Is Suicide Prevention Destined to Stagnate? Yes, Unless …

Invited lecture · Heidi Hjelmeland

Prof. Heidi Hjelmeland works at the Norwegian University of Science and Technology, Faculty of Medicine and Health Sciences, Department of Mental Health. Her extensive research portfolio covers a variety of cultural contexts in several European and African countries. Currently, her academic work is anchored in the framework of Critical Suicide Studies and focuses on topics such as meaning, communication, gender, culture, context, intervention and prevention as well as theoretical and methodological issues.

Abstract. … the field undergoes radical changes in terms of how suicide/suicidality is understood and researched, which, in turn, have implications for how we attempt to prevent suicide. I will start by taking a critical look at the current 'regime of truth' (Marsh, 2010), which is dominated by three basic assumptions: (1) Suicide is pathological; (2) Suicide is individual; and (3) Suicidology is science (Marsh, 2016), with inherent consequences for suicide prevention. I will point out some of the problems with all these assumptions. Moreover, we need to accept that suicide is complex way beyond being 'multifactorial,' as in adding together risk factors in more or less complex explanatory models, and I will present a different way of understanding causality and complexity in relation to suicide. I will also argue that most of what currently is referred to as suicide prevention actually is intervention requiring professionals to intervene. The potential for improved suicide prevention lies in understanding that all suffering has its basis in people's life history; a life history deeply anchored in numerous interwoven relations to other people, which, in turn, are intertwined with overall social, cultural, economic, and political systems, together constituting a complex dynamic context. Thus, to become better at preventing suicide, we need to move towards genuine prevention, so that everybody, as fellow human beings and/or parts of various 'systems,' really can contribute to prevent suicide. Then, we need to acquire and disseminate knowledge about how suicidality, as a complex contextual and relational phenomenon, may develop through people's life histories, in context. All in all, I argue for the need of a paradigm shift in this field, which, in fact, might already be underway, albeit to fierce resistance from people in powerful positions.

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