A Role for Spiritual Self-Enquiry

in

Suicidology?

A PhD thesis in two volumes

This volume being the 'exegesis',

or companion volume, to

Thinking About Suicide

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Declaration

I, David Webb, declare that the PhD thesis entitled 'A Role for Spiritual Self-Enquiry in Suicidology?' contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Signature

Date

6/9/06

Contents

Thesis Preface

Any creative work includes a performance. This is as true for academic productions as it is for theatrical ones. The choreographic rules for the production of an academic thesis or dissertation are usually carefully and tightly specified, according to the 'rules of engagement' of the discipline. Often these rules of academic discourse, so painstakingly developed by the history of the discipline, are appropriate and serve us well. At other times, these constraints can inhibit the performance of a creative work.

It has been necessary to step outside the traditional academic protocols for the performance of this PhD thesis. Originally located within the discipline of suicidology, it became apparent that the arguments this thesis seeks to make would not be possible within the strictures of the current discourse of suicidology. Although it still seeks to speak to suicidology, it does so from outside the discipline, arguing for a voice that is rarely heard by and, it would seem, rarely welcomed into suicidology. This is the voice of the suicidal person.

For the performance of this thesis, the form that has been adopted is known in Australia as a 'creative thesis' – unfortunate terminology as it suggests there is such a thing as a non-creative thesis. The origins of the creative thesis were to help bring the creative arts – a novel, an art exhibition, a dance or theatrical performance – into academic scholarship, and vice versa. The creative thesis has two components. The first is a 'creative' artefact of some kind – a novel, paintings, play or performance – that brings the eye of the artist to the research question. The second component is an 'exegesis', or commentary, which is a scholarly performance of the research that explores and contextualises the creative component within an academic discourse.

The creative artefact of this thesis is *Thinking About Suicide*, the companion volume to this exegesis, which is not a novel but a work of creative non-fiction – or literary non-fiction as a fellow 'creative student' once encouraged me to call it. *Thinking About Suicide* is the primary component of the thesis. It seeks to give voice to one individual's – the Candidate's – personal experience of suicidality. There are in fact two voices in *Thinking About Suicide*, as explained in the book's Prologue. Both are *first-person* voices of the experience of suicidality (and of suicidology). In the literature of suicidology it is clear that the first-person voice of those bereaved by

suicide is welcomed into the discipline but not, for reasons this thesis examines, the first-person voice of the suicidal themselves. *First-person research*, which is what this thesis represents, is generally not recognised by mainstream suicidology as 'real' research, which is the main reason that this thesis must speak to suicidology from outside, rather than from within, the discipline.

The performance of *Thinking About Suicide* as a creative non-fiction book is not only to allow the first-person voice to speak. The thesis also seeks to speak to a broad community, not just the academic one, as a demonstration of its argument that understanding and responding to suicidality has to be a whole-of-community enterprise. Suicide prevention cannot be left solely to the 'experts'. To make that argument, *Thinking About Suicide* is therefore written in plain language to speak to that audience. For the same reasons, it is also presented – performed – with the 'look and feel' of a book from your local library or bookstore. The layout on the page, contravening the usual double-spaced (etc) protocols of academic writing, is designed to encourage the reader to experience the book as a book – that is, as close as possible within the context of an academic thesis to how its intended audience would experience it. Compromises and allowances have been made, however, for the academic thesis format (single-sided and wide borders), in particular to give examiners space to make whatever markings they might need to make on the document as they assess it. But the presentation and layout is deliberately designed, as part of my academic performance, to remind the reader of the intended audience for *Thinking About Suicide*.

The language of *Thinking About Suicide* is also carefully chosen with this aim in mind. It is sometimes emotional and evocative, at other times irrational, contradictory or paradoxical. Again, the Prologue explains this aspect of the voices in *Thinking About Suicide*. One particular challenge was to avoid technical or academic language, which might lose some readers, but without 'dumbing down' the arguments in the book, which would not only dilute my arguments but would be an insult to the intended audience. For instance, intersubjectivity has emerged as a central concept in my research but was a new word to me not that long ago. I have therefore been careful (and I hope gentle) in introducing such terminology in *Thinking About Suicide*, though a more academic audience is assumed in the exegesis. In particular, in the Interlude in *Thinking About Suicide*, I caution the reader that some technical

and academic discussion is necessary in just that one section of the book (which can be skipped by readers more interested in just the 'story' of the book).

The exegesis is closer to the more traditional academic dissertation in its format and presentation – or performance – although I share my supervisor's preference for 1.5 rather than double line spacing. But there are some novel features in the performance of the exegesis too. First, and perhaps not so novel, the bulk of the exegesis is a selection of academic papers that have been written during the course of my research. These have all been presented at conferences and/or published, with the exception of the most recent paper 'A Phenomenology of Suicidality'. This paper was written for and submitted to the 2005 annual conference of the American Association of Suicidology (AAS) but was only accepted for a poster, not an oral, presentation, which meant I was unable to attend the conference as funding was only available for oral presentations. The papers selected for the exegesis represent the major topics and key arguments of the thesis.

Perhaps slightly more novel is the text of the exegesis that weaves the papers together into a coherent whole. This text – which you are reading now, highlighted with the use of coloured paper – presents that overall argument of the thesis. It also locates the work within the combined contexts and discourses of phenomenology and of Mad Culture (rather than suicidology), as explained later. The performative goal here is to alert the reader to the discussion or commentary in the exegesis written at the conclusion of the research, in contrast to the academic papers that reflect the history and development of the thesis – as well as arguing specific issues arising in the research. There is one appendix to the exegesis, another published academic paper, included because its topic and the research it documents inform all the other papers, as well as the overall exegesis and thesis in combination.

The exegesis is a commentary on my research, but this does not mean that it is specifically a commentary on *Thinking About Suicide*. The two documents were designed to be independent of each other so that each one stands by itself as its own complete document. It would not be necessary, therefore, for one to be read before the other, which is part of the reason why they are separately bound (another design decision in the performance of the thesis). While I think that this goal has largely been achieved, I would encourage any reader of both documents (such as my examiners) to at least have an initial familiarity with *Thinking About Suicide* before

starting the exegesis. Although the exegesis does not examine specific details of *Thinking About Suicide*, it does refer to it in fairly general terms as an example of a 'thick' phenomenological description. The concept of a 'thick' phenomenological description (borrowing from the anthropologist Clifford Geertz) is central to and explained in detail in the exegesis, but not in *Thinking About Suicide*. So to fully appreciate this concept when it is encountered in the exegesis, it is recommended, but not essential, that the reader at least be familiar with *Thinking About Suicide* as a tangible example of the concept. Other than that, the two volumes of the thesis can be read in any order.

Acknowledgements

It was with great uncertainty that I embarked on this PhD journey, so in the first instance I must thank Victoria University for creating the possibility and for their constant support on this uncertain journey. My original supervisors, Anne Graham and Dr. Delwyn Goodrick, both from the Psychology department, boldly encouraged and guided me through those early months, including supporting the transition into Social Sciences where my work was more at home.

With this transition, Professor Ron Adams took over as my Principal Supervisor and very soon I had a Candidature Proposal, an upgrade from a Masters to a PhD, a scholarship and, most of all, a belief that I had a project that was both worthwhile and possible. Along with his skill, experience and creativity as a supervisor, I acknowledge now in particular Ron's courage for taking on such a challenging and sensitive project.

As phenomenology emerged in my research, another dimension appeared in the mostly spiritual conversations I had been enjoying with Dr. Mark Stevenson. Eventually these conversations were formalised and Mark joined my research project as Co-Supervisor, giving it an extra dimension at a critical time.

I hope that I might meet one day Professor Edwin S. Shneidman, the distinguished pioneer of suicidology. Of all the suicidologists whose work I have studied during my research, Prof Shneidman's vision for the discipline still shines like a beacon that has inspired my own research.

There are many others who have been part of this journey, especially the family and friends who were there for me during the dark years before this research commenced. More recently, new friends and colleagues in the mental health community, especially my fellow consumer-survivors – who I acknowledge more fully in *Thinking About Suicide* – have inspired, challenged and comforted me though this work.

Needless to say, the responsibility for any arguments, errors, points of view or opinions expressed in this thesis rests entirely with me.

Exegesis - Introduction

The first paper I wrote in my research into suicidality, suicidology and spirituality was titled 'The Many Languages of Suicide' (Webb 2002a). It was written for the 2002 annual conference of Suicide Prevention Australia (SPA). While it wasn't a research paper in the normal sense of the term, it accurately outlined what my research agenda would be for the next three years. At the completion of my research, the abstract of this paper can still serve as the abstract to this exegesis:

> *I used to sometimes feel invisible when I was deep in my own suicidal despair. Now, although enjoying a robust 'recovery', I find that my current research into suicide often renders me invisible again. More precisely, the various languages of suicide - in the academic literature, in public health policy documents and in conferences like this one - speak of my experience as some sort of exhibit in a glass jar to be pointed at. The language of science, objective and rational, struggles to capture the dark mystery of suicide and our understanding of it suffers accordingly. The language of direct, first-hand experience – intimately personal and subjective, sometimes irrational and paradoxical, often poetic and spiritual, and possibly frightening to some – must be included in our discourse to empower others to speak up and to dismantle the ignorance and stigma around suicide. This paper (and my current research) looks at the language of spirituality to deepen our understanding of the suicidal crisis.*

Spirituality remains the primary motivation for my work. But in the years since this abstract was written, two other significant influences have emerged in my research – and in my life – that were not anticipated when I was framing my research proposal. The first is an intellectual tradition that I was unaware of at the time, although it has a history of more than a hundred years. This is the school of philosophy known as phenomenology. The second is only at an embryonic stage as an academic discourse, although it already has a proud history of challenging our thinking. This is the social change, human rights movement that is becoming known as Mad Culture.

Mad Culture is the expression of a community of people, from all around the world, who have experienced what is often called 'madness'. Although madness is usually a pejorative term, Mad Culture reclaims the language of madness to give

voice to the subjective experience of it *as it is lived* and *in our own words*. Following a tradition of other social change, human rights movements such as civil rights for coloured and indigenous people, feminism, Gay Pride and various disability movements, Mad Culture asserts the legitimacy of madness, with its own distinct voice, as part of the diversity of what it is to be human. Like these other movements, Mad Culture has its pioneers and champions, with a history and literature. Despite this, and unlike these other social movements, Mad Culture is only just beginning to develop an academic discourse as a vibrant and necessary part of an emerging culture that will no longer remain invisible and silent. Although the history, sociology and politics of Mad Culture are not explicit topics of this thesis, it has emerged during the research as a major influence, inspiration and context for the work. Originally my research was addressed to and located within the academic and professional discipline of suicidology. But it became apparent that suicidology does not welcome the first-person voice of those who have lived suicidal thoughts and feelings, so it is not a discipline in which I feel at all at home. It pleases me to be able to say at the conclusion of this research that I feel some pride – Mad Pride – to be able to locate this work within the emerging academic discourse of Mad Culture.

The accompanying volume to this exegesis, *Thinking About Suicide*, gives expression to the lived experience of suicidality *as I have lived it* and *in my own words*. Throughout *Thinking About Suicide* there is a theme of story-telling, a theme that continues here. Two distinct voices are used to tell the stories of *Thinking About Suicide* – a narrative voice that tells of my personal journey into and out of suicidality, and a commentary voice that reflects on that history. The aim of *Thinking About Suicide* is to encourage and contribute to a broad community conversation about suicide, so both these voices are in plain language to speak to that audience. In this exegesis, a third voice is heard, an academic voice telling academic 'stories'. These stories are told here through a selection of the academic papers that were written during the research and which represent the three central issues of my thesis and this exegesis:

- a phenomenology of the subjective, lived experience of suicidality
- an anthropological or cultural critique of suicidology
- a role for spirituality in understanding the suicidal crisis of the self.

The first of the papers presented here, PHENOMENOLOGY OF SUICIDALITY, is the most recent. It is presented first because in many ways it represents the culmination of the research and provides a framework for this exegesis. It also locates the entire thesis, both *Thinking About Suicide* and this exegesis, within the established academic tradition of phenomenology. The decision to locate the research within this discipline, rather than in suicidology, is a deliberate and significant decision. Phenomenology recognises the validity and importance of the first-person data of subjective lived experience, a perspective that also lies at the heart of Mad Culture. Suicidology does not. The second paper of this exegesis, ANTHROPOLOGY OF SUICIDOLOGY, describes how the culture of suicidology works to exclude the first-person voice. At best, suicidology fails to attend to the first-person data because its current methods of enquiry are inadequate for the task, a problem that PHENOMENOLOGY OF SUICIDALITY addresses. At worst, suicidology denies and excludes the first-person voice because of an ideological prejudice against first-person data and knowledge as valid scientific data and knowledge – that is, first-person research such as this thesis is not seen as 'real' research. This makes suicidology an uncomfortable, inhospitable and at times even a hostile 'home' for my research, so that it has regrettably become necessary to speak to suicidology from outside, rather than from within, the discipline. Phenomenology and Mad Culture, which both respect the first-person voice, offer an academic framework and discipline capable of accommodating my research and from which it can speak freely to suicidology.

Although in some ways the absence of spirituality from suicidology can be seen as a special case of the exclusion of the first-person voice, phenomenology by itself is not sufficient to address this gap in the discipline. Something more is needed. The primary argument of my thesis is that spirituality – spiritual values and needs, spiritual wisdom and spiritual ways of knowing – has a vital contribution to make to our understanding of suicidality as a crisis of the self. But the same prejudices that exclude the first-person voice also exclude spiritual ways of knowing, so the first priority in my thesis is to argue for the validity, importance and methods of working with first-person data and knowledge. Later in the exegesis, and as described in *Thinking About Suicide*, it is shown that spiritual ways of knowing are not just subjective, first-person ways of knowing. Spirituality takes us beyond merely rational, cognitive ways of knowing, and indeed beyond any mental way of knowing.

To accommodate spiritual knowledge, as well as first-person, phenomenological knowledge, a more comprehensive conceptual framework is proposed in the third paper in this exegesis, INTEGRAL SUICIDOLOGY, to address the gaps in suicidology identified by my research.

A Phenomenology of Suicidality

What is it like to be suicidal?

Abstract

Attempts to explain, predict and control suicide require an understanding of what suicidal thoughts and feelings mean to those who live it. First-person data of the subjective, lived experience and first-person methods for capturing and interpreting this data are an essential complement to the objective, third-person data and methods of traditional science. Phenomenology is a philosophical approach and research method that can be used to ask "What is it like to be suicidal?" An outline of the philosophy is presented, with an illustration of the method based on the author's own lived experience of suicidality. Three key intuitions are identified from this for suicidology to consider: suicidality as a crisis of the self; a role for spirituality in understanding a suicidal crisis of the self; and the need for first-person data of the lived experience of suicidality.

Introduction

> *We must at all times remember, that the decision to take your own life is as vast and complex and mysterious as life itself.* (Paraphrased from Alvarez 1971)

"It remains perplexing why some people choose to end their lives and some do not. Even after hundreds of studies, this question continues to baffle many suicidologists" (Westefeld, Werth et al 2000 p 573) . To understand any human experience we must first ask the phenomenological question, "What is this or that kind of experience like?" (van Manen 1990). Although the early pioneers of suicidology, like Edwin S. Shneidman and Erwin Stengel, asked "What is it like to be suicidal?", the trend in recent decades has been for the phenomenology of suicidality to almost disappear from the research agenda of the discipline.

These days, suicidology sees itself as "the *science* of self-destructive behaviors", asserting that "surely any science worth its salt ought to be true to its name and be as objective as it can, make careful measurements, count something". Furthermore, "*suicidology has to have some observables*, otherwise it runs the danger of lapsing into mysticism and alchemy" (Maris, Berman, & Silverman 2000 pp 62-3, all italics theirs). A science of suicidality based on these assumptions will only ever

yield a partial and incomplete understanding of the phenomenon of suicidal thinking and behaviour. Something vital will always be missing. An understanding of the lived experience of suicidality and what it means *to those who live it* is needed to complement and complete the current scientific efforts of suicidology to understand, explain, predict and prevent suicide.

Phenomenology is both a philosophical approach and a method of enquiry where "the starting point for knowledge is experience" (Macey 2000 p 298), and which invariably requires a "thorough investigation of the mystery of subjectivity" (Moran 2000 p 61). We must not, however, be daunted or overwhelmed by this mystery. Nor should we retreat from it and neglect it in the name of 'objective science'. Subjectivity, the lived experience, and our sense of self, are lively themes in virtually all 'human science' research in recent decades, such as parenting, teaching and learning, and gender, race and cultural studies. But not in suicidology. Yet there is no concept more central to suicidology than that of the self – the 'sui' in suicide and both the victim and perpetrator of any suicidal act. Suicidology seems to rely on its three 'parent disciplines' of sociology, psychology and psychiatry for its concepts of selfhood, even though these are often contradictory. As an academic discipline, suicidology has much to learn from – and teach – the other human sciences, but the starting point has to be the definition of its most central concept within its specific sub-disciplinary context.

One suicidologist with an interest in the phenomenology of suicide is David Jobes, who describes it as "studying different kinds of suicidal states, what they mean [i.e. to those who live it], and how suicidality can differ among people" (Jobes 2003 p 2). Another is David Bell, who asks the important question for suicidology, "Who is killing what or whom?" (Bell 2001). Although these and other contributions to a phenomenology of suicidality are valuable, they are all susceptible to what Edmund Husserl called the "natural attitude" (Welton 1999 p 60). Husserl, considered the father of phenomenology, used this term to alert us to the presuppositions, assumptions, prejudices and biases through which we *interpret* that which we seek to *describe*. The natural attitude is heavily influenced by social and cultural assumptions and prejudices, such as the fears and taboos surrounding suicide, but also our professional and academic training. Jobes, a psychologist, understandably interprets suicidality through psychological explanations, and Bell presents his phenomenology

of suicidality in psychoanalytical terms – both legitimate contributions to suicidology, but neither of which could be called phenomenology of the classical Husserlian kind.

The aim of phenomenology is to describe a phenomenon *as it is experienced by those who live it.* To achieve this, says Husserl, we must suspend, put to one side or 'bracket' our natural attitude with its presuppositions and prejudices and their tendency to interpret prematurely. Quoting Husserl, Moran notes that "the phenomenologist must begin 'in absolute poverty, with an absolute lack of knowledge'" (Moran 2000 p 126). A complete suspension of any interpretation is impossible, however, so some phenomenologists distinguish between descriptive and hermeneutic (interpretive) phenomenology. Indeed Spiegelberg identifies the phenomenology of appearances, essential, constitutive and reductive phenomenology, as well descriptive and hermeneutic phenomenology (Spiegelberg 1975 pp 54-71). In this paper we heed Husserl's call to always return 'to the thing itself' (*Zu den Sachen*) – the catchcry of phenomenology – and emphasise the need for a descriptive phenomenology as the basis for any subsequent, interpretive understanding of the phenomenon of interest, in our case of suicidality.

The argument presented here begins with a detour into the field of Consciousness Studies, or the 'science of consciousness', where (phenomenological) *first-person data* and *first-person methods* have been identified as fundamental to understanding conscious experience. The phenomenological method is then outlined followed by a brief illustration of its application to suicidology. At this point it is necessary to declare the subjective biases that motivate my PhD in suicidology, for I come to the discipline as someone who has survived a suicide attempt. This disclosure may compromise my academic arguments in the eyes of some but it is a requirement of the phenomenological method.

First-person Data and First-person Methods

A renewed interest in the nature of consciousness in recent times has brought together scholars from many disciplines: neuroscience, psychology, linguistics, computer science, cultural studies, philosophy and also the spiritual wisdom traditions. The key question that has emerged from this enquiry is now commonly known as the "hard problem" of consciousness: "The really hard problem of consciousness is the problem of *experience*" (Chalmers 1995 p 2). The philosopher

David Chalmers further points out that this is "a major research problem even for the neuroscientist – they found themselves having to attend to this question of subjective experience whether they wanted to or not" (Chalmers 2003). Francisco Varela is a neuroscientist who agrees that "to deprive our scientific examination of this phenomenal realm amounts to either amputating life of its most intimate domains, or else denying scientific explanatory access to it. In both cases the move is unsatisfactory" (Varela & Shear 1999a p 4).

There is now a general consensus in Consciousness Studies that traditional, reductive scientific methods are inadequate for explaining conscious experience. Chalmers again: "It would be wonderful if reductive methods could explain experience too; I hoped for a long time that they might. Unfortunately, there are systematic reasons why these methods must fail ... an analysis of the problem shows us that conscious experience is just not the kind of thing that a wholly reductive account could succeed in explaining" (Chalmers 1995 p 8-9). "I've come to the view, fairly reluctantly, ... that you can't wholly explain subjective experience in terms of the brain ... you need to actually take something about subjective experience as irreducible, just as a fact of the world and then study how it relates to everything else" (Chalmers 2003). Varela and his colleagues agree that "lived experience is irreducible, that is, that phenomenal data cannot be reduced [to] or derived from the third-person perspective" (Varela & Shear 1999a p 4). The challenge then becomes that both third-person data and first-person data need explanation or, as Chalmers puts it: "A satisfactory science of consciousness must admit both sorts of data, and must build an explanatory connection between them." "The distinctive task of a science of consciousness is to systematically integrate two key classes of data into a scientific framework: *third-person* data about behaviour and brain processes, and *first-person* data about subjective experience" (Chalmers 2004 p 1).

Suicidology faces the same challenge. For a more complete understanding of suicidality we need to bridge this "explanatory gap" between first-person, subjective experience and third-person, objective knowledge. Over the last hundred years and more, traditional science has developed sophisticated methods for capturing and analysing third-person data – the 'measurable, observable' science practised by suicidology. But methods for obtaining and interpreting first-person data have been neglected, partly due to the enthusiasm for traditional science but also because of the

inherent complexities with first-person data. As Chalmers says, "our methods for gathering first-person data are quite primitive, compared to our methods for gathering third-person data ... the former have not received nearly as much attention" (Chalmers 2004 p 10).

These first-person data are, by definition, "data about subjective experiences that are *directly available only to the subject having those experiences*" (Chalmers 2004 p 9, my emphasis) and therefore – also by definition – out of reach of traditional scientific methods. So how do we bridge this explanatory gap? Where do we begin? Chalmers suggests that "the most straightforward method for gathering first-person data relies on verbal report"(Chalmers 2004 p 8) but there are well-known problems with verbal reports as data:

- difficulties verbally describing experiences (e.g. of listening to music)
- they require language (e.g. problems with infants, education and fluency issues)
- questions around their accuracy and reliability (e.g. memory, honesty)
- interpretation can be corrupted by theory (e.g. professional/academic biases).

In recent decades, various qualitative methods of enquiry have been developed and validated in a broad range of human science research (e.g. see Braud & Anderson 1998). Like the phenomenological method outlined later in this paper, some of these qualify as first-person methods (e.g. see Ellis & Bochner 1996), but many remain susceptible to the natural attitude that Husserl cautions us against. This limitation does not diminish their usefulness, for each method contributes its own kind of knowledge to our enquiry. The caution is that without the first-person data as well, our knowledge will only ever be incomplete and partial.

Braud and Anderson identify four major categories of research method based on the aim of the research question being asked: understanding, explanation, prediction and control. Phenomenology – or at least the descriptive phenomenology of this paper – is primarily concerned with the first of these, a descriptive understanding of a phenomenon as experienced by those who live it. We can also use these categories to identify the prevailing research agenda of suicidology. Social, psychological and medical *explanations* of suicidality are common in the literature, as are the ubiquitous epidemiological studies that seek to *predict* suicide. These then inform research into *control* strategies for the intervention, prevention and postvention of suicide and

suicidality. As noted by Westefeld and colleagues at the start of this paper, "why some people choose to end their lives ... continues to baffle many suicidologists." This poor *understanding* of the lived experience of suicidality represents a major weakness in suicidology's ability to explain, predict and control suicidality. To address this weakness, suicidology needs to follow Consciousness Studies and most other human sciences and ask the fundamental phenomenological question, "What it is like to be this or that?" For suicidology this question is "What it is like to be suicidal?"

One first-person 'method' getting considerable attention in Consciousness Studies, and requiring special mention in this paper, are the spiritual wisdom traditions. "The Buddhist traditions and other contemplative traditions have a lot to offer ... these guys have been studying subjective experience for many years from the inside, they've been gathering what we might call the first person data about the mind", says the non-spiritual atheist David Chalmers (Chalmers 2003). And Francisco Varela and his colleagues, who have integrated Eastern mindfulness training into their experiments on the neuroscience of cognition, believe "it would be a great mistake of western chauvinism to deny such observations as data and their potential validity" (Varela & Shear 1999a p 6).

Phenomenology as Research Method

Even a brief introduction to the phenomenology of Husserl and his phenomenological method is beyond the scope of this paper. The discussion here therefore draws on the work of the cognitive neuroscientist Francisco Varela in particular, and his colleagues Natalie Depraz, a philosopher, and Pierre Vermesch, a research psychologist (Depraz, Varela, & Vermersch 2002; Varela 1996). Together they have adopted, refined and articulated the phenomenological method into 'neurophenomenology', a method that seeks to bridge the explanatory gap in the cognitive sciences between third-person, objective science and first-person, subjective experience.

Their method consists of four basic stages or steps: reduction, intuition, expression and validation. The first two can be considered 'classic' Husserlian phenomenology while the latter two represent a practical refinement of Husserl's method, though still very much derived from his work. Although these steps are

presented in a linear sequence, the application of the method in practice is a constant interplay between the four stages, sometimes iteratively, sometimes concurrently. With this in mind, the aim in this brief introduction is to describe each of these stages to illustrate how they can be used as a systematic method for a deeper appreciation and understanding of conscious phenomena, such as suicidality.

Reduction

Husserl used the term 'reduction' (from the Latin *reducere*, 'to lead back') for the first and most fundamental step of the phenomenological method. This is perhaps an unfortunate term as reduction is now usually associated with the reductive method of objective empiricism, which Husserl was challenging as an incomplete science precisely because of its third-person reductionism. Another term he used almost synonymously for the phenomenological reduction was the Greek word *epoche*, 'cessation', sometimes described as the withholding of assent or suspension of judgement. Yet another term the mathematician Husserl used was 'bracketing', meaning to put to one side.

The aim of the phenomenological reduction is to suspend, put into abeyance, or put to one side what Husserl called the 'natural attitude', described previously. It is to immerse one's awareness into the subjective experience of some phenomenon without assumptions, judgments or interpretations. It is to focus attention on the phenomenon uncontaminated by any habitual presuppositions. A simple illustration of this is to focus on the immediate lived experience of the perception of a colour, such as the redness of red, without any thought or interpretation of this, including not even labelling it as 'red' – the subjective, lived experience of the phenomenon of colour perception.

Varela describes the reduction as a deliberate "attitude" or "gesture" that is "no more or less than the very human capacity for reflexivity" (Varela 1996 p 337). The reduction is not, however, a casual reflection, but a skill that can be taught, developed and cultivated – which is exactly what Varela and his colleagues are doing with their cognitive science research 'subjects'. This deliberate and skilful gesture of the phenomenological reduction is not dissimilar to the mindfulness training in some of the meditative spiritual traditions. A similar training, with a similar goal, is found in

Dialectic Behaviour Therapy (DBT), which itself builds on the guided introspection (another first-person method) that is the basis of Cognitive Behaviour Therapy (CBT).

Intuition

Intuition is the beginning or foundation of all knowledge. It is the direct, lived experience of a phenomenon, prior to any reflection on or interpretation of the experience – the 'knowledge' of the redness of red, for instance. For Husserl, intuition is the most fundamental and rigorous evidence (*Evidenz*), as it requires no other validation to the individual who experiences it than the subjective reality of it. This has nothing to do with any objective validity, reality or truth of the phenomenon being experienced. Phenomena such as recalling a (possibly inaccurate) memory or imagining a unicorn are as 'real' to the person who experiences them as seeing a rock or the pain of stubbing your toe on it.

Inherent in this notion of intuition is the fundamental idea of phenomenology that subjective experience is always a part of any knowledge – there is no knowing without a knower. Phenomenology adds to this another core concept of *intentionality*, that consciousness is always consciousness about something. There is no 'pure' objectivity in phenomenology, nor the purely subjective 'systematic doubt' of Descartes with its vulnerability to accusations of solipsism. Subjective knowledge (experience) and objective knowledge are mutually interdependent – there is never one without the other.

Phenomenology explores the subjective knowledge of direct experience by first putting aside all presuppositions through the deliberate gesture of the reduction in order to create the opportunity for intuitions – direct, intuitive evidence – to arise and be revealed. Intuition is the 'Ah-hah' moment of recognition or awareness, of subjective reality, personal immediacy and what Varela calls a "moving intimacy" with the phenomenon. Like the reduction, intuition is not a casual reflection but another deliberate attitude, gesture or skill that can be learned, cultivated and developed, again not dissimilar to the training done with CBT and DBT. When combined and practised together, the reduction and intuition constitute what Varela and his colleagues call "the basic cycle of the reflecting act" (Depraz et al 2002 p 77).

Expression

To stop at the previous step would be inadequate as a research method because the reduction and the intuitions that arise would forever remain private, subjective experiences similar to personal introspections. A research method requires *expression* of the intuitions for the next stage of validation among a community of researchers. For Varela, "the gain in intuitive evidence must be inscribed or translated into communicable items" (Varela 1996 p 337). These communicable items of the first-person experience must be more than the selected 'snippets' that are often found in qualitative studies, or the case studies which are usually written in the third person. The aim is a detailed description of a phenomenon *as it is experienced by the person who lives it* and, furthermore, *in their own words* (or whatever other medium is chosen for the expression). A useful guide here is the notion of "thick description" used by the anthropologist Clifford Geertz in the study of cultures (Geertz 1973).

Expression without interpretation is, however, impossible. So even during the production of these communicable items the reduction is called upon to put aside the presuppositions and prejudices of the natural attitude. Further intuitions will therefore probably arise, which will need to be integrated into the creation of our expressions. At this stage it may seem that the rigorous demands of the method, with its never-ending reductions and intuitions, might render us paralysed and unable to proceed with our descriptions at all. On the contrary, this stage of the method is an invitation into a creative challenge to find meaningful and evocative descriptions that capture, however weakly, some of the significance and essence of the phenomenon of interest. Varela called the combination of the first two stages of reduction and intuition "the basic cycle of the reflecting act". This can be seen as *finding your voice.* Following Varela, the first three stages in combination might be called 'the basic cycle of the creative act', or *expressing your voice.*

This challenge might be anathema to the traditional, empirical scientist who strives for objective certainty, and in particular for quantitative certainty, such as the need of Maris and his colleagues to measure and "count something". But such certainty is not the goal of phenomenology for it can never be achieved in our descriptions or expressions of lived experience, given the mystery of subjectivity that phenomenology does not wish to exclude from its enquiry. We'll see in the next and

final stage of the method that it is *qualitative salience* rather than quantitative certainty that we are striving for in these expressions.

Validation

Intuitions that arise in the reduction – Husserl's *Evidenz* or Varela's "reflecting act" – require no further validation for the individual who experiences the phenomenon. Their existence and reality are unquestioned and unchallengeable to those who subjectively experience it. The redness of red just *is*. But research requires that these intuitions be first articulated (the previous step of producing expressions) and then submitted to a research community for validation beyond just the individual who has experienced the phenomenon.

This validation is an *intersubjective* validation of our expressions, or communicable items, by putting them into the public domain and submitting them to the scrutiny of a community that is capable of evaluating them. This is nothing more or less than the peer review scrutiny that is the foundation of all good research. The intersubjective validation of phenomenological descriptions requires a mutual recognition of their validity and legitimacy among what the philosopher Ken Wilber calls a "community of the adequate" (Wilber 2000c p 284). Wilber gives a nice example of how the validity of complex numbers, very mysterious 'things' to the uninitiated, only occurs among mathematicians acting collectively and intersubjectively as one such community of the adequate.

In the same way that the intuitions of the reduction are the 'Ah-hah' moment of knowledge for the individual who lives a particular phenomenon, the intersubjective validation is a *collective* 'Ah-hah' occasion for those who are called upon to validate the expressions. The validity criteria in such occasions include the qualitative salience mentioned earlier but also criteria such as 'sympathetic resonance' and other forms of intersubjective, mutual recognition of validity (see Braud & Anderson 1998 for a discussion of these).

A Brief Illustration of the Method

This paper is an argument *for* the phenomenological method rather than a case study of the use of it. It is useful, though, to give a brief illustration of the method in

practice – in this instance, an outline of my PhD research, where the phenomenological method forms the disciplinary framework of the thesis.

The primary aim of this research is to give voice to the lived experience of suicidality so that it may contribute to a better *understanding* of the phenomenon. This voice is my own first-person voice, a *narrative voice* that gives a detailed description of my suicidality as I have lived it and in my own words – what this paper calls a 'thick' phenomenological expression of suicidality. The process of first finding this voice is aptly described by Varela's "basic cycle of the reflecting act", with its iterations through the reduction and the intuitions that arise. Giving creative expression to this voice, the third stage of the phenomenological method, commenced early in this work and proceeded concurrently and in conjunction with the reflective cycle.

A second aim of the research, which is outside the scope of this paper, is a critique of the discipline of suicidology. This uses the phenomenological expressions of suicidality in the first-person, narrative voice as a prism through which the discipline is viewed to see what this reveals. That is, the formal, disciplinary knowledge of suicidology effectively becomes the 'data' of this research and my narrative story the analytical tool. This exercise itself can be seen as a phenomenological reduction that deliberately puts to one side the 'natural attitude' of suicidology. It has the added benefit of making it explicit that the research does not attempt to make any generalisations or develop any theory of suicidality based on a sample size of one (especially when that one is myself).

The validation of this research, the fourth stage of the method, is not actually a task undertaken as part of the research. That is, validation takes place when the expressions are submitted to a community capable of evaluating them. Perhaps the most important of these for me personally (and selfishly) is when the final thesis is submitted to two or three examiners – after some preliminary validation from my supervisors, of course. Other validations, and perhaps more important ones, occur when other academic arguments (expressions) arising from the research, such as this paper, are submitted to a wider academic audience of not only suicidologists but also academic colleagues in mental health, the social sciences, and cultural studies. But most of all, the 'community of the adequate' that is capable of validating my expressions of the lived experience of suicidality are those others who know

suicidality 'from the inside', my fellow suicidal soul-mates. It is these expressions that we take a brief look at now.

There are three main intuitions that arise from this research. They are illustrated here with some excerpts from my personal story – in the first-person, narrative voice – followed by a few brief reflective comments on them, including some initial, preliminary validation of them. These few 'snippets' from my story, however, do not constitute a thick phenomenological description or a phenomenological case study. In particular, such a brief illustration cannot capture the chaos and confusion, the doubts and uncertainties, the contradictions and, at times, the paradoxes, that are such a significant part of living with suicidality. The aim here is to illustrate the phenomenological method to show the relevance and importance of the first-person data and how suicidology can bring this data into its enquiry.

Intuition I: Suicidality as a crisis of the self

> *All my life I have felt a mismatch between the 'in-here' and the 'out-there,' where my innermost sense of self clashed with how the world seemed to perceive me and, perhaps, the person I was trying to be. I felt I was living a lie, a fraud in fear of being exposed. Twice these fears were unleashed in their full force and overwhelmed me with how utterly meaningless my life was. There was no way out of this pain. I could not bear being me. Suicide became increasingly the logical, most attractive and, ultimately, the only option.*

Suicide is a *crisis of the self.* If there is one intuition from my experience of suicidality that I want suicidology to hear, it is this. For two reasons. First, it corresponds more closely to the experience of suicidality as it is actually lived than what we usually hear in suicidology. I can validate that Ed Shneidman's notion of psychache and his Ten Commonalities of suicide (Shneidman 1996 p 131) come much closer to this than the medical diagnosis of Major Depression, but Shneidman still does not quite go far enough (see below). And when I talk with others who know suicidality 'from the inside', this perspective of it as a crisis of the self is regularly validated – through knowing glances, gentle smiles and quiet (phenomenological) nods, and quite often the peculiar ability, even with new acquaintances, to finish each other's sentences. The second reason is that viewing suicidality as a crisis of the self raises questions that suicidology rarely asks, such as who or what is this self that

suicidality seeks to destroy? The validity of this line of enquiry can be seen in how questions around the self, subjectivity and the lived experience have been embraced in almost all areas of the human sciences. But not, curiously, in suicidology.

Intuition 2: A role for spirituality in suicidology

> *After all the medications and 'talking therapies' had demonstrably failed, and sometimes made things worse, I abandoned the doctors and counsellors, usually against advice, and turned my attention to the real question, "Who am I?" In the depths of my pain I had talked of how impossible it was to see any way out without a change in consciousness that was unimaginable to me. At the time I compared this to the change in consciousness that occurs in puberty, where the child is unable to imagine the consciousness that comes with sexual maturity. Through spiritual self-enquiry I discovered at the core of my being a sense of peace and freedom that I had never known or imagined. My four years of suicidality and drug addiction fell away like a snake shedding a no longer useful skin.*

The important intuition here is not so much that spirituality offers a path out of suicidality – important though it may be for some, as it was for me – but rather the role of spirituality in understanding the self, our previous intuition. Many people regard spiritual values and needs as vital to their sense of self, so an appreciation of them for understanding the self in crisis seems worthy of consideration by suicidology. Instead, we find spirituality almost totally absent from suicidology. I often wish I had some other language than the heavily loaded term 'spirituality', but I've found no suitable alternative that captures its essence, which is neither physical nor mental. The personal conclusion (intuition) after my own recovery was that my suicidality was neither mental nor illness. This is where I differ with Shneidman's notion of psychache, defined as psychological pain due to frustrated or thwarted psychological needs. A slightly expanded definition of psychache to include spiritual needs would give us a more comprehensive framework from which to explore suicidality and which would introduce important lines of enquiry and research into suicidology that are currently overlooked or neglected.

The strongest validation of my research occurs when I speak about the spiritual dimension of suicidality, whether privately, in small groups or publicly, and also in

feedback received on my written work. The most valuable validation for me personally is when I speak with others who have struggled with suicidality – my suicidal soul-mates – who frequently talk of their struggle, and in particular their recovery, in spiritual terms. The intuitions of spirituality also frequently arise in the wider mental health community. Again, we find spiritual values and needs validated in the first-person data but largely avoided in the mental health research agenda, though not as severely as it is by suicidology. There is also a great thirst for spirituality in the general community where I frequently find an immediate recognition (validation) of its relevance to understanding and preventing suicide. Although spirituality almost by definition takes us beyond the rational mind, this does not mean that we cannot talk about it sensibly and rationally. This conversation is alive and well and robust in the general community. Suicidology needs to open its doors to it.

Intuition 3: The need for first-person data in suicidology

When I first encountered the literature of suicidology, I found myself feeling more and more uneasy with what I was reading. I pressed on and began to see that it was the popular taxonomy of contemplator, attempter, completer that was the source of this discomfort. The boundaries between these categories seemed so concrete and significant in the literature, much more so than the transitions I felt in the development of my own suicidality. By far the most important transition for me was the moment when I realised "I could actually do this". But there was no sign of this significant moment in the literature of suicidology. Each of these categories seemed to be describing completely different people. And I was none of them. I came to the conclusion that whoever these people were talking about it was certainly not me – I could not find my story anywhere in the literature of suicidology.

I mention this moment, which took place after my recovery but well before I even thought about doing a PhD, because the intuitions here became the primary motivations for my research. I had to ask myself, was my story so uniquely peculiar? I didn't think so then and think so even less now. And the more I looked into suicidology, the more concerned I became about the absence of the first-person voice from the discipline. This anecdote has received strong, positive validation, especially from those few people who have experienced suicidality and also looked at the literature of suicidology. One quite telling validation of this intuition came from an

academic psychologist, Valerie Walkerdine, who saw in my work a reflection of her early days as a woman academic some thirty years ago. Her words could easily be mine today:

> *What really got me going as a student and as a young academic was that the social sciences claimed to speak about me. They claimed to speak about me as a woman. They claimed to speak about me, as someone who grew up working class. They spoke about me all the time. But just like David Webb's comments about research on suicide, I couldn't recognize myself. I just couldn't find myself anywhere inside those places that claimed to be telling the truth about me* (Walkerdine 2003 pp 131-2).

Conclusions

Three main, interrelated intuitions arise from my research. The first is to see suicidality as a crisis of the self, the second is a role for spirituality in understanding the self that is in crisis, and the third is the vital need for first-person data of the lived experience of suicidality. What I am arguing for is the need to bring each of these intuitions into suicidology, and I propose phenomenology as one way we might proceed with this. As both a philosophical approach and a research method, phenomenology embraces rather than avoids the mystery of subjectivity, beginning with the fundamental phenomenological question, "What is it like to be suicidal?"

The aim of a phenomenological enquiry into suicidality is a better *understanding* of what it means to those who live it. This paper began with the observation that "It remains perplexing why some people choose to end their lives and some do not. Even after hundreds of studies, this question continues to baffle many suicidologists" (Westefeld, Werth et al 2000 p 573). From the first-person perspective, I might admit to being perplexed and baffled by those who cannot see the logical appeal of suicide. Although no longer actively suicidal, and quite content to remain so, suicidality is not the mystery to me – and my many suicidal soul-mates – that it seems to be to many suicidologists. The first-person voice is a vital missing ingredient to help unravel the mystery.

Suicidology already knows this. There is one first-person voice that has a strong presence in the discipline, the voice of those bereaved by suicide (unfortunately known as 'suicide survivors' in suicidology). This can be seen in

suicidology conferences around the world where there is nearly always a major stream or theme for these survivors. It can also be seen in the 'Bookshop' at the website of the American Association of Suicidology (AAS) where there are approximately 25 books on surviving (the grief of) suicide, of which 14 are first person accounts. In contrast, there are only two books by survivors of suicidality, *Night Falls Fast* (Jamison 1999) and *The Noonday Demon* (Solomon 2001). Jamison's book is a classic, though its emphasis is on her own Bipolar Disorder, and Solomon's book is primarily about depression. *How I stayed alive when my brain was trying to kill me* (Blauner 2002) will hopefully appear in the AAS bookshop soon. The first-person voice of those bereaved by suicide makes an essential contribution to suicidology. But this only highlights with how little we hear of the first-person voice of those who know suicidality 'from the inside'.

Spirituality gets even less of a hearing in suicidology and this seems deliberate. This can be seen in one of the major texts of suicidology, the same one cited earlier that defined suicidology as a measurable, observable science. In the preface the authors acknowledge "the immense intellectual and spiritual debt that we all owe to our mentors and friends" (Maris et al 2000 p xx). Spiritual values and needs, it seems, play a part in the writing of a book but receive no other mention in this *Comprehensive Textbook of Suicidology.* It seems appropriate to repeat Francisco Varela's observation from above that "to deprive our scientific examination of this phenomenal realm amounts to either amputating life of its most intimate domains, or else denying scientific explanatory access to it. In both cases the move is unsatisfactory" (Varela & Shear 1999a p 4).

A final comment is required on phenomenological validation. It can be seen from the earlier discussion that this is not the experimental or statistical validation of the traditional scientific methods. Rather, it is what some authors call a 'phenomenological nod', such as I regularly receive – and give – when talking with my suicidal soul-mates. This is a mutual, intersubjective recognition of a shared understanding within a 'community of the adequate' that is able to evaluate the intuitions that are expressed. First-person data are primarily validated, phenomenologically speaking, in a community of people who have a familiarity with the first-person lived experience of the phenomenon in question – in our case, people who know suicidality 'from the inside', who know "What is it like to be suicidal?"

Further validation occurs, bringing in other participants, when we try to bridge the 'explanatory gap' between first-person, subjective, narrative data and third-person, objective, scientific data. Having read this paper this far brings you into this community as a participant in the validation – or otherwise – of its arguments.

There is a discernible trend in suicidology towards more emphasis on suicidality rather than just completed suicides (e.g. see Beautrais 2004; Hawton 2001), which seeks to identify intentional distinctions among attempted suicides, parasuicide, self-harming behaviour and suicidal ideation (Hawton et al 2004). There are also occasional qualitative studies that seek to give a glimpse of suicidality from the first-person perspective (Kidd 2004; Pearson & Lui 2002). More research is required, though, to understand suicidality through the eyes of those who live it. David Jobes, the suicidologist mentioned at the top of this paper with an interest in phenomenology, has perhaps gone further than most in this direction. He has proposed a collaborative, narrative-based approach to therapy where "*suicidality* is the focus of assessment", and "the patient's own phenomenological perspectives are considered the 'gold standard' of the assessment process" (Jobes 2000 p 13). This approach is being developed further by Jobes with Antoon Leenaars, Israel Orbach, John Maltsberger and others in the Aeschi Group, who identify "an increasing need for qualitative research focusing on the patient's own internal suicide processes" (Michel et al 2004a, 2004b). The only criticism I would make of the Aeschi Group is that, with its emphasis on therapy, it doesn't go far enough. The entire research agenda of suicidology needs to engage with the phenomenology of suicidality and its central question "What is it like to be suicidal?"

I conclude then with the words of one of the few suicidologists to fully acknowledge the importance of first-person data, Professor Edwin S. Shneidman, generally regarded as the founding father of suicidology and an inspiration for my own work:

> *the keys to understanding suicide are made of plain language ... the proper language of suicidology is lingua franca – the ordinary everyday words that are found in the verbatim reports of beleaguered suicidal minds* (Shneidman 1996 p viii)

Exegesis – phenomenology as research method

Several of the major challenges faced in my research are highlighted, and addressed, in PHENOMENOLOGY OF SUICIDALITY. From the outset, it was apparent that the research I sought to do would be difficult, and perhaps impossible, using the prevailing conceptual frameworks and research methods of suicidology. The Comprehensive Textbook of Suicidology referred to in the paper, which explicitly defines suicidology as an exclusively third-person, objective science, remains the major reference in the discipline, especially in the US. This can be seen in recent conferences of the American Association of Suicidology (AAS) where it is the prescribed text for the accredited education sessions of the conferences. The emphasis in PHENOMENOLOGY OF SUICIDALITY, and the discussion of it that follows, is on methods of enquiry for incorporating the first-person experience of suicidality into suicidology. By itself, phenomenology could possibly address this major gap in suicidology without too much disruption to its current theoretical frameworks. Later in the exegesis a more serious challenge is made to suicidology's current conceptual models, and an alternative proposed, in order to integrate spirituality into our thinking about suicide.

Before the phenomenological method outlined in PHENOMENOLOGY OF SUICIDALITY surfaced in my research – that is, before I knew that I was already doing phenomenology – other methods of enquiry were explored and considered (Webb 2002b). One potentially useful field of enquiry was *transpersonal psychology* with its appreciation of the spiritual values and needs so central to my own research. In their survey of transpersonal research methods, Braud and Anderson (1998) identify four major categories of research question according to whether they seek to understand, explain, predict, or control.

Control type research questions are the more traditional, scientific questions which focus on testable, repeatable experiments or events, with an emphasis on precise, measurable *outcomes*. Quantitative experimental methods are typically the most appropriate methods for these questions. Research questions that seek to *predict* put more emphasis on *process* than outcomes to identify key factors contributing to or inhibiting some event occurring. The epidemiological studies in suicidology are a good example of the methods used for these questions, which would also be mostly

quantitative, though perhaps more statistical, population based studies than for the control type questions. Questions that seek to *explain* or interpret help us to *conceptualise* and develop general theories about our subject of enquiry. In this category, Braud and Anderson include qualitative methods such as theoretical analysis, historical and archival methods, grounded theory, textual and discourse analysis, and hermeneutics. The aim of questions that seek to *understand* is to take us into the *experience* of the topic of our enquiry, in particular to understand and appreciate the subjective experience from the perspective of the participant. Methods mentioned here include case studies and life histories, feminist approaches, and phenomenological and heuristic methods.

Braud and Anderson caution against using this taxonomy inflexibly. Many methods span more than just one type of research question and combinations of methods are often the most appropriate approach. But it is a useful analysis for it highlights significant qualitative differences between the sorts of research question we might ask and the types of methods that might be most appropriate for them. No ranking of merit is implied in this taxonomy. All are legitimate and all serve a useful purpose. The key is for the researcher to employ appropriate methods for their research question. Braud and Anderson argue that in transpersonal psychology "we are dealing here with Big Events", and therefore "their study cries out for and deserves research methods that are as powerful and encompassing as the experiences themselves" (Braud & Anderson 1998 p 20). Research into suicidality would seem to qualify as a Big Event, requiring similarly powerful and encompassing methods.

This is not simply a debate, an old debate, about the merits of qualitative versus quantitative research methods. Although quantitative methods are invariably exclusively third-person forms of enquiry, so are many qualitative methods. Sometimes this is implicit in the qualitative method itself, but sometimes it is the manner in which it is used. For instance, many qualitative methods employ questionnaires, interviews or focus groups that do sometimes delve more deeply into the subjective, lived experience of the phenomenon under enquiry. But the data collected in this way is then often analysed in ways that transform it into third-person data for further analysis using third-person methods, such as for validation based on statistical significance. Once again, the test of a method is its appropriateness for the

question being asked, and all of these methods have contributed much to our understanding of many interesting questions.

The four types of research question identified by Braud and Anderson are a useful taxonomy for the range of questions suicidology needs to address. The taxonomy also helps highlight my thesis that *understanding* suicidality as it is experienced by those who live it – something largely neglected by suicidology – has a critical relationship with any attempt to explain, predict or control (i.e. prevent or 'treat') it. The key research question and fundamental aim of this overall thesis is how can my story, as told in *Thinking About Suicide*, contribute to a better understanding of suicidality, and the phenomenological method is proposed as one means by which we can proceed in this enquiry.

Another approach for exploring the lived experience is ethnography, and in particular for research such as mine the *autoethnography* found in the work of people like Carolyn Ellis. Ellis and her colleague Arthur Bochner (Ellis & Bochner 1996) describe their methodological approach as a form of *radical empiricism* which rejects the traditional boundaries between the observer and the observed (the researcher and the researched). Although they locate themselves within the tradition of 'dialectical enquiry', Ellis and Bochner argue that the conventional dialectical approach still conforms to goals of analytical, abstract ways of knowing, reinforcing the conventional analytical and conceptual framework. As both a way of *knowing* and a way of *telling*, the key features of the autoethnographic approach include being written in the first person and the highlighting of emotional experience, with the text presented as a story. It also tends to focus on a single case, depicted in episodic form over time, rather than the more traditional approach of snapshots in time across many cases that we see as the ubiquitous first-person 'snippets' in many other forms of qualitative research. This describes well many of the key features of my research, particularly *Thinking About Suicide*, so that it could perhaps also be viewed as an autoethnographic work. I choose, however, to locate my research primarily in phenomenology, along with Mad Culture.

The key feature of the phenomenology explored in PHENOMENOLOGY OF SUICIDALITY is the four-step method of Varela et al (reduction, intuition, expression and validation), an approach based on classical Husserlian phenomenology but refined by Varela and his colleagues in their research into the neuroscience of

cognition. Ellis and Bochner distinguished between "ways of knowing" and "ways of telling". In a similar way, Braud and Anderson distinguished between "ways of knowing, ways of working with the data, and ways of expressing findings". The four-step method of Varela et al encompasses all these important distinctions but with greater clarity, I believe, at least for my research. It also adds, or makes more explicit, the vital last stage of validation in any research enterprise. It is worth elaborating on these distinctions a little further.

It was apparent quite early in my research that *expressing* the voice of the subjective, lived experience in *Thinking About Suicide* was central to my project, and its own creative challenge on top of the research into suicidology. As this work proceeded, it became apparent that *finding* this voice was a distinct and separate exercise to the related one of giving tangible expression to it. In terms of structure, content and style, the final text (expression) of *Thinking About Suicide* conceals many reductions and intuitions behind its creation – the various 'dead-end' experiments, much personal reflection, as well as considerable discussion and review with my supervisors and other 'critical friends'. This is the distinction between the ways of knowing (reductions and intuitions) and the ways of telling (expressions) described by Ellis and Bochner. That is, the process of finding your voice corresponds to exploring different ways of knowing or, in perhaps more academic terms, is an epistemological challenge that asks what we know and how we come to know it. Varela et al describe the first two steps of their four-step method – the reduction and intuition – as "the basic cycle of the reflecting act", which captures well the primary creative challenge of finding your voice. Then, and in iterative combination with the first two steps, the third step in the Varela method – expression – completes what I have called in PHENOMENOLOGY OF SUICIDALITY, following Varela et al, "the basic cycle of the creative act". The distinction between ways of knowing and ways of telling is again highlighted in the creative production of these expressions, or "communicable items", as part of the research enterprise. In this thesis, the primary communicable item or expression is *Thinking About Suicide*, the phenomenological 'thick' description (borrowing from Geertz) identified in PHENOMENOLOGY OF SUICIDALITY.

The most important aspect of the four-step method that needs to be emphasised is the final step of validation. PHENOMENOLOGY OF SUICIDALITY makes it clear that the task of validating the expressions of this thesis – both *Thinking About Suicide* and this

exegesis – is explicitly *not* a part of this research project. It might be disconcerting for researchers working from the traditional scientific paradigm, but it is neither possible nor appropriate for this project and this thesis to attempt the final step of validation. As the person who subjectively lived the experiences described in these expressions, no further validation is possible (or required) for me personally. That is, they are expressions of intuitions that are the most fundamental and rigorous evidence, Husserl's *Evidenz*, that require no other validation to the individual who experiences them than the subjective reality of them. The only qualification to this is perhaps the skill and honesty with which I have attempted to give expression to these intuitions, but this is no different to the skill we strive for and intellectual integrity we expect in any academic enterprise.

Validation of this work begins when this thesis is put into the public domain for *intersubjective* validation, a process described in PHENOMENOLOGY OF SUICIDALITY. Ken Wilber's notion of a "community of the adequate" indicates the various peer groups who will be called upon to validate this thesis, whether it be *Thinking About Suicide*, this exegesis, or both. These include the examiners of the thesis, participants in the discipline of suicidology and the wider mental health field, and also the general public, since a stated goal of the work is to speak to all concerned about suicide in our communities. And for me personally, the most important are my suicidal soul-mates, who are the most 'adequate' of all communities to perform the task of validating the first-person experience of suicidality. PHENOMENOLOGY OF SUICIDALITY gives some preliminary, anecdotal validation of the research based on those expressions of my work that have already appeared in the public domain, which includes not only the few published papers but also the public presentations of my work over the last few years. So far this has been mostly positive and affirming, but the real validation begins when the entire thesis, especially *Thinking About Suicide*, is in the public domain.

It is quite likely, even probable, that the validation of this work may never be more than 'anecdotal', at least in the eyes of the traditional scientist. Again, this may be disconcerting for those researchers who require greater certainty but – again – this uncertainty is in the nature of what we are enquiring into. Intersubjective validation, which is the only kind of validation possible for expressions such as *Thinking About Suicide*, is always about (intersubjective) *qualitative salience* rather than (objective)

quantitative certainty. As an aside, it is worth noting that what is called objectivity can be seen as an intersubjective agreement on what constitutes valid objective data (see Zahavi 2003 for a clear explication of this). Other researchers doing similar work (Braud and Anderson, Ellis and Bochner, Varela and his colleagues, Ken Wilber, and many others) talk of validation criteria such as intuition, insight, direct knowing, aesthetic knowing, empathic sensitivity and sympathetic resonance. These and other criteria are how the phenomenological data of subjective experiences are intersubjectively validated. Furthermore, validation never comes to an end and stops in this work. There is never any black-and-white, totally right or totally wrong, final solution to the questions raised by research into human experiences such as these. For the simple reason that it is the very nature of what we are enquiring into in any phenomenological study of suicide and suicidality – the deepest mystery of what it is to be human.

As Albert Camus observed in the opening lines to his study of suicide, *The Myth of Sisyphus*: "There is but one truly serious philosophical problem and that is suicide. Judging whether life is or is not worth living amounts to answering the fundamental question of philosophy." Camus closes his opening paragraph with an observation that strongly suggests a method of enquiry not unlike the phenomenological method described in PHENOMENOLOGY OF SUICIDALITY: "These are facts the heart can feel; yet they call for careful study before they come clear to the intellect" (Camus 1975 p 11). The best we can strive for – and it is well worth striving for – is for us to collectively move towards an ever deeper, intersubjective appreciation and understanding of the phenomenon of suicidality. My various peer groups, not I, will be the judges, the validators, of whether this thesis has contributed to our collective understanding of suicidality or not.

An important argument in PHENOMENOLOGY OF SUICIDALITY is on the validity of first-person data, which is summarised from a separate paper, BRIDGING THE SPIRITUALITY GAP, included as an appendix to this exegesis. As the title suggests, this part of my research originally sought to explore some key ideas about spiritual ways of knowing to help bridge an identified 'spirituality gap' in mental health. My research shows that the gap in question arises from the ideological prejudices of those who assert objective knowledge as the *only* valid knowledge. For this thesis, the most influential proponents of this ideology are the medical profession, and in particular

psychiatry, though the mainstream of modern psychology also strives for the mythical goal of an exclusively objective knowledge. Furthermore, it can be seen that this gap is sustained not by any rational or scientific argument, but by the power and influence of those who have a vested interest in maintaining the myth of objectivity as the sole form of valid knowledge. Put another way, the continuing exclusion of first-person knowledge – of the first-person voice, or the 'consumer voice' as it is called in mental health – occurs because of the power, influence and vested interests of those who cling to an ideology of objective knowledge as the only valid knowledge.

Having established the validity and importance of first-person data and knowledge, it is necessary to demonstrate their exclusion from suicidology (and from mental health in general) and that this indicates significant gaps in the discipline. This brings us to the next paper of this exegesis, which examines suicidology as a discipline with a culture where the exclusive ideology of objective science operates to create and sustain these gaps. Thus far in the thesis, *Thinking About Suicide* has been viewed as phenomenological data, but in ANTHROPOLOGY OF SUICIDOLOGY my personal story of suicidality is used instead as an analytical tool or prism through which the knowledge of suicidology is examined. The 'data' for this research therefore is effectively the collective wisdom of suicidology. If suicidology is unable to respond adequately to my history of suicidality, as told in *Thinking About Suicide*, then it must admit to some gap(s) in the discipline. The immediate and obvious gap revealed by this exercise is the almost total absence of spirituality from suicidology. Almost as stark is how little discussion there is on what suicidal feelings mean to those who live them or, in the terminology of this thesis, on the phenomenology of suicidality. The following paper explores how and why these gaps occur in suicidology.

An Anthropology of Suicidology

Abstract

The academic and professional discipline of suicidology, with its roots in sociology, psychology and psychiatry, represents the 'collective wisdom' of our understanding of suicidality and suicide prevention. But an examination of the broader cultural contexts of the discipline shows that some significant voices are being marginalised or excluded from its discourse. This anthropological look at suicidology reveals that it is predominantly the power and influence of psychiatry that is responsible for the shallow, narrow and inward-looking culture in suicidology today. In particular it is psychiatry's obsolete commitment to an objective biomedical model of suicidality that denies the legitimacy of these other voices. Of particular concern is the stark absence from the discipline of the first-person voice of the lived experience of suicidality.

Introduction

The initial motivation for my PhD was the question: "Why is my experience of suicidality absent from suicidology?" When I first looked at the literature of the academic discipline of suicidology, which defines itself as the science of self-destructive behaviour, I could not find my story anywhere in this 'collective wisdom' on suicide and suicidality (i.e. suicidal thoughts, feelings and behaviour). Was my story peculiarly unique to me? I didn't think so then and still don't.

The 'method' of my research is not to attempt any generalisation from a sample size of one, especially when that one is myself. Rather, my thesis examines the formal knowledge of suicidology in the light of one individual's lived experience of suicidality. That is, the 'data' of my research is the formal knowledge of the discipline, and the first-person story becomes the analytical tool – a prism, if you like, through which this data is examined. This exercise reveals significant gaps in suicidology, which then suggests how and why the discipline is unable to describe or explain my lived experience of – and recovery from – persistent suicidality.

One of these significant gaps is simply the dearth of first-person accounts of suicidality in the literature and discourse of suicidology. This absence of any substantive *phenomenology of suicidality* is the critical flaw behind the two other

major gaps revealed by my research. First, perhaps the most fundamental concept of the discipline is that of the self – the 'sui' in suicide, both victim and perpetrator of any suicidal act – but it is rarely discussed in the literature. Second, and not unrelated, the spiritual dimension of suicidality, so central to my own recovery, is virtually absent from suicidology.

This paper looks at how and why these three aspects of suicidality – the lived experience of suicidality, concepts of the self, and spirituality – are so neglected by the discipline. To do this, it looks at the discipline of suicidology as a community with a culture. Like any culture, it has its participants, institutions and processes. It has historical and cultural contexts, values and beliefs, and forums and modes of discourse. There are power structures with rules and influences that regulate and determine what is allowed – and not allowed – into this discourse. To understand why my story is absent from our collective wisdom on suicide requires an anthropology of suicidology.

The Discipline of Suicidology

The origins of suicidology can be traced to Emile Durkheim's social analysis of suicides in Europe in the late 19th century. In *Le Suicide* (Durkheim 1952 [1897]), he proposed a taxonomy of four basic types of suicide based on social relationships. Although these categories are still discussed, Durkheim's most enduring legacy is the ubiquitous epidemiological studies that dominate the literature of suicidology today. It was not until the late 1950s that a psychologist, Edwin S. Shneidman, coined the term 'suicidology' and went on to become the first president of the American Association of Suicidology (AAS). Shneidman attributes suicide to psychological pain – which he calls *psychache* – arising from frustrated or thwarted psychological needs (Shneidman 1996, 2002).

Along with sociology and psychology, psychiatry is the third, and today the most influential, of suicidology's 'parent disciplines'. This is not the psychoanalytic psychiatry of Freud with his concept of a death instinct or *thanatos* (Freud 1963 [1917]) or Menninger's notion of *Selbstmord*, or self-murder (Menninger 1966 [1938]). And it is certainly not the Jungian psychiatry of James Hillman, one of the few authors to consider the yearning, spiritual soul in his *Suicide and the Soul* (Hillman 1973). Psychiatry today is dominated by the biomedical model of 'mental

illness'. The two pillars of this psychiatry are the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV 1994) and *biological psychiatry* for the treatment of these disorders, which usually means psychopharmacology or drug therapies.

While acknowledging these origins and three parent disciplines, suicidology is its own academic and professional discipline, defined in the *Comprehensive Textbook of Suicidology* as "the *science* of self-destructive behaviors" (Maris et al 2000 p 62). One of the aims of this science is the search for risk factors for suicide – e.g. gender, age, marital or employment status etc. These are the ubiquitous epidemiological studies, mentioned earlier, which dominate the literature of the discipline. The two major journals of suicidology are *Suicide and Life-Threatening Behavior (SLTB)*, published by the AAS, and *Crisis*, published by the International Association for Suicide Prevention (IASP), based in Europe. A brief survey of recent years shows that roughly two-thirds of the refereed articles in *SLTB* and more than half those in *Crisis* are epidemiological studies. These studies are important for targeting suicide prevention programs to 'at risk' populations, but they have yielded only weak predictors of suicide in individuals because of the many demographic variables and low baseline percentages. Despite this extensive search for risk factors, we find that "one of the strongest predictors of suicide is making a previous suicide attempt" (Beautrais 2004 p 1).

It is at this individual, personal level that psychiatry exerts its influence on suicidology. There is a widespread myth based on the biomedical model of the DSM and biological psychiatry, though challenged by people like Professor Shneidman, that the mental illness of depression is the major cause of suicide. Professor Robert Goldney, an Adelaide psychiatrist and internationally prominent suicidologist, uses a "real estate analogy" to assert that the key to suicide prevention is "depression, depression, depression" (Goldney 2003 p 87). Shneidman and others challenge Goldney's assumptions as relying on the pseudo-science of the DSM, which Shneidman criticises as having "too much specious accuracy built on a false epistemology" (Shneidman 2001 p 5). It is evident from his own words in his *Crisis* article that Goldney makes the serious error of confusing correlation with causation. The symptoms of 'depression' (defined in the DSM *solely* in terms of symptoms) are symptoms that are also frequently seen in the suicidal. But to regard depression as a *cause* of suicide is to assume uncritically the "false epistemology" of the DSM and

tantamount to claiming that the flu is caused by a runny nose. Unfortunately, this is the predominant view in suicidology today.

The second pillar of modern psychiatry, biological psychiatry, also relies on the pseudo-science of the DSM but goes a step further and locates the supposed illness in the biology of the brain. This is the 'chemical imbalance of the brain' school of psychiatry and the basis of the psychopharmacological therapies – i.e. drugs – that have become the first line of treatment for 'depression' and other psychiatric disorders. One prominent suicidologist, Ronald W. Maris, is endorsing this approach when he jokes – or is he only half-joking? – that we could perhaps "put Prozac (or the SSRI of your choice) in every major city's water supply. You know, like fluoride." (Maris 2003 p 5). There is a growing controversy around these medications because of the risk that they can actually trigger suicidality. The Food and Drug Administration (FDA) in the US has recently required a 'black-box warning' on the labelling of SSRI anti-depressants and the UK has banned them for children. Despite this, these drugs remain the recommended treatment for depression, which is erroneously claimed as the primary cause of suicidality.

The Wider Suicide Prevention Community

There is a wider community with an interest in suicide than just the formal academic discipline of suicidology. Whether these other participants are considered part of suicidology or as the context in which suicidology is practised is perhaps a moot point. To appreciate this cultural context of suicidology, we can use the following description of a discipline by the historian/anthropologist Greg Dening:

> *In fact the disciplines are sets of individuals, socially related, differentiated in status and power. They offer their own systems of social control which sanction some forms of behaviour and reward others. They develop norms and value systems. They have mythologies which legitimate their structures and belief systems. They have rituals which re-enforce them. They have socialising and induction processes which not only impose acceptable measures of conformity, but like all such effective socialising processes objectify and internalise the limits of behaviour so that to the socialised they appear good, just and rational. The disciplines are established in a social environment. ... Finally, like all social entities, their present life is conditioned by their past. The past offers*

them a paradigm within which acceptable forms of evidence, acceptable questions, acceptable criteria of judgments, acceptable languages of communications and acceptable modes of transmission from one generation to another, have a cultural and social form. (Dening 1973 p 674)

We could use this description to explore the social and cultural relations between the three parent disciplines of suicidology and see that, despite its roots in sociology and psychology, psychiatry clearly has the dominant influence in status and power in suicidology today. We would also see how the "mythologies" of psychiatry, namely the DSM and biological psychiatry, "impose acceptable measures of conformity" and determine "the acceptable forms of evidence" etc. We could look at the editorial committees of the discipline's journals (as well as what they publish) and the keynote speakers invited to its conferences and see again that psychiatry dominates suicidology today. And we could see who exercises the most influence on governments and receives the rewards of subsidies and grants ... and once again it is apparent that the medical model of psychiatry dominates.

But it is the wider suicide prevention community – the broader cultural context of suicidology – that I wish to explore in the light of Dening's description of a discipline. In the programs of suicidology conferences, keynote and invited speakers will typically be psychiatrists, with the occasional psychologist and, even more rarely, sociologists. Some of these may present the latest demographic data from the inevitable epidemiological studies, but these may also come from government public health bureaucrats or other population studies experts. You will probably also see keynote presentations from 'suicide survivors' or survivor organisations (see below for what these terms mean in suicidology). But it is in the 'back room' presentations at these conferences where you find representatives from the wider suicide prevention community.

Two communities that have some presence in suicidology are the *psychosocial* and substance abuse services. These are both important because they are often in the front-line of dealing with suicidal people. But both these services are less oriented to the biomedical model of psychiatry, focusing on disability or addiction rather than mental illness, and recovery and rehabilitation rather than medical treatments. Given that the 'comorbidity' of substance abuse with suicidality is frequently mentioned in the literature of suicidology, as is psychosocial disability, suicidology would benefit

from a greater contribution from both these fields. Little of this occurs, however, primarily because of the exclusive influence of psychiatry and the biomedical model.

Another group with higher suicide rates are those suffering from complex trauma. Childhood sexual abuse is beginning to get some attention as trauma that often manifests later in life as suicidality. But it is not only childhood trauma that is evident in the suicide statistics. Soldiers returning from war are also disproportionately represented in suicide statistics, as are victims of crime and domestic violence. These people often get a psychiatric diagnosis of Borderline Personality Disorder. In her keynote address at a recent national conference of mental health consumers, Merinda Epstein showed how this psychiatric label represents one of the most stigmatised and neglected areas of mental health (Epstein 2004). There are some services that specialise in these areas but they have even less of a presence in suicidology than the psychosocial and substance abuse services. Again, this is primarily due to the exclusion from suicidology of non-biomedical approaches to suicidality.

One community within suicidology that is well represented are those known as 'suicide survivors'. When I first encountered this term I thought it meant people like myself who had survived a suicide attempt. But it actually refers to the bereaved, those who have lost a loved one to suicide. This is an important community, not the least because such survivors are known to be at higher risk of suicide themselves, and attending to this unique form of grief is known within suicidology as 'postvention'. These survivors regularly feature among the keynote and invited speakers at suicidology conferences and there is often a major stream looking specifically at the issues of these survivors – indeed the annual AAS conference regularly has its own parallel survivors conference.

Other stakeholders in this wider suicide prevention culture include governments, who look to suicidology for guidance on suicide prevention policies and programs, and the media. The strong influence of psychiatry and medicine on governments is again evident in the massive public subsidies for medical treatments compared with relatively negligible support for psychosocial, substance abuse and trauma recovery programs. And the media, which has a vital role to play if suicide is to come out of the closet as a public health issue, is constrained by severe guidelines from suicidology on how to talk about suicide (see www.mindframe-media.info).

What's Missing?

When I first looked at the literature of suicidology I was struck by the stark absence of first-person accounts of the actual lived experience of suicidal thoughts and feelings. There are a few exceptions to this, most notably Edwin S. Shneidman who includes some (brief) first-person accounts in his work and asserts that:

> *the keys to understanding suicide are made of plain language; that the proper language of suicidology is lingua franca – the ordinary everyday words that are found in the verbatim reports of beleaguered suicidal minds* (Shneidman 1996 p viii)

The psychologist David Jobes calls this lived experience of suicidality "the phenomenology of suicide – studying different kinds of suicidal states, what they mean [i.e. to the person who experiences them] and how suicidality can differ among individuals" (Jobes 2003 p 2). But although Jobes is an Associate Editor of *SLTB*, remarkably little of the phenomenology of suicidality appears in the literature of suicidology.

When you do occasionally hear first-person accounts of suicidality at suicidology conferences, only rarely will they be from keynote or invited speakers. My own experience of these conferences is primarily the annual conference of Suicide Prevention Australia (SPA), which sees itself as the peak NGO in Australia on suicide prevention. These conferences have not been happy experiences for me. Little effort is made by the conference organisers (or governments) to encourage and support 'survivors' (such as myself) or other mental health 'consumers' (sic) to attend and participate in these conferences. We are tolerated, often patronisingly, sometimes suspiciously or fearfully, but rarely genuinely welcomed.

The 2004 SPA conference, for instance, made no public call for papers but had only invited speakers, none of whom were suicidality survivors or even mental health consumers. Nor were we represented in any of the conference streams or expert panels, or even recognised as stakeholders in the conference objectives. Until we protested, that is, and a workshop by mental health consumers was belatedly and hastily included in the program. At the conference itself, there was a stark contrast between the invited 'experts' and the back-room workshop participants, many of whom lived in and worked in communities identified as high-risk, such as indigenous

peoples, middle-aged and rural men, and our own group of mental health consumers. With a conference theme of the future research agenda for suicidology, the experts spoke largely of the need for 'evidence based' research as defined by the narrow, medical criteria of what constitutes valid evidence. Participants in the workshops, in contrast, spoke of a more whole-of-person and whole-of-community approach to suicide prevention. It was also noticeable, and noted, that very few of the invited experts stayed to attend the final session of the conference when the feedback from the workshops was presented to the full conference.

Even more than the largely absent first-person voice, the most striking gap in the literature of suicidology for me, given my own recovery through spiritual enquiry, is the exclusion of spirituality. There is a recognised 'spirituality gap' in mental health. Many who struggle with mental health difficulties, including suicidality, speak of their struggles in spiritual terms, but our doctors and counsellors are professionally incapable of engaging in conversations about spiritual needs or values (Tacey 2003 p 199). In the last decade or so, we have seen spirituality emerging as a lively topic in the discourse on physical illness, especially around acute, chronic or life-threatening illnesses. A notable example of this discourse within sociology is the work of Catherine Garrett, who defines spirituality as "best understood as that which gives ultimate meaning to people's lives" (Garrett 2002 p 61). Given that mental health crises, and in particular the crisis of suicidality, challenge our deepest sense of self and personal meaning, I find it curious that we see even less discussion of spirituality in mental health, and especially so in suicidology, than we do in physical health.

I should note that the 2003 conference of SPA had a theme of *Finding meaning to sustain life: The place of spirituality in suicide prevention*, which was a bold and welcome initiative by SPA. But again, this conference was a disappointment. The invited speakers were drawn entirely from those who spoke of spirituality from a religious perspective, with the important exception of a couple of Aboriginal speakers who spoke of indigenous spirituality. I have no criticism of any of these individual speakers, but the failure to recognise non-religious spirituality in the conference program made me feel invisible, yet again, at this conference. More than this, the failure to include non-religious spirituality represents a major stumble at the very first hurdle we face in any discourse on spirituality – that is, to distinguish between

religion and spirituality. I should also note that SPA is perhaps more inclusive of the first-person voice, as well as spiritual ideas, than its international counterparts. If we look at the programs and proceedings of other suicidology conferences – such as those of the American Association of Suicidology (AAS) or the International Association of Suicide Prevention (IASP) – the absence of the first-person voice and spirituality is even more stark than at SPA conferences.

The third and last major gap in the discourse of suicidology is closely related to the previous two. There is very little discussion in suicidology on concepts of selfhood. The discipline seems content to assume the various – and varying – notions of selfhood from its three parent disciplines. This is despite the fact that, firstly, these varying perspectives have been of only limited usefulness for understanding suicidality, but secondly and more importantly, it is necessary for a sub-discipline to define its core concepts according to the contexts of the sub-discipline. Suicidology has not done this. A rare exception in the literature is David Bell who asked, "Who is killing what or whom?" (Bell 2001). Bell looks at this important question from a psychoanalytic perspective, but other interpretations are needed, including the various spiritual perspectives that I am calling for. Suicidology, however, chooses to remain largely silent on this line of enquiry.

Why These Gaps?

It is difficult to point to the absence of something in the literature of a discipline and perhaps it takes fresh eyes even to see that something is missing. As a survivor of my own suicidality, these gaps in suicidology jumped out at me when I first looked at the literature. My subsequent research has only reinforced this perception. Elsewhere I have proposed an Integral Suicidology, based on the Integral Model of American philosopher Ken Wilber (Wilber 2000a, 2000c), as a framework for bringing self, soul and spirit into suicidology (Webb 2003). But part of the argument to open suicidology's doors to the full depth and breadth of the suicidal crisis is to ask not only why these gaps exist in the first place but also, how they are sustained?

Following Dening's description of a discipline, the first part of the answer to these questions is given by suicidology itself. The major suicidology text quoted earlier that defined the discipline as "the *science* of self-destructive behaviors" (their italics) goes on to assert that "surely any science worth its salt ought to be true to its

name and be as objective as it can, make careful measurements, count something". Furthermore, "*suicidology has to have some observables*, otherwise it runs the danger of lapsing into mysticism and alchemy" (Maris et al 2000 pp 62-3). It is this obsolete commitment to an outdated, positivist notion of science that renders suicidology blind to the invisible, unmeasurable interiors of the lived experience. This is particularly evident (with every pun intended) when we hear the arguments for 'evidence based' research and practice, as we did repeatedly from the experts at the 2005 SPA conference. The criteria for what constitutes valid evidence in these arguments are essentially those used for medical experimentation, with the randomised control trial (RCT) held up as the 'gold standard'. While RCTs are essential for testing new and potentially dangerous drugs, they are inappropriate and indeed mostly useless for researching holistic approaches to mental health, especially when the object (or is it the subject?) of enquiry is the personal meaning of the lived, human experience. Or the desperate absence of meaning, as is so often the case with suicidality.

On the question of spirituality, the same text gives a clear indication of its very deliberate exclusion by suicidology. The only mention of spirituality is found in the preface where the authors acknowledge "the immense intellectual and spiritual debt that we all owe to our mentors and friends" (Maris et al 2000 p xx). Here the authors acknowledge spiritual values and needs in the writing of a book, but find no other occasion to mention them in the 650 pages of their *Comprehensive Textbook of Suicidology*, which is still the primary reference for the discipline, at least in the US.

To fully explain these gaps, and particularly how they are sustained, we need to look further than just the ideological prejudices of positivist science. It is here that Dening's understanding of a discipline as a culture becomes so important, which is why I've chosen to look at suicidology conferences where suicidologists meet as a community and where many of the cultural practices and rituals that Dening alludes to are apparent. It is at these gatherings that we find the "sets of individuals, socially related, differentiated in status and power" and the "systems of social control which sanction some forms of behaviour and reward others". We find "mythologies which legitimate their structures and belief systems", most notably in suicidology today the mythologies and belief systems of modern psychiatry. The selection of keynote and invited speakers, together with the scheduling of the 'back-room' presentations and the control of questions from the floor, act as "socialising and induction processes

which impose acceptable measures of conformity". But most of all, these gatherings, along with the editorial control of the literature of a discipline, determine the "acceptable forms of evidence, acceptable questions, acceptable criteria of judgments, acceptable languages of communications", all of which, as Dening points out, "have a cultural and social form".

These cultural and social forms are the gatekeepers to the discipline. And always with gatekeepers, we need to be mindful of who and what is being excluded as well as who and what is being allowed into a discourse. In the discipline of suicidology it is quite clear that amongst the excluded are the first-person voice of the lived experience of suicidality, any meaningful discussion of subjectivity and our sense of self, and the relevance of spiritual values and needs. Furthermore, it is the cultural and social forms of medicine, and in particular of modern psychiatry, with its narrow criteria of what constitutes valid evidence that is the weapon used to exclude these voices. The struggle to broaden the agenda of suicidology is, as Dening's definition suggests and theorists like Foucault make explicit, a cultural and political power struggle. If the discourse is restricted solely to evidence that can be 'proved' by randomised control trials, then these gatekeepers will never allow into the discipline other vital evidence that is invisible to these methods but which from my experience, and my research, is essential for a better understanding of suicidality.

Exegesis – Academic and cultural contexts

ANTHROPOLOGY OF SUICIDOLOGY employs Greg Dening's description of academic disciplines to develop a perspective on suicidology that understands it as a *culture*. The original version of the paper was written for the annual conference of The Australian Sociological Association (TASA) in December 2004, where it was submitted (successfully) for one of the conference 'student scholarships'. The referees' report from TASA called for a change in title to *A Sociology of Suicidology*, which I reluctantly agreed to at the time, but its original title is restored in the expanded version of the paper here. For me, an anthropology suggests more strongly the intersubjective cultural aspects of a community that is once again first-person, only this time it's the plural first-person 'We'.

It was suggested to me numerous times during my research to consider the work of Michel Foucault to critique the social, historical and political structures of suicidology. Although I acknowledge Foucault's approach, the most important knowledge I have to contribute to any analysis of suicidology is of someone who has been on the first-person, subjective, receiving end of its discourse. I view suicidology 'from the inside', rather than as a detached, dispassionate, objective observer. As seen in PHENOMENOLOGY OF SUICIDALITY, I research and write primarily from the first-person perspective – the view from Mad Culture – not as a sociologist or historian, and certainly not as a suicidologist as currently defined by the discipline.

I also agree, up to a point, with Derrida's critique in *Writing and Difference* (Derrida 2001) of Foucault's *Madness and Civilisation* (Foucault 1967). Derrida argues that in attempting to write a history of madness that does not objectify, imprison and silence it, as psychiatry does, Foucault falls into the trap of a different kind of objectification of madness. Foucault seeks to give madness the authority to speak on its own terms and in its own language – a noble aim – but he does this from an objectifying, third-person, rationalist perspective. Derrida claims Foucault "attempts to write a history of madness itself without repeating the aggression of rationalism" (Derrida 2001 p 40) but that he ultimately and inevitably fails. Where I disagree with both Derrida and Foucault, and why Foucault's noble aim is inevitably doomed (as Derrida rightly points out), is that both authors assume that the defining characteristic of madness is irrationality. Moreover, both Derrida and Foucault

privilege rationality – and a very objective rationality at that – as superior to other forms of knowing, understanding and communicating. Mad Culture – and my thesis – disputes both these prejudices.

The next paper in this exegesis, INTEGRAL SUICIDOLOGY, gives a more formal definition of the first-person intersubjective, *cultural* ways of knowing and third-person, objective, *social* ways of collective knowledge. Before we get there, it is useful to contrast the culture of suicidology (and most mainstream approaches to mental health in general, and psychiatry in particular) with that of Mad Culture. It is necessary to stress again, as I do in PHENOMENOLOGY OF SUICIDALITY and in INTEGRAL SUICIDOLOGY, that the first-person subjective knowledge is not being proposed as a substitute *instead of* third-person objective knowledge, but rather *as well as*. It is no longer tenable for suicidology (and mental health in general) to continue to dismiss and exclude first-person knowledge from the discipline. INTEGRAL SUICIDOLOGY (and also BRIDGING THE SPIRITUALITY GAP in the appendix) further argues that spiritual ways of knowing must also be brought into our understanding of suicide as a crisis of the self.

Currently, Mad Culture is primarily a social change, human rights movement that is working to a mostly political agenda and only just beginning to establish an academic discourse around the lived experience of madness. It sees itself in the tradition of similar movements of recent times, such as the civil rights movements of indigenous and coloured people, women's liberation and feminism, Gay Pride, and also other disability movements that have achieved so much for the rights and dignity of these communities. The political catchcry of Mad Culture around the world is 'Nothing About Us Without Us', which immediately speaks of the demand for the first-person voice of madness to be heard as part of the public debate on mental health. It also has echoes of the feminist political slogan that 'the personal is political', which has since become a recognised and established theme in feminist academic discourse. And it resonates with much of the postmodern discourse around how we conceptualise the 'other', including the social, historical and political forces that often demonise, marginalise and silence those who are different, as Foucault and others have analysed and described. Despite the criticisms of Foucault above, he must be acknowledged for his work in helping to create the possibility of academia

opening its doors to Mad Culture. But the time has come for us to speak on our own behalf.

Arguing the politics of Mad Culture is not the subject or purpose of this thesis. My aims are: to argue the validity and importance of first-person and spiritual ways of knowing for understanding suicidality; to demonstrate their absence from current thinking about suicide in suicidology; and to propose ways that these gaps can be addressed. To do this it has been necessary to identify the absence of something of significance in the literature of the discipline, which can be a difficult task though I believe the papers in this exegesis, along with *Thinking About Suicide*, achieve this. Similarly, the absence of Mad Culture perspectives from academic suicidology – and academic mental health in general – is also easily overlooked. Given that I locate my work within Mad Culture, as well as phenomenology, some discussion of Mad Culture as a robust social and political discourse, with an emerging academic voice, is necessary for understanding an important context of this thesis.

My first encounter with the term 'Mad Culture' was in *Stopovers On My Way Home From Mars* by Mary O'Hagan (O'Hagan 1993). O'Hagan is a pioneer of Mad Culture who has gone on to become one of three Mental Health Commissioners in New Zealand. Like many other mad activists, her work over many years has mostly been to fight for the human rights of the mad and to campaign for improved mental health services that include greater 'consumer participation' in all aspects of mental health policy. Another pioneer is Judi Chamberlin, whose book *On Our Own: Patient-Controlled Alternatives to the Mental Health System* (Chamberlin 1978) is considered a classic of Mad Culture. Other pioneers of Mad Culture who have inspired my research include David Oaks from the US, founder of the MindFreedom human rights organisation (www.mindfreedom.org), and Sylvia Caras, also from the US, who set up and administers the 'People Who' group of internet communities (www.peoplewho.org). Further inspiration (and context) for my research comes from people such as Mary Nettle in the UK, the current Chair of the European Network of Users and Survivors of Psychiatry (ENUSP), and Peter Lehmann from Berlin, whose book *Coming Off Psychiatric Drugs* (Lehmann 2002) I contributed a chapter to prior to commencing this PhD.

In Australia, many mad colleagues inform, sustain and inspire my research. The Victorian Mental Illness Awareness Council (VMIAC) is the 'peak body' run by and

for mental health consumers in the state of Victoria where I live. In many ways, VMIAC has been the home of Mad Culture for me during my research – as Victoria University has been my academic home. Under its Director, Isabell Collins, the staff and membership of the VMIAC have been the local context of my research and the community that reminds me of why I do the work I do. (They have also kept me grounded when I've drifted off into the heady atmosphere of academia.) Nationally, the Australian Mental Health Consumer Network (AMHCN) has informed my understanding of Mad Culture through, amongst others, its patron Janet Meagher, current chairperson Helen Connor and deputy-chair Gwen Scotman. But I especially wish to acknowledge two people who have been mentors and guides for me during my research – Merinda Epstein and Cath Roper. Merinda recently won an award from the Australian Human Rights and Equal Opportunities Commission (HREOC) for her many years of service articulating the first-person (consumer) perspective on mental health. And Cath works as the Consumer Academic at the Centre for Psychiatric Nursing Research and Practice (CPNRP), a job title that I hope we will see much more often in the future. Merinda and Cath have helped me learn how to celebrate my madness – and Mad Culture – and around them a small group of mad activists has emerged who call themselves *insane australia*, with a bat as its mascot and the motto 'Batty Is Beautiful'.

Internationally, my primary association with Mad Culture is through the World Network of Users and Survivors of Psychiatry (WNUSP – www.wnusp.org). Mary O'Hagan was one of the founders of WNUSP and in 2004 I had the good fortune to attend its first international congress in Denmark where over 250 wonderfully mad people from 50 countries met for four days of Mad Culture discourse. WNUSP is primarily a human rights organisation that seeks to give voice – first-person voice – to the lived experience of madness. Its major current project is as an accredited NGO at the United Nations, where one its Co-Chairs, Tina Minkowitz, a mad human rights lawyer from the US, leads a delegation participating in the UN Convention on the Rights of People with Disability. As well as arguing for the human rights of the mad, Tina and the team at the UN are finding strong support from other disability organisations that are in many ways more advanced than Mad Culture in their own struggles for disability human rights. As with the history of feminism, the (physical) disability movement now has the robust, lively and independent academic discourse

that is only beginning to emerge for Mad Culture. I acknowledge Tina Minkowitz now for informing and inspiring my research, along with her two WNUSP Co-Chairs, Iris Hoelling from Berlin and Moosa Salie from South Africa, and also the WNUSP Board representatives for the Asia-Pacific region – Mari Yamamoto (Japan), Chris Hansen (New Zealand), and Bhargavi Davar (India).

This brief survey of Mad Culture is not just an acknowledgement of those who have inspired my own work. It tells a little of the history, literature, participants and politics of Mad Culture, picking up on Dening's description of an academic culture that I used to analyse suicidology. It shows that Mad Culture is an extensive community with an already robust discourse, primarily around issues of human rights but also on greater consumer participation in mental health. This is the culture that is the background context for my research, a stark contrast to the culture of suicidology.

Although Mad Culture already has this robust social and political discourse, its development as an academic discourse is still in it early stages. But we are not entirely without some significant voices in academia that speak from the first-person perspective on mental health issues. In Australia, Cath Roper has already been mentioned as a Consumer Academic at CPNRP in Melbourne, and Kathy Griffiths is Director of the Depression and Anxiety Consumer Research Unit at the Centre for Mental Health Research at the Australian National University. And Emma Pierce is another mad inspiration for me as a fellow PhD student working with themes of madness, suicidality and spirituality after self-publishing several books, including her own story of madness in the brilliantly titled *Ordinary Insanity* (Pierce 1987, 2002),. Another brilliantly titled (and entertaining) book from a local 'nutcase' is *Gas Smells Awful – The Mechanics of Being a Nutcase* by journalist and radio personality Helen Razer (1999). And the published works and performances of Sandy Jeffs also inspire me, with her first-person poetry of madness, such as *Poems From The Madhouse* (Jeffs 1993).

In the US, Judi Chamberlin is currently a researcher at the Boston University Center for Psychiatric Rehabilitation. Other consumer-survivor researchers include Diana Rose at the Service Users Research Enterprise (SURE) in the Institute of Psychiatry at King's College in London, Pat Deegan at the University of Kansas, and Larry Davidson in the Department of Psychiatry at the Yale School of Medicine, to mention just a few. In New Zealand there is the research of Julie Liebrich, Mary

O'Hagan's predecessor as the consumer-survivor Mental Health Commissioner in New Zealand, who dares to argue so boldly and so eloquently for the need for spirituality in mental health (Liebrich 2004a, 2004b). These and a growing number of other consumer-survivor researchers are also part of the cultural context (recalling Dening's description once more) of my research.

It should not be assumed that all the people mentioned above embrace the language of madness and Mad Culture as I do. Some mental health consumers, or psychiatric survivors, still regard madness as a pejorative term and it would be inappropriate of me to suggest that all these people identify with Mad Culture. I know from their public statements that Mary O'Hagan, Judi Chamberlin, David Oaks, Peter Lehmann, Chris Hansen – and my mentors Merinda Epstein and Cath Roper – certainly do, but some of the others may not. What all these people do have in common is their own first-person experience as a consumer-survivor and an understanding that the first-person knowledge of mental health difficulties (or madness) is essential knowledge that is largely absent from the current discourse on mental health.

Difficulties with the language we use to identify ourselves is evident in the PhD dissertation of Linda Morrison. Now published as a book, *Talking Back to Psychiatry: Resistant Identities in the Psychiatric Consumer/Survivor/Ex-Patient Movement* (Morrison 2005) is a major contribution to the academic discourse of Mad Culture that examines its history and politics, primarily in the US. The title captures again the cry of the first-person voice to speak for ourselves and claim our own identity and discourse. It also indicates the language difficulties in how we identify ourselves in this discourse. In Australia, the mad are usually referred to as mental health consumers, while in the UK the term 'service user' is used, sometimes abbreviated to just 'user'. Others prefer to identify as a 'psychiatric survivor', sometimes shortened to 'survivor', though this has been a problem for me in my work because suicidology has appropriated this word to identify those bereaved by suicide, something that contributed to my feeling invisible to suicidology when I first encountered it. Yet others prefer to identify as ex-patients, so that all these possibilities are sometimes abbreviated as C/S/X, as in Morrison's dissertation. Another useful reference that would perhaps be a good companion for Morrison's

thesis is Professor Gail Hornstein's extensive 'Bibliography of First-Person Narratives of Madness' (Hornstein 2005).

One further example of Mad Culture at work, and its emergence in academia, is a recent conference in Milan on *Mental Health: the Consumers' View*. The conference was held by the World Association of Psychosocial Rehabilitation (WAPR), which is not a consumer-survivor run organisation – indeed it seems to be led mostly by psychiatrists. Consumer-survivors are all too familiar with conferences where the experts and others talk 'about us without us', but on this occasion WAPR made sure that over half of the speakers invited – and their expenses paid – were consumer-survivors. Another aim of the conference was to help develop the consumer-survivor community in Italy so that of the 400+ people who attended (nearly double what they expected) over half were consumer-survivors, and not charged a registration fee to attend the conference. Most of the consumer-survivors invited to speak at the conference were invited through WNUSP, but also some from ENUSP and a few others.

Through my association with WNUSP I was invited to speak on the 'consumer view on research', one of the four themes for the conference. The first thing that must be said about the conference is that it was a safe space for consumer-survivors to give voice – first-person voice – to their experiences and knowledge. It was not 'our' conference, but our collective voice was clearly the strongest voice there, making it a safe space to tell our stories, whether academic ones or otherwise. This is in stark contrast to most other mental health conferences I've attended, where I have felt isolated and intimidated, such as my unpleasant experiences at the Suicide Prevention Australia (SPA) conferences described in ANTHROPOLOGY OF SUICIDOLOGY. Recalling Dening's description of academic culture once again, we see that the prevailing culture in mental health, with its 'politics of exclusion', typically marginalises and silences the first-person voice. On this occasion though, our voices were heard. To appreciate the response to the various presentations (including my own), and also the other conversations that took place at the conference, it is useful to recall the fourth step of validation in the phenomenological method described in PHENOMENOLOGY OF SUICIDALITY. In this 'community of the adequate' among my peers who also spoke from the first-person perspective of madness, there was considerable intersubjective validation – phenomenological nods – for the many challenges heard at this

conference to the dominant, predominantly medical, discourse on mental health. It is true that the academic argument and the political struggle often overlapped and at times were blurred – exactly as it was in the early days of women's liberation and feminism.

One of the problems for Mad Culture in academia is that many of the current consumer-survivor researchers work in schools of psychiatry or psychology (or similar) where a medical or clinical perspective can limit what research questions are asked and how they are researched. In the absence of our own academic schools, conferences and other forums, the opportunities to develop the academic discourse of Mad Culture are still rather limited. Unlike the WAPR conference in Milan, we typically have to beg at the door of other disciplines to try and be heard, and often find this door is tightly closed to us. We find, again following Dening's description of an academic culture, that we are only permitted into the discourse when we conform to the "acceptable forms of evidence, acceptable questions, acceptable criteria of judgments, [and] acceptable languages of communications" of the discipline. When an academic discipline regards first-person research as not valid or 'real' research, as suicidology does, then the vital first-person voice is inevitably marginalised, silenced and excluded – as it is in suicidology.

This parallels (again) the early days of feminism where women had to fight a political struggle in order to be heard, but now we see a range of women's studies departments and courses in our universities contributing to the robust, lively and independent discourse of feminism we have today. A comparison has been made among my mad colleagues that academic Mad Culture today is at the stage feminism was before, say, the publication of *The Female Eunuch*, which I think is a reasonable approximation. And as with feminism in the 1960s, or women's liberation as it was aptly called then, the major activity of Mad Culture is currently mostly in the political arena.

This brief review of Mad Culture identifies the context of my own research, even though there is currently only a minimal presence of Mad Culture in academia. The distinguishing characteristic of Mad Culture is that it speaks from the first-person perspective of the lived experience of madness. This makes it very different from other critical voices in the history of madness and psychiatry. Mad Culture is sometimes perceived (and often dismissed) as part of the 'anti-psychiatry' movement

that includes R.D. Laing, Thomas Szasz, Loren Mosher, Peter Breggin and others. Although the work of these people, and others such as Foucault, is an important part of the history and context of Mad Culture finding its voice, all these critics of psychiatry speak from the third-person perspective. Mad Culture welcomes the continuing critical discourse from dissenting voices within psychiatry, psychology and sociology, but this can never be a substitute for the first-person voice. Our 'sister' social change, human rights movements have all recognised this and have all gone on to establish substantial first-person academic discourses around civil liberties, feminism, gay rights and (physical) disability. Mad Culture has not yet quite achieved this, but it is inevitable that it will with the support of the strong and growing voice of the wider Mad Culture movement. It is time for us to speak for ourselves.

In broad terms, my research is within the social sciences, which seems a more appropriate academic and cultural environment for Mad Culture research than schools where third-person, 'objective' science dominates. My thesis argues for more mad research, and in many ways the social sciences would be the natural home for this. There is currently a proposal before the Australian government for a Centre for Consumer Perspective Studies to develop a curriculum for bringing more of the consumer-survivor perspective into the education of the mental health workforce. This would be a big step forward for the mental health system, but my thesis argues for a broader research agenda that addresses more than just the delivery of mental health services. Some mad colleagues suggest that we need Mad Culture courses and departments in our universities similar to feminist ones, which I would support. But a better approach might be to develop courses and departments of 'First-Person Studies', in which Mad Culture would be one of many lively discourses.

Thus far, this exegesis has looked at two distinct ways of knowing that are relevant to the understanding of suicidality, though both are largely neglected by suicidology. First, the individual, subjective knowledge of suicidality 'from the inside' is given voice in *Thinking About Suicide*, with PHENOMENOLOGY OF SUICIDALITY arguing for a greater place for this voice in suicidology. Second, as shown in PHENOMENOLOGY OF SUICIDALITY, collective, intersubjective knowledge is the means for validating individual, subjective knowledge. Bringing these two knowledge domains into suicidology would go a long way towards addressing the

gaps in the discipline identified in ANTHROPOLOGY OF SUICIDOLOGY. But another way of knowing – spiritual knowledge – is also absent from suicidology and a phenomenological approach would only partially address this gap in the discipline.

I said earlier that spiritual ways of knowing could, in some ways, be seen as a particular kind of first-person knowledge, and that suicidology needs to open its doors to the first-person voice before we can begin to bring spiritual wisdom into the discipline. Many people, though, would still regard first-person phenomenological knowledge as mental knowledge. But as *Thinking About Suicide* describes in detail, spiritual ways of knowing are very different and quite distinct from any mental knowledge. To address the absence of spirituality from suicidology we need a conceptual model that recognises its absence and is capable of integrating spiritual wisdom with other forms of knowledge (including traditional third-person knowledge) in a more comprehensive and coherent framework. The Integral Model of the American philosopher Ken Wilber achieves this and is the model used in the next paper, which proposes an Integral Suicidology.

The original version of INTEGRAL SUICIDOLOGY was presented at the 2003 conference of Suicide Prevention Australia (SPA) – within the theme of *Finding meaning to sustain life: The place of spirituality in suicide prevention* – and was published under the title 'Self, Soul and Spirit – Suicidology's Blind-Spots?' (Webb 2003). The version here, with a new title, is substantially the same but with some minor revisions after a very recent (July 2005) conversation with Wilber to prepare it for publication in a forthcoming issue of the Integral Institute's *Journal of Integral Theory and Practice*.

Integral Suicidology

Bringing Self and Soul into Suicidology

Abstract

There are two voices in this presentation. The first is a voice of the direct, lived experience of, and recovery from, suicidality. This voice speaks of suicidality as a crisis of the self where the underlying question was "What does it mean to me that I exist?" This voice tells of seeking help and receiving 'treatments' that rarely helped and sometimes made things worse. This voice finally speaks of recovery from suicidality through spiritual self-enquiry. The second voice arises from the subsequent making sense of this suicidality and recovery, which has now become a PhD thesis at Victoria University. It speaks from and to the academic and professional discipline of suicidology, which sees itself as the "science of self-destructive behaviors". The Self, Soul and Spirit that the first voice speaks of are nowhere to be found in suicidology. These omissions of core concepts – the self is the 'sui' in suicide, both the victim and perpetrator of any suicidal act – are no accident. The theoretical models and methods of enquiry of suicidology render it blind to Self, Soul and Spirit. This paralyses suicidology, our 'collective wisdom' on suicidality, making it unable to respond to the crisis of the self that the first voice speaks of. The second voice identifies the 'integral approach' of Ken Wilber as a comprehensive framework that encompasses the full depth of the human experience, including Self, Soul and Spirit, as a possible way forward.

Introduction

> *It is the words that suicidal people say – about their psychological pain and their frustrated psychological needs – that make up the essential vocabulary of suicide. Suicide prevention can be everyone's business.*

These words from Professor Edwin S. Shneidman (1996 p viii), one of the founders of suicidology, concluded my paper to this conference last year (Webb 2002a). That paper identified the absence of first-hand accounts of suicidality as the major weakness in our efforts to understand and prevent suicide. This *first-person voice* was absent from last year's conference and, sadly, this appears to be the case

again this year if we look at the keynote and invited speakers to this conference. This is particularly disappointing given the theme of the conference this year.

I deliberately chose to write my first SPA paper as a personal reflection to assert the importance of the first-person voice. In this paper I re-visit the central issues of self, soul and spirit raised last year, while adding a more academic voice to show that the blindness of suicidology to these critical issues is no accidental oversight. The aim here, and the theme of this conference, is that spirituality (as well as the first-person voice) can no longer continue to be excluded from the agenda of suicidology.

This paper, arising from my PhD work, proposes a way to a more integral approach to suicidology. It is traditional science that normally excludes spirituality from our proposed agenda, so some reconciliation between science and spirituality is required. Although spirituality, almost by definition, often goes beyond purely rational ways of knowing, this does not mean that we cannot talk rationally about spirituality. The current conceptual models, theories and methods of suicidology are constrained by the traditional scientific method that requires observable, measurable objects. But the lived experience of suicidality itself is not objectively observable or measurable. How might we overcome this scientific exclusion of Self, Soul and Spirit from suicidology?

The *integral* approach of Ken Wilber includes a conceptual framework that accommodates Self, Soul and Spirit. His "AQAL" model is the most advanced in the field for the reconciliation we need between science and spirit (where "AQAL" stands for All-Quadrants and All-Levels). This model provides a *full spectrum of consciousness*, allowing us to recognise spiritual values and needs (All-Levels). The *Four Quadrants* – four different views, 'ways of knowing' or epistemological windows – invite us into a more comprehensive and deeper appreciation of the subjective interiors of the self. When combined into the AQAL framework, we have an integrated and comprehensive model for bridging the current gulf between science and spirit.

A Personal Testimonial

In this section I briefly recount my personal experience of suicidality and my recovery from it through spiritual self-enquiry. My aim is not to attempt any generalisation from one individual's story, although I do know of others for whom

spirituality has played a central role in their suicidal crisis. Rather, my aim is to assert the legitimacy and importance of the first-person voice. There are so few first-person accounts of suicidality in the literature that it is impossible to know whether my story, and specifically the issues around self, soul and spirit, are somehow peculiarly unique to me. And even if my experience of suicidality is of a rare or unusual type (which I doubt), then this is not a reason for suicidology to ignore this type of suicidality. Spiritual crises of the self and spiritual pathways to recovery are currently not on the agenda of suicidology *at all.* If it is to be comprehensive, suicidology must be able to say why my kind of experience of suicidality, including my recovery, is currently excluded from the discourse of the discipline.

Suicidality

> *I could not bear being me. It was pointless – hopelessness and helplessness were my constant companions. Try as I might, I could not find any reason why I would want to go on living this misery. Eventually, suicide became the only option.*

In mid-1995, for the second time in my life, I found myself feeling suicidal after the collapse of a very special relationship. In 1979, also triggered by a broken heart, it took about six months of this silent, secret despair before I finally had a go at myself. I survived the overdose but was badly burned by the accidental fire that I started but didn't wake up to. After months in a hospital for my burns and another attempt, which got me locked up in a psychiatric ward, I fell out of the hospital into university and eventually landed into a reasonably successful career in the computer industry. I came to think of my suicidality as some youthful aberration, so I couldn't really believe it when, in 1995, I found myself feeling suicidal again.

> *When the anti-depressants didn't work, the psychiatrist upped the ante and added an anti-psychotic to my drug diet. I put on 20 kilos as I spent the next eight months eating ice-cream and watching daytime TV. This zombie state which suppressed my suicidal symptoms – for a while – was the desired outcome of this drugging. And all the 'talking cures' always felt like a dance on the surface, never really getting to the source of my pain.*

The next four years were a time of madness, chaos, damaging drugs (both legal and illegal), hospitals, rehabs, doctors, psychiatrists, psychologists and other

counsellors, distraught family and friends, several clumsy suicidal gestures and two serious attempts. I tried so hard to find a way to stay alive but nothing seemed to help. Squandering the wealth of my affluent years, I became an impoverished, unemployable, solitary, disinterested, drugged zombie (the prescribed drugs). I still had no good explanation for why I felt this way or why I wanted to die, far less any 'cure' for it.

With hindsight I now see suicidality – or at least my experience of it – as a *crisis of the self.* Hopelessness is seen as one of the key indicators of suicidality by many people, including Aaron Beck, the pioneer of Cognitive Behaviour Therapy (CBT) (Beck 1986). Hopelessness, to me, arises from an absence of meaning or purpose in a life. For me, the fundamental question that suicidality confronts you with is "What does it mean to me that I exist?" If a satisfactory answer to this question cannot be found then suicide becomes a logical and appealing option. When you add helplessness, the second key indicator of suicidality, which is the (false) belief that there is no way out of this meaningless hopelessness, then suicide becomes the *only* option.

Recovery

> *Exhausted, I finally surrendered to the emptiness and the yearning. Guided by silence, I let go of my attachment to the mind and all its stories. Almost effortlessly, peace and freedom arrived ... and remain. My suicidality and drug addiction disappeared like a snake shedding a no longer useful skin.*

Psychiatry did not work for me. In fact most of the 'treatment' I received from psychiatrists was actually an abuse of my body, mind and soul. Psychology and other 'talking therapies' also did not work for me. No amount of trawling through my past came up with an explanation, far less a solution, for my suicidality.

Recovery finally came through *spiritual self-enquiry.* By some 'grace' – a meaningful word in spiritual circles but spurned in the sciences – the *gyan yoga*[1] of Ramana Maharshi came to my attention. Ramana, who died in 1950, shared his spiritual wisdom through the traditional question and answer forum of *satsang* rather than through any specific techniques or practices (Maharshi 2000). An American

[1] Gyan yoga is the yoga of self-enquiry, which is what I call 'spiritual self-enquiry'.

woman, Gangaji, carries on this tradition and I acknowledge her articulate, contemporary and western voice as a major contribution to my recovery.

Yoga had been my doorway to spiritual life after an essentially rationalistic and atheistic upbringing. I even took refuge – precious sanctuary – in a yoga ashram for six months during my struggle with suicidality. Although rarely taught in most (western) yoga classes, the gyan yoga or self-enquiry of Ramana and Gangaji is part of the ancient tradition of yoga, which maybe made it more accessible to me than other spiritual teachings. The 'method' of this self-enquiry is to ask the essential spiritual question of "Who am I?" and to be guided in this enquiry by silence – that is, do not look for the 'answer' with or from the mind, but in the silence of a quiet, still mind. I now see this quietening of the mind to reveal and fully meet the ever-present spiritual Self as the basis of all the great meditative traditions. This teaching challenges the supremacy of the mind as the essence of our being (self), a privileged status of the mental realm that is assumed in western thinking, including psychiatry and psychology. It is even assumed in some schools of yoga and Buddhism that sometimes see their teachings as the 'science of the mind'.

To question this primacy of the mind is a radical teaching and one that I could not immediately accept. My educated, rational, sceptical, western mind resisted this wisdom and worked hard to find some fault with it. But in the end, and only after reaching a point of total exhaustion and again by some mysterious grace, I somehow surrendered – another significant spiritual word that science spurns – to the silence at the core of my being. In some ways this sounds altogether too simple (which it is), but in other ways it was the hardest and scariest thing I have ever done. This surrender is to surrender to your worst fears. It is to surrender to the possibility that your life truly is as utterly meaningless and insignificant as you fear it to be. It is to surrender to that black hole of despair that is so terrifying that you would rather destroy your physical body than remain there. It is a surrender that is a willingness to be annihilated. But this surrender is definitely not giving up to the urge to escape by killing yourself. Being willing to die is very different from wanting to die. In this willingness to die I found a willingness to live also – either way, it didn't matter any longer. All I wanted, all I yearned for – or have ever yearned for, I can now see – is to be me, nothing more and nothing less. In surrendering to the silence of spiritual

self-enquiry and the willingness to just be me, I finally, for the first time in my life, truly met myself.

And in this meeting with the ever-present spiritual self, I found peace and freedom. My suicidality and my drug addiction simply disappeared, almost effortlessly. This recovery was not just the suppressing of the symptoms of my despair, which is all the psychiatric medications can offer. Nor was it a mere 'coping' kind of recovery where I learned to manage my despair so that I might live with it more easily. Suppressing symptoms and coping strategies can both be very useful, but a recovery in the fullest sense is to be free of the despair. I still do not consider myself 'cured' (a meaningless term to me), but the peace and freedom that arrived in 1999 is still with me today, with no sign of any suicidality or drug addiction now for four years.

In this personal testimonial I do not want to suggest that my spiritual path is the only path to recovery from suicidality. First of all, I do not assume that spirituality is always the central issue in the suicidality of others, for whom psychological and other therapies may be more appropriate. I also do not claim that spiritual self-enquiry is the only effective or even the best of the numerous spiritual pathways to recovery. There are many different spiritual paths and many factors determine which might be most appropriate for, and accessible to, any individual. A faith-based religious spirituality that requires belief in some external God, for instance, was never going to work for someone with my background. But I have met others for whom this form of sacred relationship with a religious God has been the key to their recovery. I still have no interest in ideological, religious dogma that has often been the source of abuses that have led to suicide, such as we see now in the paedophile scandals in the churches. But I am unable to discern any major differences between the spirituality that set me free and what Bishop Spong calls the "god-experience" (Spong 2001).

I do claim, however, that this personal testimonial, along with the more academic argument that follows, require that suicidology cannot continue to turn a blind eye to the central role that spirituality often plays in the experience of and recovery from suicidality.

Suicidology

I started to look at the literature of suicidology and found myself feeling uneasy that whoever they were talking about, it was certainly not me.

The academic and professional discipline of suicidology seeks to understand, describe and explain suicidality so that we might develop more effective prevention strategies and, when it arises in an individual, better 'treatments' or interventions. It strives to be the "*science* of self-destructive behaviors" and like "any science worth its salt ought to be true to its name and be as objective as it can, make careful measurements, count something" (Maris et al 2000 p 62). Furthermore "*suicidology has to have some observables*, otherwise it runs the danger of lapsing into mysticism and alchemy" (Maris et al 2000 p 63).

This traditional scientific approach has its place but runs into difficulties with subjective, interior phenomena where there is little that can be externally observed. This is a pervasive problem in mental health in general and perhaps no more so than in suicidology. The inner, subjective, lived experience of suicidality cannot be fully understood and known through traditional, objective, scientific methods alone. Limiting our enquiry to only these methods inevitably results in a partial understanding of suicidality. The criticism here is not that the knowledge derived through these methods is incorrect so much as it is partial and incomplete. And what is missing is often that which is most significant to those who live the experience of suicidal thoughts and behaviours.

The self in suicidology

I previously described the lived experience, or first-person perspective, of suicidality as a crisis of the self. There can be no concept more central to suicidology than that of the self. It is the 'sui' in suicide, both the victim and perpetrator of any suicidal act. And yet concepts of selfhood are rarely discussed in suicidology. One exception is the psychoanalytical enquiry by David Bell who asks, "Who is killing what or whom?" (Bell 2001), but such questions are rare in the literature of suicidology. The discipline seems to be content to assume the various (and varying) concepts of self that it inherits from its parent disciplines (see below). It is appropriate and often necessary for any sub-discipline to refine, or redefine, its core concepts according to the contexts of that sub-discipline. Suicidology has not done

this. Given the pivotal role of the self in suicidality, this would appear to be a significant oversight within the discipline.

Spirituality in suicidology

Religion is sometimes discussed in suicidology as a protective factor against suicide. The emphasis here though is on religious taboos against suicide and also the benefits of being a member of a church community. Spiritual needs and values as core human needs get little mention. A striking, but curious, illustration of this can be seen in one of the major references of suicidology (Maris et al 2000). The editors do recognise the significance of spiritual values to themselves when they acknowledge in the preface "the immense intellectual and spiritual debt that we all owe to our mentors and friends" during the writing of their book. But there is no other mention of spirituality in this "comprehensive" textbook of suicidology. It is encouraging, however, to see a leading suicidologist (and a psychiatrist and psychopharmacologist at that), Richard Balon, say recently that spirituality was an important issue for the discipline (Balon 2003 p 5).

The three 'parent disciplines' of suicidology

To critique suicidology it is necessary to also critique its three 'parent disciplines' – psychiatry, psychology and sociology – for suicidology relies on these for many of its core concepts and methods. My paper to this conference last year looked at these and found the concepts of self in all three of these discipline areas were inadequate for understanding and explaining either my suicidality or my recovery. Some were more inadequate than others, such as the 'biochemical robot' notion of the self in biological psychiatry (for a good critique of this see Zachar 2000). Psychological concepts of selfhood, although more human and more useful than those we find in psychiatry, are typically limited to purely mental notions of the self. A good example of this is Professor Shneidman's valuable (but "mentalistic") theory that suicidality is due to *psychache*, or psychological pain, "that stems from thwarted or distorted psychological *needs*" (Shneidman 1996 p 4). And the social sciences, including social psychology, tend to emphasise the relational self and find themselves defining the self rather tautologically in terms of relationship to some other self (e.g. Baumeister 1999; Sedikides & Brewer 2001). Some branches of the social sciences do, however, explore the self and subjectivity in imaginative or

postmodern ways (e.g. Elliott 2001; Mansfield 2000), but these discussions rarely appear in mainstream psychiatry and psychology, far less suicidology.

Modern psychiatry also has close to nothing to say about spirituality. This is beginning to slowly change with the growing interest in spirituality in the community as we saw with Dr. Balon's comment above. And Michael Stone, an otherwise orthodox, mainstream psychiatrist and the author of a detailed history of psychiatry (Stone 1997 p 429) believes that "One theme that the next generation of therapies will need to address more vigorously than has been done in our generation is that of *spirituality*". Psychology and sociology occasionally touch on spiritual issues but these tend to be outside the mainstream of these disciplines so are rarely seen in suicidology.

It must be noted that many mental health Consumers[2] use spiritual language when talking about their mental health difficulties and there is now a recognised "spirituality gap" between these Consumers and a profession that is unable to relate to them (Tacey 2003). This conference therefore represents an important development in suicidology as we ask how do we bridge the gulf between science and spirituality?

A Conceptual Framework for Self, Soul and Spirit in Suicidology

> *I still had a need to 'make sense' of my suicidality, and my recovery. For my research I needed to find – or define – a conceptual model that encompasses and honours the history and the spirit of my struggle and my recovery.*

Although spirituality, almost by definition, goes beyond just the mental and the rational, this does not mean that we cannot talk about it rationally. The current theoretical models of suicidology and its parent disciplines, however, are clearly inadequate for this because the blind-spots identified in this paper are intrinsic to these models, effectively excluding spirituality from the discourse of the discipline(s). This in turn leads to an impoverished concept of selfhood in these theoretical models.

Ken Wilber's *integral* approach or model is based on his exhaustive survey, over more than thirty years, of the intellectual and spiritual traditions – ancient, modern and post-modern – from both the East and the West. His many books include

[2] 'Consumer' is the generally accepted term for those of us who have experienced psychiatric problems. I use a capital 'C' to remind us that, like many psychiatric labels, it comes with a lot of extra and often unwanted baggage. Many Consumers, myself included, find this terminology offensive.

a comprehensive, integral model for psychology (Wilber 2000a), and a thorough, rational argument for a reconciliation between scientific and spiritual traditions (Wilber 1998). The key elements of this model are presented here and an Integral Suicidology proposed to address the critical gaps currently found in suicidology.

The 'four quadrants'

From the *four quadrants* in Figure 1, Wilber identifies four domains of human knowledge or perspectives: the individual *intentional* and *behavioural*, and the collective *cultural* and *social*. These represent the different domains of experience, each with its own distinct qualities and properties. The ways we know – and come to know – are distinctly different to and irreducible from each other, so each quadrant can be seen as having a distinct epistemology.

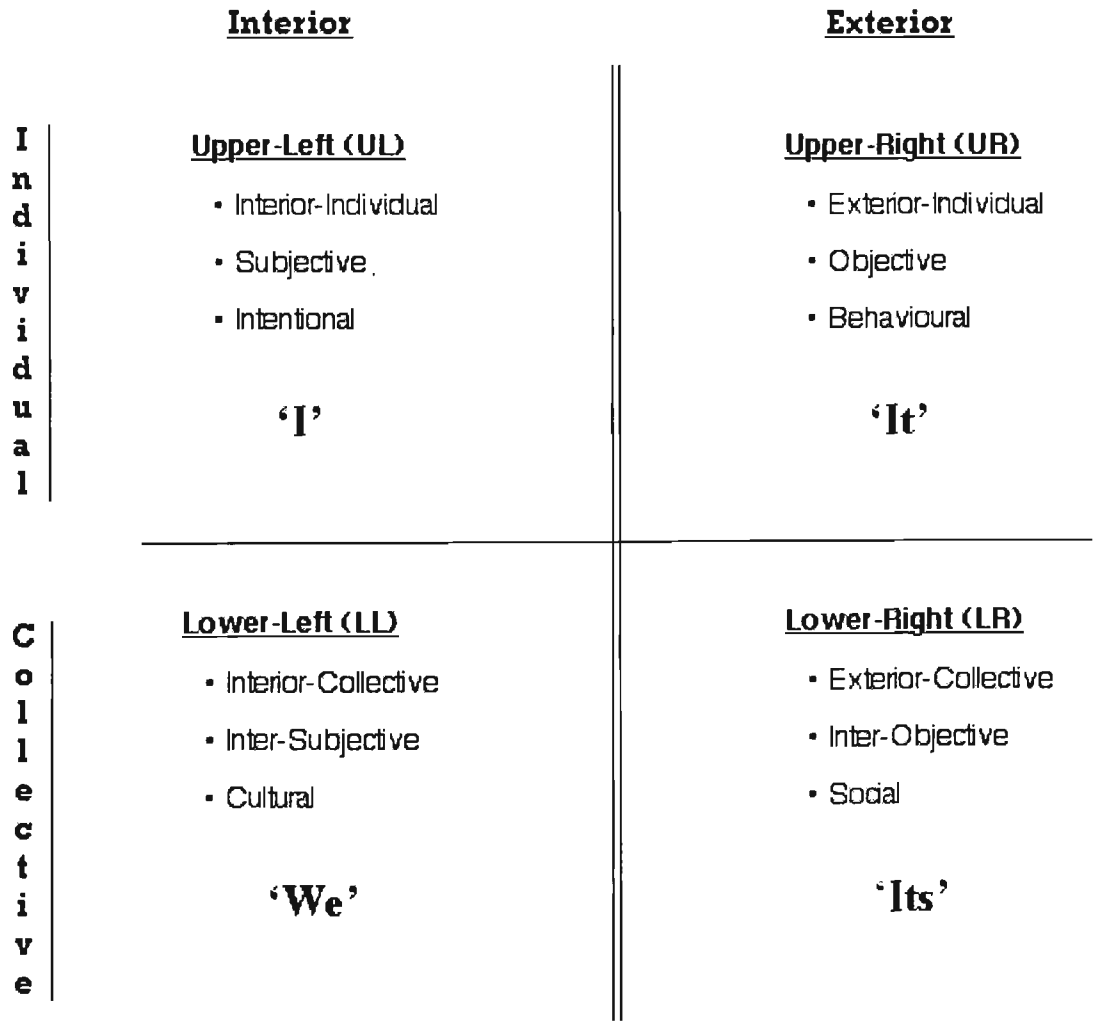


Figure 1 – The Four Quadrants

Any phenomena can be experienced or viewed (i.e. known) from four different perspectives. First, there is the perspective 'from the inside' as apprehended by direct experience. The vertical line in the above diagram distinguishes between this interior, subjective reality and the exterior, objective reality of whatever might be externally observable of the phenomena. Each of these also has an individual and a socio-cultural or collective perspective, indicated by the horizontal line. Combined, this gives us the four quadrants of the individual, subjective *intentional*; the individual, objective *behavioural*; the collective, inter-subjective *cultural*; and the collective, inter-objective *social.*

As a first simple example, consider the experience of supporting your favourite football team. The Upper-Left (UL) quadrant of inner, subjective experiences – so rich in meaning – are the personal and often private joys and sorrows of your team's victories and defeats. The Upper-Right (UR) is the externally visible behaviour of your support – wearing the team's colours, cheering them on, and crying when they lose the Grand Final. The Lower-Right (LR) is the externally visible, social context of supporting your team – the team's clubhouse and the club itself, the venues of the games and purchasing of tickets, the media coverage. And the Lower-Left (LL) is the *intersubjective*, cultural aspects of shared experience – the solidarity, empathy and intimacy with fellow supporters, the mutual enmity, distrust and rivalry with opposing fans, and the frustration of standing in queues for tickets in the rain, shared with both ally and foe.

Any experience can be viewed from the perspective of each of the four quadrants, and each of those perspectives will reveal unique information about the experience. Another way of saying this is that each of these four views (or ways of knowing) always has its correlates, or alternate ways of viewing (or knowing), in each of the other quadrants.

To use another example, fear is a powerful emotion with significant subjective meaning – to truly know fear is to experience it 'from the inside' (UL). It also has objectively observable correlates such as the biological 'adrenalin rush' and visible behaviour of the fight-or-flight response (UR). External or environmental correlates would include the elaborate social rules, etiquette and norms, including legal ones, that influence how we might experience, express or respond to fear (LR). Similarly,

cultural correlates also constrain or sanction our behavioural responses to fear, but an intimate and empathic, intersubjective sharing of fear is also possible, sometimes to the extreme of contagious 'mob hysteria' (LL).

The Upper-Right quadrant is the domain of the traditional 'hard' sciences such as physics and chemistry. It is a way of knowing where experimental methods and validity criteria rely entirely on objective observation of individuals in an external world that is 'out there'. The technological achievements of this kind of knowledge are all around us. Psychologically, a strictly UR way of knowing considers *only* our observable behaviour – i.e. behaviourism – a now largely discredited school of psychology. The Lower-Right quadrant similarly sees a world 'out there' but one that is complicated by complex interactions between the participating individuals. In human terms this is the domain of the social sciences, but this quadrant also includes ecological sciences and systems theory where we have non-human participants in the collective.

In recent decades, particularly in psychology and the social sciences, various *qualitative* methods of enquiry have been developed that seek to enquire more deeply into the inner realms, both of the individual and the collective. After some initial resistance from the 'hard', quantitative sciences, the validity of many of these methods is now generally accepted. These tend to rely on interviews, surveys or other forms of 'self-report' which are then *interpreted*, and may include some statistical analysis for significance across populations. They look for *qualitative salience* (rather than quantitative certainty) and have contributed greatly to our understanding in areas such as teaching and learning, gender and identity studies, ethnography and other cultural studies as well as mental and emotional wellbeing.

AQAL theory shows that most of these methods are a form of subtle reductionism (as opposed to gross reductionism such as behaviourism that considers *only* what is observable/measurable). That is, subjective qualities (Left-Hand quadrants) are translated into 'data' for analysis by Right-Hand methods. And although not as severe as gross reductionism, important information is still often lost in this translation. This can be significant when the information lost is actually the most meaningful and important qualities of the phenomena under enquiry to those who actually live the experience. This is most likely to occur – and most frequently does occur – with subjective qualities that have minimal observable correlates or

when the methods employed or fail to detect or interpret the first-person data adequately. And soul and spirit are invariably lost when our theoretical models and methods deny their existence and legitimacy.

The four quadrants represent four different ways of knowing (or enquiring into) any phenomenon. Each way of knowing, each quadrant, therefore has its own appropriate validity claims. Traditional scientific methods (both 'hard' and 'soft') only recognise the validity claims of the two Right-Hand quadrants. The individual first-person ('I') subjective validity of UL knowledge and the collective first-person ('We') intersubjective validity of LL knowledge find no place in the third-person objective validity of the two Right-Hand quadrants. Taking the two Right-Hand quadrants together in this way, we have what Wilber calls the Big Three of *I*, *We* and *It* knowledge. These are similar to Plato's the Beautiful (UL), the Good (LL) and the True (UR and LR), and Kant's three critiques of Pure Reason (UR and LR), Practical Reason (LL) and Judgement (UL). In Buddhism the Big Three are Buddha (UL), Dharma (UR and LR) and Sangha (LL). But with the rise of science and the fall of religion, only the third-person objective 'It' knowledge of the two Right-Hand quadrants is recognised.

Wilber calls this the "disaster of modernity" where "all subjective truths (from introspection to art to consciousness to beauty) and all inter-subjective truths (from morals to justice to substantive values) were collapsed into exterior, empirical, sensorimotor occasions". He cites some of the great thinkers of our time who describe this disaster as "the great nightmare of scientific materialism was upon us (Whitehead), the nightmare of one-dimensional man (Marcuse), the disqualified universe (Mumford), the colonisation of art and morals by science (Habermas), the disenchantment of the world (Weber) – a nightmare I have also called flatland" (Wilber 2000a p 70).

The current conceptual frameworks of suicidology are just such a flatland.

Full spectrum of consciousness

Wilber identifies, from the consistent and persistent themes of the many great wisdom traditions through the ages, what he calls the *full spectrum of consciousness*. It is also referred to as the Great Chain (or Nest) of Being or what Aldous Huxley called *philosophia perennis*, the perennial philosophy (Huxley 1944). This spectrum

represents the levels of reality or consciousness from matter to life to mind to soul to spirit (Fig 2).

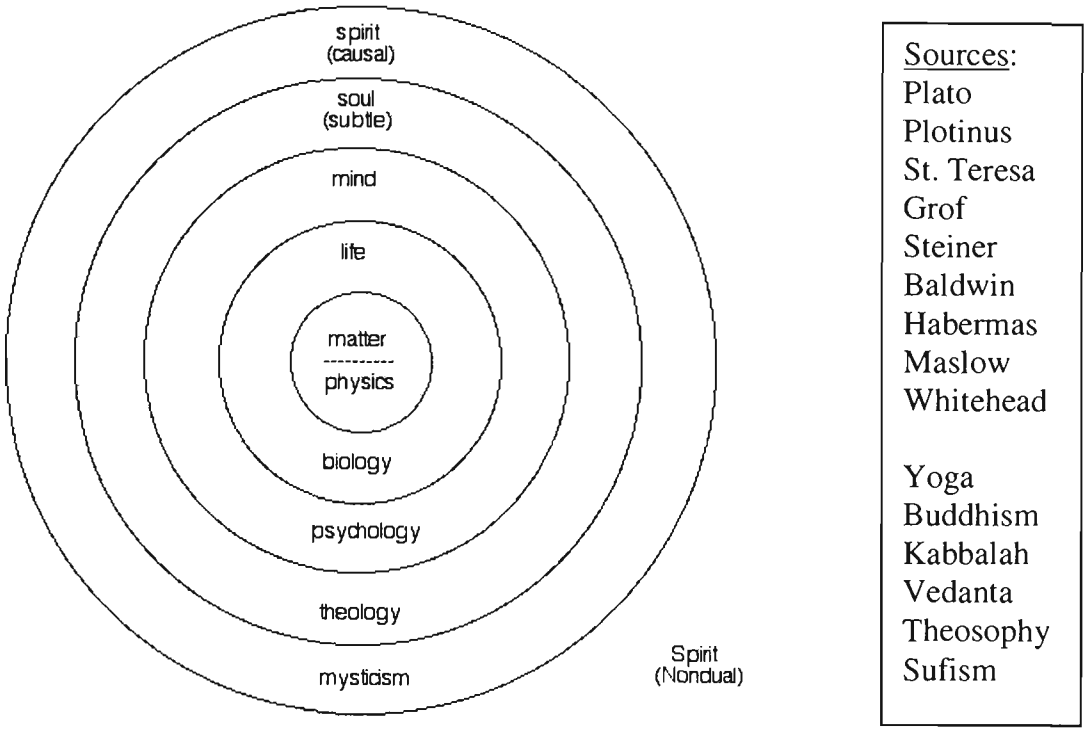


Figure 2 – The Full Spectrum of Consciousness

Wilber points out that there is virtually universal consensus for this model among the wisdom traditions, including across diverse cultures. The number of levels and the boundaries between them vary somewhat in these traditions but Figure 2 represents a reasonable summary or map of the overall 'spectrum'. His own model has several sub-levels at each level so he sometimes calls them the *waves* of consciousness to stress that the boundaries are more rainbow-like rather than hard edges. For instance, based on my own experiences, I do not personally emphasise the distinction between the subtle spirit of the individual (theological) soul and the more universal, causal (mystical) spirit.

Traditional scientific methods first arose with physics and inorganic chemistry to enquire into the innermost level of this model, physical matter. These methods were developed further to enquire into the organic chemistry at the next level of biological life. The knowledge gained using these methods has given us the sophisticated technological world that we live in today. Wilber calls these and the

many other achievements of this new 'age of reason' (in which we must include the collapse of the power and authority of religious ideological dogma), the "dignity of modernity".

But traditional science (and its methods) has not so far been as successful in understanding and explaining the higher levels of consciousness. Although some uncertain progress has been made in the scientific understanding of the mind, much of the mental level is still not well understood in scientific terms. Part of the reason for this is the sheer complexity of the mind – that is, these are really hard scientific questions. But it is also because much of the significance of our mental life is subjective (Left-Hand quadrants) and not visible to traditional objective (Right-Hand) methods of scientific enquiry. There are few "objective observables" (or observable objects, for that matter) for the dispassionate, detached scientist to observe and measure. The methods of 'flatland' science will only ever give us a partial and incomplete picture of our mental life.

These problems become even more severe at the spiritual levels of consciousness. So severe, in fact, that science eschews these levels altogether. Some scientists will see spirituality as part of our mental world, perhaps similar to a personality trait, and seek to explain it in inadequate psychological terms. Others scientists see spirituality as supernatural and/or irrational and therefore unreal or even delusional. Others, including some of the greatest scientists of the modern era and with somewhat more accuracy and humility, will acknowledge that spirituality and mysticism are outside the bounds of (traditional) science. The overall result is that spirituality – and concepts of self that include spirituality – rarely if ever appear in the scientific discourse.

This flatland science is inadequate as the basis for suicidology. It does not and cannot explain my suicidality nor my recovery from it.

All quadrants, all levels – AQAL

Wilber's full spectrum of consciousness and the four quadrants come from his exhaustive analysis of the literature from many academic disciplines and wisdom traditions. Along with the rigour of this analysis and the clarity of his discussion of it, his major original contribution comes when he superimposes the four quadrants over the spectrum of consciousness to produce an 'all quadrants, all levels' (AQAL)

model. This is shown in Figure 3 in simplified form. Wilber includes much detail on this map of consciousness, more than we need here – indeed, his latest thinking, sometimes referred to as 'Wilber-5' is considerably more sophisticated than shown here but the AQAL model as presented here is sufficient for our purposes.

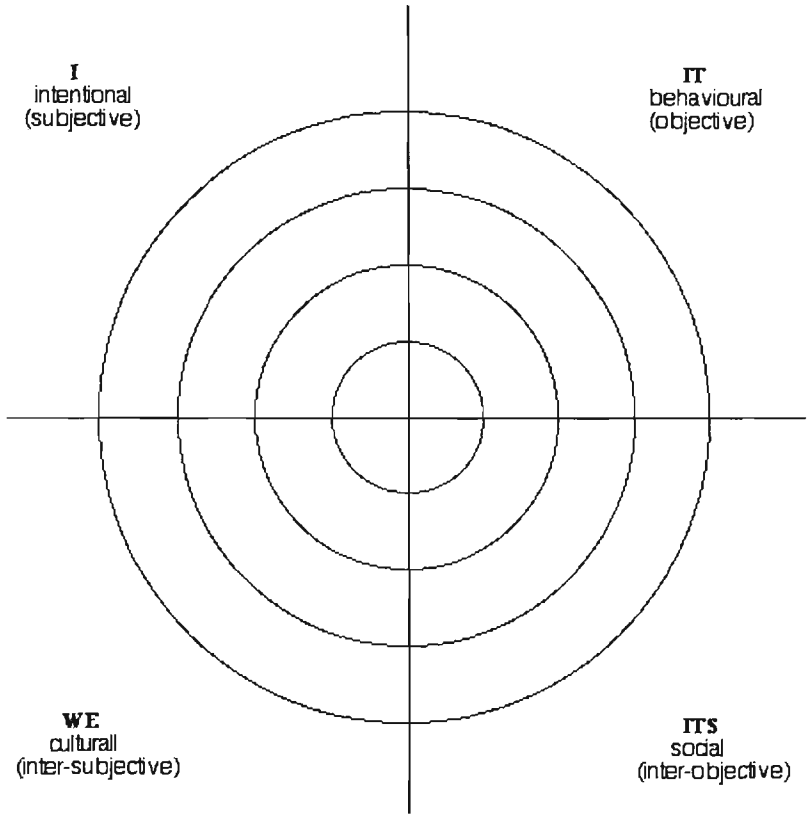


Figure 3 – All quadrants, all levels (AQAL)

This diagram shows that the full spectrum of consciousness applies to all four ways of knowing as indicated by the four quadrants. Each of these ways of knowing has its own validity and legitimacy and each has its own unique contribution to make to our overall understanding of any phenomenon. Equally, to look through only one or two of these epistemological windows will inevitably give us only a partial and incomplete knowledge. It also highlights that soul and spirit are not restricted solely to individual, inner, subjective ways of knowing, but can also be viewed, studied and known behaviourally, socially and culturally. It also helps emphasise that any phenomena of interest, including soul and spirit, have correlates in all four quadrants.

The strength of this model, along with its comprehensive elegance and simplicity, is that it highlights what is often overlooked or denied. Wilber himself asserts that any genuine *integral psychology* must recognise and respond to all four

quadrants *as equals*. For the right-hand quadrants to dismiss left-hand subjectivity is to reduce the richness of human experience to a *flatland*, a one-dimensional, disenchanted nightmare. Similarly, some 'extreme left' points of view (e.g. extreme New-Ageism) deny the right-hand quadrants, leading to an equally diminished and impoverished view of the world.

This model also highlights the challenge before us. The dominance of Right-Hand ways of knowing (and ways of enquiry), in particular by the Upper-Right 'hard science' tradition, is apparent in many fields. In psychiatry we see the dominance of *biological psychiatry*, which reduces we humans to little more than biochemical robots. But neurotransmitters are value-neutral, and the science of brain chemistry is unable to speak to us of love and joy, sorrow and despair. Psychology, and some branches of psychiatry, speak to us in more meaningful, human terms. But these too are often in denial of the spiritual and often have only a partial view of the self, in their earnest attempts to come 'up' to a standard that has been set by Upper-Right criteria.

This challenge is an interdisciplinary one, where progress is slow and difficult as we become familiar with each other's theories, methods, attitudes and specialist language. These interdisciplinary challenges can occur *within* each of the quadrants. For instance, when I used to work as a software developer with a team of engineers (both largely UR mindsets) it took time to learn how to speak meaningfully to each other. When the interdisciplinary boundaries that have to be crossed are also across quadrant boundaries, then this model demonstrates the magnitude of the task before us, which can perhaps more accurately be stated as a trans-disciplinary challenge.

One of the challenges is to develop methods of enquiry – research methods – capable of reaching into all levels for all quadrants. Some methods, such as those of traditional science are well established, tried and tested, but only reveal part of the overall picture. Some qualitative methods are also well established, adding a bit more flesh to the raw, quantitative data. Some innovative qualitative methods, such as we find in transpersonal psychology (Braud & Anderson 1998) and autoethnography (Ellis & Bochner 1996), are evolving to capture more of the full depth and richness of the lived experience that other methods fail to see. Wilber's integral AQAL model is a framework that shows us the scope of the task before us that now "cries out for and

deserves research methods that are as powerful and encompassing as the experiences themselves" (Braud & Anderson 1998 p 20).

Conclusion – An Integral Suicidology

It is too soon to say what an Integral Suicidology would look like, but a few preliminary comments can be made on how we might proceed.

First, the comprehensive, integral AQAL model reveals the same blind-spots in suicidology as my personal testimonial. Suicidology is blind to the Self, Soul and Spirit. It also explains how this has come about by showing that this blindness arises from a 'flatland' epistemology that only recognises the Right-Hand quadrants. With such a clear framework now making this apparent, suicidology can no longer continue to deny a role for Self, Soul and Spirit in its enquiry into suicidality.

This model also points to a way forward that is, in effect, a much needed reconciliation between science and spirit. (It is also apparent from the model that this would also be a reconciliation between the seemingly conflicting truth claims of science, art and morality.) It does this by identifying the four different "value spheres", each of which needs to be understood and honoured as equal partners in our overall enquiry into suicidality. It also shows that each of the quadrants have their specific validity criteria which accordingly require their own appropriate methods of enquiry. The gulfs that exist, and the bridges that need to be built, between these four different views into suicidality are also apparent in this model. The magnitude of these challenges should not be underestimated, but nor should we hide from them by ignoring, denying or dismissing the view from other quadrants or levels.

The model does not in itself give us the methods we need to fill out the details and have the conversations needed to bridge these gaps in suicidology. In the most recent developments of the Integral/AQAL Model, sometimes referred to as 'Wilber-5', identifying the appropriate methods of enquiry for each quadrant has emerged as a priority. Briefly, each quadrant now also has two 'zones' that indicate two different approaches for enquiring into the knowledge domain represented by each quadrant. For instance, in the Upper-Left quadrant that is the focus of my research and this paper, phenomenological methods of enquiry are necessary for first-person perspectives of first-person experience – this is 'Zone-1' and the focus of my work. But Wilber points out that structuralist methods of enquiry are also needed for a third-

person analysis of first-person experience (still Upper-Left) to reveal the *structures* behind these experiences – this is the 'Zone-2' perspective on the Upper-Left quadrant. Similar analysis identifies two zones for each quadrant, giving eight major types of research method to address all four quadrants or knowledge domains. Wilber aptly calls this comprehensive approach Integral Methodological Pluralism. 'Wilber-5' also includes a more sophisticated model of spirituality as it relates to psychological development than is indicated by the rather simple body-mind-spirit model of the full spectrum of consciousness used here. There is currently not a lot of detail on 'Wilber-5' in published form but the AQAL Model presented here is sufficient to begin addressing the serious gaps in suicidology requiring urgent attention

First, the interiors of suicidality cannot continue to be overlooked or ignored. The inner, subjective experience of the suicidal crisis of the self, of which my personal testimonial is but one illustration, must be heard. Psychological autopsies and psychiatric diagnoses by themselves are not sufficient. Yet again, I call upon suicidology to bring the first-person voice of suicidality, the first-hand accounts of the lived experience, into the discourse of the discipline. Given the stigma and taboo around suicide, creative ways are needed to ensure that this voice is heard. Words and text may not be sufficient. Art, music, dance, play and other creative methods of enquiry are required. We especially need to create safe spaces where these stories can be told – both to inform our enquiry but also and more importantly, as healing spaces. Which immediately points us to the lower, collective quadrants – see how handy this model is.

But before we go there to look at suicide *prevention*, a few comments need to be made about *intervention* with an individual who is already actively suicidal. I'm afraid I am not overly optimistic on our ability to significantly reduce suicide rates based on intervention. My own experience, which to some extent is confirmed in the literature as well as other stories I hear, tells me that reaching people in the later stages of suicidality is, at best, problematic. For many reasons – shame, denial, stigma etc – we tend to 'go underground' once our suicidal contemplations start to become serious. We are also adept at hiding it and quite likely to turn our backs on those who try to reach out to us. We can be very difficult 'patients'.

Even so, the model can still give us some clues on intervention that suicidology currently overlooks. First and foremost is to respect suicidality as a legitimate human experience; to honour, that is, the full depth of our humanity, including the suffering. The inner, subjective feeling of suicidality is unpleasant enough. To be told that it is mad, bad or wrong does not help and certainly impedes reaching out for help. This is especially unhelpful if we are told this by those we seek help from. This model also opens up the range of possible interventions. This is a large topic so I'll just mention my own situation where recovery only came through moving into some new psychospiritual territory, rather than through healing some past wound. This fits neatly with the AQAL model, less so with mainstream psychiatry or psychology. Another 'intervention' that this model clearly suggests, though is sadly very neglected, is that of the shared intimacy and healing power of peer support groups (LL Quadrant).

Although I see my own experience of suicidality, including my recovery, as mostly Upper-Left quadrant, it is the Lower-Left quadrant that I believe holds the greatest hope for significant reductions in suicide rates. Suicide *prevention* is about preventing suicidal feelings arising in the first place, or at least nipping them in the bud before they escalate to a serious level. Again, as with individual interventions for the actively suicidal, there are too many issues and possibilities to consider in any detail here. But a few suggestions are made here to point to some possible ways forward.

First, I mentioned the need for safe spaces where first-person stories can be told and heard. The best example I know of such a safe space is the fellowship of Alcoholics Anonymous (and other similar groups such as Narcotics Anonymous and the GROW program) and I would like to see a Suicides Anonymous. The only group in Australia that I'm aware of that has such a group specifically for suicidality is Club SPERANZA in Sydney – every neighbourhood needs a Club SPERANZA house. In more general terms, the healing power of peer-support, self-help groups is becoming more recognised though still not well supported by government health policies. These groups are essentially cultural ones where the intimacy of shared experiences is so full of meaning and can be very healing spaces. More support needs to be given to facilitate these Lower-Left, cultural activities, such as more neighbourhood houses, by Lower-Right social and economic policies.

At an even earlier stage of prevention we need to promote mental, emotional *and spiritual* wellbeing throughout our communities. This also is an inter-subjective, cultural (LL) development which, again, needs to be supported by (LR) social and economic policies. I am not an advocate of suicide prevention programs in our schools. I would rather see *wellbeing promotion* programs, but these need to be comprehensive and also willing and capable of tackling questions about suicide honestly when they arise, which they will if the programs are working well. Similar wellbeing promotion campaigns are needed throughout our communities, which we already see to some extent through organisations such as VicHealth (in my home state, for instance). But these also need to be prepared, and capable, of tackling tough socio-cultural issues such as suicide (and domestic violence to give just one other example). Such programs are not easy solutions as they will take time and commitment and will inevitably come up against some tough political challenges. Some of these we are already aware of, such as the important Lower-Right issues of poverty and homelessness. But I believe they offer much more hope for substantial and enduring change, not only for suicide prevention but also for creating communities that more of us actually want to be a part of.

Finally, and returning to my own first-person personal testimonial, spiritual growth is difficult in a society that is largely in denial of spirituality as a core human need. The safe cultural spaces we need to develop must include opportunities for spiritual growth as well as for healing past wounds. Communities have soul and spirit too. And communities can also exhibit suicidality, of which I think there is considerable evidence in our communities today. Cultural spaces where spiritual possibilities can arise and be respected and nourished are sadly lacking from our communities and desperately needed to reconnect with what some call the "re-enchantment of everyday life".

These are just some initial thoughts that arise immediately when we look at suicidality through the AQAL model. More importantly for me, though, is that the AQAL framework accommodates those aspects of my suicidality, including my recovery, that suicidology is currently blind to. An Integral Suicidology, using the AQAL framework, would recognise the full depth of the human experience (all levels) and all points of view (all quadrants) on how we might come to understand suicidality – and ourselves – more fully. With AQAL all participants and

stakeholders in the discipline from all four quadrants, including 'Consumers', could cooperate as equal partners in an integral embrace so that suicide prevention, as Professor Shneidman urges, truly does become everyone's business.

Exegesis – Spiritual conclusions

The Integral/AQAL Model described in INTEGRAL SUICIDOLOGY gives a framework within which we can locate the many pieces of the puzzle that need to be considered for a better understanding of the phenomenon of suicidality. In particular, the model highlights what is currently most neglected by suicidology – the first-person, subjective and intersubjective ways of knowing identified by the two Left-Hand quadrants of the model. The model clearly distinguishes these ways of knowing from third-person, objective knowledge, the epistemological perspective of the two Right-Hand quadrants, which is the predominant perspective of suicidology and which Ken Wilber so aptly describes as 'flatland' science. As David Chalmers points out in discussing the 'explanatory gap' in Consciousness Studies, "a satisfactory science of consciousness must admit both sorts of data [first-person and third-person], and must build an explanatory connection between them" (Chalmers 2004 p 2). A satisfactory science of suicidology faces an exactly equivalent challenge.

My research does not achieve the "explanatory connection" that Chalmers calls for. This is a task that still remains to be done. Rather, it has been necessary to first argue the validity and importance of the first-person perspective in the face of suicidology's demonstrable exclusion of it. PHENOMENOLOGY OF SUICIDALITY makes this argument and ANTHROPOLOGY OF SUICIDOLOGY demonstrates this gap in suicidology. Both of these key arguments in my thesis are supported by the argument in the paper in the appendix, BRIDGING THE SPIRITUALITY GAP, which shows that the gap arises from suicidology's ideological prejudices against first-person knowledge. PHENOMENOLOGY OF SUICIDALITY also proposes a methodological approach for bringing the first-person voice into suicidology in order to bridge this gap as a step towards building an explanatory connection. At the centre of this argument is the first-person voice heard in the phenomenological 'thick' description of *Thinking About Suicide*.

Although the need to bridge the gap between first-person and third-person ways of knowing is central to the argument of this thesis, another serious gap in suicidology's thinking about suicide is the absence of spirituality from the discipline, which was indeed the original motivation for my research. The Integral Model clearly identifies spiritual ways of knowing as more than just a particular kind of first-person

knowledge. Spiritual knowledge or experience, like mental knowledge or experience, span all four quadrants of the model. The epistemological distinction being made here is that the spiritual and the mental are quite different ways of knowing, or "levels of consciousness" as Wilber calls them. Spiritual knowledge is not just an individual, first-person perspective from the Upper-Left quadrant (or knowledge domain) but an altogether different way of knowing, across all four knowledge domains – in the same way that psychological, mental knowledge is an altogether different form of knowledge from biological, bodily knowledge. Having said this, it is necessary to stress, as Wilber does, that all ways of knowing (all levels of consciousness) are always present and active simultaneously, even though we might deliberately focus on specific ways (or levels) for particular activities – such as the spiritual during meditation or the mental as I write this exegesis.

Wilber recognises the spiritual wisdom of Ramana (and many others), so the Integral Model is a conceptual framework designed to explicitly accommodate spiritual ways of knowing as distinct from mental ways of knowing. It therefore clearly identifies and addresses the other major gap in suicidology indicated by my research, the absence of spirituality, making it an appropriate model for the Integral Suicidology proposed in this thesis. We can look to phenomenology and anthropology to identify the gaps due to the absence of the first-person voice, which we can now clearly identify as two first-person voices, the phenomenological, personal, subjective 'I' and the anthropological, cultural, intersubjective 'We'. The Integral Model recognises both these voices, or knowledge domains, in its two Left-Hand quadrants. But the first-person voices do not automatically bring with them a spiritual voice or knowledge. For this, we need to distinguish between mental and spiritual ways of knowing, as the Integral Model does. Consciousness Studies is beginning to bring spiritual ways of knowing into a truly multi-disciplinary exploration of the experience of consciousness, as described in BRIDGING THE SPIRITUALITY GAP in the appendix. In Consciousness Studies, though, the prevailing assumption is that consciousness is a phenomenon of the mind. Wilber and spiritual sages such as Ramana Maharshi would argue, as I have in *Thinking About Suicide*, that it is the other way round – that mind arises within consciousness.

The major creative challenge in my research has been to articulate my understanding of spiritual self-enquiry as the key to my recovery from persistent

suicidality – that is, to argue the validity and importance of spiritual ways of knowing to the discipline of suicidology. This is done not by any experiment, survey, analysis or critique of the many forms of spirituality as they might relate to suicidality, though some reflections on these do appear in the commentaries in *Thinking About Suicide*. The primary means of arguing for a place for spirituality in suicidology is to tell the story of my own recovery from suicidality through a particular way of spiritual knowing that I have called spiritual self-enquiry. This story is told – this argument is made – in *Thinking About Suicide*, the centrepiece of this thesis. The exegesis argues the validity of first-person story-telling and describes a phenomenological method for working with the first-person data and knowledge. And the spiritual voice – or knowledge, or argument – is primarily heard in the two main chapters on spirituality in *Thinking About Suicide*.

These two chapters – Chapter Five on 'Spiritual Self-Enquiry" and Chapter Six on 'The Willingness to Surrender' – are my explication of spiritual self-enquiry as I learned it from Ramana Maharshi and Gangaji, including how this set me free of my persistent suicidality. No attempt is made, either in these chapters or anywhere else in the thesis, to make any generalisation about spirituality as a 'treatment' for suicidality from the stories told in these chapters. Nor is there any attempt to make any generalisations about the many forms of spirituality, other than a few reflective remarks in the commentaries. These two chapters in *Thinking About Suicide* tell a story – another phenomenological expression, or more phenomenological 'data' – of one individual's experience of spirituality in the context of a suicidal crisis of the self, *as I experienced it* and *in my own words*. Following the phenomenological method described in PHENOMENOLOGY OF SUICIDALITY, the final stage of the validation of this story is beyond the scope of this thesis. But unless the story told in these chapters is totally invalidated and rejected, then a clear gap exists in suicidology that is begging for attention.

These two chapters were not only the greatest creative challenge of the thesis, they were also the most personally satisfying and are, in my view, the most significant contribution the thesis has to offer suicidology. The validation of the spiritual story in these two chapters will take place in the broad community conversation on suicide that this thesis calls for. This conversation, which must embrace the first-person voice of those who know suicidality 'from the inside', will undoubtedly include many

other spiritual stories. As these stories pass the test of phenomenological validation, in the various forms this may take, then suicidology will be increasingly obliged to engage with spirituality as at least a contribution towards a better understanding of suicidality as a crisis of the self. But more than this, my own story tells of – and argues for – spiritual ways of knowing as a potential path out of suicidality for what could be a significant number of people.

The 'evidence' of the phenomenological data/stories cannot continue to be dismissed and excluded, as they typically are by the flatland science of suicidology, as individual, subjective, anecdotal and unworkable data. And suicide and suicidality are such exceptional human experiences that no individual data/story can be rejected on the grounds that it is exceptional. Even if my story of spirituality as central to my recovery from suicidality was peculiarly unique to me, which I know it's not, then suicidology is still obliged to consider it. And to reject it because it is subjective and therefore unusable or unworkable as data only reveals the limitations of the current research methods of suicidology, as the Integral Model and the papers of this exegesis make clear. At the same time, the phenomenological data of the thesis, and of these two chapters in particular, suggest much more than just these criticisms of the current thinking of suicidology. They challenge suicidology to open its doors to spiritual wisdom, as Consciousness Studies is beginning to. This important work, however, will never be done while suicidology remains blind to the first-person data of both suicidality and of spirituality. An intellectually exciting and humanly rewarding research agenda will open up once suicidology opens its doors to spiritual wisdom. And this, in my view, is the most important contribution, the greatest gift, that my experience of suicidality – my story, my thesis, my argument – can offer suicidology.

The stories in *Thinking About Suicide* are primarily first-person stories of one individual's lived experience of suicidality and spirituality. We can now locate these stories/data, and the overall thesis, precisely and appropriately in the Upper-Left quadrant of the Integral Model. The model also highlights the gaps in suicidology and, in a similar way, it shows the limits to the scope of this thesis. The two Right-Hand quadrants that see only exterior, observable, objective data represent the current knowledge domains of suicidology. These have not been a focus of the thesis other than to acknowledge their validity, but then to argue that by themselves they give only a partial view and are inadequate for a comprehensive understanding of suicidality. It

is the Lower-Left quadrant of *collective*, first-person knowledge that I feel has been most neglected in this thesis. It does appear in my research as the knowledge domain where the intersubjective validation of phenomenological data takes place, but this quadrant (or domain) will have a greater role to play in suicide prevention than just this.

In the Epilogue of *Thinking About Suicide*, I suggest that this domain is the key for meaningful suicide prevention, where it becomes a whole of community project to promote healthy communities that would minimise suicidality arising in the first place. The Lower-Left quadrant is where the broad community conversation called for in the thesis will take place. It also includes the mutual self-help, peer support groups and other community activities that will be the key to meaningful suicide prevention programs, although the thesis has not explored these in great depth. This domain is also, for me, the primary domain of Mad Culture. In particular, it is in this domain that we create the safe spaces where we can tell our stories – the source of and also the validation process for the first-person data. It is the domain of mutual recognition, companionship, sanctuary and refuge. The collective, intersubjective, first-person knowledge domain will be a significant part of the exciting and valuable research agenda, along with spiritual wisdom, that will open up for suicidology when it opens its doors to first-person and spiritual knowledge.

This exegesis, and my thesis, now concludes by returning to the first-person voice of suicidality. This time it is not my own voice as in *Thinking About Suicide* but the voice of a young man of 19, Adam Kemp, just months before he took his life. His poem, published in a book on youth suicide (Donaghy 1997), came to my attention after writing the original version of INTEGRAL SUICIDOLOGY but before the SPA 2003 conference, so I included it in my presentation. Two things struck me most painfully when I read this poem. First, if Adam had spoken of his suicidality to a doctor then he would probably have been diagnosed with a 'mental illness' and prescribed anti-depressant medications, perhaps for the rest of his life. Second, of all the moving phrases in this poem that spoke to me, one in particular jumped out at me – "this dark and sour being which is my true self". My intersubjective interpretation of these words is that Adam died because he had come to believe a lie about his true self. The thoughtfulness and eloquence of his poem speak to me of a sensitive,

intelligent young man struggling to find himself. His suicide, to my eyes, was a crisis of the self.

To The World

Alone I am as I sit at the lake's edge throwing pebbles.
The colour of my soul is so black, my heart so heavy,
That even the pleasant sound of robins drifting from a nearby glade
Cannot soothe my feelings of bitterness and emptiness.

The warmth of the sun does not reach me
as I hide behind a face of questionable character.
Who is this person who is always gay and nonchalant?
A second self perhaps ... a creature born out of search for sanctuary
Simply a lifeless carcass to hide within during times of display.

Trust, faithfulness, compassion ... words which no longer hold meaning for me,
Have been replaced with betrayal, isolation and worthlessness.
All blended together to create this dark and sour being which is my true self.

I long for the day when I can feel love, happiness and a sense of purpose again
Surely there will come a time when the seed of life
Which has been planted and buried deep inside of me
Can blossom into something wonderful, something special, something joyous to behold,
Please nourish me ... Let me grow ... I yearn to live ...

Adam Kemp, October 1995,
three months before he took his life, age 19.
(From *Leaving Early* by Bronwyn Donaghy)

Appendix

Bridging The Spirituality Gap

Abstract

An identifiable 'spirituality gap' exists between the lived experience of mental health difficulties, frequently spoken of in spiritual terms, and the professional expertise of mental health practitioners we might seek help from. This paper contrasts the lived experience of suicidality with the academic and professional discipline of suicidology to show that this gap arises from a scientific commitment to objective knowledge that denies subjective knowledge, therefore excluding spirituality. A brief excursion into some contemporary thinking in Consciousness Studies illustrates that this scientific denial of the subjective, and of spirit, is obsolete, based more on ideological dogma than reason, and no longer tenable. The paper concludes with a call for 'first-person data' and 'first-person methods' – in the jargon of mental health, the 'consumer' (sic) voice – to be attended to in order to bridge the spirituality gap.

Introduction

My original intention for this discussion on "Bridging the Spirituality Gap" was to look at the many and varied meanings of spirituality, and how these may (or may not) relate to mental health. But I found myself feeling that such a discussion would actually focus on the wrong side of the spirituality gap.

To begin with, then, I first give a definition of the 'spirituality gap' and argue that it is actually a conflict between two different ways of knowing – on one side the knowledge of objective science and on the other the knowledge of subjective experience. We will see that both of these two kinds of knowledge, although qualitatively very different, have their own validity and legitimacy and should be seen as complementing, rather than in conflict with, each other. But we will also see that a very real 'gap' arises when one point of view seeks to deny and exclude the other.

In order to bridge this gap as we currently find it in the mental health industry will require a much stronger and more central role than exists today for the 'consumer voice' (to use the unfortunate jargon of the industry). To make this argument, we step away from the mental health industry and take a short tour – a detour, if you like – into some contemporary thinking from the field of Consciousness Studies. Here we

will find that at the very core of current efforts to understand and explain consciousness are what these folk call 'first-person data' and 'first-person methods'.

I will then conclude by returning to our topic here and showing how some of these ideas from Consciousness Studies represent not only a research challenge for those of us involved in mental health, but can also offer a plank or two to help bridge the spirituality gap.

The Spirituality Gap

I first heard the term 'spirituality gap' from David Tacey, an academic at La Trobe university, who defines it in his book, *The Spirituality Revolution*, as:

> *the ever-present and persistent gap between the patients who report that 'spirituality' is an important element in their personal identity and mental health, and doctors who have no way of entering, at least professionally or 'legitimately', into this spiritual language and terminology (Tacey 2003 p 201)*

It's interesting that Tacey himself first heard the term from a psychiatrist friend "who mentioned that some colleagues in the Royal College of Psychiatry had begun to use this term". And that "large numbers of patients speak in the clinic and in therapy about their spiritual lives and problems, but the medical doctor or professional health worker often has no way to reach into this kind of discourse" (Tacey 2003 p 201).

I am able to confirm this spirituality gap from two other perspectives. First of all, during my own struggle with persistent suicidality, I found few doctors or other health workers with whom I could discuss spiritual matters. And second, I can now also confirm this spirituality gap through my research work into suicide.

After my recovery in mid-1999 I was still curious to make some sense of my story, so I had a look in the library and on the internet for information about suicide. This led me to the literature of suicidology, the academic and professional discipline that supposedly represents our 'collective wisdom' on suicide and suicide prevention. The first thing that struck me here was the almost complete absence of any first-person accounts of living with suicidal feelings. There was little about what it actually *feels like* to be suicidal or what it *means* to contemplate killing yourself – that is, the subjective, lived experience of suicidality was largely absent from this

literature. But even more upsetting for me than this was that spirituality, which was so central to my own recovery, was not only absent but was deliberately denied and excluded by suicidology. This absence of my own experience of suicidality anywhere in this literature has led to and motivates the PhD that I'm currently undertaking.

The Flatland Science of Suicidology

The deliberate exclusion of the subjective, as well as the spiritual, from suicidology is illustrated well by quoting from one of the major texts of the discipline, *The Comprehensive Textbook of Suicidology* (Maris et al 2000) – please note the title. Here, suicidology is defined as "the *science* of self-destructive behaviors" and asserts that "surely any science worth its salt ought to be true to its name and be as objective as it can, make careful measurements, count something". Furthermore, "*suicidology has to have some observables*, otherwise it runs the danger of lapsing into mysticism and alchemy" (Maris et al 2000 p 62-3, all italics theirs).

Traditional science demands objective observables (or is it observable objects?) that can be measured or counted – that is, seen. But are these constraints appropriate when the object (or is it the subject?) of our enquiry are the largely, and perhaps entirely, invisible interiors of subjective lived experience? Such as suicidality?

As for spirituality in this textbook – and please recall its title – the *only* mention of it in 650 pages is found in the preface where the authors acknowledge "the immense intellectual and spiritual debt that we all owe to our mentors and friends" (Maris et al 2000 p xx). That is, the authors recognise spiritual values and needs in their efforts to write a book, but find no other occasion to mention spirituality in a *Comprehensive Textbook of Suicidology.*

The deliberate exclusion of spirituality by traditional science needs to be seen as part of the systematic and deliberate exclusion of subjective knowledge from its discourse. When this commitment to objective knowledge is then claimed as the only legitimate knowledge, however, then the spirituality gap appears (it also appears when religious fundamentalists adopt a similarly dogmatic attitude but this is not my concern here). This scientific dogma, although it has served us well for explaining the observable, physical world, is demonstrably inadequate for giving us a complete explanation of the invisible interior world of subjective experience.

The American philosopher Ken Wilber has given us a comprehensive analysis of this exclusion of subjective knowledge, including spiritual wisdom, from modern science. The impact of this over the last couple of hundred of years, which he calls the great "disaster of modernity", has been devastating, with far-reaching effects beyond just the suicidology and mental health issues that are our focus here. Calling on some of the greatest thinkers of modern times, he sums this up as:

> *the great nightmare of scientific materialism was upon us (Whitehead), the nightmare of one-dimensional man (Marcuse), the disqualified universe (Mumford), the colonisation of art and morals by science (Habermas), the disenchantment of the world (Weber) – a nightmare I have also called flatland* (Wilber 2000a p 70)

Wilber further defines flatland as "simply the belief that *only the Right-Hand* [i.e. exterior, observable] *world is real* ... All of the interior worlds are reduced to, or explained by, objective exterior terms" (Wilber 2000a p 70).

The science of suicidology is just such a flatland. It systematically fails to reach into the invisible interiors of the lived experience of suicidality because it denies subjective knowledge and sees only reflected surfaces. And this flatland exclusion of the subjective needs to be seen for what it is – ideological dogma, not dissimilar to the religious dogma that used to (and occasionally still does) deny scientific knowledge.

I have written elsewhere of this flatland suicidology and how it denies my lived experience of suicidality, including my recovery, from its discourse (Webb 2003). So rather than continuing this critique of traditional science and suicidology, I'd now like to further substantiate these criticisms – but also point to a way forward out of this mess – by taking a short detour into the field of Consciousness Studies. I came to take this detour in my own research when looking into concepts of the self, which I felt were central to any understanding of suicide. The self is, after all, the 'sui' in suicide and both the victim and perpetrator of any suicidal act, but to my surprise the self is barely discussed at all in suicidology.

Consciousness Studies

There has been a resurgence of interest in consciousness in the last decade or so, which is bringing together a truly multi-disciplinary mix of people to explore some intriguing questions. Its participants include researchers from: philosophy,

neuroscience, psychology, cognitive science, computer science, cultural studies, and also the spiritual wisdom traditions.

Francisco Varela, a French neuroscientist, and Jonathan Shear, Editor of the *Journal of Consciousness Studies*, identify the central question of consciousness as "a consensus seems to have emerged that Thomas Nagel's expression 'what it is like to be' succeeds in capturing well what is at stake here" (Varela & Shear 1999a p 3). Nagel's original paper back in 1974 was asking the question "What is it like to be a bat?" (Nagel 1974), but we could also be asking "what is it like to be suicidal?" Or depressed? Or a person with schizophrenia? Note also that Varela and Shear draw our attention to *what is at stake here.*

Language and terminology are delicate issues in Consciousness Studies – as they are in the mental health industry. As David Chalmers, a young Australian philosopher at the centre of this lively enquiry into consciousness points out, "sometimes terms such as 'phenomenal consciousness' and 'qualia' are also used here, but I find it more natural to speak of 'conscious experience' or simply 'experience'" (Chalmers 1995 p 201).

The concern here is therefore not the *mechanisms* of consciousness but rather the *lived experience* of it. To illustrate this and explain one of these terms, 'qualia' refers to, for instance, the redness of red; or we might say, the lived experience of redness; or, indeed, what does redness mean to me? Please also note some of the other terms that we might encounter as synonyms for this experiential aspect of consciousness – such as subjective or lived experience, phenomenal experience (and even phenomenality).

Consciousness is a fascinating topic with obvious relevance for mental health and the human sciences. But it is also features in numerous spiritual traditions where sometimes consciousness and spirit are used almost as synonyms.

Before proceeding, I'd now like to invite you into a little experiment as you read this paper. In the following discussion, try substituting 'mental health' for consciousness when it appears ... or sometimes try 'suicidality' or perhaps your favourite diagnostic label (e.g. 'depression' or 'schizophrenia') ... and see what sense it makes for you.

The 'Hard Problem' of Consciousness

According to Chalmers, "the really hard problem of consciousness is the problem of *experience*" (Chalmers 1995 p 201). "Subjective experience is just one other natural phenomena that each of us has as biological beings", which has become "a major research problem even for a neuroscientist – they found themselves having to attend to this question of subjective experience whether they wanted to or not" (Chalmers 2003). This phrase, the 'hard problem' of consciousness, first coined by Chalmers and spelt out in detail in his book, *The Conscious Mind* (Chalmers 1996), has become accepted jargon in the field for a very real problem that could no longer be swept under the carpet.

The key point here is to recognise that *subjective, lived experience* is absolutely central to any enquiry into the nature of consciousness and therefore cannot be avoided, ignored, dismissed or marginalised, despite the difficulties this might present to the neuroscientists.

Chalmers, Varela and Shear refer to an 'explanatory gap' in Consciousness Studies, which sounds a bit like our spirituality gap. "There is an *explanatory gap* between the functions and experience, and we need an explanatory bridge to cross it" (Chalmers 1995 p 203). "A large body of modern literature addresses the 'explanatory gap' between computational and phenomenological mind" (Varela & Shear 1999a p 3). The jargon of Consciousness Studies here can be confusing. But the gap referred to here is a gap between objective, third-person explanations (Chalmers' functions and Varela & Shear's computational mind) and subjective, first-person explanations (Chalmers' experience and Varela & Shear's phenomenological mind).

Varela and Shear also remind us again of just what is at stake here: "To deprive our scientific examination of this phenomenal realm amounts to either amputating life of its most intimate domains, or else denying scientific explanatory access to it. In both cases the move is unsatisfactory." (Varela & Shear 1999a p 4)

Consciousness and Traditional Science

We need to look briefly at why Chalmers calls experience the 'hard problem' of consciousness – in contrast to the 'easy' problems like a complete description of the biology of the brain. These other problems are easy, he says, not because they are already solved or are not complex, but because "we have a clear idea of how we

might go about explaining them" (Chalmers 1995 p 201). That is, it is easy to see how the reductive methods of traditional science will eventually be able to solve these problems. But these methods will not help us with this 'hard problem' of experience. Chalmers continues, "It would be wonderful if reductive methods could explain experience too; I hoped for a long time that they might. Unfortunately, there are systematic reasons why these methods must fail" (Chalmers 1995 p 208) because "an analysis of the problem shows us that conscious experience is just not the kind of thing that a wholly reductive account could succeed in explaining" (Chalmers 1995 p 209).

Chalmers has systematically shown that flatland science will never solve the mystery of subjective experience because it is simply incapable of doing so – "*there are systematic reasons why these* [reductive] *methods must fail*". Varela agrees with Chalmers and summarises the various approaches to the hard problem (Varela 1996 p 333-4) as:

- Neuro-reductionism: where you simply deny the phenomenon – i.e. "you are nothing but a pack of neurons" (Crick 1994 p 2)
- Functionalism: which typically explains something else (e.g. behaviour) but leaves the hard problem untouched
- Mysterianism: where the hard problem is simply unsolvable
- Non-reductionism: accepts the irreducibility of consciousness/experience

Neuro-reductionists are the hardline scientific fundamentalists, who simply deny the phenomenon of subjective experience – one example here is biological psychiatry with its 'chemical imbalance of the brain' theories. Functionalists, still very much committed to third-person objectivity, tend to explain something else, such as observable behaviour. Although both of these tell us something and can be valuable, neither of them addresses the 'hard problem'. Another group, Varela's 'mysterianists', simply regard the hard problem as altogether too hard and say it is an unknowable mystery. Although I have some sympathies with this view, I think it's premature to abandon the enquiry so soon. And finally, there are those who say that what is required is some approach other than the traditional reductive method. This last option is what we need to consider now.

The Irreducibility of Consciousness

There is now widespread acceptance that consciousness must be approached by some non-reductive method(s) of enquiry. That is, we have to regard consciousness as a fundamental and irreducible feature of the universe, in the same way that physics regards gravity as fundamental and irreducible. Chalmers' suggests that "a theory of consciousness should take experience as fundamental ... as a fundamental feature of the world, alongside mass, charge, and space-time" (Chalmers 1995 p 201). And, "I've come to the view, fairly reluctantly, ... that you can't wholly explain subjective experience in terms of the brain ... you need to actually take something about subjective experience as irreducible, just as a fact of the world and then study how it relates to everything else" (Chalmers 2003). Varela and Shear agree that "lived experience is irreducible, that is, that phenomenal data cannot be reduced [to] or derived from the third-person perspective" (Varela & Shear 1999a p 4).

Another way of saying this is that any attempt to translate or reduce first-person lived experience into third-person data – as required by flatland science – will inevitably lead to some loss of information in that translation or reduction. And sometimes what gets lost can be the most significant and meaningful information. For example, the many attempts to dissect and analyse our sense of self often leads to the loss of the most fundamental property of selfhood, which is its wholeness or identity. Similarly, a suicidal crisis is a crisis of personal meaning for those who live it, but scientific, value-neutral neurotransmitters can tell us nothing about this lived experience.

I'm not denying the validity of good science here. It has its place and a very important place. But a purely objective science can only ever be a partial description or explanation – that is, it will be not so much incorrect as it is incomplete. What *is* incorrect, however, and must be challenged is the unjustified fundamentalist view that objective scientific knowledge *by itself* can give us a complete explanation and is all that we need to describe, understand and explain the human experience.

First-Person Data

This irreducibility of consciousness obliges us to attend to what Consciousness Studies calls 'first-person data' – what we in mental health might call the 'consumer voice'. As a neuroscientist exploring cognition and in particular the cognition of

awareness, Varela had to accept in his own work that "lived experience is where we start from" (Varela 1996 p 334). This required "an *explicit* and central role to first-person accounts" (Varela 1996 p 333) because, as Chalmers says, "first-person data concerning subjective experiences are directly available only to the subject having those experiences" (Chalmers 2004 p 9).

This point is crucial. The first-person data being referred to here are the significant data – and often the *most* significant data – that are simply invisible to purely objective methods. Recall that suicidology insisted that as a science it had to have 'observable objects' (or objective observables). This renders suicidology blind to this data, which Varela, Chalmers and others are saying are so essential to understanding consciousness.

It is worth stressing this point. Chalmers says "the distinctive task of a science of consciousness is to systematically integrate two key classes of data into a scientific framework: *third-person* data about behaviour and brain processes, and *first-person* data about subjective experience" (Chalmers 2004 p 1). He emphasises that "both third-person data and first-person data need explanation" (Chalmers 2004 p 2) and that "a satisfactory science of consciousness must admit both sorts of data, and must build an explanatory connection between them" (Chalmers 2004 p 2). He concludes, "the moral is that as data, the first-person data are irreducible to third-person data, and vice versa" (Chalmers 2004 p 2)

This recognition of not only the legitimacy and validity but also the crucial importance of first-person data represents, in my view, a major challenge to how we currently respond to mental health issues such as suicidality. We need to restore the legitimacy of first-person data – that is, of subjective knowledge – if we are to bridge this gap in our understanding of both consciousness and of mental health issues like suicidality. To do this we need what Chalmers, Varela and their colleagues in Consciousness Studies call 'first-person methods' of enquiry.

First-Person Methods

First-person methods are methods of enquiry capable of accessing this essential first-person data, which are out of reach of the traditional scientific methods. As we have seen this first-person data is, by definition, "data about subjective experiences that are directly available only to the subject having those experiences". But where

do we begin? Chalmers makes clear that "by far the most straightforward method for gathering first-person data relies on verbal report" (Chalmers 2004 p 8). But there are well-known problems with verbal reports as data, such as:

- difficulties verbally describing experiences (e.g. of listening to music)
- they require language (e.g. infants, non-humans, also fluency)
- questions around their accuracy and reliability (e.g. memory, honesty)
- interpretation can be corrupted by theory (e.g. 'the illness speaking')

Some of these problems can be overcome or minimised by careful control of how we obtain and interpret the verbal reports. This is usually achieved, however, by translating the verbal reports into third-person data, such as what occurs with most of the qualitative methods that use interviews, surveys and focus groups etc.

But remember, we are *not* talking here about just more sophisticated versions of these third-person translations and interpretations. In Consciousness Studies we are asking the question – as I believe we need to ask in mental health – "What is it like to be?" Perhaps not what it is like to be a bat, as Nagel asked, but certainly "What is it like to be me?" Or "What is it like to be suicidal?" For me, at the core of my suicidal dilemma was the question "What does it mean to me that I exist?" When I was in deep emotional despair and unable to find a satisfactory answer to this question anywhere, suicide became an increasingly attractive and yes, logical, option – until it became the only option. But I have only rarely seen questions like these asked in suicidology, and certainly never seen them pursued with any vigour.

Chalmers makes clear what is required here, saying that we "should take first-person data seriously, and should proceed by studying the association between first-person data and third-person data, without attempting a reduction" (Chalmers 2004 p 4). But "our methods for gathering first-person data are quite primitive, compared to our methods for gathering third-person data ... the former have not received nearly as much attention" (Chalmers 2004 p 10)

This lack of attention is partly because we have failed to fully recognise the importance of first-person data, but it is also to some extent due, once again, to the prejudices of scientific dogma. Perhaps these prejudices have some understandable origins, given the difficulties with verbal reports and first-person methods, but it's

now time to get past these prejudices and respond to the need for good first-person data and methods.

As Chalmers says, there is much work to be done to bring first-person methods up to the level of sophistication of the third-person methods that have been developed over the last few hundred years. And Varela and Shear make it clear that this will be not be a trivial undertaking, "first-person methodologies are not quick-and-easy. They require a sustained dedication and interactive framing before significant phenomenal data can be made accessible and validatable" (Varela & Shear 1999a p 11)

Formalised First-Person Methods

We do have some formalised first-person methods available to us. I can only briefly mention just three of these here, following Varela and Shear (Varela & Shear 1999a p 4), but they point the way to how we might proceed and give us an idea of the job before us.

Introspectionist psychology

> *We need to give back to introspection the good name that it had before the 19th-century psychologists Wundt and Titchener ponderously trivialized it.* (Shneidman 2002 p 200)

Phenomenology

> *the subjective is intrinsically open to intersubjective validation, if only we avail ourselves of a method and procedure for doing so* (Varela & Shear 1999a p 2)

Eastern meditative traditions

> *It would be a great mistake of western chauvinism to deny such observations as data and their potential validity.* (Varela & Shear 1999a p 6)

I'm not familiar with introspectionist psychology, which seems to have acquired a rather poor reputation in mainstream psychology. But both Chalmers and Varela suggest that it needs to be re-visited as a first-person method. I've included it here for this quote from Professor Edwin S. Shneidman, who is considered the founding father of modern suicidology – indeed he first coined the name for the discipline back in the 1950s. Now in his mid-80s, he's still a lively commentator on contemporary suicidology and something of a hero for me. Shneidman laments, as I do, the trend in

suicidology over recent decades towards the sloppy pseudo-science of psychiatry, in particular as found in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV 1994), which he describes as "too much specious accuracy built on a false epistemology" (Shneidman 2001 p 5). This "false epistemology" corresponds to what I have been calling the ideological dogma of scientific fundamentalism that denies and excludes the subjective, first-person data, including spirituality. Another quote from Shneidman makes this point more strongly:

> *No branch of knowledge can be more precise than its intrinsic subject matter will allow. I believe that we should eschew specious accuracy. I know that the current fetish is to have the appearance of precision – and the kudos and vast monies that often go with it – but that is not my style. Nowadays, the gambit used to make a field appear scientific is to redefine what is being discussed. The most flagrant current example is to convert the study of suicide, almost by sleight of hand, into a discussion of depression – two very different things.* (Shneidman 2002 p 200)

Shneidman's call to "give back to introspection the good name" it once had is the same call that Chalmers and Varela are making to take first-person data seriously. If I can indulge myself with one more quote from Shneidman that also makes this point:

> *the keys to understanding suicide are made of plain language ... the proper language of suicidology is lingua franca – the ordinary everyday words that are found in the verbatim reports of beleaguered suicidal minds* (Shneidman 1996 p vii)

I must briefly mention the next first-person method, phenomenology, because it is a well-established method of enquiry within the western intellectual tradition that actually honours and remains true to the subjective dimensions of human phenomena. In particular, this approach shows that the apparent gulf between objective and subjective knowledge is a false one because objectivity and subjectivity are intimately inter-dependent. Anything that we might know can only be known in and via our subjective consciousness. There is no such thing as pure 100% objectivity. Subjectivity is always present and must always be included in any comprehensive enquiry, especially any enquiry into the human condition.

This intimate relationship between the knower and the known (between subject and object) brings us to the last of our first-person methods. They're called here "Eastern meditative traditions" though, I would prefer to include the contemplative methods of all the great spiritual wisdom traditions. But Varela makes the point here, and has embraced it in his own work in cognitive science (see for instance Depraz et al 2002; Varela, Thompson, & Rosch 1993), that these ancient traditions have much to offer as both data and method for first-person knowledge. And even the atheistic David Chalmers, who admits to no personal spiritual inclinations, acknowledges that "the Buddhist traditions and other contemplative traditions have a lot to offer ... these guys have been studying subjective experience for many years from the inside, they've been gathering what we might call the first person data about the mind" (Chalmers 2003).

And I would add that these methods can also be a source of healing as well as understanding, because it was spiritual self-enquiry – which today I might perhaps call a first-person method – that was the key to my own recovery from suicidality.

Bridging the Spirituality Gap

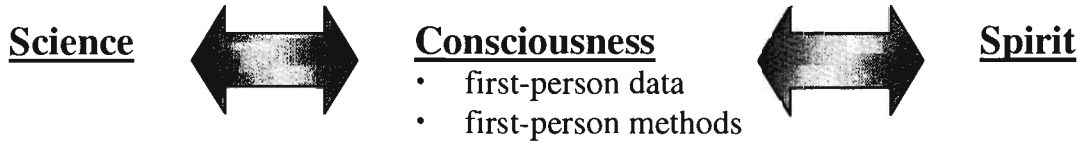
To conclude, and return to the topic of this paper, Consciousness Studies can help us bridge the spirituality gap found in many mental health conversations. First of all, Consciousness Studies clearly sees both sides of this gap and clarifies for us the apparent conflict between objective (third-person) and subjective (first-person) knowledge. It also makes clear for us what is at stake here when one side of the gap attempts to exclude the other. Any attempt to reduce one kind of data to the other invariably leads to some loss of information, and possibly the most significant information. And finally, Consciousness Studies recognises and respects the spiritual wisdom traditions as sources of both data and method for first-person enquiry. Consciousness Studies brings together people from many disciplines, from each side of the spirituality gap, and is evolving a language for communication across this apparent divide, which can be at least a plank or two on the bridge we need.

But Consciousness Studies has more to offer the mental health industry than just this. We have seen how Consciousness Studies has shown that subjective, experiential data is vital for any complete understanding of consciousness. First-person data is now being recognised as equally important, though qualitatively

different, to third-person data. It is also clear that much work needs to be done to bring the neglected methods of first-person enquiry up to the sophistication of third-person methods. Consciousness Studies shows those of us involved in mental health the fundamental importance of what we call the 'consumer voice'. This voice represents a kind of knowledge of mental health problems – whether it be suicidality, depression or schizophrenia – that is only known to those who experience it. Too often this voice is pathologised, dismissed and disregarded by an objective voice that strives only to reduce observable, negative symptoms rather than addressing the lived experience. Mental health problems are also often a crisis of personal meaning for those who have them. Consciousness Studies recognises and respects this invisible, subjective and meaningful 'data' in ways that are too frequently missing from mental health.

I personally agree with Varela that this seemingly irreconcilable divide between objective and subjective knowledge is in fact an artificial and false division. Both subject and object arise in consciousness simultaneously in intimate interdependence – there is never one without the other. But if we only attend to one side of this divide and try to deny and exclude the other side, then a very real and serious gap arises. A couple of hundred years ago it was religion that sought to exclude objective science. Today it is scientific fundamentalism that excludes the subjective and the spiritual from our enquiry into the human experience.

In conclusion then, the following diagram summarises the key points of my argument. Asking the question, "What is it like to be this or that?", Consciousness Studies point to one way towards bridging the spirituality gap in mental health. Central to this enquiry is the first-person data – the 'consumer' voice – of the lived experience of mental health difficulties, supported by first-person methods to help bring this unique source of knowledge and expertise into mental health research. The critical factor is that neither side of the gap, motivated by fundamentalist, ideological prejudices, can any longer continue to exclude the other side with any legitimacy.



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