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Alexandre Baril. (2023). *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide*. Philadelphia, PA. ISBN: 9781439924068

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In February, as I initially sat down at my desk to write a review of Alexandre Baril's latest work, *Undoing Suicidism: A Trans, Queer, Crip Approach to Rethinking (Assisted) Suicide*, a notification popped up on my screen informing me that the Canadian Health Minister Mark Holland introduced legislation (which passed shortly thereafter) to delay the expansion of medical assistance in dying (MAID) to include individuals suffering from mental illness until 2027. This timeline extends the current prohibition at least two years after the last possible date for a federal election in 2025, where the Liberal government legalized MAID in 2016 is widely expected to lose their governing mandate (Colleto, 2024). This decision, following years of organizing in support and opposition, underscores the complexity surrounding discussions of assisted suicide. While Baril's book does not aim "to reform current laws and regulations to include mental illness and mental suffering as eligibility criteria for assisted suicide" (p. 9), his reflections are knotted and entangled in the complex ways current legal frameworks, policies, and interventions operationalize assumptions surrounding suicide and suicide prevention. Baril asks us to upturn these assumptions, mobilizing a vision inclusive of "suicidal futurities" and of people "living with the desire to die" (p. 8).

To accomplish this, Baril asks us to grapple with suicidism, an oppressive system of violence and injustice that intersects and yet is differentiated from other '-isms', and deeply affects the lives of suicidal people. Baril's work conceptualizing suicidism is descriptive, as well

offers normative interventions. He effectively documents how suicidism functions across “normative, discursive, medical, legal, social, political, economic, [religious], and epistemic levels” (p. 43). Moreover, he outlines possibilities for undoing preventionism and resisting the suicidist logics that often dominate mental health research, disability justice studies, and contemporary debates about MAID, emphasizing the importance of centering the knowledge of suicidal people, those living and dying with the desire to die. Reflecting on medical, psychological, social, public health, and social justice conceptualizations of suicide, Baril challenges a core assumption: suicide as a problem to be prevented, or as he puts it, “a problem and nothing but a problem” (p. 62).

If you looked at my CV, on the surface I am a maybe a curious pick to conduct this review. While I contribute to critical suicide studies, integrating Mad, and Indigenous feminist and queer analysis, technically speaking I am a psychologist, and while admittedly deeply ambivalent about it, I am the clinical kind. I sit on the board of the Canadian Association for Suicide Prevention (CASP). I lead research on suicide prevention. But like Baril, I also am a person who has at more than one point, and in varied ways, lived with the desire to die.

Drawing on Gayatri Spivak’s (1988) interrogation of the subaltern, Baril (2023) asks: “can the suicidal subject speak?” (p. 68). As far as the current contexts of suicide scholarship, policy, and practice are concerned, his response is unequivocal: “No, not *really*” (p. 68). Apart from unevenly implemented and neoliberal inspired consultative inclusion of lived experience groups, this holds true in my experience. As Baril states, there is a clear “absence of suicidal people’s voices from discourses on suicidality” (p. 68), perpetuated through various forms of silencing, erasure, and adherence to the “preventionist script” (p. 6).

Working within the context of Indigenous mental health, I also resonate with Baril's critique of the prevailing models and share his concern that they often exclude and ignore Indigenous people who are suicidal. Even when Indigenous people living with desire to die are asked to speak, their voices are sharply regulated to discuss suicide only in terms of how it can be prevented, and how life can be promoted. This is suicidism.

In reviewing Baril's work as an invitation towards a new analytic for a form of violence, I was quickly converted in it helps us to expose pervasive suicidal and interlocking ableist and sanist oppressions experienced by suicidal people, highlighting how the desire to end one's life is almost always dismissed as irrational and pathological. Not attributing suicidal ideation to irrationality or psychopathology (as conceived by modernism) and recognizing the central importance of structural dimensions, I have sometimes worried about whether framing suicide through the lens of socioecological drivers or determinants produces a denigrating view of the autonomy and decision-making of those experiencing the desire to die. As someone concerned about Indigenous sovereignties, of land, water, bodies, and otherwise, I wonder, is there are way of naming the affective and embodied consequences of structural violence, without denying agency to suicidal people amid socially oppressive structural arrangements? Even while complex constellations of structural violence coalesce around suicidal people in diverse contexts, research describing suicide as the consequence of these forces can oversimplify, and as Baril has help to me to name, it perpetuates suicidism. Frankly, this kind of intervention, to borrow some words from Jennifer White, (2015) stands to not only "shake up" suicidology, but also Indigenous studies of (mental) health and disability justice.

As Baril points out, preventionist logics persist when suicidal people are deemed "too alienated and not in a good position to make decisions about their life and death..." or, when

“suicide is seen as an illegitimate response to social and political suffering” (p. 72). A structural view of suicide succumbs to suicidism when the struggle for social justice is seen as a struggle against suicide and suicidal people. Opposition to assisted suicide, especially by those emphasizing a need for action on structural dimensions of social and health inequity curiously affirm the right to a just society with fulsome social welfare, while simultaneously negating the positive rights of suicidal people.

Baril’s book makes clear that suicidal people, including queer, trans, disabled, crip, Mad, racialized, and among others, encounter unyielding hegemonic politics of “compulsory aliveness”—that is “injunctions to live ... [and] ... to futurity” (p. 72). Saartje Tack (2022) has described such injunctions as the somatechnics of suicide prevention. Bearing in mind Susan Stryker and Nikki Sullivan's (2009) earlier formulation that somatechnics constitute the relationship(s) between bodies of people, of knowledges, and of bodies politic(s), through a “suicidal epistemological standpoint” (p. 17), Baril details how compulsory aliveness leads to the multifaceted oppression of suicidal peoples’ bodies through practices of surveillance, socio-legal negation and regulation, and diverse carceral formations. Suicidism disappears felt and embodied knowledges about the meaning of suicidality. Moreover, it fails to grapple with the ways that the hegemonic body politic(s) are at times contested and remade through agentic acts like suicide, even though, as I have suggested in my own writings on somatechnics (Ansloos, 2023), such acts can be affectively devastating, particular for those left behind, yet are nonetheless transformative.

So, how do we undo suicidism? To do this, Baril offers a queer, trans, crip bundle to unsettle normative injunctions and somatechnics of prevention. Drawing from queer and trans studies and activism, Baril's analysis challenges the conventional views on queer and trans death

particularly in North America, rejecting the notion that the only “normal, valid, and healthy [death] ... is to die in the same way we came into the world ... without choosing it” (p. 134).

Billy Ray Belcourt (2020) suggests, us queer NDNs (not dead natives) “require a new grammar for living” (para. 2), for which I agree and to which I will return. But might we also need a new grammar for dying? Especially as it relates to suicide? Anyone working in Indigenous health spaces will recognize that there is an increasing turn to proxy language for deaths by suicide. From ‘walking into the bush,’ to ‘complex death’ and ‘premature, unnatural death,’ these attempts at language reflect persistently normative framings, unquestioned ableism, sanism, and cultural essentialism. In Belcourt’s (2020: para. 4) own words, “there’s a way to talk about and represent suicide that’s not pathologizing.” Words which diminish our sovereignty are not the vibe.

Instead, Baril (2023) offers a radical provocation beyond the moral and ethical judgment of decisions surrounding assisted death often implicated through our language, encouraging a deeper attunement and responsibility towards queer and trans suicidal people. Here I see a resonance between Belcourt’s (2020: para 2) language for living, “one that foregrounds the fact of our utopian modes of being.” We do this, as Baril (2023) suggests, by moving beyond reductive preoccupations with risky subjectivities and coercive biopolitical management, and “to accompany suicidal individuals rather than save lives” (p. 117).

But he also calls for a greater queer and trans sensibility concerning affect, and particularly the value of hard feelings, even the deadly ones. Baril writes, “how can we extend politicization to suicidality in a way that would not only insist on the social and political aspects of suicidality but also see a political and relational act in suicide itself as well as in the actions to

support suicidal people?” (p. 127). Instead of the politics of queer and trans rescue, Baril’s aim is towards something far more relational and trusting.

Drawing from insights in Crip and Mad studies, Baril endeavors to reconceptualize suicide, considerate of the interconnected violences of suicidism, ableism and sanism. But the crescendo of this book is in how this analysis profoundly shifts how we might consider assisted suicide, in ways that acknowledges the multiple and interlocking forms and structures of violence intersecting with suicide and that necessitate social action, all the while affirming a political practice far more radical than that of neoliberalism.

Rooted in what Baril describes as a “socio-subjective model” (p. 170), a queer, trans, crip suicide-affirmative approach can simultaneously acknowledge the validity of subjective experiences of suffering, recognize the social embeddedness of suffering, and value suicidal peoples’ knowledges, methods, and strategies for living and dying. Put another way, “to be life affirming and death affirming” (p. 218) are not mutually exclusive. As Baril asks us, what if the politics of living and dying are “constitutive and intersecting?” (p. 211). He charts a compelling conceptual course for moving “beyond the causes of and the solution to suicidality,” (p. 166) towards suicide-affirmative approaches that are intersectional and anti-oppressive.

These visions are as confronting as they are compelling. From harm reduction, to advocating for unconditionality, to non-judgement, to peer-led initiatives, to the refusal of non-consensual and coercive interventions, to accompaniment and support in the psychological, social, cultural, familial, and technical aspects of death preparation, Baril’s normative interventions are a “thanatopolitics of assisted suicide as an ethics of living” (p. 246). Characterized by love, care, support, authenticity over stigmatization, community over isolation,

Baril envisions “a space in which death by (assisted) suicide may occur, but also a space in which to openly and honestly discuss what it means to live with a desire to die.” (p 249).

So here is the tea: I want this kind of ethics of living in the varied intersections of my life with suicide. The tricky thing is, undoing suicidism will ultimately require us to think about our theories of change as they relate to the systems and resources people living with the desire to die often seek and access in moments of extreme distress. Health professionals in these settings, even the Mad psychologists among us, must contend with the socio-legal embeddedness that inevitably constrains and names us as complicit in the problem.

But I am curious about what Alexis Shotwell (2013) describes when she invites us to reckon with “our implication in *impossibly complex presents* through which we might craft different modes of response, and our aspirations for *different futures* towards which we might shape different worlds-yet-to-come” (p. 12). Baril’s (2023) work on suicidism is undoubtedly one the most significant pieces of theorizing on suicide of the last century, yet I wonder if the suicidism critique could fall prey to the kind of purity politics Shotwell describes? There is suicidism in the current mental health and disability studies fields, characterized by pervasive and unrelenting epistemic and material suicidist violence. While there are also glimmers of change and sparks of possibility, many in our scholarly fields and movement spaces caution against reformist change. Rightly so. But the purity politics that stand to manifest in such circumstances may take shape in the rejection any professional practice or system whose services are constrained by the current suicidist logics at work our sociolegal context. Shotwell (2013) argues political purity is not only impossible but “shuts down precisely the field of possibility that might allow us to take better collective action against the destruction of the world... purity politics can be decollectivizing.” (p.14). Instead, I think we need to treat the kind of suicide

affirmative approach Baril (2023) describes as a horizon for which we are all complicit in constraining and making possible. I suspect there are more sympathetic to this normative intervention in these systems than might initially be imagined. I think it is important that as with any horizon, we organize to prefigure the kinds of trans, queer, and crip practices that make possible greater care for suicidal people, even in the imperfect, uneven, and constrained moves. I am curious here, about the kinds of non-reformist reforms that make possible the futures Baril and others are dreaming. What we do here and now matters. To gesture, improvise, and fail towards matters. Our languages and choreographies for living and dying remain a work in progress, especially in a world that is a world in progress.

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