

National Suicide Prevention Alliance Conference 2020

Suicide Prevention: from community to clinician

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Plenary Speech by David Mosse

Professor of Social Anthropology, SOAS University of London; Chair Haringey Suicide Prevention Group

It is an honour to speak this year at the NSPA conference, which as others have noted is the largest ever signalling widening concern and action in relation to suicide prevention in this country. We have learned much today about suicide prevention strategy, planning and action. I will be drawing the day to a close on a different note; a more personal reflection on experience and a search for understanding.

At some point, and it might as well be at the outset, I have to tell you that I'm here because in 2010 my 23-year old son Jake killed himself. He was a brilliant, loving young man, who had just gained a first-class undergraduate degree and was involved in post-graduate study, who had not long before lost his mother to a slow death from cancer, and who suffered a rapidly deepening serious depressive illness that was poorly diagnosed.

My impulse is to tell you more, much more, now that you know that I am a father whose son was one for whom life could not be lived. Indeed, I've a need to tell you more, because the loss of my son is a tragedy that requires moral sense-making. I cannot do that now, but I can point to a question all of us bereaved by suicide face, that is, *how* can we narrate such a terrible loss?

Every suicide is a tragedy. This is true, but when I reflect on my experience, I'd say, rather, that every suicide *becomes* a tragedy; it only gradually acquires a narrative and meaning. To begin with there's no narrative or meaning, not even language – just an animal howl. A characteristic of trauma is that thought about it is not possible; in what today are perhaps neuro-physiologically explicable processes, the mind, protecting itself, prevents thought by

shutting down¹. The event is too enormous and terrible to take in.

But finding a way to think, to narrativize the death of my child by his own hand, is a requirement of living with that awful fact, of re-building the story of my life, and recovering my place in society.

In finding a narrative, let me tell you two things that I, and perhaps others so bereaved, have had to grapple with.

The first is *responsibility*. The philosopher Stanley Cavell says that ‘the problem of human existence is not primarily that of establishing connection with the other but of suffering separation with respect to the one “in whom my nature is staked”.’² When my son died, I experienced a shadow of the pain that made him think of oblivion. I was bound up in his death because I did not experience myself as entirely separate from him. Part of me died too.

This mutuality of being implies responsibility. Suicide involves what’s been called ‘agent regret’, in which people take responsibility for something over which they had no control.³ Of the many spinning wheels that come to be aligned to produce a tragic death by suicide (or the long causal chain), we home in on the ethically-relevant segment that shouts, ‘You could have done something...’.

Finding a narrative of the tragic death by suicide is a way of ‘limiting [that] desire for infinite responsibility to the intimate other’; so that I can reattach to life.⁴

The second thing I have to grapple with is the *agency* of my son who has died and whom I love. Behind the question, ‘how could he have done this?’ is a realisation that my son has not just died, but become unknowable to me through the act of suicide.

I need an explanation that lies beyond him and his reason in order to recover his

¹ Caroline Garland. 2004. ‘Traumatic Events and Their Impact on Symbolic Functioning’. In *The Perversion of Loss: Psychoanalytic Perspectives on Trauma*, edited by S Levy and A Lemma. London: Whurr.

² Veena Das. 2015. *Affliction: Health, Disease, Poverty*. Fordham University Press, p.119 citing Stanley Cavell. 2005, *Philosophy the Day after Tomorrow*. Cambridge, Mass.: Belknap Press of Harvard University, p. 146.

³ Teresa Kuan. 2017. ‘The Problem of Moral Luck, Anthropologically Speaking’. *Anthropological Theory* 17 (1): 30–59.

⁴ V. Das, *Affliction...* p.115.

personhood. I discover a host of semi-detachable agents and determinants acting upon him and beyond his control: serotonin metabolism in his brain, the unseen work of genetics, unresolved grief for his dead mother, depression, perfectionism, impulsivity, or any other unknown figure, or mad agent of death that inexplicably took control of this normally intelligible and highly intelligent young man.

I need to hold onto the coherence of the person and our relationship of love, as explanations of his death fragment and pull my son apart. Suicide has an awful capacity to change, override and re-evaluate those we love, threatening to rob us of their past (the joyful child) as well as their future.

The truth is, I'll never know what led my son to kill himself. But I, and others, need stories as survival tools, making sense of the past so as to allow investment in a future.⁵

And there is something else: these stories or narratives have ethical work to do because suicide in our society remains something unspeakable. If stigma means anything here, it is that the anxiety that suicide provokes – the pre-emptive explanations or the judgements it attracts – affect social interactions, as people draw invisible lines between their ordinary selves and lives, and the suicide. Some of this is in the mind of the bereaved (a self-stigmatising projection), but society has placed it there. It may take years, decades, perhaps a lifetime, before a parent can say to someone in an ordinary walk of life, without anxiety (born of uncertain appraisal), 'my son killed himself'; or my mother, my sister, my husband; as if this were a tragic accident or fatal illness.

The effects that, in surveys, distinguish bereavement by suicide from other sudden deaths are its impact on 'social functioning' – crushing awkwardness, isolation, poor help-seeking, inability to talk about grief – and the increased suicide attempts, all associated with higher scores on measures of perceived stigma (and shame, responsibility and guilt).⁶ In other words, the ethical injury of suicide is not only a matter of rupture in biographical narratives; it is a matter of social rupture. Let's just say, unlike most other deaths, suicide cannot be

⁵ Christabel Owens, Helen Lambert, Keith Lloyd, and Jenny Donovan. 2008. 'Tales of Biographical Disintegration: How Parents Make Sense of Their Sons' Suicides'. *Sociology of Health & Illness* 30 (2): 237–54.

⁶ Alexandra L. Pitman, Fiona Stevenson, David P. J. Osborn, and Michael B. King. 2018. 'The Stigma Associated with Bereavement by Suicide and Other Sudden Deaths: A Qualitative Interview Study'. *Social Science & Medicine* 198 (February): 121–29.

‘absorbed into everyday life.’⁷

I myself am altered by my son’s suicide. This is now an invisible aspect of my identity, a permanent qualification to my fatherhood. It demands an ethical self-remaking.

But this ethical work of living with loss to suicide is not carried out alone; it is interactive and social, whether through families, friends, counselling or peer support groups. I find myself re-casting my individual tragedy as a collective one, making social connections born of the kinship of grief. This is necessary, and de-isolating. Peer-support groups for survivors of suicide loss are paradoxical. I know from having heard 100s of testimonies over 9 years of monthly meetings, that a circle of 15 to 25 people living with the most terrible loss and grief is a liberating space. It allows mutual recognition, sharing experiences, co-creating a language for suicide bereavement. It helps recover the social competence needed to live in the world changed by suicide.

In the peer-support group that I co-lead in north London, people build their sense-making narratives of suicide by lending and borrowing fragments of each other’s stories. We come to see a pattern and realise ours is not a singularity but a *kind* of experience. In a survivors’ group, my individual, subjective and fragmentary experience – perhaps the trauma that had no words – acquires language and social recognition.

Month after month, the great moral complexity of suicide and its grief is turned over and over. We find witnesses to our tragedy, to our narrative improvisation, we speak as representatives of the dead, saying what they cannot; and through compassion for others whose experience I share, I learn to be kinder to myself, and blame myself less. Loss is born and hope made socially.

I think that when I and others bereaved have the social experience of a shared narrative, and think of ourselves as a community of grief (crossing the widest social divides of class, race, sexuality, religion), we are more able to think of suicide itself in social terms; to conceive of the suicide death as a consequence of the failing of institutions, health and crisis-care, work, poverty, debt and wider structures of society and economy that produce

⁷ V. Das, *Affliction...* p.113

unemployment or discrimination. These are somehow *our* stories too, connecting my tragedy to that of others.

There is something unbound about a death by suicide, which always exceeds the individual. And I cannot relinquish suicide; I still grieve for the manner of my son's death. Indeed, with all its unanswered questions, suicide is also a commission to me, and maybe to many here. I continue to care for my son with an unbidden responsibility to act for those who face the peril of suicide.

The faithfulness to the tragic event⁸ that suicide engenders, for some brings unresolved grief, a world forever terrifyingly full of impending disaster; at the worst it brings suicide.

But for others, knowing the worst that can happen, changes the scale of what is important, turning what threatens to deplete the self into a project of self-making by means of engagement in the world of suicide prevention. Perhaps action here is more than a means to an end; it is a way to give meaning to a loss that threatens to be unbearable. Perhaps at a deep level we are – I am – involved in experiments with time, and with hope, a 'temporality of second chances'⁹, for personally we know that the terrible outcome against which all action is oriented has already happened; all beginnings start with the ending of an unalterable plotline.¹⁰

At least, I might say that the inalterability of personal tragedy draws me to a world that promises to be alterable through suicide prevention. Some of us enter into the very health or other systems that failed (us) in order to bring alertness and change from the perspective of how wrong things can go. We retrace and overwrite the pathways to tragedy with hope, exemplified in the many suicide prevention innovations driven by families out of their own tragedies: the family whose son killed himself after poor treatment in A&E establishes a non-clinical crisis centre for emergency referrals; the family who lost a student son to suicide focuses on school and university well-being; another mobilizes a postvention service.

⁸ T. Kuan 2017, 'The Problem of Moral...', p.54.

⁹ Veena Das 2007. *Life and Words: Violence and the Descent into the Ordinary*. Berkeley: University of California Press. p.101

¹⁰ Cherly Mattingly. 2013. 'Moral Selves and Moral Scenes: Narrative Experiments in Everyday Life'. *Ethnos* 78 (3): 301–27, p.318.

And earlier this afternoon I heard Ann Feloy speak movingly about 'Olly's Future' working with Health Education England to bring to GP practices the kind of understanding of suicide, clinical guides, and face-to-face skills in interacting with young people experiencing depression, that were tragically absent for her son. These are living memorials.

But working in suicide prevention is unavoidably paradoxical. When we sit with 'experts' planning interventions to save lives, to manage risk, we also know from personal tragedy that risk was not managed, signs did not warn; that we are not in control of the things that matter most. We bring to the table our full awareness of existential vulnerability, knowledge that life is unstable, chaotic and cruel, which perhaps is itself, as Arthur Kleinman puts it, 'a kind of quiet liberation, preparing for new ways of being ourselves, living in the world and making a difference in the lives of others'.¹¹

And sometimes we – those affected by suicide – just need to come together silently to bear witness to the fact of suicide and all that it means. To this end, the last 5 years TASC (The Alliance of Suicide Prevention Charities- <http://tasc-uk.org/>) have organised a special non-religious service of reflection at St Martin-in-the-Fields in Trafalgar Square, to which some 500 people have come – a time together to with music, words (from the bereaved and attempt survivors), and a 'space for reflection for those living with loss and grief, and journeying towards hope and healing.' If you would like to, please come on **Saturday 7th March at 10:30am.**

Thank you

¹¹ Arthur Kleinman, 2006. *What Really Matters: Living a Moral Life Amidst Uncertainty and Danger*. Oxford & New York: Oxford University Press, p.10