassandra Milne

‘Bury Your Gays’ – An exploration of the problematic media representation of LGBT+.

Abstract: “**Bury Your Gays**”, or “**Dead Lesbian Syndrome**” is a reoccurring contemporary media trope in which homosexual couples are denied a happy ending due to the death of one or both characters in an established story – most notably after the climax of their emotional build up; whether it be through intimacy such as kissing, sex or coming out. Whilst this trope has been primarily attributed to the death of Lexa from The CW series *The 100*, **‘Bury Your Gays’ has been attributed to the deaths of thirty three bisexual and lesbian women between the 2015-2016 season, and nineteen over 2016-2017.** (LGBT Fans Deserve Better, 2016) This is massively disproportionate when taking into consideration the small representative pool of LGBT+ in television media, as **GLAAD’s 2016 Where We Are on TV** reported that LGBT+ characters make up only 4.8% of the total amount across the board; with 17% identifying as lesbian and 23% identifying as bisexual. The effects of media and suicide have been well researched, with links identified between the death of a mainstream actor/celebrity and subsequent mimicry by the general population (Cover, 2012; Gould and Shaffer, 1986; Hagihara, Kimio and Takeru, 2007; Sudak, 2005); as well as the impact of LGBT+ representation not only on identifying audiences, but that of their straight counterparts. (Gomillion and Giuliano, 2011; Levina, Waldo and Fitzgerald, 200) However, very little research has been done on the effect that LGBT+ character death has on its audiences; whether this has a contributing factor to depression and suicide in identifying people or not.

Bio: My name is Cassandra Milne, and I’m a twenty-four-year-old Media and Communication’s student currently completing my honours project on Bury Your Gays at Murdoch University. This work is incredibly important to me not only from a scholarly perspective, but also as a bisexual woman who shaped her identity through television and other media formats. It is my hope that my research may create a foundation to further expand and diversify current media representation of LGBT+ people beyond a problematic stereotype of death.

Email: p.aopu@hotmail.com

Jonny Morris

Doing a “rhizomatic disciplinary approach” to CritSui: Reflexively mapping the continued emergence of CritSui through an outsider-witness dialogic process

Abstract: Building on previously presented work (Morris, 2016; Morris 2017), this presentation will afford an opportunity for an up-close, experience-near, and multi-perspectival account of the emergence of critical suicide studies. Three individuals will be interviewed from a number of intersecting vantage points including lived experience, theory, practice, and history. The arc of interview questions will be designed to illustrate the threads of CritSui’s emergence and its creation of new interconnected concepts, vocabularies, possibilities, and enactments of new ruptures and lines of flight. In addition to the three individuals participating in the interview, there will be three witnesses, charged with deeply listening to the conversation under discovery. Once the initial interview is complete, the three witnesses will be asked to engage with and reflect upon what they have just heard to further deepen and layer the discussion. Finally, the three original individuals will have the opportunity to respond to the effects of their conversation. This approach to generating knowledge in-vivo at CritSui3 will serve to tease out critical ideas, tensions, and hopes that will have meaning to the overall conference. The process will demonstrate the interplay between post-structural ideas and narrative practices, while eliciting a reflexive account of CritSui at this turn of development. Finally, this approach to understanding the growth of CritSui as a critical field of inquiry and practice will be tested to inform the future focus of doctoral work in this area.

Bio: 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, 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 reimagine possibilities for change in policy and practice. Jonny is interested in studying the emergence of CritSui as part of a doctoral program.

Email: jjmorris@uvic.ca

Baden Offord

A critical human rights and decolonizing response to the lived experience of suicide

Abstract: The lived experience of suicide has been a core narrative in my life. Both my father and brother have taken their lives, and my mother, sister as well as myself have attempted to end our lives. Fortunately, from 2009 to 2012 I was one of three participant original voice researchers as part of Mic Eales ground breaking doctorate: *Different Voice, Different Perspective: An arts-based and evocative research response to original voice narratives of suicide* (2013). In my contribution to the roundtable, I will reflect on two critical aspects of this research experience, focusing firstly on how the convergence of socio-cultural elements and narrative in relation to suicide and lived experience is highly productive as a methodology of care and insight. And secondly, how I have come to see the value of a critical human rights and decolonizing response to the lived experience of suicide as a crucial means of principled exposure, learning and healing.

Bio: Baden Offord holds the Dr Haruhisa Handa Chair of Human Rights; is a Research Professor of Cultural Studies and Human Rights; Director of the Centre for Human Rights Education; and concurrently Director of the Australia-Asia-Pacific Institute, Curtin University. His research cuts across the fields of Cultural Studies, Asian Studies and Australian Studies and he sees culture as the crucial fabric of political and social life. His main research interests are in the fields of human rights, sexuality, culture and critical pedagogy. He has held visiting positions at The University of Barcelona, La Trobe University and at the Kinsey Institute at Indiana University. He was the 2010-2011 Chair (Visiting Professor) in Australian Studies, in the Centre for Pacific Studies and American Studies, The University of Tokyo. He has been a recipient of several national teaching awards. He was a keynote speaker at the Suicide Prevention Australia Conference in 2015, where he spoke on lived experience of suicide and critical human rights and in 2017 he gave a workshop on alternative and critical approaches to suicide prevention to 130 regional high school teachers in NSW.

Email: baden.offord@curtin.edu.au

Carsten Pedersen

Turn back time, back to basics.

Abstract: Could the fact that the core of humanity has had so many perceptual layers added, be causing a pathological perceptuality? Could the pathological perceptuality be causing an overstimulation, and an increasing egocentric feeling of entitlement that is causing increased suicidality? Overstimulation may be magnified by a lack of life purpose, that potentially creates a situation where the mind is lacking the ability to make sense of, and integrate our human experience. Depression may therefore be caused on an individual level, as well as an accumulation of nongenetic inheritance and transgenerational epigenetics. As a result, it could be hypothesised that depression and suicidality could be minimised and treated by a psychoeducational fuelled evolutionary correction.

Bio: From his expansive research, Carsten has written and/or facilitated workshops across a number of cultural, religious and general population groups. His workshops cover complex and often sensitive issues such as dealing with trauma, cultural assimilation, stress management, human rights, discrimination and positive ageing. Through his workshops, Carsten has been able to help a variety of people overcome issues such as depression, addiction, trauma and anxiety, or guide people through relationships, business developments, life goals and conflict resolution.

Email: carstnp@westnet.com.au

marcela polanco

A message to critical **suicidology from Abya Yala's (the Americas)** decolonial perspective

Abstract: In this paper, I seek to enter into a dialogue with Critical Suicidology (White et. al, 2015) from a decolonial perspective of academic and social activists from Abya Yala (the Americas). Xuxtaposed to Critical Suicidology's **interrogation of a single, modern, psychiatric, deficit**-based framework to suicide and suicide prevention, I introduce decoloniality from the particular historical context of Abya Yala and its colonial matrix of power (Quijano, 2000). I situate this as a framework to politicize academic and research-based knowledge production on suicide and the neoliberal "economy of ideas" (Rivera Cusicanqui, 2010) that supports it. I seek to problematize the effects of their outcomes in racializing, ethnicizing and genderizing communities's social suffering; and professionalizing and technifying alternatives of response to suicide. As a decolonial means, I discuss inter-culturality and inter-linguality to support a fair trade of knowledges across geo-cultures and identities for cultural reform on suicidology.

Bio: marcela polanco grew up in Bogotá, Colombia. She has become an immigrant in the US where she lives. Within the historical colonial categorization of communities, she locates herself—not as an autonomous choice—as a woman of color and mestiza (genetically considered African, Muisca, and European but with a Eurocentric consciousness). She has trained strictly in Western traditions of education (out of lack of awareness of alternative knowledges, deemed as not legitimate). She studied family therapy and narrative therapy in the US and Australia. Only until recently she began studying decolonial perspectives from and in Abya Yala with GLEFAS. Her most recent interests are on academic activism. The academia is her primary context of teaching, **supervision and therapy practices. She works at San Diego State University.** marcela's interests are focused on epistemological diversity, inter-culturality, inter-linguality; and de-racialization and de-genderization of identities.

Email: polanco@nova.edu

Cody Reynolds

The edge of truth: Non-realist representations of suicidal trauma, and processes of knowing

Abstract: Suicidal trauma poses a paradox for representation. Conventional realism, in its demand for finite truth, is shattered by attempts to convey experience that has happened “too soon, too unexpectedly, to be fully known” (Caruth). To mitigate this, authors have engaged non-realist or magical narrative modes in efforts to more accurately capture the obfuscated reality of suicidal trauma. This, however, presents new hazards. At risk for non-realist accounts is that overt engagement with the fantastical will be read as fetishising suicidal trauma, or that well-intentioned interpreters seeking firmer meaning will authenticate the “incomprehensibility” of suicide and thereby limit their understanding of experience. This paper aims to present a new framework for the interpretation of non-realist suicide narratives; one that protects this literature from fetishising readings, and ensures that inference and empathy can transcend the incomprehensible. Recognising literary irony as a deliberate function of non-realist suicide narratives, I assert that these representations seek to purposefully draw attention to the act of interpretation; pushing readers away from the decoding of “real” meaning, and towards the “making” of both meaning and evaluative motivation (Hutcheon). This shift in responsibility is profoundly uncomfortable in narratives with such high-stakes intent, but presents great potential for understanding suicide trauma beyond the limits of physical experience. By forcing readers to confront the process of meaning-making rather than locating a singular truth, an ironising of non-realist narratives reveals the ontological process of suicidal trauma and frames this process meaningfully for readers relative to their own systems of knowledge and belief.

Bio: Cody Reynolds is a doctoral creative writing student at The University of Newcastle. His research examines the relationship between trauma, knowledge and magical reality in contemporary Australian fiction, and aims to provide a framework for interpreting non-realist literature in terms of ontological processes. This work builds on his previous research into how Indigenous systems of knowledge are represented in Australian fiction. Cody’s short fiction and essays have been featured in publications such as UNSWeetened and the Sydney Morning Herald, and he is writing his first full-length novel as part of his current research project. Cody works as the Head of English at an independent high school in Sydney’s Inner West.

Email: Cody.Reynolds@uon.edu.au

Marnie Sather and David Newman

Narrative practice and bereavement

Abstract: David Newman and Marnie Sather will present on Narrative Practice and bereavement, an alternate perspective in thinking about the loss of a loved one to suicide. The Medicalized and individualist approaches to grief are often limited and problem saturated. The traditional discourses on grief often do not include the lived experience of people’s skills and knowledges. We will challenge some of the discourses that effect loved ones after the loss of a loved one to suicide, by sharing stories of peoples lived experience. To find out more about some of David and Marnie’s work it is possible to access the following resource:

<http://dulwichcentre.com.au/Holding-our-heads-up-Sharing-stories-not-stigma-after-losing-a-loved-one-to-suicide-compiled-by-Marnie-Sather-and-David-Newman.pdf>

Bio: Marnie Sather is currently a PhD candidate at Melbourne University exploring the experiences of widows who have lost a male partner to suicide, using a lived experience methodology. This includes an interest in the historical perspectives on suicide and gender.

Bio: David Newman works in independent practice at Sydney Narrative Therapy as well as in Sydney at Uspace, a psychiatric unit for young people in St Vincent’s Hospital. He is a member of the Dulwich Centre faculty and an Honorary Clinical Fellow at Melbourne University’s School of Social Work. Recent teaching assignments have included Rwanda, Brazil, Nepal, Turkey, Hong Kong, Palestine and he is a teacher on the Masters of Narrative Therapy and Community Work. David is the author of many papers about Narrative Therapy including ‘Rescuing the Said from the Saying of it: Living Documentation in Narrative Therapy’ and is working on a book with a draft title ‘Narrative Practice with young people and their families in a psychiatric setting’.

Email: marnie3@mac.com and david@sydneyNarrativeTherapy.com.au

Bonnie Scarth

“...I needed some sort of barrier between myself and my own brain”: The implications of locating social suffering and suicidality in the brain

Abstract: The quote in the title to this abstract illustrates a significant theme across many of the rich 46 semi-structured interviews (1-4 hours long) that I carried out in the USA and Aotearoa/New Zealand between November 2015 and June 2017 for my PhD thesis. All participants had experienced suicide in some capacity, and many described their suffering and suicidality as originating in their brain, and therefore needing protection from their own brain. However, many of these same participants had suffered significant childhood trauma, abuse, poverty, or bullying and discrimination due to their gender, sexuality, ethnicity, or disability - but they still tended to describe their suicidality and suffering as determined by their brain and/or chemical make-up. This theme highlights dominant neuro-discourses, which have emerged from increasing understandings of neuroscience that are often devoid of social-cultural context. Nevertheless, many participants experienced the neuro-**discourse as empowering, and expressed relief that they could separate their ‘personality’ from their ‘brain’** (e.g. “it’s not me, it’s my brain.”). This sense of relief highlights the stigma many persons with mental illness diagnoses suffer, particularly those with personality disorder diagnoses. When suffering and suicidality is pathologized in this manner, there are important implications pertaining to social justice: because violence and discrimination is rendered as an individualised and medicalised phenomenon, there is limited space for radically over-hauling the very systems that allow and perpetuate such suffering. By incorporating my participants narratives, I will argue why a social justice framework is critical in mental health and suicidology.

Bio: Bonnie Scarth is a project manager and doctoral candidate at the University of Otago, with her PhD focusing on subjective meaning-making of the lived experience of suicidality and suffering. Bonnie has long juggled her tertiary studies and career in research and NGO work while raising her two awesome now-teenaged children and she has been fortunate to receive a number of scholarships and awards along the way, including a Fulbright scholarship. In addition, she has published in international journals and contributed book chapters. She has also spoken at conferences and delivered community workshops on mental health and suicide prevention."

Email: bjscarth@gmail.com

Jessica Stubbing

Young people’s explanations for youth suicide in New Zealand

Abstract: New Zealand has one of the highest youth suicide rates in the developed world. Right now, our dominant perspectives are formulated by adult researchers and clinicians and are not adequately considering the views of young people. This may be contributing to our high suicide rates. This research asked what young people in New Zealand think causes youth suicide - with the hope that this research will help us aim suicide interventions where they are most needed. 9 focus groups were conducted with 38 young people aged 15-22 from Auckland, NZ. The focus groups were analysed with a thematic analysis from a social constructionist perspective. 5 themes were identified which described different factors young people felt caused youth suicide - mental illness, emotional vulnerability, negative life experiences, constant pressure, and a cry for help. Themes were not mutually exclusive and were considered to interact. Unlike results of international studies, young people in New Zealand cite normalised feelings of emotional distress and pressure as contributors to suicide. In our youth culture, suicide has been constructed as a response to these more normalised experiences. We need to **attend to the pressure and negative emotions that are often perceived as ‘natural’ parts of adolescence, but** which are having extreme negative impacts on our young people. Interventions need to put more emphasis on helping young people through these experiences, and must address range of influences in order to prevent young people slipping through the cracks.

Bio: Jessica Stubbing is a doctoral candidate in the University of Auckland’s Clinical Psychology program, supervised by Dr Kerry Gibson. Jessica has worked as a crisis counsellor for under 18s and is passionate about suicidology research with young people. This research has been submitted for publication with the Journal of Youth Studies.

Email: jstu736@aucklanduni.ac.nz

Jennifer White

Interrogating everyday practices in suicide prevention: Towards less certain assemblages

Abstract: An emerging body of critical scholarship, has begun to highlight the way that current knowledge practices in suicidology actively shape what can be legitimately said, thought, and known about suicide, with consequential effects on the types of practices that can be imagined and mobilized in response. Mainstream suicide prevention policy and practice frameworks tend to cohere around the following features: evidence-based, expert-informed, results-oriented, concerned with the identification and management of risk, and amenable to quantitative evaluation. Despite the proliferation of suicide prevention campaigns, toolkits and public awareness strategies, suicide rates stubbornly persist, and have actually increased in some parts of the world, including the United States. In this short presentation, I am interested in setting the stage for exploring the following two questions: (1) How do everyday suicide prevention practices (e.g. deployment of statistics; reliance on confessionals; normalization of surveillance; dependence on expertise; use of marketing tools; etc.) work alongside contemporary neoliberal discourses of risk and responsibility, to potentially limit possibilities for living and flourishing? (2) If suicide prevention is more of an *assemblage* (i.e. human and non-human bodies, materials, affects, relations, technologies, discourses, and intensities in constant flux and co-constitution), what types of social relations and worlds do we want to create together, in the name of suicide prevention?

Bio: Dr. Jennifer White is Associate Professor and Director, School of Child and Youth Care at the University of Victoria. Jennifer has worked in the human services sector for over two decades and she has practiced in the field of youth suicide prevention since 1988. Jennifer has worked as a clinical counsellor, educator, policy consultant, researcher, and community developer. She is the lead editor of the book, *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*.

Email: jhwhite@uvic.ca