

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 Vermersch, 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 1: 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 Maltzberger 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)

