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Fitzpatrick, Scott J, "Stories of suicide and social justice". Published in Philosophy, Psychiatry and Psychology Vol. 23, Issue 3/4, p. 285-287 (2016)

Available from: <https://muse.jhu.edu/article/648241>

Accessed from: <http://hdl.handle.net/1959.13/1348068>

Stories of Suicide and Social Justice

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Srivatsan's (2016) view of suicide as a historically specific event enfolded with meaning and Clare Shaw's (2016) thoughtful elucidation of the transformative power of personal stories attest to the complexity and challenge of conducting research into the meanings and functions of narratives of suicide both methodologically and ethically. Because one of the aims of my original article was to bring narrative theories and methods to bear on issues relating to the ethical and political aspects of personal narrative within the practice of suicidology, I hope this will again serve as a useful framework for responding to the commentaries and the specific challenges they present.

Srivatsan's call for a political view that moves beyond current biomedical or social science perspectives to consider the symbolic dimension of suicide in its complex historicity is significant in two important respects. First, it presents as a way of transcending the ethical tension over the privileging of the narrator or the narrated to address the question of what the discursive response to suicide says about a given community, its structure, and dynamics. Because meaning is not intrinsic to the act of suicide, but results from the social and cultural traditions, symbols, and institutions that enfold it, suicide serves as an important site of social reconstruction (Higonnet, 2000). In this view, suicide survivor narratives are simply one of a

number of proliferating accounts that surround suicide that serve certain social functions and that can be studied in their particular contexts. At their broadest level, Srivatsan suggests that suicide survivor narratives can be understood as an emerging form of community discourse striving to develop a coherent voice through which to redress imbalances in power, challenge notions of moral responsibility, and assert suicide attempt survivors' social value.

Second, it encourages a loosening of modern configurations of normativity and instrumentality that have stifled research and moral discussion on suicide. In contemporary suicidology, the study and prevention of suicide are considered interdependent, making it difficult to think of suicide research in non-instrumental terms. This preoccupation with prevention has impacted our moral thinking. The view of suicide as a symptom of distorted thinking or illness that warrants prevention has marginalized and diminished moral discussion on suicide. The primary moral issues as far as suicidology is concerned are those surrounding the acceptability of individual and institutional interventions (Battin, 1995). Although these discussions are important, there are other equally pressing moral issues. Srivatsan touches on several of these in his commentary, such as the sociopolitical and economic forces that underpin judgments of evidence, as well as the social and medicolegal discrimination of suicide attempt survivors. I am not convinced, however, that historicizing the study of the discourses around suicide alone is sufficient to meet the ethical task that Srivatsan proposes.

A historical approach enables us to examine prevailing and conflicting narratives of suicide in which moral judgments operate. The rich depiction of experiences and responses is critical to an adequate understanding of any moral issue, especially one as complex as suicide. But one of the limitations of this approach (and one that my own version of narrative ethics shies away from) is how this knowledge gives us ethical guidance. If all we are concerned with

is an understanding of ‘what is at stake and for whom’ then there is little room for ethical judgment (Arras, 1997). How, for example, are we to judge such narratives and to make comparative choices between them when they conflict, especially in political situations (Brody, 1997; Eagleton, 1997)? Srivatsan neither elaborates this point, nor asks us to choose.

In exploring the connection between narrative and moral justification in postmodern bioethics, John Arras (1997) claims that the preoccupation with questions of authorship and the privileging of small-scale narratives has resulted in the eclipse of explanation and justification by narrative, and a withdrawal from any concerted effort to achieve coherency in our epistemological and ethical views. The abandonment of faith in Enlightenment ideals of objectivity, rationality, truth, and the ethical preference for the ‘small story’ means that it is no longer possible to speak meaningfully at a global level of justifying any one of these conflicting views by anchoring them in some scientific, moral, or social foundation. For Arras, the postmodernist embrace of the local as it pertains to matters epistemological and ethical marks a problematic retreat from one of the central functions of traditional ethics—the judgment of actions, practices, and policies.

We encounter here a fundamental problem with the view of narrative ethics as a form of ‘dialogue’ only in that it overlooks important imbalances of power in the construction, telling, and reception of stories of suicide. Such a position is unable to explain why one particular story is preferred over another, thus denying how political structures and social institutions and practices influence certain kinds of readings (Eagleton, 1997). For example, the commonly held view that suicide is complex and multidimensional contains an important truth, and one with significant ethical implications given the global mental health movement’s efforts to universalize lived forms of distress and to privilege psychiatric interventions. And it is one in

which first-person accounts of suicide serve as an important source of knowledge for critiquing the epistemological and ethical bases of these arguments, the policies and practices they support, and the individual and social harms and injustices they cause.

The redistribution of power toward the stories of suicide attempt survivors, therefore, does not impair our ability to make considered ethical judgments about a range of moral and political issues concerning suicide. Just as those who have experienced suicidality and self-harm may come to understand the structural causes of their distress and to reflect on the more complex aspects of their life experiences, as illustrated by Clare Shaw (2016), so too can we evaluate examples of ethical and evidential reasoning about suicide and the social, legal, and political responses they underpin in light of narrated personal experience.

This embracing of the local and individual also need not come at the expense of social and political critique and action. Shaw and I are in agreement on this. Indeed, Shaw's work as a poet, educator, and activist provides an example of how experiences of injustice, inequality, and violence may be used to effect broader social change. My critique of the institutionalization of personal narratives of suicide is not intended as a dismissal of this transformative power—at either an individual or societal level—but rather to question the exact nature and extent of this power.

Accepting Shaw's refutation of my claim that personal stories of suicide necessarily reinforce the institutional logics and practices of suicidology insofar as they may be openly critical of, and/or stand in direct opposition to, medical understandings of suicide, it is still not clear the extent to which personal stories are able to effect change in terms of the wider structural causes of suicide and the traditional therapeutic responses to it. The work of David Harper and Ewen Speed (2012), to which Clare Shaw refers, is useful here for its

contextualization of personal stories in the larger political project of individualization and responsabilization within contemporary late capitalist/neoliberal society. By showing how narratives of hope, transformation, and recovery are compatible with neoliberal rationales of health care that engender personal responsibility, active engagement, and positive outlook as a means for effecting change in a person's mental health, Harper and Speed make a powerful case for rebalancing the tension between personal narratives as a form of identity politics focused on individual group struggles over recognition and collective struggles around the redistribution of power. Their argument does not seek to relegate the 'personal' to the 'political,' but rather to identify those aspects of emotional distress and its management by health services that are political "to return to some of the key demands of the survivor movement and to consider how to maintain an explicitly transformative agenda in mental health research, policy, and practice" (Harper & Speed, 2012, p. 20).

Following Harper and Speed, I argue that the intrapsychic perspective of recovery and resilience discourses in suicide survivor narratives, together with the individual struggle to be recognized as the true 'survivors' of suicide (a term currently reserved for those who have lost a friend or family member to suicide), has resulted in a severing of the personal from the political. Although the honoring of individual experience is an important part of countering the dominance of suicidology, the survivor movement also represents an attempt to transform medical dominance by linking individual experiences to wider social, political, and economic struggles and injustices.

In addition to critiques of medical power and the disabling effects of some suicide prevention interventions such as medication and compulsory treatment, the attribution of recovery to factors outside of medical interventions in the accounts of Shaw and others draws

attention to, and problematizes, the narrow limits of professional-led interventions in suicidology. Given that one of the central demands of the survivor movement has been the ending of coercive practices and the development of user-led alternatives, it would seem pertinent that the stories of suicide attempt survivors be used to campaign for alternative, effective, and appropriate systems of care. The provision of nonmedical spaces of sanctuary and healing outside the formal health care system, such as those offered by *Maytree* in London, is one example of how suicide prevention policy and practice might be transformed by the collective efforts of suicide attempt survivors. A focus on the identification of the structural causes of suicide common to survivors' stories will also enable the development of alternative models and understandings that recognize the need for transformation in terms of these causes and the conditions and range of resources (economic, physical, social, educational) needed to help people overcome hardship (Harper & Speed, 2012). Whether this can be achieved, or is even desirable, in the current context of the institutional call for stories of suicide by suicide prevention organizations is as yet unclear.

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