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Mapping the Emergence of Critical Suicide Studies: An Exploratory Qualitative Study

Jennifer H. White[a], Luiza Cesar Riani Costa [b,c], and Diene Monique Carlos[d]

[a]School of Child and Youth Care, University of Victoria, Victoria, British Columbia, Canada; [b]Nursing Department, Universidade Federal de São Carlos, São Carlos, SP, Brazil; [c]Social Dimensions of Health Graduate Program, University of Victoria, Victoria, British Columbia, Canada; [d]School of Nursing, University of São Paulo, Ribeirão Preto, SP, Brazil

ABSTRACT

Critical suicide studies, as a formal and recognizable entity, is a relatively new site of scholarship, practice, and activism. It has emerged in the early part of the 21st century in response to some perceived limitations of dominant formulations of suicide and mainstream suicide prevention practices. In this article, we present findings from a qualitative research study undertaken to understand how critical suicide studies is unfolding and with what potential effects. Semi-structured interviews were conducted with nine scholars, practitioners, activists, and/or those with lived experience, recruited from the Critical Suicide Studies Listserv (electronic mailing list). To analyze our data, we used reflexive thematic analysis and drew on a social constructionist orientation, which acknowledges the historically and culturally contingent nature of suicide, suicidology, and practices of suicide prevention. Three overlappping themes were generated based on our analysis. As a *mode of critique*, critical suicide studies provides an interruption to the status quo. As a *conceptual resource*, it offers an alternative way of understanding suicide. As an *applied practice*, it offers possibilities for "doing" suicide prevention differently. Implications for future research, practice, and social change are discussed.

Introduction

The enigma of suicide has fueled academic, professional, philosophical, and religious interest for centuries. Many of the social sciences came into being through the study of suicide, revealing suicide's long and entangled history with academic disciplines such as sociology, psychology, psychiatry, and statistics (Fitzpatrick et al., 2014; Laird, 2011). The study of suicide is always emerging within a context of multiple disciplinary traditions and competing discourses which has consequences for how we understand and respond to it. In this article, we present findings from an exploratory qualitative study, designed to document the emergence of critical suicide

studies in the early part of the 21st century. Drawing on interviews with researchers, practitioners, activists, and those with lived experience of suicide, we show how the ideas and commitments of critical suicide studies are being conceptualized and applied in local contexts.

Joining the calls to re-think suicide

Faced with stubbornly persistent rates of suicide, despite significant investments in research, prevention, and clinical interventions, a growing chorus of voices have strenuously recommended that we start to "re-think suicide." While Bryan (2022) has published a book with this title, a much longer history calling for an overall "re-think" of suicide and suicide prevention can be traced. Over 20 years ago, Range and Leach (1998) highlighted the need to mobilize a range of methodologies for "thinking" suicide beyond traditional positivist approaches, including feminist, qualitative, and alternative methodologies, an idea that was amplified by Hjelmeland and Knizek (2011) a decade later in their call for the inclusion and legitimation of more qualitative research in suicidology. In the early 1990s, long before 'critical suicidology" came into being, Canetto (1993) wrote about the gendered and culturally situated nature of suicide, which challenged many mainstream assumptions. In 2003, Fullagar wrote about discourses of risk, surveillance and expertise shaping youth suicide prevention programs, and the potentially harmful effects of these practices on young people (Fullagar, 2003). Marsh's (2010) book, *Suicide: Foucault, History and Truth*, illuminated many of the biomedical and pathologizing underpinnings of contemporary understandings of suicide – what he called a "compulsory ontology of pathology" - and invited a consideration of alternatives. The book, *Critical Suicidology: Transforming Suicide Research and Practice for the 21st Century* (J. White et al., 2016 marked an important milestone in suicidology's critical turn. Since that time, Tack (2019) and Baril (2023) have written original and compelling critiques of how the dominant logics of prevention continue to haunt suicidology – including critical suicidology – in ways that both limit future theorizing and contribute to potential harms against suicidal people. There is also evidence of growing dissatisfaction among many mental health professionals, many of whom find the biomedical and pathological framing of suicide limiting, justifying the need for a more inclusive approach (Goel et al., 2023).

Given the clear lack of progress in addressing the complexity of suicide – as evidenced by the persistently high rates of suicide in the Global North and other parts of the world (World Health Organization, 2023) – many scholars, practitioners, and activists have called for an overall re-think of the field, including the development of more integrated and inclusive conceptual

frameworks and the legitimation of more diverse methodologies and practices, to guide research, practice, and policy in the future (Abrutyn & Mueller, 2021; Berman et al., 2021; Bryan, 2022; Goel et al., 2023; Jaworski & Marsh, 2020; Standley, 2022). There is also a growing recognition that the field needs to include more diverse voices, including queer, crip, trans, and Mad perspectives, as well as persons with lived experience of suicide (Baril, 2023; Watling et al., 2022). This study makes a unique contribution to the current landscape by showcasing how current understandings of critical suicide studies are being applied in various practice contexts, the potentials, and limitations of this approach, and what this overall direction of travel might offer for future research and practice in this area.

Methodology

This study was designed to provide a deeper understanding of how practitioners, scholars, activists, and those with lived experience are using and applying the ideas of critical suicide studies in their own unique practice contexts. Qualitative research enables in-depth exploration of the perspectives and experiences of participants who are directly involved with the issue at hand (Braun & Clarke, 2013). It is particularly useful in addressing "how questions" and "process questions" like the one guiding our study: How are the ideas of critical suicide studies being taken up in specific contexts (i.e. research, practice, advocacy)?

For the purposes of this article, we are defining suicide as intentional, self-inflicted, death; however, it is important to acknowledge that our understandings of what suicide *is* are culturally and historically contingent. Throughout history, and across different contexts and cultures, suicide has been understood as a sin, a crime, a sign of madness, and, more recently, of mental illness (Marsh, 2010). Even the contemporary biomedical framing of suicide within predominantly white, Western cultures has not led to universal or final understandings. The academic literature frequently highlights the lack of consensus in the definition and classification of suicide and suicidal behaviors as a significant challenge in research and intervention (De Leo et al., 2006, 2021; Goodfellow et al., 2019).

De Leo et al. (2021) sought to develop an international nomenclature for suicidal behaviors with standardized, consensual definitions. The study surveyed members of international suicide prevention organizations across 63 countries, and the statement that reached the highest consensus was "Suicide is an act that necessarily leads to death" (De Leo et al., 2021, p. 2). In contrast, definitions of self-harm, suicide attempts, and suicidal ideation were far more varied and divergent. Overall, the survey showed significant differences in how high-income and low/middle-income countries define suicidal behaviors (De Leo et al., 2021).

In another attempt, Goodfellow et al. (2019) conducted a literature review to keep track of suicide behavior definitions in the English language in the last decades. The study showed that the first attempts to classify suicide behavior scientifically (in the 60s, 70s, and 80s) were more focused on theoretical definitions, with less emphasis on how those ideas are observed in practice, followed by a later wave that centered the operational aspect, worried with practicality, precision, and validity of the terms (Goodfellow et al., 2019, resulting in different and at times divergent definitions.

It is evident that creating universal and unanimous definitions of suicide and suicidal behavior is a highly complex task. The ways in which suicide is understood and defined – and consequently, how societies respond to it – are shaped by "theoretical, political, social, psychological, biological, and religious perspectives" (Silverman, 2016, p. 12), as well as institutional interests, including those of health insurers, pharmaceutical companies, professional associations, among others (Goodfellow et al., 2019). While acknowledging that there is no universal or agreed-upon definition of suicide (and questioning if such a subjective and multi-layered phenomenon can even have such thing as a fixed definition), we recognize the importance of articulating how we understand it in this aticle.

Theoretical framework

Theoretically, our study is informed by social constructionism (Burr, 2015; Gergen, 2011). As an epistemological stance, social constructionism challenges the idea of objective and universal knowledge, emphasizing that all understandings of the world – including those of suicide – are constructed through historical, cultural, and social processes. By understanding suicide to be historically and culturally variable, it cannot be reduced to a singular, static meaning that holds across time and culture. How we come to understand what suicide *is* is not natural or self-evident. Rather, any social reality, including suicide and suicidology, are social, historical, and political processes that rely on social interaction, language, discourse, contexts, and relations of power to stabilize their meaning (Burr, 2015; Gergen, 2011). In keeping with our critical orientation, we recognize that all research is embedded in specific social and political contexts and that the process of research and the knowledge it generates are always mediated through power relationships. As critical qualitative researchers, we adopt a perspective

> " . . . that eschews mere cataloguing of pre-conceived representations of a 'real' outside world, maximizes the 'creative presence' of the researcher, and deploys theoretical abstraction as a key methodological strategy for re-conceptualizing phenomena and creating generalizable knowledge." (Eakin, 2016, p. 108)

Recruitment and participants

Participants were nine adults who self-identified in multiple and overlapping ways, including scholars, practitioners, activists, and persons with lived experience. The goal of qualitative research is to explore an issue in-depth, capturing complexity and nuance – as opposed to making generalizations – and thus it is not uncommon to draw on smaller sample sizes (Braun & Clarke, 2013). Seven participants were from the United States or Canada, and two were from European contexts. Participants were recruited through a poster explaining the research objectives, circulated on the critical suicide studies listserv. Interested participants were invited to contact the researcher. Inclusion criteria were adults over 18 who drew from a critical suicide studies approach. Ten people were interested in being interviewed; one did not fit the inclusion criteria of drawing from a critical suicide studies approach, leading to the final sample of nine participants. This research was approved by the University of Victoria Human Research Ethics Board (ethics protocol number 21–0595).

Data collection

The first and second authors conducted individual semi-structured interviews using the Zoom teleconference platform in February 2022. Lasting approximately 1 hour, interviews were conversational in spirit and organized around a series of questions that enabled maximum flexibility as recommended by Braun and Clarke (2013). The following questions guided the interviews with research participants:

(1) Can you tell us where you're situated and what your connection is to critical suicide studies?
(2) What were some of your hopes in joining the listserv/becoming affiliated with the critical suicide studies network?
(3) How do you understand critical suicide studies?
(4) What have been some of your experiences applying ideas and concepts from critical suicide studies in your own context?
(5) What are the strengths and limitations of critical suicide studies as a mode of research/practice/way of working?
(6) Do you have any worries or concerns about what critical suicide studies can offer?

Analysis

Interviews were recorded and transcribed by the second author, with support of the transcription software named Descript. The analysis of

the transcripts was undertaken by the first and second authors using Braun and Clarke's model of reflexive thematic analysis (Braun & Clarke, 2021a). As a reflexive, creative, and systematic model of generating themes from the data, it emphasizes researchers' subjectivity as an important analytic resource. In this approach, themes are conceptualized as "patterns of shared meaning, cohering around a central concept" (Braun & Clarke, 2021a, p. 331).

Six phases guided the reflexive thematic analysis (Braun & Clarke, 2021a): data familiarization; initial code generation; initial theme generation from coded data; themes review; themes defining and naming; and report writing. Our study generated a wealth of interesting insights, however, given space limitations, in this article we focus very specifically on how participants are understanding and enacting critical suicide studies in local contexts.

Following Braun and Clarke (2021b) we do not rely on the concept of data saturation to guide our reflexive thematic analysis. As these authors make clear, the concept of data saturation is often based on neopositivist-empiricist framings, which assume that codes and themes are fixed and unchanging entities residing in data, waiting for researchers to excavate them (Braun & Clarke, 2021b). While data saturation might make sense for some approaches to qualitative data analysis, it is not a universally useful or meaningful concept, nor does it easily fit with a reflexive approach to thematic analysis.

For our purposes, we understand that codes and themes are not sitting in the data, waiting to be discovered, but instead "reside at the intersection of the data and the researcher's contextual and theoretically embedded interpretive practices" (Braun & Clarke, 2021b, p. 210). In this way, there is always the potential for new meanings, understandings, and insights (Braun & Clarke, 2021b; Low, 2019).

Furthermore, we do not claim that our nine participants represent the views of all those practicing from a critical suicide studies orientaion, but we do argue that there is sufficient richness and depth in the data to allow new insights, discussions, and fresh questions to be raised. These data tell a complex, multi-faceted, coherent, and useful story in relation to the research question (Braun & Clarke, 2021a), offering new insights into how critical suicide studies is being understood and practiced and with what potential effects.

Thus, our decision on sample size was less driven by data saturation and more in keeping with the concept of "information power" (Malterud et al., 2016). Specifically, the more relevant information for the research question that the sample holds, the fewer participants are needed. The size of the sample depends on (a) the aim of the study, (b) sample specificity, (c) use of established theory, (d) quality of dialogue, and (e) analysis strategy. Critical suicide studies is not yet well established as a distinct social practice and the number of

researchers and practitioners who draw from this approach is relatively small. Our participants were selected for their specific affiliation with a critical suicide studies approach and thus their perspectives were maximally relevant. The interviews we conducted were extremely rich and our analysis was theoretically driven.

Findings

Critical suicide studies is being taken up in three primary ways: as a *mode of critique* that provides an interruption to the status quo; as *a conceptual resource* for understanding suicide; and as an *applied practice* for doing things differently.

Mode of critique

Across all the interviews we heard rich stories about the disconnect between dominant suicide prevention discourses and the needs of suicidal persons. We learned that many participants came to critical suicide studies based on their own dissatisfaction with available framings of suicide and existing suicide prevention practices. We present examples of critical suicide studies as a mode of critique, under two sub-themes: exposing the gaps and questioning the logic of prevention. To preserve anonymity pseudonyms have been assigned.

Exposing the gaps

Many participants identified a significant gap between the universalizing and standardized suicide prevention discourse (i.e., focus on individuals, emphasis on mental illness and risk factors, and centering of expert knowledge) on the one hand, and the particular needs, knowledge, and wisdom of suicidal people on the other. Tyler expresses this sentiment most succinctly when he says, "our strategies are completely counterproductive, they are not helpful. Most of the time, for suicidal people, this is not what they need." He elaborates on this point:

> A lot of research shows that, well, suicidal people who complete their suicide or are really determined to complete their suicide don't reach out. In fact, they will do everything to hide it in order to avoid the different forms of stigmatization and pathologization and institutionalization they will face. *Tyler*

Another participant speaks about the limitations of a narrow "mental illness explanation" when trying to understand the suicide of a client who was receiving care from his mental health team. Joe, a practitioner, researcher, and activist, elaborates on the incongruence or gap between the offiical institutional account of the person's death by suicide (i.e. caused by mental

illness) and what Joe understood to be a much more complex and nuanced story:

> This guy [the client] I think, had been failed, actually. I think our way of dealing with it [his death] was too narrow and reductionist, and while we did that, it didn't seem to do justice to this guy's life. . . . what people are telling me doesn't fit with what I see, and with the stories we then tell [in official mental health discourses]. So, there was that incongruence that didn't sit easily with me. It didn't sit easily with me from the sense that what I knew of people's lives, it didn't sit as limited as mentally ill, there was a lot more going on that path. *Joe*

Meanwhile, telling the story of sitting on a post-secondary task force that was set up to address student mental health and suicide, Brigid, a PhD candidate at the time, told us about the gap between what the task force said it was doing (making meaningful changes and collaborating to prevent suicide), and the actual reality on the ground (preserving the status quo, protecting the institution from critique, and centering liability). She highlights the ways that members of the task force felt unsafe to speak out and how she believes the whole process was more performative than helpful:

> I could tell they [members of the task force] were terrified. The idea that we think people are willing to tell us what they actually think is not true. We are not getting full stories, we're getting people who are scared that their jobs are on the line and that they're going to be fired because of what has happened, and so they are trying to toe the line the best they can to give some information . . . And, yeah, I mean, the whole thing was a sham. *Brigid*

Another participant who worked in higher education told us about the gap between the institutional response to students' suicidality and the social structural and political context contributing to student's distress. Ishmael describes the frustration he felt seeing the woefully inadequate way that the institution responded to the suicidal despair of an "undocumented student" who was not eligible for any financial support and she felt devastated about the sacrifices her family was making to keep her in school:

> She felt in her, in her mind that, by eliminating herself, that her parents wouldn't have to go homeless essentially . . . it was just interesting how, these two students were being pathologized by the administration by, the mental health . . . people there at the university, right? And I just found that so disturbing and in many ways. But there was something missing there, there was no room for, for talking about the historical trauma of colonization and how that continues to be transmitted through generations and so on. Or not even room to think about structural violence that was imploding into the everyday lives of these students. *Ishmael*

Addressing the gap from another angle, Kim spoke about the disconnect between what therapists are trained to do when faced with a suicidal client (i.e. procedurally driven risk assessment), and their desires to respond to the unique needs of the suicidal person, including those who are racialized or

minoritized, from a place of compassion. She provided the example of a new immigrant in her community who was facing multiple challenges arising from his intersectional identity; however, "the things that were driving his suicidal thoughts" (which included coming out as gay, homophobia, not speaking the language, and being isolated), "were so so different from what a lot of therapists are trained in." She elaborates on this gap:

> I think therapists are as frustrated as their patients and clients are about this ... I don't know, the prevailing dogma about how to manage suicidal patients, because most of them go into it, you know, from a place of compassion and caring for other human beings, but the way the system's set up right now, it's forcing them into a role that's a less compassion-focused and more risk management-focused. *Kim*

Finally, to round out this section on exposing the gap, Joe reflected on some unspoken normative assumptions about what a client with lived experience of suicidality should be and feel like – the "good suicidal subject," as he called it. While he acknowledges may "be true in many cases" they do not reflect the entire range of experiences and identities of those who are suicidal, which potentially produces another disconnect between normative expectations and reality:

> What does the good suicidal subject look like? It's someone who is saved, it's someone who was intervened [upon] when they're in crisis. They hadn't sought help. And since this intervention they were then incredibly thankful, incredibly grateful. It made them, you know, they then got further help. And it can be true in many cases, but that's just one narrative. (...) And that was true sometimes, but more often than not, it was someone who would have repeatedly been intervened with by the police or by staff, they found it quite difficult, sometimes even traumatic. *Joe*

Taken together, we begin to see that exposing the gap between dominant appraoches to understanding and responding to suicidal persons and a more nuanced, contextulized, and politicized understanding served as an important mode of critique. Another mode of critique, which we explicate below, also became apparent in our analysis. This is the artful practice of raising suspicions and asking questions about taken-for-granted and cherished ideas regarding the "goodness" of the prevention imperative.

Questioning the logic of prevention

Participants who raised questions about "prevention" as an unqualified good challenge the universally held notion that the prevention of suicide is always inherently right and beyond critique. This is a latent assumption that is rarely questioned or interrupted in mainstream suicidology. More typically, we are led to believe that we should be saving lives *at any cost*, as we see in the excerpts below:

> I have reservations about the emphasis on prevention per se. This emphasis on preventing death at all costs, even if the person's suffering, and just taking the focus from helping

a person to controlling them and controlling their behavior. So, my interest is less in suicide prevention, per se, and more in helping folks that are suffering to the point that, that they're thinking suicide is a good idea. *Kim*

Prevention is not necessarily desirable or possible, right? . . . I ran into Zero Suicide and their idea that suicide should be a never event, oh my God, this is so deeply problematic. . . It's such a technocratic and inhumane approach. It seems to me you're not even treating people like people, but like subjects . . . It's like patients who don't have names or lives or stories. *Regina*

. . . [To do critical work] is about multiplicity of narratives because it kind of makes visible narratives that aren't allowed within the prevention [narrative]. Not are not allowed, but don't fit with the prevention narrative, which is this kind of saving people. *Joe*

Ishmael shared that his academic work was dedicated, among other things, to reflecting on the ontology of suicide. He noted that public responses to his work often focus too narrowly on prevention practices, missing the opportunity to engage with deeper questions about what suicide is and what it can become, saying "Ironically, right? People's focus on the study of prevention obviates the need to really, ironically, think about suicide."

Tyler also critiques the unspoken logic of prevention that runs through much of suicidology research and practice, and he offers a potential alternative that responds to individual suffering, by providing an ongoing supportive presence to the person who is considering whether to live or die. In this context, this means accompanying someone in their explorations and journey, which does not require suicide to be taken off the table as an option:

I'm already proposing a shift from a logic of prevention to a logic of accompaniment. So, the point is not to save lives at all costs, but it's really to say "Okay, you're feeling suicidal, and we will allow you to really speak in a safer space that is not precluding the idea of suicide. If this is the decision that you will make at the end, we will accompany you through that as well. And through a harm reduction approach, we will comfort you, we will support you to the end, to not experience a lonely and violent death by yourself, in your garage, hanging yourself without having the time to talk to your family." *Tyler*

For all of our participants, deploying critical suicide studies as a mode of critique allowed them to consider a plurality of understandings and potential responses to suicidal persons that were grounded in the local contexts and unique circumstances of peoples' lives. This meant that there was no one true or right way to respond. Having access to a growing body of scholarship, and recognizing themselves as part of a broader practice community in critical suicide studies, also appeared to give them greater confidence, freedom, and solidarity to interrupt sedimented ideas and orthodoxies.

A conceptual resource for understanding suicide

A second way that participants drew on critical suicide studies was as a conceptual resource or way of making sense of sucide. The gaps highlighted above not only fueled a desire to interrupt the status quo but also pushed our participants to actively search for more satisfying frameworks that could "see" suicidal people in all their complexity, contradictions, richness, and historical and contextual situatedness. Critical perspectives helped participants to "make sense" of suicide in meaningful ways by centering the role of context, power, history, and language in coming to understand suicide. We present evidence in support of this theme through two sub-themes: embrace of counter narratives and putting words to experience.

Embrace of counter narratives

Critical suicide studies offered an important intellectual resource or what one participant described as a way of "thinking differently." Specifically, critical suicide studies can provide a powerful counter-narrative to the dominant discourse.

> I came upon the [Critical Suicidology] book and other articles and it just resonated for me. And it seemed to provide sort of the background that I was looking for to think differently about what might be going on with suicide, like a counter, some counter explanation to the individual mental illness narrative, which dominates suicide discourse in the US. *Carmen*

Regina shared how the dominant biomedical narrative of suicide and mental illness did not adequately explain her own father's death by suicide. Critical suicide studies provided a way of understanding her own experience of losing a loved one to suicide, by enabling her to situate her father's death culturally, politically, historically, and socially.

> What I started to read about suicide in the literature sounded a lot like what people told me when my father died. You know "Could that have been prevented?" sort of, you know, "He must've been depressed," as if suicide was inexplicable, … so I started googling terms that I understood like "suicidology and decolonization," "race," "justice." And at that point the [critical suicide studies] website popped up high on the list, so I was excited and impressed to find people who were out there, at a time when I knew nothing in terms of the literature on suicidology, and who were using categories that were similar to mine. Regina

In a similar sense, Joe spoke about how encountering critical texts and social constructionist ideas filled in some gaps that he had been experiencing personally and professionally. These alternative perspectives took power, language, and knowledge into account and provided an important counterpoint to the dominant mental illness narrative:

> I was introduced to a social constructionist kind of thought, critical perspectives on mental health. And I thought, "Yeah. Okay. That actually now brings things together in my head emotionally, in a practical way. This makes sense. I can now make, begin to make sense for myself, how knowledge works, how power works, how practice gets solidified around certain ways of doing things, how, you know, the function that it has." *Joe*

Kim shows that critical suicide studies provides a counter-narrative to the dominant discourse of expertise by valuing and centering the knowledge and wisdom of those with lived experience. Kim explains that mainstream suicidology, at best, makes token efforts to incorporate lived experiences.

> There was a committee in a national suicide prevention [program] that was, that was representing lived experience expertise, but the recommendations that were made by that committee were completely ignored. So why, I mean, why have a committee that's called that if you're not gonna listen to what they're saying? . . . it's a performance just, um, doing it to check the boxes kind of thing. It's not genuine, genuine change. *Kim*

In contrast, her experience with the critical suicide studies network was one of being taken seriously, and feeling valued for the unique knowledge she brought to the table.

> I've definitely picked up on more of an embrace of folks with lived experience within the critical suicidology community than in mainstream suicidology for sure. I feel like it's a space where I, as a suicide attempt survivor, where my experience would be welcomed and taken seriously, whereas that's not necessarily true in other communities that are studying suicide. *Kim*

Putting words to experience

The ideas from critical suicide studies often made it possible for participants, and those they worked with, to put into words what they were experiencing, but did not yet have the language for. In the following excerpt, we learn from Kim that by bringing more of a lived experience perspective into their trainings, which included questioning some potentially harmful and coercive aspects of suicide prevention, clinicians felt both relieved and seen:

> Reception wise among the folks that have done our trainings, it's been very, very, very positive. Um, and most of the folks that have been taking the training have been clinicians that, um, either they work with patients or clients that have thoughts of suicide, or they've been afraid to, because of the risks, liability, all that kind of stuff. Um, and we've been getting really, really positive feedback on the training. *Kim*

Another participant, Lily, spoke about how the ideas of critical suicide studies really resonated with those working "on the ground." Voicing the sentiments of the front-line practitioners she meets through her work, Lily says, "finally someone is putting words to what we are feeling and what we're struggling with, and someone is saying this out loud, and we know this, but we don't dare to [say it]."

Tyler is also noticing a growing interest in the ideas of critical suicide studies and the articulation of alternatives to the dominant suicide prevention model.

> I'm receiving a lot of emails from tons of people at the international level. And I'm speaking with people from different countries. I spoke a few months ago with a guy from Germany who is a suicidal person. And who said, "You just put words on my reality and the things I've been experiencing for the last twenty-five years and what I'm thinking. And thank you so much because it felt like I didn't have the theoretical tools or the concept to name this reality. And you kind of just made it clear." *Tyler*

Doing things differently

The third theme describes how participants are putting some ideas of critical suicide studies to work in their own contexts. In this final section, we present our findings under two sub-themes: (1) asking different questions and (2) translational work on the borders.

Asking different questions

The value of asking different questions and providing space for multiple perspectives to be heard was highlighted by several participants as a value-added contribution from critical suicide studies. Regina's reflection on what she finds exciting about the field illustrates this point: "So I think part of it is the, you know, sort of entry into the field of a lot of different voices asking different questions."

For example, Joe suggested that critiquing the dominant approach can only get us so far. He believes that there is a lot of value in asking different kinds of questions, which can invite new ways of thinking about what might get done:

> If there were easy solutions [for preventing suicide], people would have found them. So it, it draws you into a spaces quite uncomfortable because the critique works so far, but not, you know, takes you only so far. The solutions, our existing solutions also only take you so far and it's kind of limited. So, you're left in a kind of an uncomfortable position, but in a good way, but it's challenging. It's the, what then do you say? What then do you do? … for me, the critical suicide studies … it's not generating answers, but it's even things like, you know, what methods could you use? What questions could you ask? What other ways of thinking can you bring it to bear on that? *Joe*

As a researcher, Ishmael also sees the value in interrogating the meanings and reality of suicide as a way of changing the terms of the broader conversation about suicide:

> I'm trying to think through what that means in terms of critical suicide studies, trying to question what suicide is, how I'm approaching the question of suicide and really trying to interrogate … the ontology of suicide. Like, what is suicide? What being is being conceived through the discourse of suicide? Through these cultural representations of suicide and so on. *Ishmael*

By asking different questions, researchers and practitioners can kick-start new lines of inquiry and approach the issue from new vantage points. This is particularly important given the sense from many participants that mainstream suicidology research appears to be "stalled out" or not capable of leading us in a fruitful direction, as Colin articulated: "If you spend billions of dollars on a problem and you've had 20 years to figure it out and you haven't, not only have suicides not reduced, but they've increased. More. At faster rates. Something is not working."

Similarly, Lily and Carmen perceived some shortcomings of non-critical discourses of suicide.

> I grew more and more dissatisfied [with the conventional suicidology] because I was so tired of listening to the same people saying the same things over and over and over and over again. And I felt that the research field was just stuck. *Lily*

> [Mainstream research and approaches] are not a satisfying explanation to me. I mean, you know, foremost because rates are continuing to climb. So, I mean, something's missing there, but it doesn't get to the foundation of why this is happening, in my opinion. You have to go further. *Carmen*

Translational work on the borders

Many participants are taking existing suicide prevention ideas and resources and re-interpreting or translating them to align with a more critical perspective. Participants shared how they have to move carefully to introduce critical perspectives to others. It involves a process of translation, which often takes place at the borders of mainstream and critical approaches as well as broader social movements.

Joe reflects on how to engage critically with dominant suicide prevention discourses in a way that remains connected to – and respectful of – the realities of practice.

> Their everyday job is suicide prevention. There's a limit, I think to how much you can say, "Well, this thing you're doing doesn't work and what we need to do is, you know, stop, you know, stand back and think about this in terms of discourse of power or critical suicidology." You can't, you have to do a lot of translation. *Joe*

Carmen recognized the importance of being mindful of the risk of unintended harm when working with a community that is bereaved by suicide. Building trusting relations, attending to the unique context, helping people to see suicide within a broader framework, and being careful not to undermine their own wisdom and local understandings, are key:

> To go into a community, first of all, that's maybe been traumatized by a string of suicide losses. That's struggling for answers where there's a ton of fear and they're drawing on these standard interventions and go "Hey, I I'm actually taking a slightly different tack to studying this where I'm, um, interrogating those interventions" . . . So I just think there's

kind of a, you have to tread carefully as far as going in and, and interrogating those practices that you want to scrutinize without making people feel like you're even more pulling the rug out from under them when they're already struggling with loss. *Carmen*

Critical suicide studies as translational work on the borders can also be heard in Kim's story. As a practitioner with lived experience, she has been adapting mainstream prevention trainings to include broader contextualized and critical understandings of suicide and suicide prevention.

> One of the things we've been doing is adapting some of the suicide prevention trainings that are delivered to clinicians. So, developing them to include more of a lived experience perspective ... Adapting it so that it's less pathologizing and less medicalized and less punitive towards folks that are struggling with thoughts of suicide, to try to open that dialogue. And so, some of the stuff that I've learned from critical suicidology through the listserv has helped inform that, just the, the number of factors that go into thoughts of suicide beyond mental illness, um, and the recognition that there's lots of different factors that affect it. *Kim*

Finally, there are important links that can be made between critical suicide studies and other social movements, representing another form of translation and a potential site of solidarity across critical spaces. Importantly, working at a structural or political level does not mean ignoring individual suffering, but can instead point us toward a different way of engaging with suicidal people:

> Okay, what shall we do in order to ... try to solve this problem?' And among many solutions I'm proposing, because my work is really anchored in social political analysis, so we need to work on a structural level to, you know, address the social, political, legal, medical inequities, and discrimination. So, we need to fight against those structural oppressions, but simultaneously one of the things I propose is this idea of offering suicide affirmative healthcare. *Tyler*

Discussion

Over the past few decades, the field of suicidology has diversified considerably, highlighting the importance of a multidisciplinary and intersectional approach (Standley & Foster-Fishman, 2021). Recent contributions underscore the importance of embedding commitments to social justice in suicide prevention efforts in more explicit ways (Hochhauser et al., 2020). Opportunities for those with lived experience of suicide to contribute to the knowledge base have also increased by creating safe and meaningful platforms for engagement, including conferences, webinars, and scholarly publications. Increasing recognition is also being given to structural disadvantages and the social and political determinants of health in shaping behaviors, including suicidality (Alvarez et al., 2022). These recent efforts are very well aligned with a critical suicide studies approach.

At the same time, however, as our findings show, the empiricist and positivist foundations of suicidology run deep, occasionally creating barriers and exclusions for those who seek to challenge the status quo or ask new

questions about the potential harms of current suicide prevention practices. We have documented some perceived limitations of mainstream suicidology and standard suicide prevention practices. We have shown how encounters with the limits of the mainstream approach animated a desire to look for alternative frameworks, which in turn fueled a consideration of more diverse and creative practices.

Critical suicide studies offers a coherent approach to studying and responding to suicide that shares some features with more recent articulations of suicidology but which maintains some important distinctions. As we learned from participants, mainstream suicidology and contemporary approaches to suicide prevention continue to valorize quantitative explanations (Hjelmeland & Knizek, 2011) and there is always a risk of reproducing colonial violence by centering narrow, western and individualist worldviews (Ansloos & Peltier, 2022). Despite some signs of progress, there continues to be a silencing of certain voices within suicide prevention programs (Fitzpatrick, 2020) and many unexamined assumptions about prevention persist (Tack, 2019). Given the way that suicide prevention is typically located within mental health and public health policy frameworks, there is often a lack of structural and political analysis (Mills, 2018; Reynolds, 2016). The participants in our study pointed to this absence and spoke about the value of critical suicide studies and the importance of questioning and critiquing dominant assumptions that have long been taken for granted (i.e. taken as Truth).

Staying alert to co-optation

At the same time, however, an interesting and intricate mechanism is also at play in the current moment: the knowledge and discussions generated by critical suicide studies, as with any form of critique, are always at the risk of being co-opted, assimilated, or recycled by mainstream neoliberalism and conservatism to fit and push their agendas. Some authors claim that concepts such as social justice, diversity, identity politics, and intersectionality, once powerful discourses to disrupt and create change, have been neutralized and adopted by neoliberalism to reproduce systems of power (Abramo, 2022; Konstantoni & Emejulu, 2017). In academia, co-optation also operates to de-politicize issues and prioritize positivist, white, male-dominated knowledge over knowledge that promotes the liberation of marginalized groups (Konstantoni & Emejulu, 2017).

As we learned from our participants, co-optation may be at work in suicidology, when organizations and programs are allegedly including the voices of lived experience, but only in a superficial way. This works to keep advancing and reproducing the perspectives of those who already hold the most power. Scholars, practitioners, and activists should always be alert to the reality that the disruptive and progressive

discourse of critical suicide studies is constantly at risk of being co-opted by the mainstream (i.e. "we are all critical now") and strategize how we might collectively maintain our critical edge. Critical suicide studies must not become complacent; instead, the field needs to continue to look for cracks in the sedimented narratives and open up new spaces and possibilities for creative collective action that can transform the field to become more just, caring, and accountable.

Finding new ways to think and practice

As our findings show, it is possible to "do things differently," and we argue that no matter the setting, we can always find new ways to think and practice. For example, in a recent qualitative study, counselors and supervisors were able to provide concrete examples of how they are "working the tensions" of assessing and counseling youth who are at risk for suicide in ways that are both procedurally sound and artfully deployed (J. White et al., 2022; J. H. White et al., 2023). Similarly, drawing on a critical sucide studies perspecctive, Kumbhare (2022) reconceptualized social worker's duty to report suicide behaviors, by examining how history and psychiatry have strongly shaped social workers' professional practice. She goes on to articulate alternative and community-based methods to increase resources and decrease marginalization when working with those at risk of suicide. In another example, Kaler (2019) explores how critical suicide studies can help shift understandings as a first step toward re-imagining how we understand and respond to suicidal behaviors in higher education contexts. She exposes how existing inequities shape suicidality among post-secondary students and proposes creative, intersectional, and politically informed practices and policies that move beyond individually focused, biomedical, approaches to risk assessment.

Critical suicide studies appears to be at its most potent when it opens up cracks for new ways of thinking, paving the way for new actions, responses, and worlds, to be imagined. This includes being able to raise questions about the value and potential harms of the project of suicide prevention itself. Participants in our study highly valued the opportunity to have freedom of thought when it came to suicide and suicide prevention (Marsh, 2010). The potential harms caused by suicide prevention discourse and practice have been articulated by Baril (2020) and Tack (2019). These authors raise important questions that interrupt the dominant narrative of suicide prevention. This includes challenging the unspoken and taken for granted idea that we should keep people alive at all costs. Baril (2023) refers to this as a form of "compulsory aliveness," and suggests that requiring suicidal persons to endure, even in the midst of profound suffering, is potentially oppressive. By genuinely accompanying suicidal persons, without judgment, in their explorations of suicide, agency, life, and death, we may find ourselves participating in more generative and enlivening conversations that are honoring

of people's experience, without feeling the need to control the outcome of where these conversations go.

Bringing in more diverse voices

Our study also highlights the need for more voices from the margins and from those working outside of the traditional psy-disciplines to be included in suicide research and suicide prevention conversations. The participants pointed to this absence and suggested that there are many synergies between critical suicide studies and other anti-oppressive practice frameworks and social movements that could be further explored and strengthened. This includes the following: feminist and gender studies (Cardon, 2022; Jaworski, 2014), queer and cultural studies (Baril, 2020; Cover, 2016), Indigenous studies (Ansloos & Peltier, 2022; Cardon, 2022), critical disability studies (Baril, 2020), and anti-oppressive perspectives (Reynolds, 2016). Critical perspectives highlight how social practice, knowledge and power are constructed, the interests they serve, and they actively work to de-center the narrow, western, male worldview that has dominated our understanding of social life for centuries. As our participants have cogently articulated, there is tremendous value in recognizing the psychological, neurobiological, social, cultural, historical, and political nature of suicide as well as its variability over time. They have underscored the importance of asking questions that serve to disrupt our cherished beliefs and invite us to consider our own implication in doing harm, under the guise of helping (Gebhard et al., 2022). As (Foucault, 1980) argued, "subjugated knowledges" can offer new and creative possibilities for understanding vulnerability, identity, humanity, and life itself, creating the conditions for more diverse forms of individual and social life to flourish.

Studying critical suicide studies from the inside

This study makes a unique contribution to the current landscape by showcasing the unfolding of critical suicide studies through the voices of scholars, practitioners, activists, and persons with lived experience. To our knowledge, this is the first study to listen to the accounts of people affiliated with the critical suicide studies network. By studying it from the inside, we have highlighted some concerns and gaps that fueled the desire for these participants to look for alternatives to the mainstream approach. The study touches on political, social, personal, and professional issues relevant to human services, providing accounts of the struggles and dilemmas of practicing and researching in conservative contexts, while exploring possibilities of disruption and re-imagination.

Limitations

Finally, it is important to acknowledge the limitations of this study. First, critical suicide studies – which extends to those who participated in our study – is represented by White, Euro-western, English-speaking, and Global North contexts which means we are not learning about the important work being undertaken by scholars and practitioners outside of these contexts. Future research should document how critical suicide studies has been taken up in other parts of the world. Second, we are active members of the critical suicide studies network which situates us as insiders who are attempting to better understand a set of practices from within a context that we ourselves are deeply immersed in. Even though we are not seeking to produce neutral, objective, or de-contextualized research, like most qualitative researchers, we are committed to the values of transparency and reflexivity. With this in mind, our findings should be judged on established criteria for assessing quality in qualitative research: trustworthiness, coherence, credibility, fidelity, and generativity (Levitt et al., 2021).

Conclusion

This study explored how practitioners, scholars, activists, and those with lived experiences of suicide are understanding and applying ideas from critical suicide studies. We have highlighted the ways in which those "on the ground" describe their critical research and practice, which, is by no means smooth, linear, or homogenous. On the contrary, critical suicide studies is itself a site of ongoing emergence, plurality, difference, and contestation. Joining with a long list of others who have been urging us to "re-think suicide" for several decades, we believe that critical suicide studies has something unique and useful to offer. This includes the following: meaningfully involving the voices of those with lived experience, acknowledging the potential harms associated with suicide prevention practices, making links with other critical social movements, and moving away from the inherited logics of control and risk management toward more open, relational, compassionate, and political forms of engagement. In other words, critical suicide studies is interested in creating worlds worth living in – for all.

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ORCID

Luiza Cesar Riani Costa http://orcid.org/0000-0003-3182-3408

Data availability statement

Research data are not shared.

Ethics approval statement

This research was approved by the University of Victoria Human Research Ethics Board. All participants provided verbal informed consent.

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