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**Review of *Suicide: Foucault, History and Truth*. Ian Marsh.
Reviewed by Oona Morrow.**

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collection, highly recommended for both students and mental health researchers, as a sourcebook for ongoing study of the history of the idea of mental illness and its treatment.

*Christopher Hudson, School of Social Work,
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Ian Marsh, *Suicide: Foucault, History and Truth*. Cambridge University Press, 2010. \$35.00, paperback.

Ian Marsh cares about suicide and the people who are affected by it. After working for ten years in the field of suicide prevention as a member of a community mental health team, Marsh has produced an exhaustive analysis of the social, historical, cultural, and scientific practices that have constructed the contemporary clinical understandings of suicide in the field of suicide prevention.

In order to create an opening for alternative approaches to suicide prevention, it is necessary to understand how suicide has been discursively constructed as pathology and how this construction has affected how suicide is treated, experienced, and managed. For Marsh, this requires a Foucauldian approach that attends to the performative role of discourse in shaping the material reality of suicide. In part I, through archival analysis of policy documents, journal articles, books, reporting guidelines, newspaper articles, and first-person accounts, Marsh details how "suicide is discursively constituted, by whom, with what authority, by what means and to what effect" (p. 9).

In part II, Marsh introduces the contemporary regimes of truth that frame suicide prevention. To situate this discursive framing, he draws on medical and psychiatric understandings that describe suicide as "arising as a consequence of mental illness, a form of pathology or abnormality situated within the individual" (p. 65), as well as on accounts of suicide from the news media, and from literary figures struggling with suicide. According to Marsh, suicide is discursively constructed as pathology, stemming from material and mental forces that reside within an individual body. The suicidal subject is understood as either fully determined by a "chemical imbalance" or acting

out his or her individual freedom to die. The truth effect of this discursive framing is that suicide is conceptualized and treated as an individual problem, evidenced by a whole set of prevention policies that are aimed at pathological individuals rather than the social milieu that produces suicidal individuals.

Through detailed archival analysis in part III, Marsh demonstrates that suicide was not always conceptualized as an individual problem. Beginning with ancient Roman and Greek accounts of suicide (Ch. 5), Marsh traces how the meaning of suicide has changed over time (AD 66 – 2000) and argues that suicide is a discursively constituted cultural product. Drawing on Foucauldian notions of biopower—the power to produce and reproduce life itself at the scale of the individual body and the human population—Marsh discusses: the production of the suicidal subject as an expression of sovereign power over the species life of the population (Ch. 6); the role of the body as the material and discursive space in which emergent medical understandings of suicide take shape (Chs. 7 and 8); and the new forms of spatial containment, discipline, and scientific management that the pathologized body elicits (Ch. 9). Suicide is further individualized through the search for unconscious drives and impulses in professional psychiatric discourse and treatment. However, these individualized understandings of suicide are challenged by Durkheim's sociological explorations (Ch.10). In an effort to subvert the performative effects of suicide as individualized pathology, Marsh introduces a counter-performance of suicide by the late playwright, Sarah Kane. Marsh reads her play, *4.48 Psychosis*, as a refusal to occupy the suicidal subject positions created by contemporary psychiatric discourse (Ch. 11).

A discourse analysis of suicide may seem somewhat indulgent and distracting from the "real" and material problem of suicide; Marsh is well aware of this normative critique and has no wish to destabilize the meaning of suicide in order to make it "easier for people to kill themselves." Rather, he hopes that his research will create "space where a wider framework for understanding and responding to the reality or possibility of such acts could arise" (p. 8). However, in true Foucauldian fashion, Marsh's own positionality and subjectivity remain absent from view. Marsh's own experience in the field of suicide

prevention could have provided a rich empirical context in which to better understand the material effects of the various suicide discourses he has so aptly traced. This book is an excellent demonstration of both the utility and limits of Foucauldian methodologies for understanding complex social, scientific, health problems like suicide. This text will be useful to practitioners and students in mental health and other social sciences who have an interest in operationalizing Foucauldian theories to understand and develop alternative solutions to social problems.

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