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The Social Production of Psychocentric Knowledge in Suicidology

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The Social Production of Psychocentric Knowledge in Suicidology

Suicidology, the scientific study of suicide and suicide prevention, constructs suicide as primarily a question of individual mental health. Despite recent engagement with suicide from a broader public health perspective, and efforts of critical suicide studies scholars and activists to widen the disciplinary and theoretical base of suicidology, the narrow focus on individual pathology and deficit in conceptualising suicide persists. In this article, I consider the ways in which this ‘psychocentric’ knowledge of suicide is produced and organised, offer reasons why this to be problematic, and outline other available forms of knowledge production. This knowledge production is psychopolitical rather than psychocentric that emphasises much more the contexts (political, economic, social, cultural and historical) within which suicide occurs. Psychopolitical analysis aims to better understand the complex social and political contexts of such deaths, and, ultimately, seeks to open up collective and political possibilities for action which are denied when suicide is conceptualised solely as an issue of individual mental health.

Keywords: psychocentric knowledge; suicide prevention; psycho-politics; critical suicide studies

Introduction

Suicidology, the scientific study of suicide and suicide prevention (O’Connor, Platt, and Gordon 2011), can be understood as a social practice (Fitzpatrick, Hooker, and Kerridge 2014). It draws, for the most part, on a vocabulary of medical science, one of pathology, abnormality, detection, diagnoses and treatment to describe suicide, and to theorise its origins, causes and the best means of prevention (Marsh 2010; Marsh and White 2016). While psychological, medical, psychiatric, and epidemiological thought and practices dominate suicidology nowadays, nonetheless discourses on suicide have a long history. Over time suicide has been considered from many different perspectives - philosophical, theological, moral, criminal, ethical, anthropological and sociological, to name just some. Suicide was claimed for medicine in the early nineteenth-century

(Hacking 1990; Marsh 2010). In 1821, French physician and aliéniste Jean-Etienne Esquirol declared that suicide was a form of ‘pathologie interne’ and was thus ‘one of the most important subjects of clinical medicine’ (Esquirol 1845 [1821], 213). Esquirol articulated what he claimed were new truths of suicide, based on theories of diseased interiorities, both mental and physical. These ideas were taken up and extended throughout the nineteenth and twentieth centuries and have come to strongly shape how suicide is now understood and responded to in practice (Marsh 2010).

The formulation of suicide as a question of pathology has undoubtedly been productive in terms of opening up possibilities for thought and action. Unfortunately, it has also come to limit what can authoritatively be said and done in relation to the issue. Despite recent engagement with suicide from a broader public health perspective (Department of Health 2017; Public Health England 2015a, 2015b, 2016), and the efforts of critical suicide studies scholars and activists to widen the disciplinary and theoretical base of suicidology (e.g. Button 2016; Cover 2012; Jaworski 2014; Kral and Idlout 2016; Marsh 2015; Mills 2017; Reynolds 2016; Wexler and Gone 2016; White 2016, 2017; White and Kral 2014; White et al. 2016), for the most part suicide continues to be conceptualised as primarily a question of individual mental health. For Heidi Rimke (2000; 2010a; 2010b; 2016), the ways in which human problems come to be framed as innate pathologies of the individual mind and/or body can be conceptualised as ‘psychocentrism’. This notion provides a tool to understand and theorise how populations can be governed through ‘psy’ (psychological, psychiatric and psychotherapeutic) discourse and practice, and allows for an examination of the consequences of the dominance of such ways of framing human difference, distress and suffering (Rimke 2016; Rimke and Brock 2012). In the following sections I outline the main features of psychocentrism, analyse an example of psychocentric thought in

suicidology, offer reasons why this way of producing and organising knowledge in relation to suicide is problematic, and discuss alternative analytic approaches which emphasise much more the contexts (political, economic, social, cultural and historical) within which suicide occurs.

Psychocentrism

Rimke (2016) has proposed 10 characteristics of psychocentrism:

- (1) Reductionism: reducing the complexity of human experience and problems to simplistic explanations, usually by advancing the modernist view of the self-contained body-mind model;
- (2) Determinism: claiming that human conduct and experience are determined by their 'natural' bodily make-up (genetics, hormones, neurochemical, etc.);
- (3) Essentialism: the view that humans are essential categorical or personality types; that groups of individuals possess an innate characteristic or essence that is permanent, unalterable, stable, static, etc.;
- (4) Presentism or ahistoricism: historical amnesia or the analytical disregard for history and its role in constituting our present understandings of our selves individually and collectively;
- (5) Naturalism: viewing humans as natural rather than social or socially located, shaped, and produced;
- (6) Ethnocentrism: the assumption that one's cultural practices and beliefs are normal and thus superior than other cultural practices and ways of being in the world;
- (7) Double-standards: a set of principles unequally applied to two or more different groups. An example is the gendered double standard of sexuality where women

are cast negatively while men are represented positively for the same sexual conduct;

- (8) Victim-blaming: holding individuals and groups responsible for their own fates or negative outcomes, including their experience of mental and emotional distress or traumatic life experiences, usually by placing themselves in high risk situations;
 - (9) Positivism: using the prestige and veneer of science to construct mental illness as analogous to the same physical markers found in physical illness;
 - (10) Pathological individualism: the modern master status of the person defined in terms of ab/normalisation and/or self-categorisation and/or expert classification.
- (Rimke 2016, 7-8).

A broad range of social issues, such as drug and alcohol misuse, criminality, mental distress, homelessness, autism, joblessness and poverty have come to be framed in psychocentric ways (DeFehr 2016; Dej 2016; Friedli and Stearn 2015; Gruson-Wood 2016; LeBlanc and Kinsella 2016; Razack 2015). In relation to suicidology, one does not have to look far for psychocentric framings of suicide. Thomas Joiner et al.'s (2015) 'Suicide as a Derangement of the Self-Sacrificial Aspect of Eusociality' stands as a good example. Joiner is a professor of psychology, a suicide expert and the current editor-in-chief of the journal of the American Association of Suicidology, *Suicide and Life Threatening Behavior*. The abstract to the article is as follows:

Building upon the idea that humans may be a eusocial species (i.e., rely on multigenerational and cooperative care of young, utilize division of labour for successful survival), we conjecture that suicide among humans represents a derangement of the self-sacrificial aspect of eusociality. In this article, we outline the characteristics of eusociality, particularly the self-sacrificial behaviour seen among other eusocial species (e.g., insects, shrimp, mole rats). We then discuss

parallels between eusocial self-sacrificial behaviour in nonhumans and suicide in humans, particularly with regard to overarousal states, withdrawal phenomena, and perceptions of burdensomeness. In so doing, we make the argument that death by suicide among humans is an exemplar of psychopathology and is due to a derangement of the self-sacrificial behavioural suite found among eusocial species. Implications and future directions for research are also presented (Joiner et al. 2015, 235).

In terms of psychocentric characteristics, the abstract reduces the complexity of suicide to a combination of ‘eusociality’, ‘self-sacrifice’, ‘derangement’, and ‘psychopathology’. There is a biological deterministic strand throughout, with humans conceived as a species with a sub-type of ‘deranged’ and ‘essentialised’ features or characteristics. There is little sense of suicide varying in time or space, and as such, is conceived in acultural and ahistorical ways – humans are taken to be natural (‘eusocial’) types rather than social or socially located, shaped, or produced. Describing suicides in terms of ‘derangement’ and ‘psychopathology’ could be said to be tinged with victim-blaming, even though it is meant in medically neutral terms. The language is positivistic, and suicide and suicidal behaviour are authoritatively defined and categorised as a form or outcome of individual pathology.¹

¹ It could also be argued that the article contains, despite an apparent morally neutral medical science vocabulary, unequally applied moral standards in relation to examples of self-sacrifice – for example, ‘parents who provide for their children despite not being able to sufficiently care for themselves; charitable institutions, such as hospitals, medical clinics, and schools; military recruits who volunteer to defend their nation; and firefighters and law enforcement officers’ are seen as morally neutral or praiseworthy in their actions, but self-sacrifice ‘represents a tragic, flawed, and sometimes fatal miscalculation (i.e., a derangement) among modern humans when made and acted upon in the context of suicide’ (Joiner et al., 2015, 243).

We can perhaps think of psychocentrism as a consequence of a particular style of thought (Rose 2000; 2007), and ask ourselves what such a way of framing the issue does in terms of the kinds of explanations of the problem which are set out, the sorts of solutions and forms of expertise which emerge, and the conception(s) of personhood which are drawn on and constructed. Joiner et al.'s (2015) 'Suicide as a derangement...' article can again be used as illustration. The authors state their aim is 'to describe and integrate several disparate lines of thought and scholarship, and in so doing, derive the conceptual framework on human suicide to which we think they may point' (241). To achieve this, they draw on concepts and vocabularies of psychology, psychiatry and evolutionary biology to construct a version of suicide as 'pathological derangement'. As such, suicide is problematised in relation to an innate, biologically-determined species-level feature ('eusociality'), with the 'pathology' residing in the disturbance of the regular order and functioning of its 'self-sacrificial' aspect. Suicide, in this formulation, is more likely in those with 'tendencies that are highly self-effacing or self-sacrificial' (244). The possible solutions which are taken to emerge from within this conceptual frame include using animal modelling to better understand the distinction between suicidal thoughts and behaviours (246); and psychotherapy for suicidal patients with the goal of therapy 'to shift suicidal individuals from a calculation of the value of their death being worth more than their life to a recognition that their calculation is a misperception and derangement of a valuable human characteristic they possess (i.e., proneness to self-sacrificial behaviour' (247). People are conceptualised as part of a species first and foremost, with behaviour strongly (but not totally) genetically

determined.² Thus framed, expertise with regards to understanding and responding effectively to suicide comes from fields such as abnormal psychology, psychiatry and the biological sciences.

Obviously, it is possible to find examples with broader framings of suicide within suicidology literature. Like much of the work within this field, though, Joiner et al.'s (2015) paper takes suicide to be primarily a question of individual psychopathology, amenable to medical scientific investigation, diagnosis and treatment (Marsh 2010, 2016). In what ways might this psychocentrism be a problem? If it was one view among many, then perhaps it would not be. Nevertheless, it has become a way of framing the issue that dominates thought and practice to an extent that it is possible to talk of a 'compulsory ontology of pathology' in relation to suicide (Marsh 2010). This ontology restricts how we can authoritatively talk about suicide and renders some aspects of the issue visible whilst others remain outside of consideration. Such a powerful discursive effect limits the forms of engagement we make with suicide in terms of the questions we ask, the types of research we undertake, and the policy and practice framings we construct. As Rimke (2016, 8) argues, psychocentric framings of problems obscure 'societal deficits and social relations of power that often underlie and contribute to human struggles and difficulties.' Thus, the ways in which 'social injustices such as sexism, classism, racism, heterosexism, colonialism, ableism, ageism, adultism, sanism, and so forth, operate in, and intersect with, mental health problems' are left out of authoritative accounts, and are absent from policy and practice

² 'In eusocial insects, the self-sacrificial tendency is under total genetic control and is entirely a product of kin selection... It should be acknowledged that, in addition to genetic factors, self-sacrifice in humans is shaped by nongenetic factors as well (e.g., religion, culture)' (Joiner et al. 2015, 244).

formulations of the issue (Rimke 2016, 8). More subtly, the experiences of suicidal people, attempt survivors, and their families and friends, as well as professionals involved in prevention and research are strongly shaped by authoritative, psychocentric accounts of suicide. When framed as pathology and symptoms, experiences get stripped of wider meaning, and for suicidal people, self-understanding and social identity can come to be formed in relation to diagnoses, pathology, illness, and deficit in negative and stigmatising ways (Bracken and Thomas 2005). Psychocentric approaches to suicide and suicide prevention effectively exclude the environmental, the historical, the biographical, the cultural, the linguistic and the political from consideration by pushing these to the margins.

Psychopolitical Analysis

Although narrow psychocentric framings tend to dominate theory, policy and practice, more recently alternative approaches to the issue have been developed by scholars, activists, practitioners and those with lived experience (which are not mutually exclusive identities) (see, for example, the contributions to White et al. 2016). Such work tends to emphasise the contexts – political, economic, social, cultural and historical – within which suicide occurs (Mills 2017; Reynolds 2016; Wexler and Gone 2016; White 2016, White 2017; White and Kral, 2014), and draws on a broad range of critical, post-structural, feminist, queer, social constructionist, Indigenous and postcolonial theoretical frameworks (White 2016). Within such work, which could be characterised as psychopolitical rather than psychocentric in orientation (Button 2016; Mills 2017), the relationship between experiences of distress and suicidality on the one hand, and social, political, economic and historical contexts on the other hand, is theorised. Once these contexts are factored into the analysis of suicide, it is possible to interrogate the ways in

which suicide comes to be problematised at different times in different places, and the contingencies upon which such problematisation are formed. Through such analyses, we can also arrive at a better understanding of how suicidal subjects come to be formed within specific social, economic, and political contexts over time in relation to such problematisation.

As an example, China Mills' (2017) *'Dead people don't claim': A psychopolitical autopsy of UK austerity suicides'* analyses the relationship between specific policies (post financial crisis UK austerity welfare reform), socially produced and maintained structures and hierarchies (the background of inequality and injustice), moral economies of human worth (specifically relating to the stigmatisation of being a recipient of benefits), the psychic/emotional life of people caught up in such a regime (experiences of shame, anxiety and burdensomeness), and deaths by suicide. Such an analysis makes visible the ways in which suicidal subjects come to be formed over time within a hostile psychopolitical environment. As Judith Butler (2015) articulates the issue, conceptualising personhood in this way as an outcome of processes of subject-formation allows us to ask, '[w]hat destroys a person when that person appears to be destroying himself or herself? Do we find the social within the psychic at such moments, and if so, how?' (2015, 10). Mills (2017) draws on notions of 'internalisation' to explain the process by which 'people come to think of, and act on, themselves as though their lives have no value', both in the sense of 'internalised injuries of class' (Frost and Hoggett 2008, 438) as well as Fanon's 'interiorisation of inferiority' (Fanon 1986 [1967], 11-12). 'Internalisation', as a notion is useful in trying to understand how inequality, exclusion, hate, injustice, misogyny, racism and so on 'get inscribed in the body itself' (Rose in Carvalho and Rodrigues 2017, 224), or how 'adversity... get(s) under the skin' (Rose 2016, 4). Psychopolitical analysis strongly affirms the social in the psychic, and Judith

Butler (2015) emphasises the role of language, or discourse, in this process. Here, the assumptions embedded in psychopolitical ways of thinking differ from psychocentric ones in that the suicidal person is taken to be formed in relation to social norms and structures rather than existing as a pathologised, essentialised, unchanging ‘type’. These norms, which could be said to precede and exceed us, circulate in the world before impressing themselves upon us, and ‘they continue to act according to an iterative logic that ends for any of us only when life ends’ (Butler 2015, 5). It is not that there is ‘a single norm acting as a kind of "cause" and the "subject" as something formed in the wake of that norm's action’ (5), rather, the process of formation is continuous and repeated in relation to a network or matrix of ‘norms, conventions, institutional forms of power’ (6). It is these, identified within psychopolitical analyses as oppressive structures and hierarchies, alongside corrosive moral economies of worth and value (Mills 2017), that are important elements in the formation of suicidal subjects, and it is those elements which can impress upon the psychic life of such subjects and be experienced as distress and suicidality.

A psycho-political analysis looks to interrogate the forms of power which operate within and through these processes, and Foucault’s work on different regimes or economies of power can be useful here. In *Volume One of The History of Sexuality*, Foucault (1981) outlines two contrasting economies of power. In pre- or early-modern societies, the King was said to have ‘exercised his right of life only by exercising his right to kill, or by refraining from killing; he evidenced his power over life only through the death he was capable of requiring’ (Foucault 1981, 136). He could thus, in Foucault’s formulation, either ‘take life or let live’ (136). Foucault characterises this as sovereign power, which was essentially a ‘right of seizure: of things, time, bodies, and ultimately life itself’ (136). Self-killing within such a regime represented a form of

transgression – a challenge to the authority of God and Sovereign. As Chloë Taylor (2015, 10) writes, ‘[t]hroughout the Christian era, the bodies of suicides were posthumously punished – dragged through the streets face down and then hung by their feet, their property confiscated – and were not granted Christian burials.’ Under sovereign power, these subjects had unlawfully taken the power to kill, and through punishments the authority of Church, Sovereign and their respective laws were publicly re-established in the face of an act considered a challenge to public order, to the rule of law, and to the expected relations between God, the King and their subjects (Marsh 2010).

Foucault (1981, 136) argues that such a right to take life or let live has been replaced in more modern times ‘by a power to foster life or disallow it to the point of death.’ Such a power comes to work by means of inciting, reinforcing, controlling, monitoring, optimising and organising the forces under it. As Foucault (1981, 136) describes, it is now ‘a power bent on generating forces, making them grow, and ordering them, rather than one intent on dedicated to impeding them, making them submit, or destroying them.’ It is a form of power, Foucault argues, that comes to be ‘situated and exercised at the level of life’ (Rabinow and Rose 2006, 196). Death under such a regime is the moment one escapes power. Suicide ‘is thus a withdrawal of one’s life from the tactics of biopower’ (Taylor 2015, 10) – a problem more of evasion rather than seizure, and an issue for sociology and psychiatry not the law. As Foucault (1981) puts it,

It is not surprising that suicide – once a crime, since it was a way to usurp the power of death which the sovereign alone, whether the one here below or the Lord above, had the right to exercise – became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. This determination to die, strange and yet so

persistent and constant in its manifestations, and consequently so difficult to explain as being due to particular circumstances or individual accidents, was one of the first astonishments of a society in which political power had assigned itself the task of administering life. (136)

The new responses to suicide in the nineteenth-century illustrate the two poles of this administration of life: the first centred on ‘the body as a machine’, and involved a disciplining and optimising of its capacities and capabilities, the second on ‘the species body’, or the regulation of the population through a concern with ‘propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary’ (Foucault 1981, 139). As Foucault is at pains to emphasise, biopower, in its concern with maximising the potentialities of both the individual body and the body of the population, is productive in its effects. Whereas sovereign power was exercised mainly through ‘deduction, a subtraction mechanism, a right to appropriate’ (136), biopower is deployed through the application of numerous techniques that sought ‘no longer to kill, but to invest life through and through’ (139). Suicide within such a biopolitical field was thus no longer something to be reacted to after the event by means of a taking away (of goods, of the rights of Christian burial, etc.), but rather it could come to be a target of management at both the population and individual level. Confining the suicidal in asylums, as well as the systematic counting of suicides undertaken in England and France in the early nineteenth-century (Hacking, 1990), could be considered early expressions of a biopolitical rationality. Within such an economy of power suicide presents a new kind of problem. Whereas in relation to sovereign power suicide could be considered a problem of transgression that demanded the enactment of appropriate punishments (confiscation of goods, desecration of the corpse, excommunication, burial in un-consecrated ground), within a biopolitical economy of power suicide represents something of a challenge to those techniques and

strategies that aim to foster health and vitality (in short life itself) in the face of disease and decay (and ultimately death). Such deaths are not read as inevitable, and the problem of suicide now is that it is an unnecessary death – it is, and should be, avoidable and preventable. Suicide therefore represents a failure of power to preserve life, and further, it is a waste of life – the loss of an asset to power, and in the final analysis, a tragedy. Within such a biopolitical rationality certain strategies emerged to deal with the problem of suicide as it came to be conceived, and these were different solutions than those developed to punish the transgression of sovereign laws. At the level of the individual, problems could be addressed in terms of *what will be* (by means of practices that seek to make visible the potential to suicide) or *what is* (those practices that seek to manage the suicidal in the present), rather than *what was* (the punishment of an already committed sin or crime), and a proliferation of discourses and associated technologies concerned with identifying, examining, confining, watching, restraining, diagnosing, and treating the suicidal – in short, a set of practices centred on the prevention of suicide that also enabled the production of knowledge – has come to be formed (Marsh 2010).

As Chloë Taylor (2015, 13) argues, ‘the relation between power and suicide is productive rather than repressive – or is characteristic rather than anomalous of biopower’ and it is this that helps us understand ‘the birth of the suicidal subject’ in modern times. In his writings, however, Foucault surprisingly fails to examine the ways in which ‘suicide, like sexuality, has become an identity, or an anomalous kind of soul’ (Taylor 2015, 12). Foucault did outline the ways in which other subject positions were formed in relation to biopower (the mentally ill, the delinquent, and the sexual pervert) - that is, how these came to be actively constituted in relation to authoritative discourses and associated disciplinary practices - but did not offer a similar analysis of the suicidal

subject. Taylor (2015), though, through her exploration of the death in 2009 of Québécois author Isabelle Fortier (whose pen name was Nelly Arcan), provides such an account.

Nelly Arcan reflected upon suicide in many of her writings and had herself attempted to end her life on many previous occasions prior to her death. As Taylor (2015) argues, Arcan's view of the suicidal subject – as an identity to be taken on, and reflective of an essential part of herself (an inability to live) – is a product of the biomedicalisation of suicide. Taylor (2015, 3) writes that Arcan's reading of suicide in general, and of her own experience of suicidality in particular (which Arcan wrote about in 'La Honte' 2007), is significant since it reflects the dominant view of suicide today in that 'the essentialisation of suicidal subjectivity is the result of the biopoliticisation of death and of biopolitical expert discourses which produce the subjects about which they purport to provide knowledge.'

Taylor's analysis of the contexts of Arcan's life and death resonates with other psychopolitical approaches in that systemic and structural social injustices and related moral economies of worth are understood as implicated in experiences of emotional distress and subsequent deaths by suicide. Yet, such is the power of psychocentric discourse that distress and a desire to die are primarily read as indicative of personal deficit and pathology. So, for Arcan, an inability to live is innate, and this is a belief which is repeated again and again in her writings. As Taylor (2015) writes,

[r]ather than considering the possible relation between her consistent critiques of gender, her experiences of sexual oppression, and her sense that she could not live in the world, Arcan accepted that she was not made to live and that her problem was medical and primordial. That is, she was convinced that something was wrong with her and not with the world, and that something could not be changed because it was innate. (17)

Taylor (2015, 18) argues that suicidal subjects like Arcan are not so much objects of scientific knowledge as a product of it, and that the ‘psychological sciences have not so much come to understand the truth of suicide... as they have constituted a new reality, making of suicide a subject position, a human kind, or an identity.’ As Taylor (2015, 18) acknowledges, this is troubling, for ‘this means that the discourses and practices that we draw upon to understand and to prevent suicide may in fact contribute to creating subjects bound to kill themselves, or at least to contemplate suicide throughout their lives.’

Psycho-political Power

Taylor’s (2015) analysis of the ‘birth of the suicidal subject’ points to the productiveness of biopower. By means of the ‘internalisation’ of expert discourse, and the contact and engagement with associated disciplinary practices, suicidal subjects come to be formed in relation to psychocentric framings. For Byung-Chul Han (2017a), though, such accounts, grounded as they are in Foucault’s analysis of disciplinary and biopolitical power, do not adequately capture modern forms of power, and thus miss important elements of contemporary subject formation. For Han (2017a, 26), Foucault failed to see that neoliberalism ‘utterly claims the technology of the self for its own purposes.’ Subjects are formed in relation to a regime which demands of them ‘perpetual self-optimisation’, and, as ‘an ‘entrepreneur of himself’, the neoliberal achievement-subject engages in auto-exploitation willingly – and even passionately’ (26). This relationship between technologies of power and technologies of the self ‘ensures that individuals act on themselves so that power relations are interiorized – and then interpreted as freedom. Self-optimisation and submission, freedom and exploitation, fall into one’ (26).

Han (2017a) describes modern neoliberal power as psychopolitical in nature, for it is the psyche, rather than the body under disciplinary regimes, that is the main focus:

Disciplinary power is normative power. It subjects the subject to a set of rules – norms, commandments and prohibitions – and eliminates deviations and anomalies’, but is ‘too crude to penetrate into the deeper layers of the soul – with its hidden wishes, needs and desires – and take it over. (Han 2017a, 20)

And we, according to Han, are no longer a disciplinary society but rather ‘an achievement society’, and subjects are no longer ‘obedience-subjects’ but ‘achievement-subjects’ (Han 2015, 8). For Han (2015), Foucault’s analysis of power cannot thus account for the ‘psychic and topological changes that occurred as disciplinary society transformed into achievement society’ (8). Neoliberalism exploits the psyche first and foremost, discovering this as the most productive force (Han 2017a, 24). But, importantly, this is not an unchanging ahistorical or acultural psyche, but rather as Han theorises, the psyche itself is open to historical change, so that the ‘late-modern achievement-subject possesses an entirely different psyche than the obedience-subject ...’ (Han 2015, 35-36). That is, the psyche produced in relation to disciplinary power is not that formed within psychopolitical regimes. This is unlike the Freudian Unconscious, which was a product of disciplinary society, ‘dominated by the negativity of prohibitions and repression, that we have long since left behind’ (Han 2015, 36).

Han (2015) suggests that the workings of psycho-political power can be traced in the formation, structures and experiences of psychic life as well as in the material conditions of peoples’ existence, and this opens up possibilities for an analysis of how suicidal subjects come to be produced in relation to psychopolitical regimes. Han (2017a) argues that neoliberal ideology forms the achievement-subject, with its task of self-optimisation through continuous self-improvement and self-monitoring, in order to facilitate ‘perfect functioning within the system’ (29). This, however, comes at a cost.

Such a system makes exhausting demands on the psyches of its subjects, leading to widespread depression and burnout (Han 2015). Other writers have pointed to the psychic cost of modern regimes of power. In a similar vein to Han (2015, 2017a, 2017b), Elizabeth Povinelli (2011, 128) characterises late liberalism as a ‘morally viscous realm of excess, exhaustion, and endurance, a realm that includes affective, physical, and social conditions that can depress the brain and immune system, rupture organs as well as bonds with families and friends, and orient violence inward.’ For Lauren Berlant (2007, 754), under such regimes whole sections of the population are marked for ‘slow death’, a gradual ‘physical wearing out of a population and the deterioration of people in that population that is very nearly a defining condition of their experience and historical existence.’ We can ask, following Jasbir Puar (2011, 152), ‘what kinds of ‘slow deaths’ have been ongoing that a suicide might represent an escape from?’ From a psychopolitical analytic perspective, an answer would require consideration of the relationship between psychopolitical power and socially unjust structures, hierarchies of worth (Fortier 2017, Mills 2017) - where value relates to productivity and market value (Povinelli, 2011) - and psychic/emotional life. For Judith Butler (2012), the ways in which power establishes and maintains these structures and hierarchies for the differential valuation of life itself is bound up with the questions, ‘whose lives matter? Whose lives do not matter as lives, are not recognisable as living, or count only ambiguously as alive?’ For Butler, ‘to understand the differential way that such a status is allocated, we must ask: whose lives are grievable, and whose are not?’ (Butler 2012, 10). Butler points to the effects on those caught up in such a regime, whose experience is in part constituted in relation to their value and status as grievable beings:

Of course, this question becomes most acute for someone, anyone, who already understands him or herself to be a dispensable sort of being, one who registers at an affective and corporeal level that his or her life is not worth safeguarding, protecting and valuing. This is someone who understands that she or he will not be grieved for if his or her life were lost, and so one for whom the conditional claim 'I would not be grieved for' is actively lived in the present moment (Butler 2012, 10).

In this analysis, knowledge of one's lack of value can coexist, within the context of a lack of social protection and safeguarding, with an experience of unliveability, and too often such an experience gets read as individual pathology in the form of diagnoses or labels such as 'depression'. Within a psychopolitical regime, by means of psychocentric framing, what could be understood as *social injustice* instead gets atomised and internalised as individual illness.

Conclusion

Psychocentrism is psychopolitics at work. Thomas Joiner et al.'s (2015) claim of suicide as derangement illustrates the productiveness of psychopolitical power - individualising, pathologising, and obscuring societal injustices, deficits and relations of power (Rimke 2016). Suicide, framed as 'derangement', is taken to be break from the normal but it could equally be read as a continuation, intensification and logical outcome of everyday psychopolitical power. Psychopolitical analysis looks to understand and critique the processes by which suicide and suicidality come to be seen as arising from, and located within, the interiority of a separate, singular, individual subject, and to make visible the relationship between experiences of distress and suicidality and socially situated forces and logic. Such an analysis avoids individualised, psychologised or psychocentric understandings of suicide, aims to better understand the complex social and political contexts of such deaths, and, ultimately, seeks to open up collective and political possibilities for action which are denied when suicide is

conceptualised solely as a question of individual mental health.

Disclosure statement

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References

- Arcan, Nelly. 2007. "La Honte." Accessed 17 June 2018.
<http://www.nellyarcan.com/pdf/Nelly-Arcan-La-honte.pdf>.
- Berlant, Lauren. 2007. "Slow Death (Sovereignty, Obesity, Lateral Agency)." *Critical Inquiry* 33 (4): 754–780.
- Bracken, Patrick, and Philip Thomas. 2005. *Postpsychiatry*. Oxford: Oxford University Press.
- Butler, Judith. 2012. "Can One Lead a Good Life in a Bad Life?" *Radical Philosophy* 176: 9-18.
- Butler, Judith. 2015. *Senses of the Subject*. New York, NY: Fordham University Press.
- Button, Mark. 2016. "Suicide and Social Justice: Toward a Political Approach to Suicide." *Political Research Quarterly* 69 (2): 270–280.
doi:10.1177/1065912916636689.
- Carvalho, Sergio Resende and Ricardo Rodrigues Teixeira. 2017. "Politics of Life Itself and the Future of Medical Practices: Dialogues with Nikolas Rose (Part 3)." *Comunicação Saúde Educação*, 21 (60): 221-30.
- Cover, Rob. 2012. *Queer Youth Suicide, Culture and Identity: Unliveable Lives?* Surrey, UK: Ashgate.
- Cover, Rob. 2016. "Queer Youth Suicide: Discourses of Difference, Framing Suicidality, and the Regimentation of Identity." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 188-208. Vancouver: University of British Columbia Press.
- DeFehr, Jan Nadine. 2016. "Inventing Mental Health First Aid: The Problem of Psychocentrism." *Studies in Social Justice* 10 (1): 18-35.
- Dej, Erin. 2016. "Psychocentrism and Homelessness: The Pathologisation/Responsibilisation Paradox." *Studies in Social Justice* 10 (1): 117-135.

- Department of Health. 2017. "Preventing Suicide in England: Third Progress Report of the Cross-Government Outcomes Strategy to Save Lives." Accessed 17 July 2018. (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/582117/Suicide_report_2016_A.pdf).
- Esquirol, Jean-Étienne Dominique. (1821) 1845. *Mental Maladies. A Treatise on Insanity*. Translated by E. K. Hunt. Philadelphia: Lea and Blanchard.
- Fanon, Franz. (1967) 1986. *Black Skin, White Masks*. London: Pluto Press.
- Fitzpatrick, Scott, Claire Hooker, and Ian Kerridge. 2014. "Suicidology as a Social Practice." *Social Epistemology: A Journal of Knowledge, Culture & Policy*. doi:10.1080/02691728.2014.895448.
- Friedli Lynne and Robert Stearn. 2015. "Positive Affect as Coercive Strategy: Conditionality, Activation and the Role of Psychology in UK Government Workfare Programmes." *Medical Humanities* 41: 40–47.
- Fortier Anne-Marie. 2017. "The Psychic Life of Policy: Desire, Anxiety and 'Citizenisation' in Britain." *Critical Social Policy* 37 (1): 3–21.
- Frost, Liz and Paul Hoggett. 2008. "Human Agency and Social Suffering." *Critical Social Policy* 28 (4): 438–460.
- Foucault, Michel. 1981. *The History of Sexuality, Volume 1: An Introduction*. Translated by Robert Hurley. Harmondsworth: Penguin.
- Foucault, Michel. 2017. *Subjectivity and Truth: Lectures at the Collège de France, 1980-1981*, edited by Frédéric Gros. Translated by Graham Burchell. New York: Palgrave MacMillan.
- Gruson-Wood, Julia, F. 2016. "Autism, Expert Discourses, and Subjectification: A Critical Examination of Applied Behavioural Therapies." *Studies in Social Justice* 10 (1): 38-48.
- Hacking, Ian. 1990. *The Taming of Chance*. Cambridge: Cambridge University Press.
- Han, Byung-Chul. 2015. *The Burnout Society* Translated by E. Butler. Redwood City, CA: Stanford University Press.
- Han, Byung-Chul. 2017a. *Psychopolitics: Neoliberalism and New Technologies of Power*. Translated by Erik Butler. London and New York: Verso.
- Han, Byung-Chul. 2017b. *The Agony of Eros*. Translated by Erik Butler. Cambridge, MA: MIT Press.
- Jaworski, Katrina. 2014. *The Gender of Suicide: Knowledge Production, Theory and Suicidology*. Surrey, UK: Ashgate.

- Joiner, Thomas E. 2005. *Why People Die by Suicide*. Cambridge MA: Harvard University Press.
- Joiner, Thomas E. 2011. "Editorial: Scientific Rigor as the Guiding Heuristic for SLTB's Editorial Stance." *Suicide and Life-threatening Behavior* 41(5): 471-73.
- Joiner, Thomas E., Melanie, A. Hom, Christopher, R. Hagan, and Caroline Silva. 2016. "Suicide as a Derangement of the Self-Sacrificial Aspect of Eusociality." *Psychological Review* 123: 235-254.
- Kral, Michael J., and Lori Idlout. 2016. "Indigenous Best Practices: Community-Based Suicide Prevention in Nunavut, Canada." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 229-243. Vancouver: University of British Columbia Press.
- LeBlanc, Stephanie and Elizabeth Anne Kinsella. 2016. "Toward Epistemic Justice: A Critically Reflexive Examination of 'Sanism' and Implications for Knowledge Generation." *Studies in Social Justice* 10 (1): 59-78.
- Marsh, Ian. 2010. *Suicide: Foucault, History and Truth*. Cambridge, UK: Cambridge University Press.
- Marsh, Ian. 2016. "Critiquing Contemporary Suicidology." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 15-30. Vancouver: University of British Columbia Press.
- Marsh, Ian. 2018. "Historical Phenomenology: Understanding experiences of suicide and suicidality across time." In *Phenomenology of Suicide: Unlocking the Suicidal Mind*, edited by Maurizio Pompili, 1-12. Switzerland: Springer International Publishing.
- Marsh, Ian, and Jennifer White. 2016. "Boundaries, Thresholds, and the Liminal in Youth Suicide Prevention Practice." In *Youth Work, Early Education, and Psychology: Liminal Encounters*, edited by Hans Skott-Myhre, Veronica Pacini-Ketchabaw and Kathleen S. G. Skott-Myhre, 69-89. New York: Palgrave Macmillan.
- Mills, China. 2017. "'Dead People Don't Claim': A Psychopolitical Autopsy of UK Austerity Suicides." *Critical Social Policy* 38 (2): 302-322.

- O'Connor, Rory, C., Stephen Platt and Jacki Gordon, eds. 2011. *International Handbook of Suicide Prevention: Research, Policy, and Practice*. Chichester, UK: John Wiley and Sons.
- Povinelli, Elizabeth. 2011. *Economies of Abandonment*. Durham, NC: Duke University Press.
- Puar, Jasbir. 2011. "Coda: The Cost of Getting Better. Suicide, Sensation, Switchpoints." *GLQ* 18 (1): 149–158.
- Public Health England. 2015a. "Suicide Prevention: Identifying and Responding to Suicide Clusters." Accessed 17 July 2018.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf.
- Public Health England. 2015b. "Preventing Suicides in Public Places: A Practice Resource." Accessed 17 July 2018.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing_suicides_in_public_places.pdf.
- Public Health England. 2016. "Local Suicide Prevention Planning: A Practice Resource." Accessed 17 July 2018.
http://www.nspa.org.uk/wp-content/uploads/2016/10/PHE_LA_guidance-NB241016.pdf.
- Rabinow, Paul and Nikolas Rose. 2006. "Biopower Today." *BioSocieties*, 1, 195–217.
- Reynolds, Vikki. 2016. "Hate Kills: A Social Justice Response to Suicide." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer, White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 169-187. Vancouver: University of British Columbia Press.
- Razack, Sherene, H. 2015. *Dying from Improvement: Inquests and Inquiries into Indigenous Deaths in Custody*. Toronto: University of Toronto.
- Rimke, Heidi. 2000. "Governing citizens through self-help literature." *Cultural Studies*, 14 (1): 61-78.
- Rimke, Heidi. 2010a. "Consuming Fears: Neoliberal In/securities, Cannibalization, and Psychopolitics. In *Racism and Borders: Representation, Repression, Resistance*, edited by Jeff Shantz, 95-113. New York: Algora Publishing.

- Rimke, Heidi 2010b. "Beheading Aboard a Greyhound Bus: Security Politics, Bloodlust Justice, and the Mass Consumption of Criminalized Cannibalism." *The Annual Review of Interdisciplinary Justice Research*, 1: 172-192.
- Rimke, Heidi. 2016. "Introduction – Mental and Emotional Distress as a Social Justice Issue: Beyond Psychocentrism." *Studies in Social Justice* 10 (1): 4-17.
- Rimke Heidi and Deborah Brock. 2012. "The Culture of Therapy: Psychocentrism in Everyday Life." In *Power and Everyday Practices*, edited by Deborah Brock, Rebecca Raby and Mark P. Thomas, 182-202. Nelson: University of Toronto Press.
- Rose, Nikolas. 2000. "Biological Psychiatry as a Style of Thought." Paper Presented to a Symposium on Models and Cases in Scientific Thought at Princeton University, December 4.
- Rose, Nikolas. 2007. *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton: Princeton University Press.
- Rose, Nikolas. 2016. "Neuroscience and the Future for Mental Health?" *Epidemiology and Psychiatric Sciences*. 25: 95-100.
- Taylor, Chloë. 2015. "Birth of the Suicidal Subject: Nelly Arcan, Michel Foucault and Voluntary Death." *Culture Theory and Critique* 56 (2): 187-207.
- Wexler, Lisa and Joe Gone. 2012. "Culturally Responsive Suicide Prevention in Indigenous Communities: Unexamined Assumptions and New Possibilities." *American Journal of Public Health* 102 (5): 800–806.
- White, Jennifer. 2012. "Youth Suicide as a 'Wild Problem: Implications for Prevention Practice." *Suicidology Online* 3: 42–50.
- White, Jennifer. 2016. "Reimagining Youth Suicide Prevention Education." In *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*, edited by Jennifer White, Ian Marsh, Michael J. Kral, and Jonathan Morris, 244–263. Vancouver: University of British Columbia Press.
- White, Jennifer and Michael J. Kral. 2014. "Re-thinking Youth Suicide: Language, Culture and Power." *Journal of Social Action for Counselling and Psychology* 6 (1): 122–142.
- White, Jennifer, Ian Marsh, Michael J. Kral, and Jonathan Morris, eds. 2015. *Critical Suicidology: Transforming Suicide Research and Prevention for the 21st Century*. Vancouver: University of British Columbia Press.

White, Jennifer. 2017. "What Can Critical Suicidology Do?" *Death Studies*. 41 (8): 472-480.