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Complicating Theory through Practice: Affirming the Right to Die for Suicidal People

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Abstract

Currently, suicidality is inadequately engaged with in suicide prevention methods. The key focus is on preventing people from dying, rather than validating suicidal ideation as a legitimate experience. As Alexandre Baril (2017; 2018; 2002) argues, in this refusal to validate suicidality, suicidal people are subjected to suicidism – a term Baril coined to describe the oppression suicidal people face which silences them and views their desire to die as illegitimate. Baril (2017) argues for a harm reduction approach to suicide which not only recognizes the validity of suicidality, but also supports suicidal people should they choose to die. In this paper, I seek to highlight Baril's argument on affirming the choices of suicidal people through an engagement with three of his ideas: epistemic violence, biopower, and the injunction to happiness. While I agree with Baril's harm reduction approach to suicide, I also contend that his argument becomes more complex when shifting from theory to practice. Therefore, alongside Baril's work, I highlight the work of Kai Cheng Thom, who recognizes that failing to fight for suicidal people is equally as ableist as failing to listen to them.

Keywords

suicide, harm reduction, ableism, suicidism, epistemic violence

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Introduction

Across the globe, a person dies by suicide every forty seconds, equalling to approximately 800,000 deaths per year (WHO). In Canada, 10 people die from suicide each day, or 4,000 people per year (Government of Canada, 2016). For almost a century, suicidal was listed under the Criminal Code in Canada. Despite its decriminalization in 1972 (Lester, 1992), suicide has remained highly stigmatized and morally deplorable, evident by the ever-increasing mainstreaming of suicide prevention and de-stigmatization efforts. The overall rhetoric around suicide in Canada hinges on the belief that it should be prevented at all costs. Death is not a choice people should make, nor is it a choice that bystanders should support. The “counselling,” “aiding,” or “abetting,” of suicide in Canada remains illegal, further affirming this narrative. Overwhelmingly, the only moral and legal way to support suicidal people in Canada is by preventing them from choosing suicide.

In this paper, I highlight Alexandre Baril’s argument (2017; 2018; 2019; 2020) for validating suicidal thoughts and making space for suicidal people to not only contemplate death but choose death if they so desire. For Baril, there are alternative approaches to responding to suicide that do not rely on the moral imperative to prevent it at all costs. Baril denounces suicidism – a term he coined to describe a form of oppression uniquely faced by suicidal people which silences suicidal people and views the desire to die as irrational or illegitimate (Baril, 2019; 2020) – and in building off of his work I seek to recognize the complexity of doing so in practice rather than in theory alone.

I recognize that validating suicidality is a layered conversation, and I cannot possibly cover all of the nuances of this topic in such a short paper. Moreover, I also recognize the ongoing scholarship situated in the area of suicide which has worked to grapple with this question and others about suicide for years (Szasz 2002; Kral 2019; Tatz & Tatz 2019; White et al. 2016; Colucci & Lester 2012). Rather, my focus is on thinking through what is at stake when we validate the right to die outside of theoretical context alone. I begin the paper by outlining Baril's argument in support of suicidal people's ability to choose death by focusing on three of the ideas he has advanced in his work: epistemic violence against suicidal people, the role of biopower, and the injunction to live/to the future as an act of ableism against suicidal people. I adopt auto-ethnography to respond to Baril by focusing on the complex responses that arise when considering practical engagement with his argument. Alongside personal reflection, I weave in Kai Cheng Thom's arguments around trans suicide. While I use this paper as an opportunity to grapple with the contradictory responses to the right to suicide, I also want to clarify that I firmly support Baril's arguments. Invalidating suicidal people by denying them the ability to process their suicidality and choose death if they so desire is ableist for the way it removes suicidal people's agency over their own experiences (Baril, 2017). However, I also seek to demonstrate that Baril's arguments are incomplete without recognition of their complexity in practical application. In this paper, I argue for an approach to suicide which recognizes the intricacies of transferring Baril's theoretical ideas on suicide into practice. I find merits in Baril's arguments; yet, I believe it is key to be able to apply these arguments to the emotionally messy and complex situations we may navigate in supporting the suicidal people in our lives.

Increasingly, suicidality has been a topic of critical engagement with the recent introduction of work in critical suicide studies (White 2016; Marsh 2015; Broz 2015; Cassady

2016). Yet, while the social model has been frequently adopted among critical suicide scholars (Fitzpatrick & River 2018; White et al. 2016; Button & Marsh 2019; Cover 2016a, 2016b; Reynolds 2016) to understand suicide, Alexandre Baril (2018) offers critique to this model for the way it fails to consider the needs and voices of suicidal people. He uses this critique to reframe suicide within the social model so suicidal people's needs are at the forefront, allowing them to choose death should they so desire. He argues that:

based on the sanist silencing of suicidal subjects through the injunction to live and somatechnologies of life, suicidal people constitute an oppressed, stigmatised group whose claims remain unintelligible within society, law, medical/psychiatric systems and anti-oppressive scholarship, including LGBTQ scholarship (Baril, 2017, pp. 203).

Engaging with Baril, I focus on three of the ideas he mobilizes throughout his various works (Baril 2017; 2018; 2020) around the “injunction to live”: epistemic violence against suicidal people (Baril 2017; 2018), biopower as a means of violence against suicidal people (Baril 2018), and a promise of the future as a means of violence against suicidal people (Baril 2017). With these three arguments, I seek to recognize the importance of Baril's arguments toward a harm reduction approach for suicidal people before complicating this argument with my own reflections and the contributions of Kai Cheng Thom.

Epistemic Violence

As Baril (2017; 2018) argues, both the social model and medical model silence suicidal people through their failure to account for suicidal people's experiences. This act of silencing functions as a means of suicide prevention (Baril 2017). Either suicidal people speak up about their suicidality and are seen as a danger to themselves and are forced to receive “care,” or their

desire to die is perceived as irrational, and they are prevented from making an irrational choice – death. Either way, suicide is not perceived as a legitimate choice to be made, but instead is framed as a problem to be remedied. Drawing from Maria Liegghio (2013), this process of silencing suicidal people can best be described as epistemic violence. Epistemic violence, originally coined by Gayatri Spivak (1998) and later expanded on by Miranda Fricker (2007), has been taken up by many scholars (Dotson 2011; Critchon, Carel, & Kidd 2017; LeBlanc & Kinsella 2016), to describe, “a harm done to a person in her capacity as an epistemic subject (a knower, a reasoner, a questioner) by undermining her capacity to engage in epistemic practices such as giving knowledge to others (testifying) or making sense of one’s experiences (interpreting)” (Critchon, Carel, & Kidd 2017, p. 65).

I choose to draw from Maria Liegghio’s (2013) work for the way she takes up this term specifically in relation to epistemic violence against those who identify as Mad or are labelled as mentally ill. She writes, “[e]pistemic violence refers to the way certain persons or groups within society are disqualified as legitimate knowers at a structural level through various institutional processes and practices” (p. 123). In particular, Liegghio emphasizes the way those labelled “mentally ill” are silenced because they are not recognized as legitimate knowers. Primarily, this occurs through the medicalization of madness; however, as Baril (2017) argues, the social model also reproduces epistemic violence toward suicidal people by silencing suicidal people through conceptualizing their desire to die “from a sanist point of view as irrational ... or from a paternalistic point of view as an illegitimate response to social suffering” (p. 207). In other words, according to Baril (2017), suicidal people are “rendered out of existence” (Liegghio, 2013, p. 124) through epistemic violence either because their suicidality is medicalized, or because their suffering is seen only as a structural problem, thus discounting their perceptions of

their pain (Baril, 2017, p. 124). Liegghio (2013) explains that, “[r]endered incompetent, persons are disqualified as legitimate knowers and lose their epistemic agency, specifically losing their ability to speak on their own behalf and to be heard on their own terms and in their own styles” (p. 126). Suicidal people are, therefore, unable to speak to their suicidality because they are perceived as incompetent and irrational. Their voices are silenced, and their needs are determined for them; they are not given space to express their desire to die nor are they given a choice in whether to live or die (Baril, 2017; 2018; 2019; 2020).

Epistemic violence is an erasure of personhood. In the process of perceiving suicidality as always irrational and a result of mental illness or social injustice, the experiences of suicidal people are invalidated and erased, and their humanity is too. Refusing to engage with suicidality and invalidating the knowledge of suicidal people is an act of ableism (Baril, 2017, p. 203; p. 204; p. 212) There is an extensive history of denying disabled people recognition of their personhood and their ability to account for their own experiences, and this refusal to engage with suicidality reflects a similar denial of personhood. As Liegghio (2013) shares, “[r]estoring a person’s epistemic existence requires conscious acts that construct, support, and give legitimacy to the person as someone with legitimate ways of knowing and, ultimately, legitimate ways of being” (p. 127). Restoring the epistemic agency of suicidal people requires validating and supporting the desire to die as legitimate and giving suicidal people agency in their decision to choose suicide or not. Silencing suicidality and failing to affirm the desire to die is an act of ableism which does little to actually improve suicidal people’s lives (Baril 2017).

Biopower

Alongside the silencing of suicidal people's needs and experiences, Baril discusses the role Foucauldian biopower (Baril 2018) plays in the injunction to live. In *The History of Sexuality Vol. I*, Michel Foucault (1978) highlights the transition from sovereign power to biopower. Previously, the sovereign held power over life only insofar as he “exercis[ed] his right to kill or by refraining from killing” (Foucault, 1978, p. 136). In other words, sovereign power was about seizure (Foucault, 1978, p. 136). However, a transition has since occurred, in which power is not about taking life, but administering and maintaining it (Foucault, 1978, p. 136). As Foucault (1978) explains, biopower was “a power whose highest function was perhaps no longer to kill, but to invest life through and through” (p. 139). No longer is a sovereign seizing life, but power circulates and functions through the administration and management of life (Foucault, 1978). While Foucault rarely discussed suicide in his scholarly work, his brief writing on suicide is notable for the way biopower relates to present-day suicide prevention measures. He writes:

It is not surprising that suicide—once a crime, since it was a way to usurp the power of death which the sovereign alone ... had the right to exercise—became, in the course of the nineteenth century, one of the first conducts to enter into the sphere of sociological analysis; it testified to the individual and private right to die, at the borders and in the interstices of power that was exercised over life. This determination to die, strange and yet so persistent and constant in its manifestations, and consequently so difficult to explain as being due to particular circumstances or individual accidents, was one of the first astonishments of a society in which political power had assigned itself the task of administering life. (Foucault, 1978, p. 138-139)

In this quote, Foucault highlights the connection between suicide and biopower, explaining the way suicide evades power by way of evading life itself. Chloe Taylor (2014) discusses this argument in detail, sharing that, based on her analysis of Foucault's quotation, if biopower is that which regulates life then suicide circumvents biopower. While suicide was a crime because it evaded the power of the sovereign, it is now stigmatized and safeguarded against through suicide prevention measures because it runs counter to the regulation of life (Taylor, 2014). As Foucault (1978) writes, "death is power's limit; the moment that escapes it" (p. 138). If power administers and regulates life, then suicide prevention measures not only prevent death, but the evasion of biopower as well.

Several scholars, including Chloe Taylor (2014) have engaged with suicide through Foucault (Marsh 2010; Mcdorman 2005; Tierney 2010; Tierney 2006). In particular, I am drawn to Todd F. Mcdorman (2005) and Chloe Taylor (2014) for their use of Foucault's concept of biopower to critique suicide prevention. As Mcdorman (2005) explains, biopower is not about "threatening to end life, but threatening to preserve and monitor it through regulatory means" (p. 264-265). Therefore, for both Taylor (2014) and Mcdorman (2005), suicide is a problem for biopower. Taylor (2014) writes:

... Foucault argues death is the moment that one escapes power rather than the moment of transition to another power. Suicide is thus a withdrawal of one's life from the tactics of biopower. It is perhaps the only way to escape biopolitical regulation through one's own agency. Suicide is hence a problem for power today, but it is a problem of evasion rather than seizure. (p. 196)

In other words, suicide is a problem not because it seizes power, but because it *escapes* its reaches. Since life is to be preserved and maintained, suicide is not recognized as a legitimate

option and efforts are made to prevent people from choosing suicide. Suicide prevention measures are a form of biopower—regulating and maintaining life, regardless of the inevitable epistemic violence that comes as a result.

The Injunction to Happiness

As Baril (2017) argues, the injunction to happiness, to life, and to the future oppress suicidal people and fail to account for the real experiences and needs of suicidal people (p. 208). He similarly highlights the way suicide is “depicted as a unilaterally negative act” (p. 210) and that there are no frameworks for people to conceptualize suicide outside of this dominant understanding. How would our understanding of choosing suicide shift, however, if we had a framework to understand death as something that is not always negative? What if suicide was recognized as a valid choice that people could make? Moreover, what if we recognized that sometimes negative choices are still choices that can be made? This recognition would not only validate the experiences of suicidal people but also create space for people to grapple with and work through their suicidality without fear of being stripped of their agency (Baril 2017).

In order to challenge these perceptions of suicide, I turn to the text *The Promise of Happiness* by Sara Ahmed (2010), which Baril (2017) uses to develop his argument around the injunction to happiness, and thus, the injunction to live (p. 208). While I focus on Ahmed’s work, other scholars, such as Jasbir Puar (2012; 2010) have also developed critiques of happiness as priority. Puar (2012, 2010) critiques the It Gets Better movement for its failure to account for its lack of nuance in relation to improved life conditions. Similarly, scholars such as Ann Cvetkovich (2003), Lauren Berlant (2011), and Eve Kosofsky Sedgwick (2003) have grappled

with the way western culture navigates emotions in myriad ways. In this section, however, I focus specifically on Ahmed's rejection of happiness and how it connects to suicide prevention.

In *The Promise of Happiness*, Ahmed (2010) responds to western culture's prioritization of happiness above all else. She explains that, "[t]o be on the side of happiness or to be for happiness ... means you are on the side of the good" (Ahmed, 2010, p. 204). To refuse to prioritize happiness is to be on the wrong side. Because suicide refuses to centre happiness – primarily the happiness of others – it is perceived as the wrong choice. Similarly, as Ahmed (2010) explains, in this prioritization of happiness is a dependence upon what is to come. She states: "to pin hopes on the future is to imagine happiness as what lies ahead" (Ahmed, 2010, p. 160). Suicide is a future of no future (i.e. a future only of death), and, therefore, does not prioritize happiness. Choosing death involves a refusal to pin hope on the future and imagine happiness as a future possibility. While much of suicide prevention involves reminders of hope for a future of happiness, affirming the choice to suicide refuses this future (Baril, 2017, p. 201; Baril, 2018, p. 201-202). Based on Ahmed's critique of happiness, then, the choice to die is contentious for the same reasons that choosing other forms of life (queerness, feminism, etc.) that lead to so called "unhappiness" are – because these futures do not rely on hope or prioritize happiness (Ahmed, 2010).

For Ahmed (2010), the refusal of happiness is revolutionary. She explains, "the revolutionary is one who refuses happiness, which means not only failing to be happy, but not *wanting* to be happy" (p. 192). Thus, affirming suicidality is revolutionary for its rejection of happiness and the future in a culture which prioritizes both of these things. What is subversive is refusing happiness and refusing hope. In line with this refusal, Ahmed (2010) shares that there is no freedom unless there is the freedom to choose unhappiness. She writes, "[t]he freedom to be

unhappy would be the freedom to live a life that deviates from the paths of happiness, wherever that deviation takes us. It would thus mean the freedom to cause unhappiness by acts of deviation” (Ahmed, 2013, p. 195). Part of that freedom would include the freedom to choose suicide – to choose unhappiness and a future of no future and to refuse suicide as always being the *wrong* choice. However, part of that freedom to choose is also the recognition that suicide does not always equate to unhappiness, but instead, can be a means of liberation for some.

In this section, I sought to highlight three ideas which Baril draws upon to form his ideas: epistemic violence, biopower, and the injunction to futurity. In highlighting these ideas, I recognize the value of Baril’s work. Ultimately, suicidal people should be listened to, their voices should be prominent in conversations around suicide, and they should *not* be forced to live. However, in working through Baril’s arguments, I have also become attuned to my own discomfort with how to engage with his ideas in practice. Alexandre Baril (2017) argues for a harm reduction approach to suicide in order to recognize the way suicide prevention works to silence suicidal people. For Baril (2017), this harm reduction approach would allow access to medically assisted suicide for all people who wish to die, including suicidal people (p. 212). As he shares, “the proposed strategy would offer support both to people whose desire to die may fade during the accompaniment process and to those who wish to see their intent through to its conclusion” (Baril, 2017, p. 213). This approach builds off of other harm reduction approaches around ‘harmful’ behaviours which seek to reduce harm not by removing the behaviour, but by providing access to it in a safer way. While I wholeheartedly support and recognize the invaluable role of harm reduction, I also seek to navigate the tensions that arise when transitioning Baril’s ideas from theory to practice.

Medical Assistance in Dying

The right to medical assistance in dying (MAID) is a contentious topic for disability rights activists. While some disability rights activists support MAID, some resist it for the way it negatively portrays disability (Behuniak, 2011; Braswell, 2018; Heyer, 2015). As Braswell (2018) explains, this resistance is based on the societal belief that, “it is better to be dead than disabled” (p. 76), perpetuating the idea that people should have the option to die should they become disabled. Similarly, disability rights activists resist the rhetoric that terminally ill people should be able to die with “dignity” (Behuniak, 2011) for the way it represents disabled people’s lives as undignified and reifies disabled people as a homogenous group. Finally, some disability rights activists fear that MAID could limit the autonomy of disabled people due to a violent history of involuntary euthanasia targeting disabled people (Heyer, 2015). Because of the contentious relationship between disability rights activists and the legal right to die, I was hesitant to incorporate medical assistance in dying in this paper. However, because MAID is key to the harm reduction approach Baril (2017) identifies, it must be addressed in recognizing the complexity of moving from theory to practice.

While medical assistance in dying (MAID) is currently legal in many countries – including Canada – regulations around MAID tend to limit access only to those whose suffering is physical and as a result of terminal illness. In 2015, *The Economist* produced a short documentary following a Belgian woman, Emily, who sought medical assistance in dying – a documentary Baril (2018) also references in formulating his argument around supporting suicidal people. Although Emily was physically healthy, she described her life as unbearable due to mental and emotional suffering. For Emily, this suffering had been compounding since the age of

twelve, and she had spent much of her adult life bouncing between different forms of psychiatric care seeking some form of relief.

To be approved for MAID, Emily was required to have three doctors sign off on her case. The role of these doctors was not only to evaluate the gravity of Emily's suffering, but also to remind her that she had the ability to change her mind at any time. When the day of the procedure finally came, Emily decided against the procedure. She explains this choice as follows: "The two previous weeks were relatively bearable. They were free from crises. I don't know why. Was it because the serenity of death was so close? And that I felt ok? Or had something changed in me?" (The Economist, 2015). Despite this reflection, three years after the filming of the documentary, on August 25th, 2018, Emily chose to end her life through MAID.

I was at first hesitant to include Emily's story, which focuses heavily on her pain, cautious of further perpetuating the idea that disability and madness are always experiences of suffering. However, I believe it is also harmful to deny space to those for whom madness is painful and *does* cause suffering, and even more harmful to deny them the ability to choose death should they so desire. Many disability rights activists have been resistant toward MAID for fear of the way it portrays death as *better* than being disabled and fear of disabled people choosing MAID through force rather than choice. However, I do not believe this hesitation must run counter to creating space for suicidal people to engage with their suicidality and choose death should they so desire. Therefore, I include Emily's story to demonstrate the way denying those who are suicidal the ability to choose death is an act of ableism for the way it erases epistemic agency (Baril 2017), just as believing people are better off dead than disabled is an act of ableism which erases the ability to choose (Braswell, 2018).

From Theory to Practice

While writing this paper, I also thought about my own life in relation to suicide. We can get so caught up in theory, we forget to consider the material world. I can theorize the right to choose death all I want, but I must also consider how these choices play out in the real world. Specifically, I think about how Emily's friends resisted her decision to die. They did not force her to stay alive, but they never stopped hoping she might change her mind. Just as Emily's friends, I do not wish to lose any of my loved ones to suicide. In fact, as many other people do for their friends, I have actively done what I can to ensure suicide does *not* happen, whether that involved checking in on my suicidal friends, spending time with them to ensure they did not harm themselves, or trying to instill in them a sense of hope for the future. I do not want my friends to die, nor do I want to see them in pain. However, drawing on Baril's ideas, how are these suicide prevention efforts I've engaged in actually perpetuating suicidism? And how do they fail to adequately account for the needs of suicidal people? Have my attempts to support my suicidal friends actually been acts of epistemic violence by silencing and delegitimizing their experiences in favor of my desire to keep them alive?

By assuming I know what is best for my friends and relying on dominant scripts for suicide prevention, I am inflicting the very harms Baril (2017; 2018; 2019; 2020) discusses. Baril (2017) shares, "We rewrite the lives and deaths of suicidal subjects through dominant scripts of suicide, refuse to listen to their discourses by delegitimizing them and speak for suicidal people by assuming we know what is best for them" (p. 208). Alongside epistemic violence resulting from my own unwillingness to listen to my friends' needs, by clinging to futurity as a beacon of hope to prevent their suicide and performing efforts to ensure they do not die, I am relying on the injunction to live. These actions make me part of the problem. However, I also believe it is

pertinent to recognize that suicidism is a structural and systemic problem, and while my actions may be complicit in this harm, part of giving suicidal people the space to process their experiences would require upending the systems that are preventing them from doing so in the first place.

Yet, while I recognize that my suicidal friends deserve agency in their decision to live or die, I also still struggle with how to put this tenet into practice. My friends deserve space to work through their suicidality openly and without fear they will be met with my refusal to listen. They also deserve to be able to share their desire to die without my erasure of that desire through the injunction to futurity. However, I have yet to find a compelling explanation for executing this harm reduction approach in practice which recognizes the vulnerability, complexity, and pain that comes with opening yourself up to the idea that you might lose a friend – and that this choice is their right to make. Moreover, I have yet to fully let go of my – perhaps selfish – desire to fight for the people I love, and I continue to grapple with whether there is a way to both resist dominant suicide prevention discourses and fight for the suicidal people in your life to stay. Ultimately, when shifting from Baril’s theory of the right to suicide from the hypothetical to the practice, I have begun to recognize that perhaps suicide is more complicated than affirming a person’s decision to die without navigating such a decision with love.

I think to Kai Cheng Thom’s (2019) book, *I Hope We Choose Love*, and the critique she offers around supporting people – and specifically trans girls – in their decision to choose suicide. She argues that within discussions around consent and body sovereignty – including those around suicide – there is a fundamental misunderstanding of love and care (44). She shares that this misunderstanding is often rooted in trauma for the LGBTQ+ community and enforces the idea that when someone rejects our help, we should not press any further. However, for

Thom, “love and care might mean following someone, even after they have rejected you...it might mean reaching out, and failing, and then reaching out and failing, again and again” (45). In other words, to show love and care, for Thom (2019), does not mean accepting a person’s choice to die without actively and continually pursuing them first. As she shares, not only do we need to offer support to people should they run from love, but we must also work to bring them back home. For Thom, failing to do so is the act of violence, rather than not affirming the person’s choice to run.

Furthermore, Thom highlights the dangers of inaction around trans women’s suicides in a transmisogynistic society. She writes, “It is not radical to ‘support’ trans women dying when we are already being murdered regularly. It is not revolutionary to simply accept that society is so terrible that trans girls might as well kill ourselves” (45). In other words, in a system which repeatedly tells trans people that they do not have lives worth living through individual and structural acts of transphobia and transmisogyny, it is not radical to tell trans people they are allowed to die. Instead it is crucial to address the systems and mistreatment which are making trans people suicidal in the first place. Baril (2017), however, diverges from Thom (2019) on the topic of trans suicide. In reference to Leela Alcorn, a trans teen who died by suicide in 2014, Baril (2017) states that, “she did not ask us to force her to stay alive while we mount a revolution for social change” (p. 210). In contrast, however, Thom shares that with the possibility of social change, more suicidal people might choose to stay.

Thom’s beliefs around love and care add further complexity to supporting suicidal people. However, she is also clear that dismissing suicidal people is not the answer either. She writes, “...it may be ableist to dismiss someone’s rationale for dying, but it is equally ableist to expect that everyone in a crisis of pain will be able to express or even know their needs in a

perfectly linear, logical way. It is ableist to assume that simply asking for consent to intervene once, or even twice, is sufficient to determine whether someone might want or need help” (45). Ableism is not just failing to affirm the pain and justification for a suicidal person’s choice to die, but for Thom, it is also about being complicit in a person’s death when what they truly needed was for someone to pursue them rather than affirm their decision to die.

I do not believe Thom and Baril’s arguments contradict each other, but instead, they can be brought together to create more nuance in our response to suicidal people. In our current suicide prevention methods, suicidal people’s desires and needs are erased and invalidated. The key focus is on preventing people from dying, and this is accomplished through means which invalidate suicidal feelings and prevent suicidal people access to agency and choice. However, can we both validate suicidal feelings while also seeking to prevent suicidal people’s deaths? To return to Baril, does having suicidality recognized as a valid choice change the relationship suicidal people have to their suicidality?

With these questions, I return to Emily’s story. Having the space to consider suicide as a legitimate option caused Emily to delay her death by three years. Although this could have been for a number of reasons, Emily’s physician commented that having an “emergency brake” to pull can sometimes put suicidal people at ease (The Economist, 2015). Knowing death is an available option can reduce the weight of carrying suicidal thoughts without space to work through them, something Baril argues through the use of this short film (2018 p. 206). As Baril (2017) thoughtfully shares, “creating a better world for suicidal people begins with cultivating a respectful response, [and] listening without forcing the ‘will to live’ upon them (p. 211-212). Allowing space for suicidal people to process and work through their suicidal thoughts without fear of invasive suicide prevention measures can actually work to reduce the number of

unplanned suicides. For Baril, creating space to affirm suicidality works as a means of harm-reduction (2017). Yet, Baril also believes that suicidal people's choice of death should not be inhibited. For Baril, suicidal people must be given the space to contemplate death and the validity of suicidal thoughts must be recognized in order to fully prioritize suicidal people's needs and experiences. s

Thom agrees with Baril insofar as she would not shame or pathologize a person's choice to die; yet, she also believes that if life were to improve, most people would not choose death. I believe both Thom and Baril's arguments are necessary to build a more nuanced understanding of how to support suicidal people in practice. I also return to my own experiences and how suicidality plays out in my relationship with my friends. I question how a suicidal friend might react if I told them that they were allowed to kill themselves—how they would react if I gave my support in their decision. Would I be giving them space to navigate this decision in all of its complexity, allowing them to truly grapple with their suicidality? Or, would I be letting them leave without first fighting for them, as Thom suggests? In bringing Thom and Baril together, I wonder if there is a way to validate suicidal thoughts for what they are all the while recognizing the value of a person's life without reinforcing epistemic violence and the injunction to live. In times I no longer want to be alive, is it the knowledge that I can leave that lightens the weight of my pain, or is it my friends' fierce desire to fight for me that lightens that weight? For me, what is absent in this discourse around the right for suicidal people to choose death is not whether they should be able to or not – as I firmly support Baril's argument that they should while also recognizing the nuance Thom brings to this argument – but rather, *how* we are to do so in practice.

Conclusion

Ultimately, suicidality continues to be disregarded as a legitimate reason to choose death. Suicidal people continue to be subjected to epistemic violence and the injunction to live in this refusal to validate their desires and experiences and instead rely on the hope of the future. Therefore, according to Baril (2017), in order to account for and affirm the experiences of suicidal people, we must give space for suicidal people to choose suicide should they so desire and support suicidal people who make those choices. In order to prioritize the needs of suicidal people, suicide should be validated as a choice that *can* be made, and suicidal people should have space to express and work through their suicidality without fear of having this choice taken away. However, as I address in this paper, Baril's arguments are easier to grapple with in theory than they are to navigate in practice.

To conclude, I want to recognize that Baril does not wish further harm to suicidal people. Rather, he states that he “call[s] for a politics of compassion and accountability...” which is “meant to complement, not supersede, suicide prevention strategies” (Baril, 2017, p. 213). Moreover, he does not argue that all suicidal people should choose death, nor does he argue that we should stop suicide prevention measures. Rather, he argues for a harm reduction approach to suicide which respects suicidal people and acknowledges and supports their choices—even if their choice is suicide. Nevertheless, although Baril does recognize this nuance, supporting suicidal people in practice should be recognized in its complexity, which means not only supporting a suicidal person and recognizing the validity of their pain, but, as Thom (2019) shares, also means fighting for them and refusing to be complicit in their death.

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