

***“Suicidology as a Social Practice”: A Reply***  
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A few years ago, I submitted a manuscript to a leading suicide studies journal, only for the editor to reject it, even before review, because ‘studies of this nature are having trouble competing for space with studies with experimental and/or longitudinal features, with large samples.’ I’m an anthropologist, and for the past 13 years I’ve been trying to understand why Sri Lanka reports some of the world’s highest suicide and self-harm rates. Having conducted long-term ethnographic fieldwork in the country, I thought that, perhaps, I would have something potentially interesting to say on the matter, and that what I had to say might also be considered interesting by suicide researchers from other disciplines—just as I, as an anthropologist, sometimes read and find interesting what they have to say. Although the journal’s webpage made no claim that it only published quantitative/population (‘nomothetic’) studies, but in fact played up its ‘interdisciplinary’ approach, the editor was telling me that whatever I had to say, as an anthropologist, simply wasn’t part of ‘suicidology,’ a field which, ostensibly at least, encompasses qualitative social sciences, the arts, and humanities.

**Historicizing Suicide**

In their excellent and provocative article ‘Suicidology as a Social Practice’ (2014), Scott Fitzpatrick, Claire Hooker, and Ian Kerridge extend the literature ‘historicizing’ the study of suicide to provide an account of the field’s constituting norms and behaviours. Thus, and underpinning the article, a solid body of work now exists which points out how during the 19<sup>th</sup> century suicide became a problem for nomothetic social and medical study and intervention due to a confluence of factors including the development of state mechanisms for counting and classifying deaths alongside moral concerns over the effects of modernisation. These studies have shown how the designation by sociologists and psychologists of ‘suicide’ as a particular kind of problem (of “self”-destruction) and of ‘suicidal people’ as particular kinds of people (as suffering from some kind of illness), generated a new understanding of suicide that was radically different to what had gone before. This new understanding transformed the idea of suicide from one of theological, philosophical, legal, and aesthetical ‘interest’ to one of social and psychiatric ‘concern.’

Fitzpatrick *et al*’s contribution to this critical engagement with the ‘science of suicide’ is not only to show how this generative process carries on today, but also to highlight the importance of escaping the limits of normative thinking on suicide as a whole. Viewing suicidology as a ‘social practice’ that is “both constructed by, and constituted by persons” (Isaacs 1998, cited by Fitzpatrick, 3), the authors suggest how certain ways of ‘seeing and doing’ continue to define what suicide is (a pathology of individual minds and/or individual lives), and how it ought to be approached (as something to cure and prevent). To this end, the authors consider how suicidology as a social practice seeks to perpetuate its own norms, values, and traditions. This involves maintaining continuity in the definition of what suicide actually *is*, what the aims of suicide research should *be*, and how this ought to be *achieved*. It is this concern of professional suicidologists to perpetuate a particular way of ‘seeing and doing’ the study of suicide, of course, which

led to my unfortunate encounter with one of suicidology's principal gatekeepers: a peer-reviewed journal.

### **Post-Suicidology**

Sour grapes aside, Fitzpatrick *et al*'s argument is ultimately one of how social groups construct and police boundaries between those who are 'in' and those who are 'out.' Insofar as this argument can be applied to any academic field (the anthropological study of suicide included), the contribution's proximate argument is perhaps less surprising than for what it urges us to consider. Thus, the article shows how suicidology self-generates a very limiting approach to what suicide research and intervention ought to be about (something that cannot be said enough), but this of course leads us to ask a set of crucial questions. These include: Does suicidology's narrow concept of suicide as an illness to be prevented help or hinder the understanding and prevention of suicide? If not, can suicidology's constituting and self-perpetuating social practices be challenged, changed, or subverted? What might a 'post-suicidological' suicidology look like?

Heretical questions to be sure, but ones that, as someone interested to explore the boundaries of an anthropological study of suicide, have concerned me for some time. This is not least because suicidology's social practices weigh so heavily on my own efforts: I still tell people that I study 'suicide,' even though for my Sinhala-speaking informants in Sri Lanka no direct translation of 'suicide' in their language exists. It seems that I have also accepted suicidology's central claim that suicide is a 'problem' in need of 'prevention,' despite the fact that very few, if any, suicidal people in Sri Lanka are suffering from an 'illness' of the kind that suicidology presupposes (e.g. depression). Thus, even if some 'real' suicidologists don't necessarily recognise the role of anthropological contributions to 'their field,' the force of suicidology as a century-old social practice shapes the object of anthropological study. Jocelyn Chua (2014) puts the predicament well when she talks of rejecting the possibility that her own ethnography of suicide in India might have something 'sleuth-like' to say about suicide's causes and preventions – this would pose questions of an ontological order different from those she wishes to address (how have Indian clinical, legal, and popular suicidological categories come about?).

Ultimately, I wonder how far Fitzpatrick *et al* would wish—or, perhaps, are able—to take their own argument. To state my question provocatively, the authors offer solid arguments regarding the nomothetic focus of suicidology and its implications for understanding suicide, but fail to convince that anything much can be done about it. Thus, they argue: 'the lens of suicidology and its focus upon and prioritizing of more tangible risk factors, symptoms, or conditions may impede the study of less quantifiable, but equally important, social, cultural and political factors' (16). From this they suggest the 'increasing professionalization and medicalization [of public discourse on suicide] has resulted in a noticeable shift away from more rich, varied and open public discussion of suicide towards a discourse which is narrow, increasingly framed in biomedical terms, and lacking cultural and epistemic richness or diversity' (17). So, they conclude: 'the benefits of a more inclusive and diverse set of methodological practices which are

attentive to the social and cultural complexity of suicide may also be of practical value’ (17).

### **Realities of Suicidology**

Yet, despite this, we still remain in the company of ‘suicide-as-object’; a ‘thing’ that, when all is said and done, exists in and of and for itself, *before* the social practices not only of suicidologists who seek to study or prevent it, but suicidal people themselves who perform it. To me it seems that ontologically- and epistemologically-localised studies of suicide remain trapped within the suicidological paradigm precisely because they are studies of suicide. One cannot approach suicide in a way that suicidology has not predicated because suicidology is responsible for both the object and the subject involved. The very *idea* of suicide is suicidological. Thus, Chua’s (2014) attempt to evade this problem is to explore how ‘suicide’ has come about in a particular time and place in India. Others (e.g. Laidlaw 2005; Willerslev 2009) have sought to show that what appears to be ‘suicide’ might better be understood as some kind of ritual self-sacrifice. My own attempts involve considering how an idea of ‘suicide’ explicitly borrowed from suicidology’s globalising paradigm offers my Sinhala informants an explanatory framework for understanding some kinds of deaths and their attendant social problems, while the concept of ‘poison-drinking’ offers localised framework that operates on a different register (Widger 2015). In all these approaches, ‘suicide’ remains a vital point of comparison: a way of saying what such-and-such a local practice is *not*.

Can we escape this impasse, and, if so, what might a ‘post-suicidological’ suicidology look like? Dropping the word ‘suicide’ altogether would remedy the constraints imposed by language and challenge the assumption that the study of self-inflicted death equates with suicidology—but then what phrase, if any at all, should or could take its place in order that conversations of *any* sort might emerge? Imperfect and problematic it might be, but I suspect we are stuck with suicide, at least for the time being. I think that perhaps the solution is to subvert the claims of precedence that suicidology makes concerning its ‘scientific’ hold on suicide. We need to fit this concern of what, let us remember, amounts to the interest of only a few hundred rather idiosyncratic people across departments of medicine, psychology, and sociology, into the much wider and richer landscape of ‘suicidologies’ as they manifest around the world. For, of course, we are all suicidologists; why people kill themselves remains a topic of constant fascination and debate, and one upon which my informants in the village liked nothing more than to ruminate. Levelling the playing field is to go beyond just inserting ‘cultural’ factors into suicidology’s formal lexicon or arguing that all points of view are equally ‘valid’ (as often they are not). Rather, it is to challenge what Fitzpatrick *et al* describe as ‘the kinds of realities suicidology wishes to acknowledge in its practice and the ways it represents and responds to suicide’ (17-18).

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## References

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