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*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.

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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 preven-
tion policies that are aimed at pathological individuals rather
than the social milieu that produces suicidal individuals.

Through detailed archival analysis in part III, Marsh dem-
strates 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 explora-
tions (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 in-
dulgent 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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