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1
Reframing Queer Youth Suicide and Self-Harm

This book addresses the fundamental question of why young people whose sexualities and genders are marginalised may become distressed and sometimes harm themselves. Youth who are minoritised in relation to sexuality or gender identity can face a range of embodied, emotional, discursive and material challenges. These challenges are sometimes evoked in explanations for suicide and self-harm among queer(ed) young people. Previous studies in this field have often asked, how many lesbian, gay, bisexual and transgender (LGBT) youth self-harm? Many have asked, what are the risk factors for LGBT youth suicide and self-harm? We take the inquiry deeper, focusing on a wide range of queer(ed) youth, and addressing questions about norms, emotions and embodiment. We are specifically interested in both the material and the discursive conditions through which it comes to make sense to some queer(ed) youth to harm their bodies. We are concerned with the 'incredible weight of cultural obligation that makes specific claims on the subjectivities of young people – to act in accordance with certain norms, to make a "success" of one's life and avoid "failure" at all costs' (Fullagar, 2003: 292).

The long-standing psychopathologisation of 'deviant' sexualities and genders, where a person is labelled as mentally ill by virtue of their sexual and/or gender non-conformity, serves to remind us of the role psychiatric diagnoses have in defining social 'deviance' and social norms (Rogers and Piligrim, 2010). Despite the removal of homosexuality from psychiatric classification in the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* (DSM) in 1973, there remains a dangerous association between certain gender and sexual characteristics and pathology (Davy, 2011). Queer(ed) people continue to encounter this pathology model in mental health services (Welch

et al., 2000), including gender identity clinics, and queer youth continue to be psychopathologised through the association of sexual and gender non-normativity with the *risk* of mental illness (Harwood, 2004a; Cover, 2012). This persists despite research evidence that discredits the pathologising of homosexual and transgender identities as inherently unstable and suicidal (D'Augelli, 2003).

Resisting this 'at-risk' discourse, moving the terms of debate and reframing the parameters of the field of study are among the aims of our book. A major argument of the book is that LGBT youth suicide research is largely stuck in an at-risk, psychopathological frame of explanation. If researchers persevere in this fashion, it will continue to be difficult to create the understanding required to *prevent* self-harm and suicide becoming plausible responses to pain, anger, failure, self-hatred and shame for some queer youth. To this end, we are interested in the emotional lives, and the subjectivities, of queer youth.

We aim to provide an alternative way of thinking about queer youth suicide and self-harm. We depart from the dominant psychomedical paradigm by moving beyond the focus on individual risk factors and variables and thinking about subjectivity and becoming. Through our analysis, we draw attention to agency, meaning and the emotionally invested embodiment required for neoliberal heteronormative subjecthood. We locate our analysis in relation to the discursive, structural and material circumstances in which such subjecthood comes to be possible. Our approach to researching and trying to understand queer youth suicide and self-harm aims to dislodge, theoretically, methodologically and epistemologically, the entrenched intellectual boundaries of the dominant research paradigm. Our alternative way of thinking has been developed through three empirical studies that have been conducted over a period of ten years and that have each taken a qualitative approach, placing a premium on young people's own perspectives and experiences. It is through this engagement with young people themselves that we have begun to understand the 'weight' of expectation regarding becoming a 'successful' normative subject, the nexus of vicious emotions that accompany efforts to position oneself as normative and the courage with which queer(ed) young people attempt to resist being positioned as 'abnormal', shamed and failed.

In this chapter, we first provide an argument for why we need an alternative way of thinking about queer youth and suicide and self-harm. We then critique the body of research which furnishes current understandings of LGBT youth suicide, and suggest there are methodological and theoretical limitations to developing meaningful explanations of

why some queer youth may become suicidal and self-harm. In the subsequent section, we present a summary of our own approach which draws from this critique, and on queer feminist thinking. The penultimate section describes the three empirical studies which form the bedrock of our analysis, and lastly, we present a chapter outline for the rest of the book.

Moving beyond the 'at-risk' subject

There is now a substantial body of international research from Western developed countries demonstrating a relationship between marginalised sexual desire and gender identity, being young and increased chances of feeling suicidal, attempting suicide and self-harming (see for example Bagley and Tremblay, 2000; D'Augelli et al., 2001; King et al., 2003; Skegg et al., 2003; Fergusson et al., 2005; Chakraborty et al., 2011; Bailey et al., 2014; Bostwick et al., 2014; Ellis et al., 2014). Leading researchers in the field have found that the factors consistently associated with elevated suicide and self-harm rates in queer youth are psychiatric morbidity (for example depression), homo/bi/transphobic victimisation and discrimination, gender atypicality, substance misuse, social isolation, identifying as LGBT at an early age, conflict with family or peers about sexual or gender identity and being unable to disclose sexual or gender identity (D'Augelli, 2003; D'Augelli et al., 2005; Hegna and Wichstrom, 2007; Haas et al., 2011; Marshal et al., 2011; Baams et al., 2015). The most clearly demonstrated link with respect to suicide and self-harm among queer youth is between experiencing homo/bi/transphobic abuse and suffering negative psychological consequences (Rivers and Cowie, 2006; McDermott et al., 2008; Ploderl et al., 2010). The accumulation of evidence over the last few decades conclusively and rigorously demonstrates the overwhelmingly disproportionate prevalence of suicide and self-harm among LGBT youth. Marshal et al.'s (2011) recent meta-analysis found that 28 per cent of sexual-minority youth reported a history of suicidality compared to 12 per cent of heterosexual youth, and this disparity increased as the 'severity' of suicidality increased. For young trans people, the prevalence rates are even higher (Grossman and D'Augelli, 2007; Bailey et al., 2014; Nodin et al., 2015).

Concerns about such statistics have generated explanations that concentrate on 'gay-related stress' (Meyer, 1995, 2003; Rosario et al., 1996; Rosario et al., 2002). The minority-stress conceptual framework is a preferred explanation among some working in this field, in the United States in particular, and posits that young people's sexual identity and

gender 'atypicality' itself is not a risk factor, but that 'environmental reactions to homosexuality, such as family, peer and institutional harassment and discrimination' (Savin-Williams and Ream, 2003: 510) contribute to significant distress. However, few studies have investigated the mechanisms linking young queer(ed) people, suicide and self-harm and these 'environmental' factors (Diamond, 2003). Consequently, there is only a scant understanding of why being young and having a marginalised sexual or gender identity increases the risk of suicidal distress and self-harming (Savin-Williams, 2001; Cover, 2012; McDermott and Roen, 2012). What is unclear is the nature of the relationship between being young and queer, and the emotional distress leading to suicide and self-harm. We know that sexual and gender non-conformity are associated with a greater likelihood of suicidal feelings and self-harm, but not all queer youth, despite being 'at risk', actually self-harm or become suicidal. Why do some queer(ed) young people, who experience known 'risk factors', hurt themselves, while others do not?

Our view is that there are opportunities to significantly expand understanding of queer youth suicide and self-harm by working beyond the narrow psychomedical paradigm which frames much research in this field. Our concern is that the authority of the psychomedical scientific discourse dismisses other ways of thinking which may shed light on the processes underlying why a young person's non-normative sexuality or gender may cause suicidal distress. In the subsequent section, we outline our critique of the substantive knowledge on queer youth suicide and self-harm. We pay particular attention to the disciplinary frameworks employed in this field and their epistemological and methodological prejudices. One of our main critiques is that the legitimisation of psychomedical expertise used to understand the topic excludes queer youth experiences and perspectives, which in our view are crucial to moving beyond a 'risk' factor analysis.

Moving beyond individual psychopathology

There are three major components to our critique of the psychological and psychiatric models used to frame LGBT youth suicide and self-harm research: first, that the problem and 'risk' is individualised; second, that emotional distress is pathologised; and third, that this conceptualisation excludes the complex interconnecting social, economic and cultural factors which may influence young people's suicide and self-harming as well as their help-seeking (Chandler et al., 2011). We now move on to elaborate on each of these points.

The medicalisation of suicide, and its reformulation as a question of pathology (rather than a crime or a sin), underlies contemporary suicide research, policy and intervention, and firmly anchors both suicide and self-harm within the 'interiority' of an individual subject (Marsh, 2010). Suicide and self-harm are largely conceptualised as problems located within the individual and linked with psychiatric morbidity (Bourke, 2003). Foucault (1976) argued that madness is defined within society by its oppositional relationship to reason, and most research on suicide assumes a unitary, rational subject who makes calculated choices, of which one may be to engage in suicidal behaviour. Implicit in this is a presumption of neoliberal selfhood where the autonomous individual is responsible for their own wellbeing (Rose, 1989).

Marsh (2010) argues that the contemporary study of suicide is welded to the 'compulsory ontology of suicide' whereby it is assumed, and we would argue there are similar tendencies in self-harm research, that suicide has an individual pathology (it is caused by mental illness) and is best explained through psychomedical science (using positivist research methodologies). The overwhelming dominance of psychomedical discourses in explaining suicide and self-harm leads to a focus on individual pathology. The presence or absence of individual psychiatric morbidity is presented as the most important factor in understanding LGBT youth suicide and self-harm, to the exclusion of other explanatory factors. In Marshal et al.'s (2011) study, for example, the authors state: 'The overwhelming majority of youth who make suicide attempts demonstrate mood psychopathology, with depression being the most prevalent disorder' (p. 115). Marshal et al. (2011) found, unsurprisingly, significantly higher levels of depression and suicidality in sexual-minority youth compared to heterosexual youth, and they attempt to explain these findings using the minority-stress framework. But these explanatory risk factors were not a feature of the meta-analysis inclusion criteria. Why, given the very many studies we have demonstrating that depression is a risk factor for suicide, were these 'causal' factors not the focus of the study? The research does not provide any additional knowledge or understanding, and illustrates how the field has become too narrowly focused on *individual* pathology.

The pathologising of certain emotions and feelings partially restricts the generation of new understanding about the processes underlying suicide and self-harm. Marshal et al.'s (2011) recent meta-analytic review of suicidality, depression and sexual-minority youth exemplifies an approach that explains LGBT youth suicide as arising from mood psychopathology. This is conceptualised as an individual event

occurring within the minority-stress framework. These authors speculate that 'causal' risk factors such as victimisation, conflict with the family and high-risk sexual behaviour may account for the high rates of suicidality. They state, 'one or more of these risk factors can promote feelings of helplessness and hopelessness that may develop into depression and suicidality' (p. 116). This medicalisation of sadness (Rogers and Piligrim, 2010) and the pathologisation of emotion stop us asking the vital and more pressing question: why do young people feel sad, angry and shamed?

Mainstream LGBT youth suicide research reduces young people's emotions to scales and measures and 'contains' them within a psychomedical rationalist paradigm. Within this disciplinary approach, emotional distress is conceived as an indicator of psychological 'abnormality' requiring diagnosis and treatment. What would happen if emotional distress were conceptualised in another way, as affect, feeling, as part of a range of meaningful human sensations that guide living? Our studies were bursting with the strong emotions queer youth were feeling – pain, anguish, anger, shame, self-hatred, feelings of failure. In our view, understanding suicide and self-harm requires a focus on the ways in which young people embody, negotiate and manage these emotions; and the discursive and material contexts that make these emotions and their management possible. However, LGBT youth suicide studies which examine how an individual experiences, negotiates and copes with issues of social justice, practices of exclusion and relations between people, emotions and power are rarely conducted (Fullagar, 2005).

Proponents of the minority-stress framework rely on the idea that victimisation causes this abnormal psychological state (depression) which leads to suicidal feelings in the individual LGBT youth. Within this conceptual framework, a social cause of the 'disturbed' psychology is identified, but once this discrete event has occurred, the investigation remains firmly centred on the individual's psychopathology – helplessness, depression, hopelessness and suicidal feelings. The focus of enquiry becomes the individual's psychology at the exclusion of all else. Could there be some clues about the processes and mechanisms which link experiences of victimisation and suicidality which are beyond the individual mind? Where does all the emotion go, according to such an analysis? We are working with the idea that the emotional is not figured as solely residing in the individual (in the form of sadness, for example), but instead is understood as relational and implicated in the production and maintenance of norms. If we reconceptualise emotion as being in relation to the social, rather than exclusively as psychological

or psychobiological, we might come to think of self-harm and suicide differently.

We are concerned that a focus on individual pathology excludes the complex interconnecting social, economic and cultural factors which may influence young people's suicide, self-harming and help-seeking. There is a tendency in the psychomedical approach to rely on, and indeed generate, a linear cause-and-effect reasoning in mainstream LGBT youth suicide research. Studies using the minority-stress conceptualisation posit that victimisation causes hopelessness, which causes depression, which in turn causes suicidal feelings. This produces a unidimensional model and overlooks a plethora of complex social and economic factors involved in suicide and self-harm. It casts all queer youth as 'at risk', disempowers them and provides no clues as to why some queer youth who are victimised do not self-harm (Cover, 2012).

We, like other critics, argue that an individual's 'emotional state of mind' cannot be maintained independently of the society in which they live and the people they may be connected to or disconnected from. That social connectedness appears crucial for maintaining a desire to live is also suggested by Fullagar (2003: 300), who argues that 'suicide is not so much a desire for death, but rather occurs in the absence of desire or where connectedness is severed'. Social connectedness has long been understood as important in relation to suicide research and was central to Durkheim's (1952 [1897]) groundbreaking comparative work on suicide rates. Heidi Hjelmeland (2011) argues that suicidal behaviour is always embedded within a cultural context and no suicidal act occurs without reference to the current normative standards and attitudes of a society. Similarly, Cover argues, using Edwin Shneidman's (1968) theorisation of suicidal behaviour as constituted within sociality, that 'a suicidal queer youth does not seek out death *per se*, but seeks to *escape* from the complex tensions that are produced in subjectivation' (Cover, 2012: 10). If we were to step away from a psychopathological frame of understanding and approach suicide as a social, cultural, economic and political phenomenon that impacts on whole communities, we might be in a better position to understand how suicidal possibilities appear to queer(ed) young people.

Furthermore, dominant psychomedical perspectives have deeply influenced suicide and self-harm prevention. Debates about preventing suicide and self-harm focus upon the identification and management of individual risk (White et al., forthcoming), leading to suicide and self-harm prevention practice and policy being centred on the detection and treatment of mental illness through psychotherapy and pharmaceutical

intervention, and the improvement of mental health services. So, for example, in Marshal et al.'s (2011: 121) study, they frame the implications of the results through '[c]linical implications for adolescent mental health services'. The solution to preventing queer youth suicide and self-harm is often presented in mainstream LGBT youth suicide literature as improving mental health services by paying close attention 'to the early signs of suicidality among sexual-minority youth and . . . [by intervening] early to prevent more serious suicidal behaviour from developing' (Marshal et al., 2011: 121). A major problem with this approach is that the psychomedical claims around the aetiology of suicide and self-harm are weak (Marsh, forthcoming). It is difficult to see how it is possible to identify those at risk when there is an absence of observable clinical signs or objective tests. Marshal et al. (2011: 121) recognise this and state: 'The biggest challenge facing mental health service professionals is identifying adolescents most at-risk for suicidal events.' This challenge is made greater when, as we will show throughout the book, a feature of young queer(ed) people's emotional distress is withdrawal and secrecy, especially from adults in authority such as parents, teachers and health professionals. In Chapter 7, we specifically argue that queer youth are reluctant to ask for help from adults, especially mental health professionals, when they are distressed.

Moving beyond positivism

> As the field becomes further enmeshed in practices of categorising, measuring and counting it risks losing the means to understand and engage with the complex and changing contexts within which suicidal individuals are formed and suicides occur.
>
> (Marsh, forthcoming: 34)

For nearly a decade, we have been arguing that existing quantitative methodological approaches, especially those relying on positivist understandings about the nature of the subject at hand, conceal subjective experiences (King et al., 2007) and offer little insight into how emotional distress, suicide and self-harm are actually encountered and lived by young queer(ed) people (McDermott et al., 2008; Roen et al., 2008; McDermott and Roen, 2012; McDermott et al., 2013a; McDermott, 2014). Quantifying methods usefully document patterns and risk factors, but they tend to overlook the interpretations that young people themselves have of their emotions and circumstances (Fullagar, 2005; Cover, 2012). Such approaches minimise the agency of those who feel

suicidal or self-harm (Redley, 2003) and 'flatten' the relational and meaning-making aspects of queer youth's emotional lives.

We are not the first to contend that the study of suicide and self-harm needs to be 'liberated' from the statistical methodological regime (Fullagar, 2003; Hjelmeland and Knizek, 2011; Cover, 2012). Hjelmeland (forthcoming) critiques the continuing focus on quantitative studies and the exclusion of other research methodologies which, she explains, has led to a proliferation of risk factor studies. The concern is that such studies do not usually help us understand *how* particular risk factors relate to suicide and *why* the majority of people who display one or more risk factors do not kill themselves. This exclusionary (and reductionist) methodological approach is evident in a recent longitudinal study of victimisation, suicide, depression and sexual-minority youth (Burton et al., 2013). Burton and colleagues use a different quantitative methodology from Marshal et al.'s (2011) study but the epistemological approach and 'minority-stress' explanatory framework are the same. The authors state (p. 394):

> Sexual minority youth . . . report significantly higher rates of depression and suicidality than heterosexual youth. The minority stress hypothesis contends that the stigma and discrimination experienced by sexual minority youth create a hostile social environment that can lead to chronic stress and mental health problems. The present study used longitudinal mediation models to directly test sexual minority-specific victimization as a potential explanatory mechanism of the mental health disparities of sexual minority youth.

The results of the study confirm (again) the established association between victimisation, depression and suicide in sexual-minority young people:

> Compared to heterosexual youth, sexual minority youth reported higher levels of sexual minority-specific victimization, depressive symptoms, and suicidality. Sexual minority-specific victimization significantly mediated the effect of sexual minority status on depressive symptoms and suicidality. (p. 394)

Numerous studies, especially from the United States, demonstrate that same-sex victimisation mediates LGBT youth suicide. Instead of carrying out more studies that produce the same findings, it could be useful to ask, why do queer youth who display one or more of these

risk factors not kill themselves? (Hjelmeland, 2015). It is also worth investigating variables that may be significant but are not typically included, for example ethnicity, socio-economic circumstances, social support, educational experiences and expectations, and family connections. As Hjelmeland (2015: 56) points out, 'models are linear, suicidal process is not.' We have focused on two examples from the literature, although there are many more that we could have cited. Marshal et al.'s (2011) meta-analysis and Burton et al.'s (2013) longitudinal study both come to the same conclusion – that victimisation may account for the increased prevalence of depression and suicide in sexual-minority youth.

The reduction of complex and dynamic human lives to manageable, well-defined variables which can be subject to statistical techniques can set rigid limits on the questions that are asked in research on LGBT youth suicide. Socio-economic status, for example, is rarely included in research, yet it has been shown that there is a strong association between socio-economic status and suicide and self-harm in young people (Jablonska et al., 2009; Page et al., 2014a; 2014b). In the studies we are concerned with, the individual queer youth is reduced to their sexual and gender non-normativity and other potentially important factors are excluded from the investigation (Cover, 2012). Queer youth are, for example, school pupils, family members, friends, workers, consumers, they are online, have a variety of ethnicities, cultures and faiths, they are from rich, poor and middle-income backgrounds, some are looked after, some care for others or live in fragmented families. Youth suicide research needs to take into account their complex and interconnected lives. The continuing dominant quantitative research practice of statistical manipulation of risk variables detracts from engaging with the complex and changing context within which some distressed queer youth feel self-harm and suicide are their only options.

Some of the approaches we critique may unwittingly contribute to the idea that suicide and self-harm are fixed phenomena that are immune to history, culture, economic and political change. By using qualitative, interpretative approaches, we seek to understand how queer youth make sense of suicide and self-harm, and we conceptualise suicide and self-harm as discursively and materially produced phenomena, rather than primarily as a mental health concern (Roen et al., 2008). Part of the strength of our methodological approach is that virtual and conventional qualitative methodologies allow for fluidity, nuance, change and discursive uncertainty and ambivalence. A small number of qualitative studies with queer youth participants, including our own, have shown

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