Response to Dr Ian Marsh

By Dr Georgina Laragy

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In Ian Marsh's excellent paper, we get a real sense of a professional healthcare worker and academic engaged in thoughtful reflection about his practice in an effort to get to a root cause of something uncomfortable within the field in which he works. He quickly establishes the sense of community and situates his own thinking in the context of several scholars, activists, practitioners, and those with lived experience of suicide. He does this in order to pose a question about how the past impacts the present in terms of the conceptualisation, language and practice around suicide. We are shown how that past feeds into modes and methods of suicide prevention and intervention. And finally the paper concludes that histories of suicide have helped construct a form of discrimination against those who voice their suicidal feelings, or who have attempted or committed suicide - suicidism.

But what are those histories?

Well, in writing this response to Dr Marsh's paper, I have looked anew at the historiography that I am familiar with in an effort to see how informed they (we) are by contemporary and critical suicide studies – what efforts have been made to look to the past through the lens of contemporary thinking and ideas about suicide, in much the same way that genetic science and epigenetics helps inform medical and demographic histories. Historians do not, as a rule, engage with contemporary thought or practice on their given topic. It can often seem overwhelming enough to cope with the literature for the period, and historical works on the phenomenon under study, in addition to primary source material, without having to look in the direction of current professional practice around phenomena such as suicide, crime or

poverty. Yet some more radical and thoughtful historians are doing this elsewhere, particularly, I think, in the field of race, where critical race theory is becoming increasingly embedded within historical scholarship. Equally, public historians do engage in writing about contemporary problems as well as exploring it in the past (for example Julia Laite's work on sex-trafficking).

The eight-volume '*History of suicide in England, 1650-1850'* published in 2012 by Pickering and Chatto, demonstrates quite clearly the wide variety of meanings ascribed to suicide in the two centuries prior to nineteenth century 'medicalisation' of suicide. Predominantly, suicide had been thought of as a 'bad' death, in a division that aligned some deaths as good and others as bad. Suicide was 'bad' because it was usually without hope of repentance, it was violent, and very often a shock for the finder and the family / friends of the deceased. As it moved from being classed as a sin to a form of illness, the 'badness' has not been washed away; mental illness in general and suicidal death in particular, are both viewed as taboo subjects. Our contemporary, largely secular western world, reflects the reality that the medicalisation that began in the eighteenth century, pushed past legal, religious and moral teachings around self-inflicted death.

In the course of coroners' inquests in Britain and Ireland, as well as America (I'm not sure about Holland) there were two options available to the jury who wanted to return a verdict of suicide – they could claim the deceased as 'insane' (the wording could vary) or that they were *felo de se* (a felon of themselves), which meant they were sane. In the majority of cases, and from the eighteenth century, insanity was increasingly ascribed to those who killed themselves with *felo de se* being reserved for a small minority of deaths.

In addition to the medicalisation of suicide in the nineteenth century, Durkheim (Belgium), Enrico Morselli (Italy) James O'Dea (America) and others helped to establish what Dr Marsh terms the 'social facts' of

suicide – sociologists and medics alike connected suicide with broader social patterns and groups – who then are identified as having risk factors. But asking why those groups have risk factors is clearly a better question to ask, and I think that is part of what Ian is proposing in applying a social justice lens to suicide studies. Nevertheless, the dominance of the idea of suicide as the result of individual pathology, undermines the application of a social justice lens. Because not everyone who falls into an 'at-risk' group, kills themselves. Not everyone who lives in poverty, or suffers from racial or homophobic discrimination, or for whom patriarchal and capitalist economic structures lead to a life unfulfilled – not all these people kill themselves. And because they don't, it remains possible to attach blame not to the structures, but once again, to an 'individual pathology'.

The key aspect about Ian's paper for me is the term 'social justice' and the application of a social or political justice lens when thinking about suicide. No historical studies appear to use the term 'social justice' as far as I can tell. Nevertheless, historians of suicide (in echoing sociologist Emile Durkheim) have connected the individual with broader structures of state and society, looking at institutions like religion and marital status, through sub-fields like social history, and methodologies like microhistory. Historians such as Olive Anderson (in the 1980s) Victor Bailey (in the 1990s / early 2000s) and Dianne Sommerville Miller (in 2010s), have attempted to recreate the social meaning of suicide through work which examines intersections of class, gender, race and age. Possibly the most 'political' (with a small 'p') work is that by Dianne Sommerville Miller *Aberration of Mind: suicide and suffering in the civil war era south* (2019). In exploring suicide within certain populations in the defeated states of the southern US, Sommerville Miller views suicide within enslaved communities, and amongst men and women facing economic ruin, as well as the relationship between military service, the nature of war and suicide. As in most nineteenth century histories of

suicide, the role of 'temporary insanity' is significant – the majority of those who killed themselves were viewed by a coroners' juries as insane.

Historical studies of suicide have reflected and perhaps contributed in part to the hierarchical responses to suicide. By focusing on the responses and records of those in authority – be it state, local or medical authority - the pain of the suicidal is mediated not through the voice of the suicidal themselves, but often through officials who dealt with the dead body. Also present at inquests were doctors who treated the suicide in their most recent illness (if they had attended a doctor), family members, neighbours and friends who had to explain the last days, hours or moments of the deceased's life. Historians have attempted to examine the lived experience of suicidality but there is sometimes little to work with – partly because of the nature of the sources, though work by Ella Sbaraini on suicide notes is attempting to address this.[1] But I wonder, if historians' reticence around the voice of the suicidal themselves has been in part because we arrive at the topic from a social and cultural context in which suicide continues to be viewed as pathological. Living as we do in an era of risk assessment, crisis management and care plans, it is perhaps difficult to view it in any other way.

Historians have recognised that the connection with temporary insanity was contingent rather than essential. It was a product of the religious, moral, legal and subsequently medical frameworks. In many ways the coroner's inquest as a forum for medico-legal knowledge creation, possibly assisted in the establishment of professional psychiatry, or at least it created a public acceptance of doctors as mediators of knowledge about mental illness. But 'temporary insanity' existed as a medico-legal verdict long before the 'psy' professions or their wide-spread institutional settings came into existence. Verdicts at coroners'

[1] Sabaraini, E. (2022). The Materiality of English Suicide Letters, c. 1700 – c. 1850. *The Historical Journal*, 65(3), 612-639. doi:10.1017/S0018246X21000650

inquests were mediated through numerous non-medical individuals, including the coroner, the jurors and the witnesses who may, or may not, have included a doctor. When a doctor did testify in many cases, unless he was personally acquainted with the deceased, he very often only spoke to the physical condition of the body and the physical cause of death.

The connection between insanity or individual pathology and suicide has shifted across time. But not all suicides in the past were thought to be caused by mental illness.

There have been multiple instances when self-destruction was deployed as a tactic drawing attention to political issues often beyond the control of the individuals who died. However, such deaths have tended to be viewed by historians as a minority action or behaviour; outside the bounds of what is considered a 'typical' suicide. Examples of this include roman soldiers wishing to die with honour after defeat in battle; the suicides of French revolutionaries who faced the guillotine in the 1790s; the suicides of Irish revolutionaries who faced execution in the 1790s; and hunger-strikers in India, Ireland and elsewhere. Alongside those obviously politically-motivated suicides, which occurred at a time of significant challenge to the political and governmental status quo, were those who killed themselves while crossing the Atlantic on slave ships; suicides among enslaved populations in Caribbean and American plantations, and suicide within various militaries; these I consider to be political suicides with a smaller 'p', related to the power of the individual within specific legal and social contexts. Historians have I think viewed suicides in those past political contexts as structurally motivated but have failed in some instances to see less politically inflected suicides as also being structurally motivated. There is still a privileging of political history, it is part of the privileging of politics over the social and structural inequalities in everyday life and this means that other 'small p' suicides are not viewed in this context. Suicides like that of Emma

Wilson, who drowned herself in Belfast in 1883 after her married lover told her to go home to her 'own people' and bring their illegitimate child. At the end of the inquest after the jury returned an open verdict of 'found drowned', the coroner asked how 'far the provocation would have affected her mind'; a juror declared, to applause, that 'there was no insanity about it'.[2]

When I read Ian's paper connecting suicide and justice this case came to my mind. The certainty for the jury that there was 'no insanity' in Emma Wilson's mind when she drowned herself reveals that even within the constraints of the coroners' court, popular opinion and attempts at popular justice, emerged very vocally and publicly. However, these ideas connecting justice, suicide and insanity, did not bubble up to challenge the hegemonic view that saw a connection between suicide and mental illness. We have no way of knowing why Emma Wilson drowned herself, but in understanding the 'shame' if she returned to her 'own people', as well as the options available for a young single mother in nineteenth century Belfast, we can begin to see the shape of Emma's vision for herself, and her future, and how absolutely hopeless, and bereft, she must have felt.

As a historian working with cases like Emma's, it is a real privilege to respond to Dr Marsh's paper – because we get a real sense here of the value of history and understanding the past, and the significance of seeing individuals in their broader social and cultural contexts. Understanding historical context and contingency enables those working in the field today to 'open up space' as Ian says, in order to redirect some of the existing ideas and practices around suicide and suicide prevention. But equally, historians can benefit hugely from availing themselves of the work of critical suicide studies in order to approach historical cases and detect individual expressions of serious social pathologies.

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[2] *Belfast Newsletter*, 10 October 1883.

Taken to its most radical endpoint, critical suicide studies could be viewed as permitting suicide in cases that are thoughtfully and carefully considered, within established parameters, in the same way that euthanasia is permitted. However, Marsh does warn that 'suicidal subjectivities' over time within unjust systems would continue but be masked by approved processes of consent'; the application of a social justice lens requires not only embedding lived experience into a shared vision for how to respond to suicidal ideation, but that the processes creating those responses must also be created through the lens of social and political justice.

Dr Marsh's paper reveals a paradigm shift within suicide studies, that advances the vision of Critical Suicide Studies, emerging alongside other movements within the health and public health arena – practices and campaigns like harm-reduction within addiction studies and the disability rights movement. In working with people directly effected by the issue at hand, and through a justice and human rights lens, coercion, discrimination, and judgement are removed from the processes of working with sufferers. And while Dr Marsh hasn't used this phrase, there are echoes within his paper, that critical suicide studies is adopting a 'nothing about us without us' vision, which has emerged from historical movements that espouse democratic values of inclusion, representation and participation.

In detailing the ontology of pathology, the critical history, the contingency of ideas about suicide in the past, the effects or 'truth-effects' of this, Marsh and others, have developed a new field of inquiry predicated on disassembling historic ideas, practices and language, in order to impact current policy, prevention and practices around this. In adopting a political or social justice lens he provides food for thought for everyone working in the field of suicide studies.