

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 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

¹ Gyan yoga is the yoga of self-enquiry, which is what I call ‘spiritual self-enquiry’.

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 Consumers² 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.

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.

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 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.

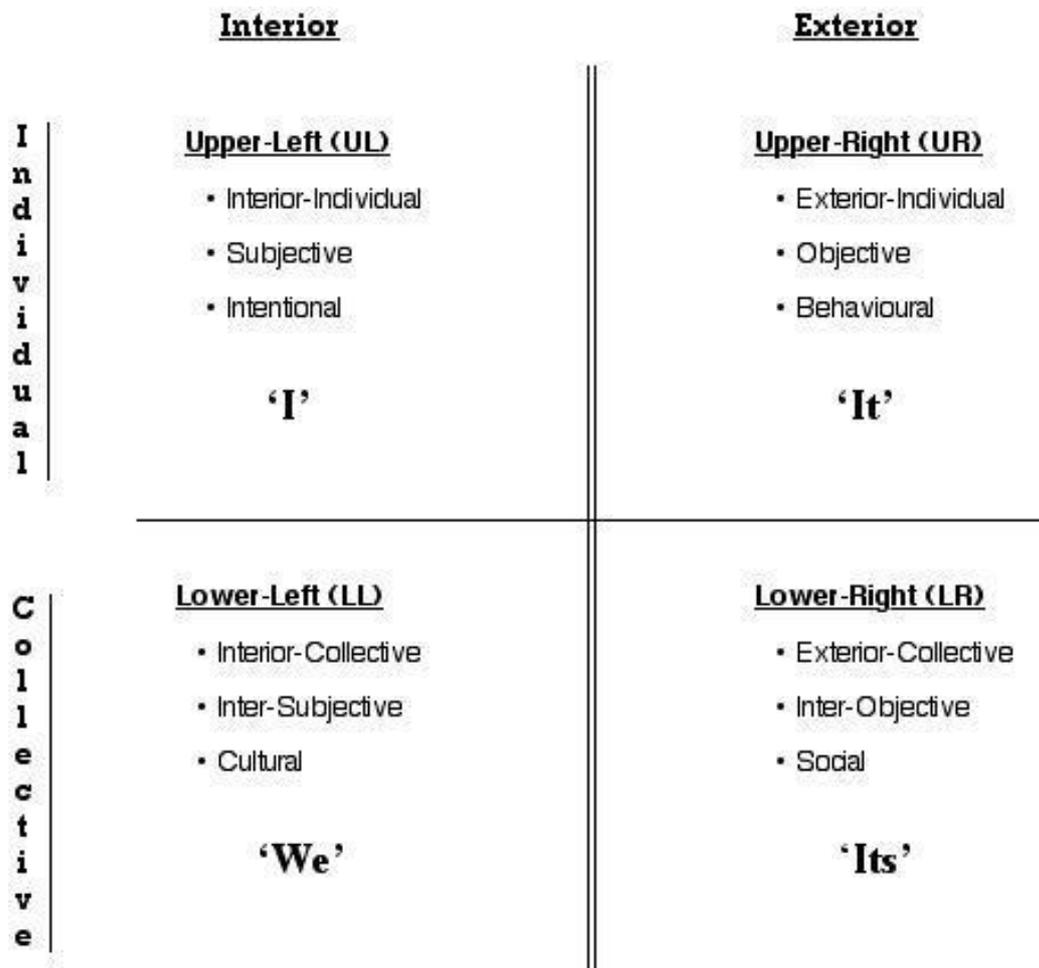


Figure 1 – The Four Quadrants

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).

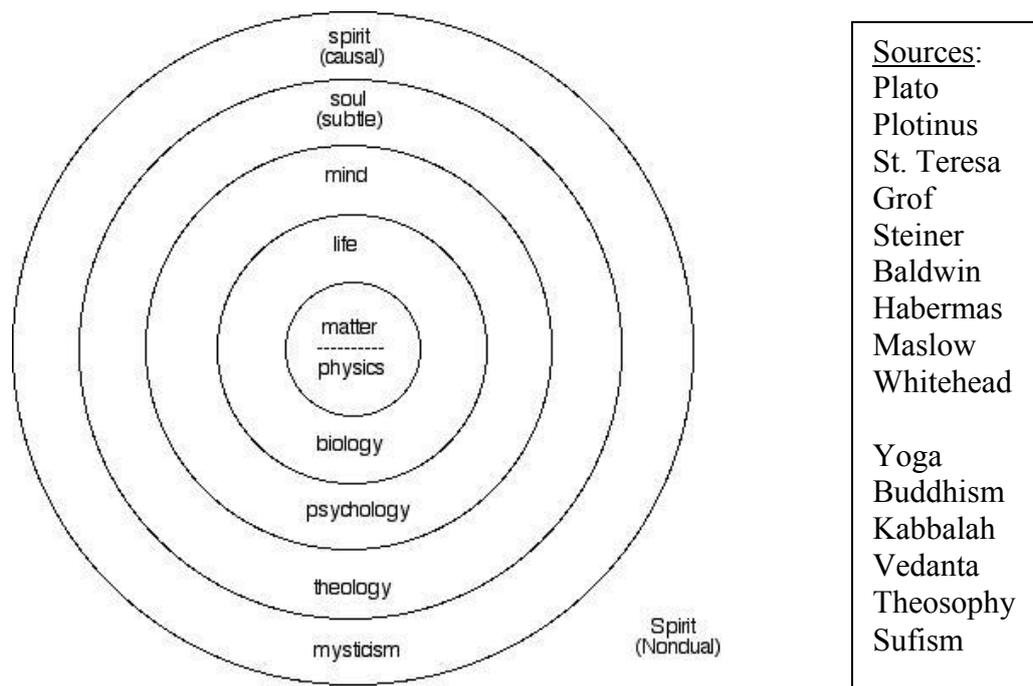


Figure 2 – The Full Spectrum of Consciousness

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.

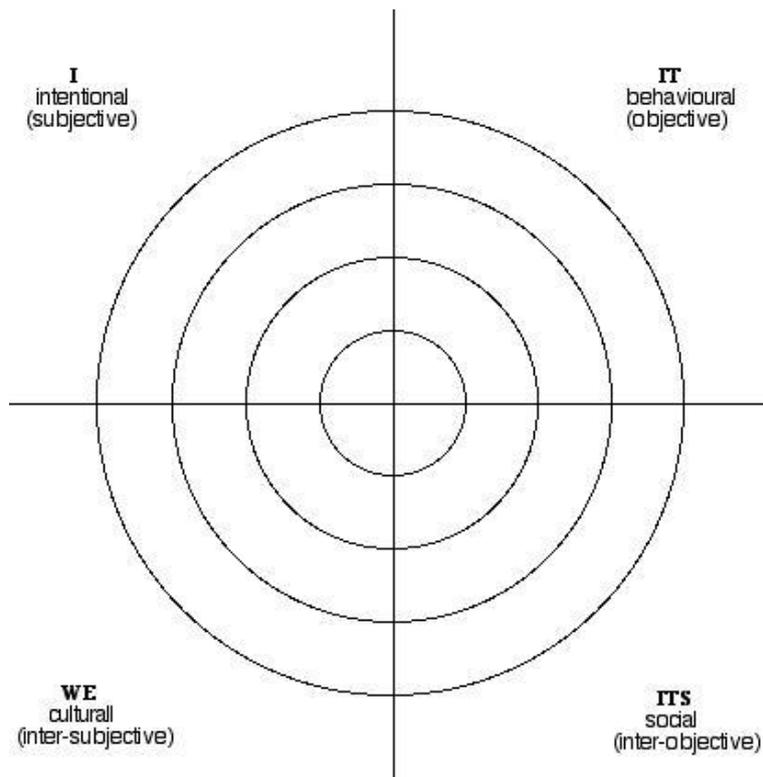


Figure 3 – All quadrants, all levels (AQAL)

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.