Courageous Research:
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The Search for Self and Spirit in Suicidology

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Abstract

Suicidology, the “science of self-destructive behaviors”, is inherently limited in its capacity to understand the lived experienced of suicidality. Constrained by a conceptual framework and empirical methods that demand ‘observable objects’, it is blind to the subjective reality of the suicidal dilemma. This dilemma can be described as a crisis of the self, the ‘sui’ in suicide, which is both the victim and perpetrator of any suicidal act. It can also be seen as a spiritual crisis, where the meaning and purpose of existence is being questioned. These point to two conspicuous weaknesses in the discipline of suicidology: its impoverished concepts of the self and its denial of spirituality. This paper employs Ken Wilber’s Integral Psychology as a conceptual framework capable of accommodating the subjective and the spiritual. It then identifies the innovative methods we need to capture more of this subjective, soulful meaning of the lived experience under investigation. Finally, it emphasises that these methods require in-depth, first person accounts – personal stories – of suicidality. This original voice is another conspicuous gap in the discipline of suicidology.

Background and Motivations

After recovering from my own suicidality, there was a desire to make sense of this four year struggle, including my final liberation from it. Although it was now clear to me that my suicidality had truly passed, this was an inner feeling of peace and freedom rather than any intellectual comprehension of either the suicidality or the liberation. I knew that my recovery was due to a realisation that the suicidal “storm in the mind”\(^1\) was indeed a mental illusion arising from the false belief that the mind was the essence of my being. When I woke up to the silent, spiritual Self at the core of my being, this storm subsided. Almost immediately and almost effortlessly … and I was free at last. This I ‘knew’.

\(^{1}\) A phrase frequently used by Professor Edwin S. Shneidman, one of the founders of the discipline of suicidology in the late 1950s, and still a distinguished contributor to the field as well as an inspiration for my own work.
This was the most important ‘knowing’ for me personally as it gave me the freedom to live my life again. But there are other kinds of knowing and, coming from an educated, Western background, I was curious to examine and make sense of this from within the scientific, intellectual tradition that I was most familiar with. I was already familiar with the prevailing wisdoms of modern psychiatry, psychology, addiction therapies and so on during my long search for ‘treatment’. But although I knew these had failed me, and to some extent why this was so, the enquiry we do in search of treatment is qualitatively different to the disciplined enquiry that we call academic research. This form of enquiry, giving rise to yet another kind of knowing, led me to the academic and professional discipline of suicidology.

What I found in suicidology was a lot of data – so much data – and much learned analysis and comment on the phenomenon of suicidality. But my initial reading of this literature left me with the uncomfortable and at times annoying feeling that whoever these folk were talking about it certainly wasn’t me. The core issues underlying my own suicidality, and the key factors in my recovery, were not being discussed by suicidology at all. Questions about our sense of self and spirituality, so central to my own experience, were completely absent. I felt invisible again, not dissimilar to the feeling of invisibility that I felt when I was actively suicidal. How could this be? Was I such a unique instance of the suicidal experience? I didn’t think so then and I still don’t think so now. I didn’t realise yet that I was being drawn into becoming a suicidologist myself.

I wanted to speak of this but suicide remains such a potent taboo in our society that there is little public discussion of it and the discussion that does occur is tightly controlled. There is a broad public discussion, however, on the related issue of ‘depression’ and at about this time the beyondblue National Initiative on Depression was being established under the chairmanship of Jeff Kennett, the former Premier of Victoria. I tried to engage with beyondblue by offering to speak at their public ‘consumer forums’, participate in their focus groups and be a part of their ‘virtual community’ of consumers. This was to prove a disheartening and at times infuriating endeavour, as my efforts to voice my experience of ‘depression’ were seen as dissenting from the public relations exercise that the economic rationalists at beyondblue were promoting. My wish to share my story of recovery from suicidal ‘depression’ through spiritual self-enquiry has been actively excluded by beyondblue. And I began to see why suicidology never mentions the self, soul or spirituality.

My passion for spiritual self-enquiry, and my concern for those still suffering a deep despair of the soul, now motivates my research at Victoria University. Now, as a practising (albeit apprentice) suicidologist, my research seeks to reveal how and why suicidology is blind to the spiritual self, and also how we might repair this gap in the discipline. As a research student at a university, I work within the Western, scientific, tradition of theories, conceptual models and research methodologies. These are the same traditions on which suicidology is based. Is it possible to critique suicidology, drawing attention to these weaknesses, using these same methods of enquiry?

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2 Those of us who have experienced mental health problems are referred to as ‘consumers’ by the mental health industry. Many of us, including myself, find the term offensive.
This paper argues that the traditional, scientific model of enquiry is inadequate for suicidology. In particular, the demand for *objective observables* at the core of traditional science means that it is unable to enquire into *subjective experience* with sufficient depth of understanding. A larger, more encompassing and inclusive conceptual framework of human experience is required, one that recognises and accommodates the invisible subjective world that includes our innermost sense of self and soul. This enhanced model then needs methods capable of capturing the full depth of human experience *as it is lived* into this conceptual framework. Both a model and methods already exist that achieve most, if not all, that we need here. This paper argues for suicidology to embrace this larger vision of the often tragic but very human experience of suicidality.

**Suicidality as a (Spiritual) Crisis of the Self**

The self lies at the heart of suicidality. It is the ‘sui’ in suicide. It is the self which is both the victim and perpetrator of any suicidal act. And yet suicidology has little to say about concepts of self.

This is perhaps due to the inherently multi-disciplinary nature of suicidology. Suicidology draws on numerous ‘parent’ disciplines, including “psychiatry, psychology, sociology, biology, nursing, social work, physiology, neurochemistry, economics …” (Maris, Berman, & Silverman, 2000 p. 62) which can be summarised as falling into three major approaches – the genetic and biological, the sociological and the psychological (Shneidman, 2001 p. 3). Each of these parent discipline have their own concepts of selfhood, which may be implicit or explicit, or may be a specialist, and at times active, sub-discipline of its own.

Elsewhere I have looked at the various notions of selfhood found in these parent disciplines (Webb, 2002), highlighting their inadequacy for understanding the self in my own suicidal crisis. Perhaps more importantly than these limitations in the parent disciplines, which do not focus primarily on the self as it relates to suicidality, is the failure of suicidology to address the concept of self. It is appropriate and often necessary for a discipline to define its core concepts within the context of that discipline. It seems odd that suicidology never does this for something so central to the discipline as our concepts of the self.

A deeper exploration of the self points to some other key issues in suicidology. Two key indicators of suicidality, recognised by suicidology and consistent with my own experience, are feelings of *hopelessness* and *helplessness*. Hopelessness to me is the ‘black hole of despair’ and helplessness is the (false) belief that there is no way out of this hole. And the source of this hopelessness is a lack of meaning and purpose in life. As this feeling of meaninglessness grows, despite our best efforts to find some way out of it, the hopelessness becomes utter hopelessness and suicide becomes an increasingly attractive and logical solution. Finally, and often with feelings of exhaustion, suicide ceases to be just one option and becomes the *only* option and the thinking shifts from ‘whether’ to ‘when and how’. The false belief of helplessness is probably also necessary, but it is the hopelessness and the underlying absence of any meaning that is the potentially lethal source of suicide.
Any enquiry into the nature of meaning, in any context, confronts us with the troublesome issue of subjectivity and the self that experiences it. In the context of suicidology, the self has an even greater significance as it is the destruction of the self (by the self) that is being contemplated. And yet despite this unique role of the self in suicidology, the discipline itself does not enquire into it, seemingly content to accept concepts from its parent disciplines as sufficient.

This question of meaning and purpose in suicidality also points to a second significant absence from the discipline of suicidology. Spirituality has been a source of meaning and purpose for humans since ancient times. Spiritual values and needs are recognised by many as vital to our sense of wellbeing, along with physical, mental and social values and needs. Spiritual wisdom and spiritual ways of knowing have given us profound insights into the nature of our existence and relationship to the universe. And spiritual teachings and spiritual practices have comforted many during a crisis, often being a source of personal growth and a pathway to a more full and more meaningful life.

Some government public health agencies acknowledge spirituality in their policy documents. VicHealth, like the World Health Organisation (WHO), include ‘spiritual wellbeing’ as part of their definition of mental health (VicHealth, 1999 p. 4). Unfortunately though, the VicHealth documents have little to say about spirituality other than in relation to indigenous communities. Even more unfortunately, spiritual wellbeing (as distinct from religiosity) is rarely considered in suicidology. One hopeful sign in this regard is the initiative of the peak suicide prevention NGO in Australia, Suicide Prevention Australia (SPA), to have as their theme for their 2003 conference Finding Meaning to Sustain Life: The Place of Spirituality and Religion in Suicide Prevention.

It was spiritual self-enquiry that finally set me free of my suicidality – this I know. The spiritual wisdom and teachings that became available to me succeeded after four years of dismal failure with medical (psychiatric), psychological and psychosocial approaches. This I also know. This spiritual self-enquiry also revealed – and helped make sense of – why these mainstream ‘treatments’ did not work for me. The ‘biochemical robot’ model of modern psychiatry has always been, and remains, a woefully inadequate explanation of subjective human experiences. And the mentalistic assumptions of psychological (including psychosocial) explanations and treatments always felt like a dance on the surface, never getting to the core. Spiritual self-enquiry revealed to me the widespread belief, almost universal in Western intellectual culture, that the mind is the essence of our being is in fact a myth. The suicidal dilemma is, as Shneidman asserts, a “storm in the mind”, but this self that is in crisis is not of the mind.

My current research pursues this argument further and will elaborate on this ‘insight’ into the nature of the self as revealed to me, so joyously, by spiritual self-enquiry. The question that this paper asks is why spirituality, with all its wisdom and history, is so completely denied by suicidology? We can see the extent of this denial in the preface of a recent, ‘comprehensive’ textbook on suicidology (Maris et al., 2000) where the authors acknowledge “the immense intellectual and spiritual debt that we all owe to our mentors and friends”. Despite this explicit recognition of spiritual
values, there is no other mention of spirituality in this ‘comprehensive’ textbook on suicidology. Why?

**Conceptual and Methodological Limitations of Suicidology**

Suicidology is defined in the *Comprehensive Textbook of Suicidology* (Maris et al., 2000) as “the science of self-destructive behaviors” (their emphasis). In line with traditional scientific thinking, it then asserts that “any science worth its salt ought to be true to its name and be as objective as it can, make careful measurements, count something” (p. 62). Furthermore “suicidology has to have some observables, otherwise it runs the danger of lapsing into mysticism and alchemy” (p. 63 – again, all italics are theirs).

This scientific demand for ‘objective observables’ (or ‘observable objects’) has served us well in domains where there are physical objects to be observed, such as physics, chemistry and biology. It has served us less well where the subject of our enquiry does not lend itself to numerical measurement by value-neutral scientific instruments. In fields such as psychology and sociology, both of which are important ‘parent’ disciplines of suicidology, we are often confronted with subjective human experiences where identifying the objects to be observed in our studies is itself a problem. Some schools of thought within these disciplines, such as behaviourism, have tried to maintain the ‘hard science’ approach and insist that we must confine our enquiry to only that which is observable – visible behaviour, in this example. It is now generally accepted that to limit ourselves in this way is to often miss important and relevant information.

The information lost by these ‘strictly scientific’ methods is often the subjective meaning of an experience to the person experiencing it. Numerous qualitative methods of enquiry have been developed to assist in capturing more of this meaningfulness. Most of these methods, such as case studies, narrative analysis and phenomenological approaches, to mention just a few, seek a deeper understanding of the human qualities under investigation by engaging more fully with the subject of enquiry. Interviews, life histories and personal stories are some of the techniques used to delve deeper into the personal meaning of the subject’s experience. The subsequent analysis of this often ambiguous data looks for qualitative salience rather than quantitative certainty. It took some time for the empirical validity of these methods to be established as scientifically legitimate but they are now recognised and accepted as important methods in virtually all fields of enquiry into human affairs.

One difficulty that arises with these qualitative methods is that the researcher, through their engagement with the subject(s), invariably becomes more of a participant in the research and less of the neutral, dispassionate observer that traditional science would prefer. Maris et al. acknowledge this in their argument for a scientific basis for suicidology when they ask “but what facts or observations should the suicidologist heed?” (p. 62). And not only this decision on which ‘facts’ to heed, but also how this information might be interpreted brings into play the subjective point of view of the researcher.

This problem is sometimes managed using statistical analysis to determine the significance of the information. This can work well when we have a reasonable sized
population, though even then it can lead to problems such as ‘exceptional’ cases in the population being interpreted as ‘deviants’ from some statistical norm. We see this in the “specious accuracy and irrelevance of the DSM” (Shneidman, 2002), the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, 1994) and bible of modern psychiatry.

But most of the established qualitative methods still seek to remain true to the scientific demand for empirical validity. As with quantitative methods, this is fine and works well for those circumstances amenable to these methods. But some situations are not well explored and understood even using these methods. These include unique, rare, extreme or especially ‘rich’ experiences where an appreciation of the full subjective depth is required as essential ‘information’. It also includes situations where the experience of interest is not easily observable, whether due to difficulties in making observations, doubts about the meaning of them or simply there is nothing to observe. In effect these qualitative methodologies are another attempt to translate subjective experience into objective observables. We still have the problem of how do we truly enquire into invisible, subjective experiences?

Suicidality in particular, and spirituality in general, satisfies these criteria for being beyond the reach of traditional methods. Suicide is rare (some would say each one is unique), it is extreme and it is rich in its subjective content. And there are few, if any, aspects of it, as it is experienced by the sufferer, that are ‘objectively observable’. As Braud and Anderson would say, “we are dealing here with Big Events” and “their study cries out for and deserves research methods that are as powerful and encompassing as the experiences themselves” (Braud & Anderson, 1998 p. 20).

**A Soulful, Integral Conceptual Framework**

Before we look for methods that may be able to capture more of the in-depth, subjective experience and spiritual dimension of suicidality, we need a conceptual framework within which these methods can be applied.

Ken Wilber’s *Integral Psychology* includes a conceptual framework that addresses what he calls the ‘disaster of modernity’. He sees that “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” (Wilber, 2000 p. 70). 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” (p. 70).

The conceptual framework of suicidology is essentially this disastrous, reductionist *flatland* with its demand to translate and reduce subjective experience into objective observables. And it is inadequate. It is inadequate for making sense of my own personal experience of suicidality and it is inadequate for enquiring into the vast, complex, mysterious, ambiguous, irrational and paradoxical nature of many subjective human experiences.
As well as his critique of modernity, Wilber gives us a conceptual framework that accommodates and honours the full breadth and depth of human experience. This can be summarised in his chart of the *Four Quadrants* shown here in abbreviated form.

<table>
<thead>
<tr>
<th>Interior</th>
<th>Exterior</th>
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<tr>
<td><strong>Upper-Left (UL)</strong></td>
<td><strong>Upper-Right (UR)</strong></td>
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<tr>
<td>• Interior-Individual</td>
<td>• Exterior-Individual</td>
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<tr>
<td>• Subjective</td>
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<td>• Intentional</td>
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<td>• Aesthetics</td>
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<th>Individual</th>
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<td><strong>Lower-Left (LL)</strong></td>
<td><strong>Lower-Right (LR)</strong></td>
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<tr>
<td>• Interior-Collective</td>
<td>• Exterior-Collective</td>
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<tr>
<td>• Inter-Subjective</td>
<td>• Inter-Objective</td>
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<tr>
<td>• Cultural</td>
<td>• Social</td>
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<tr>
<td>• Morals, Justice</td>
<td>• Economics</td>
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|           |                      |
| I - the Beautiful | IT - the True         |

|           |                      |
| WE - the Good | ITS (them) - the True |

(Derived from Wilber, 2000 p. 62)

The two right-hand quadrants represent the *exterior* world, the world of observable objects. This is the domain of suicidology, the reductionist empirical world of traditional science. The two left-hand quadrants represent the *inner* world of subjective experience. These are the domains that the traditional scientific methods are blind to. The substantial meaning that is experienced in these worlds is unmeasurable by science. It is not that science measures this world poorly, rather it is that science can only see events from these worlds after first translating them into one or both of the right-hand quadrants. Inevitably this translation entails a loss of information, quite likely the most important information, that is the subjective meaning of the event *to those who experience it*.

The upper and lower quadrants represent a distinction between *individual* and *collective* objects, experiences or events. So we have the *subjective*, upper-left quadrant where meaning is aesthetic, personal and often private. I recognise this quadrant as the domain of much of my suicidal dilemma and also as the source of my
recovery. For me, it is also the most spiritual of the four quadrants. Wilber identifies the works of Freud, Jung, Piaget, Sri Aurobindo and Gautama Buddha with this quadrant. I will add the names of Ramana Maharshi and Gangaji, in honour of their precious teachings so central to my recovery.

The inter-subjective lower-left quadrant represents subjective experiences that are shared with others – our cultural life. I think of our art galleries here, where society engages with artistic creation (a largely upper-left activity). This quadrant highlights for me the spiritual bankruptcy of the society I live in, which contributed to the feeling of spiritual isolation that was part of my suicidality. In this quadrant, Wilber mentions the works of Thomas Kuhn, Jean Gebser and Max Weber. I would also nominate Mahatma Ghandi, Martin Luther King and Nelson Mandela as champions of this quadrant.

The objective upper-right quadrant is the realm of ‘hard science’ – physics, chemistry, biology. It is the realm of careful, dispassionate observation and precise measurement, of certainty, reproducability and reliability. It is this science that has been the source of technological achievement, from rockets in space to DNA to modern medicine. The main contribution of this quadrant to my suicidal struggle was psychiatric medicine and their drugs, and to a lesser extent some equally ineffectual but less harmful psychological therapies. This quadrant tends to regard spirituality as supernatural and therefore unreal. The now largely discredited behaviourism of B. F. Skinner is of this quadrant. Other notable names identified for this quadrant by Wilber are John Watson and John Locke.

The inter-objective lower-right quadrant represents what are sometimes referred to pejoratively (by upper-right scientists) as the ‘soft sciences’. As well as sociology and social psychology, we also find system theory and ecological thinking. The complex, collective interactions in this quadrant often make for incomplete or ambiguous data, making them less tractable to the precision and certainty of upper-right quadrant methods. Here we find many of the established qualitative methods. But these methods still strive for empirical objectivity and researchers in this quadrant aspire, as much as possible, to be dispassionate observers. In suicidology, this quadrant would be the home of Durkheim and *Le Suicide* (Durkheim, 1951). The spiritual dimension of this quadrant would be religion and the churches, which can offer a sense of community and belonging, a recognised protective factor against suicidality. Wilber mentions Karl Marx and Auguste Comte here.

It must be emphasised in this summary that this framework, elegant and useful though it is, is still just an abstract model. Most, if not all, forms of human experience and activity include aspects from all four quadrants. A simple example to illustrate this is a work of art, created by the artist (upper-left), using paints and pigments and other materials (upper-right) and displayed in public or private galleries (lower-right) for the cultural benefit of the community (lower-left).

For me, the strength of this model, along with its 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’ spiritual folk (e.g. extreme New-Ageism) might try to deny the right-hand quadrants leading to an equally diminished and impoverished view of the world.

This model also highlights for me 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 psychology, which is the focus of both Wilber and myself, what we see today is the dominance of biological psychiatry. This upper-right mindset reduces us 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 in their earnest attempts to come ‘up’ to a standard that has been set by upper-right criteria.

This challenge is an interdisciplinary challenge. We are all familiar with the difficulties of working with other disciplines where progress is slow and difficult as we become familiar with each other’s models, attitudes and specialist language. These interdisciplinary challenges can occur within each of the quadrants. For instance, when I work as a computer scientist with an engineer (both upper-right) it takes time to learn how to speak meaningfully to each other. When the interdisciplinary boundaries that have to be crossed are across the quadrants, then this model demonstrates the magnitude of the challenge we face.

But at least we have a framework that recognises all the participants, hopefully as equals (though this introduces a potential political struggle which I’ll not pursue here). This framework, however, now “cries out for and deserves research methods that are as powerful and encompassing as the experiences themselves” (Braud & Anderson, 1998 p. 20).

**Soulful, Integral Research Methods**

Perhaps (some of) the established qualitative methods are capable of capturing the full richness of these Big Events such as suicidality and spirituality. Maybe they can be modified or extended to achieve this, or possibly how we use them, mindful of this larger conceptual framework, will be sufficient. But perhaps we also need to consider some other methods that are specifically designed to bring more of the subjective, lived experience into our enquiry.

*Transpersonal psychology* is one field that has addressed this issue. Wilber himself is seen as working within this tradition and he talks of *integral enquiry* methods. William Braud and Rosemary Anderson (Braud & Anderson, 1998) describe a selection of transpersonal research methods and Carolyn Ellis, Arthur Bochner and their team at University of South Florida are another group exploring innovative research methods for *ethnographic* studies (Bochner, Ellis, & Tillman-Healy, 1998; Ellis & Bochner, 1996).

**Ways of knowing, working with the data, and expressing findings**
Central to this search for capturing deeper meaning through our research methods is to first recognise the three key elements of any research endeavour. These are the various:

- ways of knowing
- ways of working with the data
- ways of expressing findings

Wilber’s framework makes explicit that there are many (‘alternative’) ways of knowing than just the traditional scientific paradigm of observable, empirical, testable truth. Some alternative ways of knowing relevant here include intuition, insight, direct knowing, aesthetic knowing, empathic sensitivity and sympathetic resonance. Alternative ways of ‘working with the data’ might include innovative ways of interviewing and/or listening, reflection on the data using alternative states of consciousness such as meditation, deliberate ‘trickstering’ of the research scenario, or employing body-mind awareness. And among the many alternative ways of expressing findings we find novel literary forms, visual or performing arts and co-authoring by researcher and research subject.

These alternative approaches might also include different attitudes and relationships between researcher and research subject – Braud and Anderson prefer to refer to both as ‘research participants’ or ‘coresearchers’. There is often a greater willingness, and need, for research participants to be more intimately engaged with each other. These approaches may also require the researcher to be willing and open to personal change themselves as a result of their research. This can make it risky and Braud and Anderson point out that considerable sensitivity and maturity, including spiritual maturity, is sometimes required to apply these methods usefully.

**Types of research question**

With these issues in mind, Braud and Anderson examine the different types of research questions and identify four major categories (Braud & Anderson, 1998 p. 38). These are research questions that seek to:

- control
- predict
- explain
- understand

*Control* type research questions are the more traditional, scientific questions which focus on testable, repeatable experiments or events where precise, measurable outcomes are possible. Quantitative experimental methods are the most appropriate methods here.

Research questions that seek to *predict* are more focussed on process than specific outcomes. They seek to identify the key factors contributing to or inhibiting some event occurring, including correlations between events. The epidemiological studies in suicidology are a good example of this form of enquiry. The methods here would also be mostly quantitative, though perhaps more statistically based than 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 more 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 we wish to understand and appreciate the experience from the perspective of the participant. It is therefore more interested in the subjective qualities of the experience. 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 here for it highlights significant qualitative differences between the sorts of research question we might ask and the types of methods that might be appropriate for these different types of questions. They also stress that there is no ranking here of the merit of the different types of question or methods. They are all legitimate and all serve a useful purpose. The issue highlighted is for the researcher to employ appropriate methods for the purpose of their enquiry.

Another important aspect of the research questions we ask and the methods we use to approach them is revealed in this taxonomy. We can view these questions (and the methods) on a continuum from the greater precision and certainty of controlled experimental methods through to the richer, more in-depth, subjective meaning (but less precision and certainty) of understanding the lived experience. The specific aim of my research is in response to my view that suicidology has only a weak understanding of suicidality as it is experienced by the person. This puts my research at the far end of the qualitative pole of this continuum.

Braud and Anderson argue, and I agree, that most of the established qualitative methods are limited in their capacity to capture the full depth and understanding of complex, intensely subjective experiences such as suicidality. Possible reasons for this have been outlined earlier, in particular how these methods mostly respond to the empirical demand of traditional science to translate subjective experience into observable objects for the purpose of subsequent analysis.

Are there methods, or can we invent methods, that are truly capable of capturing the full, lived experience of these intensely subjective life events? And, if this is possible, how do we integrate what we might learn from these methods into ‘science’?

The arts and literature as ‘qualitative method’

Before looking at some innovative academic research methods, it is worth highlighting that suicidality, including its spiritual dimensions, is not an uncommon theme in the creative arts, in particular literature.

Edwin S. Shneidman includes in his list of “indispensable books” Kate Chopin’s The Awakening, Flaubert’s Madame Bovary and Tolstoy’s Anna Karenina, claiming that
“anyone who reads these wondrous books will know a great deal about suicide” (in his Foreword for Maltseberger & Goldblatt, 1996). Suicide is not an uncommon theme in literature, from Shakespeare’s *Hamlet* to the poems of Sylvia Plath. One of the most thoughtful explorations into suicide is *The Savage God* (Alvarez, 1971), where Alvarez, literary critic and unsuccessful suicide attempter himself, ponders the mystery of suicide after the suicide of his close personal friend, Sylvia Plath, in 1963.

Camus’ enquiry into suicide in *The Myth of Sisyphus* starts with the assertion “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, 1975). I would argue that the question being asked here, like Hamlet’s famous dilemma of “to be or not to be” is equivalent to the age-old spiritual question of “Who am I?” The creative arts, philosophy and spirituality converge around this fundamental question.

This interest in suicide as a powerful literary theme, by both writers and readers, gives us some strong clues of what is needed in our research methods if we are to capture more fully the complex mystery of suicidality. The creative arts (a mostly upper-left quadrant activity) give aesthetic expression to and connect with our innermost feelings. They give voice to the full range of human experience in all its ambiguity and uncertainty. The irrational and the paradoxical are not ‘out of bounds’ to the creative arts. The arts represent a rich language for articulating the lived experience that our research methods are looking for so that we might better understand these complex, subjective, human experiences.

**Some innovative research methods**

The research methods that we need to bring a deeper understanding of complex human experiences into science will require the expressive power of the creative arts. But this is not sufficient by itself. The deeper appreciation that this rich ‘data’ reveals still needs to be interpreted and integrated into the larger conceptual framework of science.

It is beyond the scope of this paper to survey the variety of methods available to us but it is appropriate to mention some innovative methods that do seek to address the issues that have been raised here. In particular, we are looking for methods that have an expressive power comparable to the creative arts and are not confined to the limited traditional scientific conceptual framework. Hopefully, they can embrace all dimensions of human experience as represented by Wilber’s *four quadrants*.

Braud and Anderson’s book looks at five transpersonal research methods of which I’ll briefly mention two: *integral enquiry* and *intuitive enquiry* (Braud & Anderson, 1998).

*Integral enquiry* recognises and honours alternative ways of knowing, analysing and articulating experiences (also alternative ways of *doing* and *being*). It appreciates complementary (i.e. *both-and* rather than *either-or*) ways of knowing and is comfortable with paradox, tolerant of ambiguity and transcends apparent dichotomies. Its key features include that it is informed by a vast array of sources, including the arts, spiritual traditions and personal experience and that it considers a variety of
validity indicators such as *experiential adequacy* to establish salience rather than certainty. It also expects research to change or transform the participants and the audience of the research, including the professional discipline and society.

*Intuitive enquiry* is based on heuristic, phenomenological and feminist methods using transpersonal skills, intuition and alternative states of consciousness as core methods of enquiry. It sees “compassion as a sustaining value in research” and asserts “the role of compassionate knowing in scientific enquiry”. It adopts *sympathetic resonance* as a legitimate validating procedure and employs techniques such as reflective listening, *trickstering*, varying the ‘focal length’ and ritualising to guide and sustain research.

One other innovative method worth mentioning is the *narrative enquiry* developed and used by Carolyn Ellis, Arthur Bochner and their team at the University of South Florida (Bochner et al., 1998). They see this method as a form of *radical empiricism* which rejects the traditional boundaries between the observer and the observed (the researcher and the researched). Although within the tradition of dialectical enquiry, it argues 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 of *telling*, its key features include being written in the first person, highlighting emotional experience, with the text presented as a story. It also seeks to generalise within a single case, depicted in episodic form over time, rather than more traditional approach of ‘snapshots’ in time across many cases.

Numerous other methods exist and new variations and mixtures of existing ones are possible. These three illustrate just some of the creative ways that others are responding to the challenges raised in this paper.

**The Need for the Original Voice in Suicidology**

I cannot conclude without drawing attention to another significant gap – perhaps the most significant – in the literature of suicidology. This is the remarkable absence of what I call the *original voice* of suicidality, the first person accounts of what it feels to be suicidal. Edwin Shneidman says it most clearly:

> *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)

In suicidology we hear so much about brain chemistry, dubious psychiatric diagnoses of ‘depression’ and other mental ‘illness’, epidemiological studies, family, gender, ethnicity and other social factors, treatment and prevention strategies. Interestingly, we do hear from ‘suicide survivors’, which in suicidology refers to those bereaved by suicide. But what is starkly absent, along with the self and spirituality, is the *original voice* of those who truly ‘know’ about suicidality through their own, direct experience.
This paper highlights the need for an ever deeper understanding of the lived experience of suicidality as the foundation on which we can construct theories and concepts that might help explain, predict and control (treat and prevent) a suicidal crisis. This understanding has to begin with the experience itself. With suicidality this experience is intimately personal, intensely subjective and often deeply spiritual. Traditional scientific methods fail to grasp the nature of this experience because its methods are blind to the most essential ‘data’ of the suicidal dilemma.

With Wilber’s four quadrants as a conceptual framework, and with innovative methods to capture more of the lived experience of suicidality within this framework, we can advance our understanding of suicidality in ways that can inform suicide prevention policies. But to do this we need to hear from those who truly know of the experience. In the context of science, and this paper, this original voice represents much of the ‘raw data’ of our enquiry. It must be allowed to speak. And it must be heard.

**Conclusion**

The title of one of Wilber’s books is *The Marriage of Sense and Soul* (Wilber, 1998). This title highlights the need for a larger, more complete ‘science’ that brings together the wisdom of spiritual traditions, the expressive power of the arts as well as the precise knowledge of traditional, empirical science. It is not art or spirit versus science. It is not quantitative versus qualitative. We need the complementary approach of both-and rather than either-or to develop an ‘enhanced science’ that is inclusive, comprehensive and honours the full range of human experience.
References