Journey into a Suicidal Mind: From the Personal to the Theoretical

*I've wanted to die so many times while I was writing this book.* . . .

As I sit down to write the first lines of this introduction, the medical bracelet on my left wrist scratches the keyboard of my laptop, creating a constant background noise that reminds me of what is inscribed on the metal. In addition to a few instructions if paramedics or health care professionals have to intervene in a situation in which I would be unconscious or unable to express myself, three little letters, inscribed visibly on both sides of the bracelet, are also discernable: DNR. For those less familiar with medical jargon, these letters stand for a Do-Not-Resuscitate order. As I write these lines, the clicking of this medical bracelet, which I wear 24/7, 365 days a year, reminds me of the choices I made in my advanced directives regarding what should happen in the event of a health emergency. If anyone were to find me unconscious following, for example, a heart attack or a stroke, they should, according to my DNR order and its related instructions, refrain from performing any form of resuscitation, such as cardiopulmonary resuscitation, chest compressions, artificial ventilation, or intubation. Finding me following a car accident, bleeding profusely, they should refrain from giving me a blood transfusion or any medical intervention that could save my life. My documents also indicate that I refuse any medical-assistance technologies,
such as feeding tubes, intravenous hydration, or dialysis. In sum, I have made it clear in my legal documents, including the DNR order I always carry in my wallet and to which the three letters on my medical bracelet refer, to do nothing that could keep me alive or bring me back to life.

Sometimes, I wish that an accident or a heart attack would kill me, so I wouldn’t have to do it. . . .

The witnesses who validated and signed my documents to make them legitimate from a legal standpoint, including an academic colleague interested in bioethics, questioned me: “Are you really sure this is what you want? I’ve never seen anything so radical!” Additionally, my former partner and current partner both told me that they find my DNR instructions frightening. If they found themselves in an emergency situation where I was dying, they would face a difficult conundrum: Watch me die without intervening to respect my wishes and directives or override those directives by calling emergency services and trying to save my life. Needless to say, when you love someone, it is hard to imagine simply watching them die without doing anything. I understand their reactions to my DNR and related directives and would feel the same way if their directives were similar.

Am I heartless, selfish, fearful, or insensitive because of my desire to end my life?

When I first wanted to obtain my “DNR certificate” from the Ontario Ministry of Health and Long-Term Care, I had to complete a form to be signed by a medical authority who could assess my ability to consent to withholding health care. Like those close to me, my family doctor thought that my decisions were extreme. Suicidal is the term he actually used, a term also invoked by others around me. Sitting in his office, I vigorously denied any suicidal ideation or behaviors, knowing that admitting my inclination for death would thwart any possibility of obtaining the DNR order. However, the label suicidal clearly has some truth: Refusing any care that could save my life is accepting that my life could end prematurely. According to critical psychiatrist Thomas Szasz (1999, 2), suicide can be defined as the act of “taking one’s own life voluntarily and deliberately, either by killing oneself directly or by abstaining from a directly life-saving act; in other words, [ . . . ] any behavior motivated by a preference for death over life that leads directly [ . . . ] to the cessation of one’s life.” My advanced directives and DNR order, which indicate “a preference for death over life,” fit this description of suicide. In that sense, I concur with my doctor: My DNR order and advanced
directives are suicidal, at least in the form of a delayed or “slow suicide,” to redeploy cultural theorist Lauren Berlant’s (2011, 95) notion of “slow death.”

Would my death be counted as a suicide if I were to die after an accident or heart attack due to my DNR directives?

Nevertheless, I meticulously hid from my doctor that, for most of my life, I have been suicidal. Admitting that I have been suicidal since the age of twelve, that I am still suicidal, and that, even on my best days when I feel good and enthusiastic about life (suicidal people can also experience positive emotions), I still wish that I were dead instead of alive, would have led directly to my doctor’s refusal to sign the form. He would have justified his gatekeeping by claiming that my decisions were biased by my suicidal and depressive state. In other words, I would not have been considered “rational” or mentally competent enough to make those decisions, despite the fact that I have been thinking about those issues for decades. Every day that I wear this medical bracelet, its presence reminds me of the seriousness of my decisions and the possibility of reconsidering them. But I still choose, day after day, to wear this bracelet, holding onto it as my precious exit, even though I am in one of the best periods of my life.

Am I still suicidal on the days and in the weeks when I am feeling better? What defines a suicidal person?

Obtaining the official DNR order was complicated. In fact, it would have been much easier to obtain had I been older and more disabled than I currently am. My doctor explained that he might have actually suggested I complete a form to get a DNR order had I been “old” or “severely disabled/sick/ill.” However, since I was relatively young at the time of the request (under forty), relatively healthy, and “only” living with chronic pain, an invisible disability often dismissed by the medical-industrial complex, I seemed to have no “good” reasons to justify a DNR order. Contrary to people who are visibly disabled/sick/ill/old, who are “abject” subjects according to ableist and ageist norms and structures, I am considered redeemable, salvageable, a subject targeted by forms of rehabilitation and “capacitation,” as queer theorist Jasbir K. Puar (2017, xviii) brilliantly describes. This process validated what I already knew and what I unpack in this book: While some undesirable subjects—namely, visibly disabled/sick/ill/old people—are allowed (and sometimes even encouraged) to die in many countries, such as in the Canadian context in which I live, suicidal people perceived as “salvageable” are forced to stay
alive to become productive again in this neoliberal and capitalist world. In
other words, while some citizens, deemed unproductive, are targeted to die,
others are considered “salvageable” and are trapped in a process of “abled-
ment,” a term coined by disability theorist Fiona Kumari Campbell (2019),
which consists of an active mechanism aimed at producing able-bodiedness
through a variety of measures and procedures. The logic of suicide prevention
itself, aiming to cure the suicidal self, therefore participates in this process of
the abledment of suicidal individuals.

Why are some people, such as disabled/sick/ill/old people who (at least the vast
majority of them) don’t necessarily want to die, offered assistance in dying, while
those who do want to die, such as me and other suicidal people, are denied as-
sistance?

I not only had to lie to my family doctor to get past his gatekeeping and ob-
tain his authorization for my DNR certificate; I also had to be assessed by
a psychologist, who confirmed that I was neither in a severe depression nor
suicidal. I had to prove my sanity and my rationality. I had to expunge any
crazy bits of madness while talking to them. I, a disabled/Mad1 activist . . .
I passed the test easily. As I show in this book, suicidal people often have to
lie about their suicidality (a broad term encompassing suicidal ideation, sui-
cide attempts, and completed suicides) because being honest has huge costs.
Not only are their suicidal plans thwarted, destroying the escape hatch that
was giving them hope of annihilating their despair; they are also subjugated
to a vast array of discriminations and forms of violence. Suicidal people are
routinely refused job opportunities based on their suicidal history; are denied
life and health insurance; are labeled as incompetent parents and lose cus-
tody of their children; are deceived by suicide prevention hotlines that trace
their calls and force nonconsensual interventions upon them; are handcuffed,
arrested, and mistreated by the police (a violence deeply exacerbated when
suicidal people are racialized, Indigenous, poor, neurodivergent, or Mad);
and are forcibly hospitalized, physically restrained, and drugged against their
will. Aware of these consequences of being honest about my suicidality, I,
like many other suicidal people, have concealed my suicidal ideation from
therapists, psychologists, and health care professionals to avoid these sanc-
tioned forms of criminalization, stigmatization, pathologization, incarcera-
tion, and discrimination. As I argue in Undoing Suicidism: A Trans, Queer,
Crip Approach to Rethinking (Assisted) Suicide, these forms of violence stem
from structural oppression affecting people on the basis of their suicidality,
an oppression I call suicidism.
Before investigating and theorizing the oppression suicidal people face in their daily lives and before coining the term suicidism in 2016–2017 (Baril 2018), I always thought that I was the problem: a broken person, in need of having my suicidality “fixed.” My suicidality should be eradicated by cures. Cures are not only medical; social cures exist as well. I felt my desire to die, stemming mostly from sociopolitical oppression as someone who has lived (and in some cases is still living) through classism, sexism, heterosexism, cisgenderism, ableism, and sanism, needed to be purged through sociopolitical revolution. My desire to die felt like I was giving up on my communities, giving up on these political battles.

Despite wearing the medical bracelet indicating my DNR order and its related directives, I would still likely be resuscitated, for example, in the context of an accident, and even more so in the case of a suicide attempt. As legal scholar Susan Stefan explains, paramedics, nurses, and doctors often override DNR directives when someone is deemed salvageable according to dominant norms. If you are young, are otherwise physically healthy, and, specifically, attempt to end your life, emergency personnel will save you, against your will: “There is actually a fairly robust ethical and medical literature about the applicability of DNR orders to suicide attempts. Most of the articles acknowledge that ED [emergency department] physicians have a professional inclination to resuscitate patients, which is amplified when the patient has attempted suicide” (Stefan 2016, 252). While Stefan notes that not respecting DNR directives may be prosecuted on the basis of “wrongful living” or “wrongful prolongation of life” (255), the chance of legally winning such a case is higher if a person is disabled/sick/ill/old, since the law estimates that bringing those subjects deemed damaged back to life is, in fact, a form of mistreatment. In other words, in some legal contexts, from ableist/ageist and neoliberal capitalist perspectives, disrespecting the DNR order of someone cast as unsalvageable and as a “burden” on society is considered wrong, but resuscitating someone against their will if they are suicidal is normal, even mandatory.

Would I really mind if people didn’t respect my DNR in the case of a suicide attempt, since I’m too scared anyway to cause my own death through terrifying and lonely means?

To date, I have not had to “use” the DNR order that was complicated to obtain (the entire process took almost a year). Despite being potentially useless, the DNR order and my medical bracelet were and are symbolic of my desire to die. In writing this book about the suicidist violence faced by suicidal
people like me, the lack of concrete support we receive, and the absence of any problematization, theorization, or politicization of what queer theorist Ann Cvetkovich briefly refers to as an “injunction to stay alive” (2012, 206), I realized that I had overinvested in the importance of that DNR order precisely because I had no conceptual tools; no theoretical paradigms; no clinical models; no sociopolitical, legal, or medical support; and, most importantly, no social movement to help me make sense of my experiences, thoughts, and needs as a suicidal person, outside what I call the dominant suicidist preventionist script. As a trans, bisexual, disabled, and Mad man, who lived as a woman and a lesbian for almost thirty years, I was used to turning to social movements to theorize and politicize my experiences and oppressions. The feminist, queer, trans, disabled, and Mad movements, as well as their fields of study, have been my companions in understanding the oppressions I have experienced and in resisting the violence imposed on me. However, no social movement exists to which I can turn to collectivize and politicize the structural oppression I experience as a suicidal person.

Who/what do you turn to when you are suicidal? Who/where are my peers, my political companions? Where is our movement? Why has no one told us that nothing is wrong with us, but that something is wrong with the suicidist system? How can I make sense of my experiences when concepts and notions to theorize this oppression have not been invented?

Our oppression starts with the epistemic scarcity surrounding suicidism, to the point of not even having a term with which to denounce it, to politicize it. Suicidism is the word I sought for years. It is the concept many of us have been searching for, as evidenced by texts written by self-identified suicidal scholars in response to my work on suicidism, such as critical/cultural communications scholar Lore/tta LeMaster (2022), a mixed-race Asian/White trans femme who recently responded to my invitation to create solidarities between suicidal people. Another example is communications studies scholar Emily Krebs (2022, 3–4) who mobilizes in their Ph.D. thesis my theoretical framework on suicidism: “While this form of oppression isn’t new, giving it a specific name, ‘suicidism,’ is powerful because it allows us to rally around the cause—just like naming any other form of oppression. Engaging the violences of suicidism [. . .] is easier when such violences are explicitly named. Thus, Baril’s work offers an inroad [. . .] to theorize and research injustices surrounding suicidal people.” The necessity for this concept is also evidenced by the numerous emails I have received over the years from people, self-declared suicidal (or not), telling me that they had been thinking about
the oppression suicidal people face but did not have a term to name it. One person wrote to me:

> I found many of my experiences as a suicidal person reflected in your writings; many of the suicidist patterns you described I had to and still have to endure, especially as I am rather vocal about my suicidality. For that matter I would like to express my genuine gratitude and thankfulness, since one cannot properly fight oppression if one is unaware of it and your essay offers me the possibility to speak up for myself in this position now.²

They thanked me. They shared their stories. So many of them. They cried.

How did we end up not having a term for that oppression in the cacophony of such terms as sexism, heterosexism, cisgenderism, racism, colonialism, classism, ableism, sanism, ageism, healthism, and sizeism, to name only a few? I was flabbergasted. I was disappointed. If anti-oppressive social movements/fields of study³ did not have a word to name the oppression faced by suicidal people, not only had they not thought about it; they were most likely reproducing suicidist oppression without knowing and despite their best intentions. That disappointment was the spark for this book, and *Undoing Suicidism* could be the spark for an anti-suicidist movement. My hope is that *Undoing Suicidism* provides the theoretical and political tools to help us name our oppression, to connect with each other, to build solidarities and coalitions with other social movements, and to declare, without shame and guilt, as LeMaster (2022, 1) does, “I am suicidal.” To reuse a popular queer slogan, regarding suicidal people, *Undoing Suicidism* claims: “We’re here, we’re queer—in its original sense, i.e., strange/odd, as well as in its reclaimed sense marked by pride—get used to it!”

Suicidism, Compulsory Aliveness, and the Injunction to Live and to Futurity

The thesis of this book is simple but radical: Suicidal people are oppressed by what I call *structural suicidism*, and that oppression remains hidden and undertheorized, including in our anti-oppressive social movements/fields of study. My hypothesis is that the suicidist preventionist script actually produces more harm and more deaths by suicide rather than prevent suicides. Furthermore, suicidist oppression is particularly harmful to marginalized groups, including queer, trans, disabled, and Mad people, on whom this book focuses. My goal in writing *Undoing Suicidism* is to make not merely a
descriptive claim about suicidist violence through the theorization and problematization of this oppression, its characteristics, mechanisms, and consequences, as well as its relationship to other oppressive systems, such as ableism, sanism, heterosexism, and cisgenderism, but also a normative claim that indicates how the world should be in relation to suicidality. In other words, simply studying and describing suicidism is not enough; we must also work to eliminate it. In that sense, *Undoing Suicidism* is my call for action and collective mobilization through a thanatopolitics, or a “politics of death” (Murray 2006, 195). The thanatopolitics I have in mind permits suicidal futurities, opening a space where death by (assisted) suicide can occur as well as a space to have open and honest discussions about living with a desire to die that could, as I contend, potentially save more lives (even though this is not my primary goal). It is important to mention here that when I use the expression (assisted) suicide, I refer simultaneously to suicide and assisted suicide. In this book, the term assisted suicide refers to all voluntary practices that assist a person in causing their own death upon request. Although assisted suicide is sometimes called physician-assisted suicide (PAS), voluntary euthanasia (VE), physician-assisted death (PAD), or medical assistance in dying (MAID), I retain the term suicide by using the expression assisted suicide in the spirit of queer and crip politics, which have resignified words with negative connotations, such as queer and crip, turning them into vectors of positivity that are foundational to political agendas. Suicide is one of those negative terms that I hope, by the end of this book, will be seen in a new light, liberated from its usual links to pathologization, alienation, stigmatization, risk, surveillance, and prevention. While a lot of literature has started to denounce forms of violence that negatively affect suicidal people, such as the crucial work of the critical suicidology scholars discussed in Chapter 1, a comprehensive theoretical framework addressing the structural violence experienced by suicidal people and the political agenda to be pursued to end this oppression has yet to be created. *Undoing Suicidism* builds on and extends the work done in critical suicidology by proposing this comprehensive framework to rethink the moral, ethical, epistemological, social, and political understandings of (assisted) suicide.

I want to briefly mention here, even though I offer detailed explanations later in the book, that from a disability/crip/Mad ethos, I firmly denounce the ableist/sanist/ageist/suicidist foundations of assisted suicide in their current forms in various countries, while also pointing out their complex relationships with other systems of oppression, such as racism, colonialism, classism, heterosexism, or cisgenderism. Inspired by activists/scholars working at the intersection of disability/Mad studies, incarceration, decarceration, and
the abolition of prisons (and other institutions that incarcerate disabled and Mad people), such as Liat Ben-Moshe (2013, 2020), the position I embrace in this book is one founded on the abolition of the current violent laws and regulations that govern assisted suicide in various countries. Simultaneously, I endorse a positive right to die for all suicidal people, be they disabled/sick/ill/Mad/old or not. I discuss positive versus negative rights in Chapter 1, but it is important to mention here that negative rights usually involve a liberty to do something without the interference of others, while positive rights involve obligations toward others or a duty to assist the person (Campbell 2017). Such obligations can be legal or moral. Supporting assisted suicide is usually seen by anti-oppression activists/scholars, particularly those in disability/Mad studies, as antithetical to social justice and is often associated with neoliberal capitalist, ableist, ageist, racist, and colonialist ideologies promoting a culture of disposability regarding marginalized subjects. As I demonstrate in this book, my position is radically different from what has been proposed so far by other scholars, activists, or policy makers regarding assisted suicide, as it is based on an entirely different sociopolitical-legal project to create new anti-ableist, anti-sanist, anti-ageist, and anti-suicidist forms of support for assisted suicide for suicidal people. My position does not aim to reform current laws and regulations to include mental illness and mental suffering as eligibility criteria for assisted suicide, as is the case with some proponents of the right to die, discussed in Chapter 4. Although my contribution in *Undoing Suicidism* is strictly theoretical, and I leave it up to legal scholars and litigators to use my theoretical framework to transform laws and regulations, I would like to insist here on the fact that what I propose in this book, if adopted, would lead to a completely different social, political, and legal landscape than the one we are used to. Instead of including more people in the current laws based on an ableist/sanist/ageist/suicidist framework, or what I call in Chapter 4 a problematic “ontology of assisted suicide,” my abolitionist proposal aims to turn upside down these legal frameworks, policies, and interventions to offer forms of assisted suicide to those who are explicitly excluded from all current laws on assisted suicide: suicidal people, regardless of their dis/abilities, health, or age. As Ben-Moshe (2013, 140) writes regarding abolitionist perspectives:

Under a more abolitionary mindset it is clear that forms of oppression are not always characterized by exclusion, but by pervasive inclusion that sometimes does more damage. The goal of a non-carceral society is not to replace one form of control, such as a hospital, institution and prison, with another, such as psychopharmaceuticals, nursing homes and group homes in the community. The aspiration is to
fundamentally change the way we react to each other, the way we respond to difference or harm, the way normalcy is defined and the ways resources are distributed and accessed.

In other words, from an abolitionist perspective, adding more people to current legislation on assisted suicide without transforming its fundamental structure, presumptions, ontology, and mechanisms could create more harm and reinforce the culture of disposability toward marginalized subjects regarding death, suicide, and assisted suicide. Despite considering—as I do in the Conclusion of the book—some actions and strategies for gradual changes to current laws on assisted suicide to reduce the harm that suicidal people currently experience under suicidist regimes, my long-term goal remains the abolition of those laws and the proposal of new positive rights for suicidal people, including renewed forms of assisted suicide. In sum, what might appear at first glance to be more “reformist” short-term strategies, such as those I propose in the Conclusion of this book when I discuss practices of microresistance, are, in fact, compatible with my long-term goal of abolition and, more generally, with the decarceration of Mad and suicidal people. To reuse Ben-Moshe’s words I apply to suicidality, my aspiration is to fundamentally transform the way we react to suicidal people and the way we respond to what is considered risk or harm in the context of suicidality. Most importantly, as Ben-Moshe (2013, 2020) reminds us, following Angela Y. Davis, abolitionist perspectives do not involve working on one single issue or alternative at a time; rather, they involve rethinking the “carceral logics” in our societies and their institutions, policies, laws, economic structures, and so on. Undoing Suicidism invites you on this journey to completely rethink the suicidist—and carceral—logic behind our institutions, policies, laws, and other structures regarding suicidality. These structures harm not only suicidal people but all of us, particularly those of us living at the intersections of multiple oppressions, such as racialized, Indigenous, poor, queer, trans, disabled, or Mad people, because they prevent marginalized groups living with distress from reaching out for help and from having transparent conversations about their suicidality for fear of experiencing more violence.

In the spirit of the affective turn in queer studies that is exemplified in the work of Sara Ahmed (2010, 2012) and Lauren Berlant (2011) as well as the space that crip studies has opened up for disabled/sick/ill/Mad/crip people that is exemplified by the work of Robert McRuer (2006) or Alison Kafer (2013), in Undoing Suicidism, I aim to depathologize, historicize, and politicize suicidality similarly to what Cvetkovich (2012, 2–3) proposes regarding depression:
The goal is to depathologize negative feelings so that they can be seen as a possible resource for political action rather than as its antithesis. This is not, however, to suggest that depression is thereby converted into a positive experience; it retains its associations with inertia and despair, if not apathy and indifference, but these feelings, moods, and sensibilities become sites of publicity and community formation. [ . . . ] Feeling bad might, in fact, be the ground for transformation.

In this book, I hope to offer reflections that could nourish the emergence of a new social movement: the anti-suicidist movement. One of the foundational goals of this movement could be to unpack and denounce the suicidism that affects suicidal people at every level: epistemic, economic, political, social, cultural, legal, medical, and religious. This movement could also be a venue to question what I call “compulsory aliveness” (Baril 2020c), inspired by the notion of compulsory able-bodiedness or able-mindedness in an ableist and sanist system (Kafer 2013; McRuer 2006). As the normative component of suicidism, compulsory aliveness comprises various injunctions (or imperatives), including what I have previously called “the injunction to live and to futurity” (Baril 2017, 2018, 2020c, 2022). Suicidism and compulsory aliveness are also deeply intertwined with multiple oppressions, particularly ableism and sanism, as I demonstrate in Chapters 1 and 3, as well as capitalism and ageism, which I explore less in this book due to space limitations. Indeed, compulsory aliveness aims to impose a will to live that makes suicidal people’s desire/need for death abnormal, inconceivable, and unintelligible, except for those cast as unproductive, undesirable, and unsalvageable subjects, such as disabled/sick/ill/old people. In their cases, the desire/need for death is considered normal and rebranded as medical assistance in dying or physician-assisted death. However, suicidal people’s desire for death is cast as “irrational,” “crazy,” “mad,” “insane,” or “alienated,” and they are stripped of their fundamental rights in a process of prevention and cure aimed at producing their capacitization and abledment and their reintegration into a neoliberal economy. As a dominant system of intelligibility within a suicidist regime, compulsory aliveness masks its own historicity and mechanisms of operation, which give life an apparently stable and natural character. Yet this stability and this naturalness stem from performative statements about the desire to live, iterated in various institutional settings, interventions, laws, and discourses—and particularly in suicide preventionist discourses. Similarly to how Ahmed (2010) brilliantly demonstrates that the injunction to happiness has more deleterious impacts on marginalized communities, such as those affected by racism, colonialism, sexism, or heterosexism, I argue in Un-
doing Suicidism that the injunction to live and to futurity has deeper negative impacts on marginalized groups. Behind the laudable goal of saving lives, the suicidist preventionist script, endorsed by a wide variety of actors, promotes a “moral and political economy” (Fitzpatrick 2022, 113) of care that often turns out to be more damaging than suicidal ideations themselves, particularly for those living at the intersection of multiple oppressions, due to various forms of pathologization, criminalization, surveillance, gatekeeping, control, and incarceration. Under compulsory aliveness, suicidal people’s experiences of incarceration are disguised and justified as care. As I argue elsewhere (Baril 2024), suicide prevention and its goal of eradicating suicidality in suicidal subjects could be compared to conversion (or reparative) therapies for queer and trans subjects. Conversion therapies are designed to realign “misaligned” subjects into normative sexual and gender identities; in a similar way, suicide prevention aims to fix suicidal people and to reorient them toward a “good life.” In the same way that scholars/activists in disability and Mad studies ask us to look at the “care” we offer to disabled and Mad people from a new lens, in Undoing Suicidism, I invite us to transform our vision about the support and care offered to suicidal people in suicidist societies.

As I demonstrate throughout this book, practices, interventions, regulations, and discourses surrounding (assisted) suicide represent what I have called forms of “somatechnologies of life” (Baril 2017, 201) imposed upon suicidal subjects to stay alive. Following scholar Michel Foucault’s (1994, 1997, 2001) definition of “technologies”; Teresa de Lauretis’s (1987, 2) definition of that term as encompassing “institutionalised discourses, epistemologies, and critical practices, as well as practices of daily life”; and scholar Nikki Sullivan’s (2007, 2009) work and Susan Stryker’s writing, which includes coining the notions of “somatechnics” and “somatechnologies” (Stryker and Currah 2014; see the entry “Somatechnics” by Sullivan, 187–190), I view the institutions, social policies, laws, practices, interventions, theories, and discourses governing (assisted) suicide as somatechnologies of life forced upon suicidal subjects. I show that somatechnologies of life are present in almost all discourses on suicidality, including those developed from a social justice perspective. Indeed, suicidal subjects must be kept alive at almost any cost. We need to “protect” suicidal people from themselves based on their mental illness (medical model of suicidality) or their social alienation (social justice model of suicidality). Similar to Ahmed’s (2012) demonstration in On Being Included: Racism and Diversity in Institutional Life that diversity discourses constitute a technology contributing to the problem of racism it is trying to solve, Undoing Suicidism contends that the discourses and strategies focused on suicide prevention represent forms of somatechnologies that contribute to
suicidality rather than preventing it. This book constitutes an invitation to engage in a dialogue with all those working from a preventionist stance, to reflect together on what better support we could provide to suicidal people, including those belonging to marginalized groups. It is an invitation, like the one LeMaster (2022, 1) offers in the spirit of my anti-suicidist framework, to resist the necessity to urgently “fix” suicidal people and instead to listen to their perspectives: “I invite you, dear reader, to resist [ . . . ] a mandate to report, to institutionalize, to simply disappear y/our problems. And to instead sit in the ick with me; at least for a bit. And to ruminate on relating in the literal thick of it. Of learning to relate differently and toward suicidality” (emphasis in the original).

While regularly discussed in anti-oppression circles, suicidality is often mobilized as a foil in the fight against structural forms of violence. For example, Kristine Stolakis’s 2021 documentary Pray Away, which is dedicated to those who died by suicide, denounces the deleterious effects of conversion therapies (that are often, but not always, anchored in religious principles) on members of queer and trans communities. In the documentary, suicidal ideation/attempts/rates and completed suicides are presented as the extreme consequences of heterosexist and cisgenderist violence and as the ultimate justification for the need to end those forms of oppression. In other words, in popular culture, public policies, or queer and trans activism and scholarship, the eradication of structural violence, such as heterosexism and cisgenderism, goes hand in hand with the eradication of suicidality, since suicidality is the emblem of violence turned against oneself. In anti-oppressive social movements/fields of study, suicidality becomes the barometer of oppression: The more one is oppressed, the more one is at risk of experiencing suicidality; the less one is oppressed, the less one might be suicidal. The same could be said about various forms of assisted suicide: Disability activists/scholars have long shown that current forms of assisted suicide are based on ableist (and, I would add, sanist, ageist, and suicidist, among other -ists) premises. From this perspective, developing a queercrip model of (assisted) suicide to support suicidal people using a suicide-affirmative approach, as I propose here, seems to be an oxymoron. Social justice rhymes with the disappearance of suicidality, not its potential acceptance. Nevertheless, I hope to convince the readers of this book that social justice involves leaving no one behind and that working toward the eradication of suicidality is not necessarily the best way to help, support, and care for marginalized suicidal people.

The thesis I put forth in Undoing Suicidism rests upon three main observations. First, regardless of a wide variety of models for conceptualizing suicidality, be it the medical/psychological, public health (also sometimes
known as the biopsychosocial model), social, or social justice models explored in Chapter 1, all almost invariably arrive at the same conclusion: Suicide is never a good option. To be more precise, for some proponents adhering to those various models, certain forms of suicide, reframed as nonsuicidal, remain an option, and even a good option—for example, when it comes to “special populations” eligible for various forms of assistance in dying. However, as I discuss in Chapter 4, even for the proponents of the right to die for disabled/sick/ill people (and sometimes Mad and old people), regardless of whether they adhere to one of the aforementioned models of suicidality, assisted suicide remains out of question for suicidal people themselves. In other words, when it comes to suicidal people, surprisingly, everyone agrees that supporting their assisted suicides is not an option. In consulting more than 1,700 sources while writing this book, from Greek antiquity to contemporary philosophers, bioethicists, and activists/scholars in anti-oppressive social movements/fields of study as well as the fields of suicidology and critical suicidology, I have not found anyone who has ever, to my knowledge, proposed what I suggest here: explicit support of assisted suicide for suicidal people (different from denouncing the violence faced by suicidal people or extending current forms of assisted suicide to mentally ill people, as I explore in Chapters 1 and 4). Second, the preventionist script, nourished by suicidism, compulsory aliveness, and the injunction to live and to futurity, forces us to take an unaccountable and uncompassionate approach toward suicidal people. As I illustrate throughout this book, suicidal people experience pervasive forms of criminalization, incarceration, moralization, pathologization, stigmatization, marginalization, exclusion, and discrimination, anchored in a logic of preventive care. Despite the public discourses of support and compassion surrounding suicidality, suicidal individuals who reach out for help do not always find the care promised. The media is replete with horrific stories of suicidal people experiencing inhumane treatments after expressing their suicidal ideation. Worse, many experience increased forms of violence through those interventions, particularly racialized and Indigenous people, as well as poor people, trans and nonbinary people, and disabled/Mad people. Third, despite multiple strategies tried over decades and billions of dollars invested in reaching out to suicidal people and exhorting them to speak up, prevention campaigns fail to convince suicidal individuals to reach out, and suicides continue to happen. Studies show that those most determined to die carry out their suicidal plans without reaching out for help. Additionally, despite a few ebbs and flows, suicide statistics remain relatively stable and have not improved significantly over the past decades. In sum, our prevention strategies do not work because we fail suicidal people who complete their suicides. We
fail them because we are unable to engage with them relationally, make them feel safe enough to discuss their suicidality, and make them feel supported in their decisions and cared for through their final acts. In sum, while it may appear as though our societies truly care about suicidal people, a more careful examination reveals that we actually fail them on so many levels, including leaving people to die alone.

My hypothesis is that the suicidist preventionist script is harming suicidal individuals rather than caring for them. Simply put, preventionist logic, discourses, and practices propel deaths by suicide rather than prevent them. I am not saying that current discourses, policies, interventions, suicide prevention programs, or suicide hotlines based on this suicidist preventionist script never help anyone; I am certain that some people have been helped and even saved by these measures and are now happy to be alive. Neither am I condemning suicidal people who search for cures, since many of us are desperately in need of something, anything, to help us get through another day. Many queer and crip activists/scholars, such as Eli Clare or Alison Kafer, insist in their work that critiquing the curative logic hurting disabled/sick/ill/Mad people does not mean accusing those in search of a cure of complicity with the system. Kafer (2013, 27) writes:

I use “curative” rather than “cure” to make clear that I am concerned here with compulsory able-bodiedness/able-mindedness, not with individual sick and disabled people’s relationships to particular medical interventions; a desire for a cure is not necessarily an anti-crip or anti-disability rights and justice position. I am speaking here about a curative imaginary, an understanding of disability that not only expects and assumes intervention but also cannot imagine or comprehend anything other than intervention. (emphasis in the original)

In the spirit of Kafer and Clare, I am not casting as suicidist the wishes of so many suicidal people, including myself, to find solutions, regardless of what form they take. Indeed, so many of us want and need various forms of cure, be they medical, sociopolitical, or both. What I want to highlight, as Kafer does in relation to disabled/crip people, is how the suicidist curative logic, anchored in compulsory aliveness, “cannot imagine or comprehend anything other than intervention” (Kafer 2013, 27) in relation to suicidality. Therefore, my thesis is not about individual cases of suicidal people searching for cures or about how some prevention strategies hurt or help specific suicidal people; it is about the overall effects of the preventionist script on suicidal people and on our imagination surrounding suicidality: Suicidal futurities
are shut down and prevented from even emerging. In that sense, the suicidist curative logic prevents suicidal people from forming a collective and from envisioning a future where suicidality is discussed openly and where suicide may be a possibility. In other words, the fact that suicidal people experience pervasive forms of violence, that they do not feel safe to share their suicidal ideation, and that suicides continue to happen are only small glimpses into the sad reality that preventionist discourses and strategies are not what most suicidal people desperately need. Worse, such discourses and strategies may even make them feel more suicidal. This is particularly true of marginalized groups, such as queer, trans, disabled, Mad, and neurodivergent people, to name only those on whom I focus in this book. As I demonstrate in Chapters 2 and 3, the preventionist script and its proposed interventions, even from a social justice perspective, reinforce the forms of ableism, sanism, cisgenderism, or heterosexism as well as other forms of violence, such as classism, colonialism, or racism, that suicidal people experience daily. Additionally, suicidism, compulsory aliveness, and the injunction to live and to futurity go unnoticed or remain unquestioned and are simply reproduced. Meanwhile, suicidal people continue to be isolated from each other for fear of the suicidist consequences of reaching out and forming solidarities. Through a curative logic focused on the prevention of suicidality, we do not encourage or support the creation of social, emotional, affective, or political solidarities between suicidal people, alliances that may allow them to reflect critically on their common experiences, shared feelings, similar philosophies and values, needs, goals, and claims. Instead, the logic of cure and prevention keeps suicidal people apart from one another by trying to eradicate their suicidality through individual medical/psychological or sociopolitical curative ideologies. Undoing Suicidism does not want to eradicate suicidality but to offer new ways to imagine it and to live, and sometimes die, with it.

In lieu of the curative and carceral logic underlying the suicidist preventionist script as well as the ableist/sanist/ageist logic of disposability and austerity fundamental to various contemporary right-to-die discourses, Undoing Suicidism proposes a quercrip model of (assisted) suicide that offers positive rights and support for assisted suicide for suicidal people. This assistance would be delivered through a suicide-affirmative approach that is anchored in the values of multiple anti-oppressive social movements, such as intersectionality, bodily autonomy, self-determination, informed consent, and harm reduction, as discussed in Chapter 5. Through this suicide-affirmative approach, suicidal people would find safer spaces to explore their suicidality without fears of suicidist consequences. I propose a shift from a preventionist and curative logic to a logic of accompaniment for suicidal people, a form of sup-
port that could be life-affirming and death-affirming. Suicidal people would be accompanied in reflecting critically on their different options, weighing the pros and cons of each, determining the best course of action for themselves, and, if they maintain their preference for assisted suicide, be supported in the difficult passage from life to death. This shift from prevention to accompaniment would empower suicidal people. Indeed, from a suicidist preventionist stance, other people, such as family, researchers, or health care providers, hold the “truth” on suicide: Suicide needs to be avoided, the suicidal person should not be given a choice, and the various interventions (be they medical, psychological, social, and so forth) aim to implement choices made by others that are imposed on the suicidal person, often against their will and their consent. From this point of view, life is the priority, not the suicidal person and what they claim. The epistemic authority of the suicidal person is denied when it comes to matters of life and death. In the anti-suicidist logic of accompaniment I propose, the epistemic authority switches hands. The suicidal person has epistemic authority, following the suicidal epistemological standpoint I offer in this book, and those around them are there to offer support. In other words, while a suicidist preventionist script has a pre-identified goal and solution (saving lives) usually designed by nonsuicidal people, the anti-suicidist logic of accompaniment centers on the suicidal person to help them identify their own goals and solutions. The priority is the suicidal person, not life itself.

Even though I discuss some of these issues in Chapter 5, it is crucial to specify here that my suicide-affirmative approach is focused only on adults able to provide informed consent. In a similar way that it would be inappropriate to use adult trans health care guidelines for minors, my suicide-affirmative approach does not apply to minor youth and children, a population for whom a different reflection is needed, one that goes beyond the scope of this book. Without endorsing the adult oppression of youth, sometimes referred to as youthism, which contributes to invalidating the capacity of children and youth for self-determination, agency, or autonomy in numerous spheres, it is crucial to insist on the fact that informed consent for children and adults cannot be evaluated in the same way, particularly when it comes to life and death decisions. Therefore, this book does not address the question of child/youth/minor (assisted) suicide. While this question can be usefully analyzed through some of the theoretical and conceptual tools I offer in this book, it needs to be tackled separately, since it raises different issues, concerns, and reflections. It is also critical to mention that by prioritizing the suicidal person, I do not mean to invalidate the experiences of the family members and support networks of suicidal people. Indeed, trying to support
a suicidal person can be extremely distressing. Furthermore, the bereavement following any death, and particularly a suicide, is extremely difficult, and is made even more so because of suicidism: Family members do not benefit from the same level of support in their process of grief and mourning, are often silenced themselves because of the taboo and stigmatization surrounding suicidality, and frequently feel guilt and shame. Testimonials of family members who have experienced the loss of a loved one through suicide, such as that of public personality Jennifer Ashton (2019) in her memoir *Life after Suicide: Finding Courage, Comfort and Community after Unthinkable Loss*, often depict suicide as an “unthinkable” action that devastates the family. Voices against suicide include some well-known academic figures, such as historian and philosopher Jennifer Michael Hecht, who, after losing two friends by suicide, has engaged in a public crusade against suicidality in media outlets and her academic work, such as her 2013 book *Stay: A History of Suicide and the Philosophies against It*. Hecht argues that the devastation stemming from suicide is so important for those bereaved by the suicide that suicidal people have a duty to stay alive and to not hurt others and society at large. According to her arguments, suicidal people owe their life to their surroundings, to society at large, and to their future self, who might be thankful to be alive: “The first is that we owe it to society at large, and especially to our personal communities, to stay alive. The second is that we owe it to our other selves, especially [. . .] to our future selves. [. . .] In my experience, outside the idea that God forbids it, our society today has no coherent argument against suicide” (Hecht 2013, 5–6). Hecht implores any suicidal person to stay alive, at any cost, as she directly addresses them in one of her blog posts quoted in her book: “Sobbing and useless is a million times better than dead. A billion times. Thank you for choosing sobbing and useless over dead. [. . .] Don’t kill yourself. Suffer here with us instead. We need you with us [. . .]. Stay” (xi).

While I have compassion for the complex emotions of family and friends dealing with the suicidality of their loved ones, and while I myself sometimes experience these emotions as I am surrounded by many people who are/have been suicidal or who have died by suicide, in *Undoing Suicidism*, I invite us to also consider the perspectives of suicidal people themselves, the primary people concerned when it comes to suicidality. In an analogy with trans issues, I would say that the point is not to forget the challenges, pain, feelings of loss, and any other complex emotions felt by the relatives and friends of a trans person beginning a transition but to make sure that we do not forget the fact that the person making the transition is the person first and foremost affected by structural violence and the person who really needs our support.
at that crucial moment. My mother and I did not talk to or see each other for almost a decade after I came out as a trans man because of the loss she experienced regarding my previous gender identity, pronouns, and name and because of the pain and sadness she felt at “losing me or a part of me.” While her emotions were valid and needed to be addressed, it is equally important that her emotions did not dictate my decision, my transition, and my life. Furthermore, some might say, from a trans activist/scholarship perspective, that part of her reaction, while legitimate and relevant to explore, stemmed from deep forms of cisgenderism and cisnormativity. This attitude was indeed the case for my mother. When she finally reached out to me eight years later, to reconnect and rebuild our relationship, she told me that her current therapist was more open-minded than her previous one and had made her realize that trans people are “normal people,” and that even though it was hard for her to see me transitioning, she now realized that it must have been “very hard” for me. My point in sharing this example is to simultaneously recognize the emotional impacts suicidality can have on relatives and friends (and how suicidism amplifies those impacts, as I demonstrate later in the book) and the fact that, as is the case with trans people and their families, it is also crucial to keep in mind the perspective of the primary people concerned: suicidal people themselves. As I discuss in Chapter 5, my suicide-affirmative approach might also be much less traumatic for a suicidal person’s loved ones, as currently they may discover a dead body and feel total shock. I also hope that this analogy to transitions will help people affected by the suicidality of their loved ones start thinking of their own experiences and emotions through the anti-suicidist lens I propose in this book. A few critical suicidology scholars, such as Katrina Jaworski (2014) or Emily Yue (2021), have undertaken, in some ways, this shift in their work; while one of the ignitors of their work was the suicide of a loved one, an experience worth sharing and analyzing, they skillfully turn their focus to suicidal people themselves from a social justice perspective. In sum, *Undoing Suicidism* recognizes the importance of the experiences of family/relatives/friends and yet focuses on suicidal people’s experiences of suicidality in suicidist settings, an oppression that permeates all institutions, including the family (see Krebs 2022 on the forms of suicidism experienced by suicidal people in families).

In addition to the concerns expressed regarding the impact of suicidality on others, if my suicide-affirmative approach were to be adopted, some readers might be concerned about the potential increase in suicidality that might occur afterward, a concern I address further in Chapter 5. For example, Hecht (2013, 6) contends that ideas that normalize suicidality, such as those I propose in this book (even though I am not encouraging suicide per se),
have the potential to kill people: “Ideas can take lives and other ideas can save lives.” After all, anthropologists and sociologists have been documenting for decades the idea of suicide “contagion” through various forms, whether these are called suicides based on the Werther effect, copycat suicides, suicide clusters, or simply suicide by imitation (e.g., Beattie and Devitt 2015; Hecht 2013; Kral 2019; Wray, Colen, and Pescosolido 2011). As Matt Wray, Cynthia Colen, and Bernice Pescosolido (2011, 520) argue, “Recent studies provide evidence for suicide contagion, particularly among youth [. . . ] and suggest that social networks are implicated in a surprising number of different kinds of ‘contagion,’ including suicidality.” Critical suicidologist Michael J. Kral (2019, 3) writes that suicidality is a cultural idea that has the potential to influence (but not overdetermine) individuals: “It is about how individuals internalize culture [. . .]. Suicide is seen as a social disorder. [. . .] We need to learn more about how ideas are adopted [. . .], how they are spread throughout society, and how they change over time.” While some empirical research that has included suicidal people’s voices by analyzing their discourses through online forums (e.g., Lundström 2018) or interviews (Marsh, Winter and Marzano 2021) has allowed for a nuancing of the conclusion that talking about suicide necessarily increases suicidality in others, the point is not to deny the potential “contagious” effect that other suicides and discussions around suicidality could have on distressed people. As I have observed in my own life and in the lives of the suicidal people I know, learning about someone’s death by suicide and hearing about suicidality can trigger our own suicidality and sensitivity on this topic. However, I want to highlight the fact that, once again, this idea of “contagion” and imitation is strongly shaped by suicidism. As I argue in Chapter 5, if my suicide-affirmative approach were to be implemented, this potentially “contagious” effect would likely be mostly nullified, since suicidal people triggered by open discussions on suicide would seek help and support more freely. In other words, offering the possibility of assisted suicide from a suicide-affirmative approach and discussing suicidality openly would potentially have the reverse effect; more people would seek care instead of completing their suicide in isolation and silence. I sincerely hope that readers of this book will discover that in the concrete transition between the current suicidist approach to (assisted) suicide and the suicide-affirmative approach I propose, no further harm would be done to suicidal people—quite the contrary. In addition to potentially saving more lives, the gradual passage from a suicidist to an anti-suicidist perspective of accompaniment could only contribute to better interaction with suicidal people and better care for them, as stigmatization would decrease. In fact, the elimination of stigma is considered a key factor by “evidence-based”
research. However, what I propose is so radical and different that it requires, in a certain way, a leap of faith, as the abolitionist approach requires a leap of faith regarding what a decarcerated society might look like. While Chapter 5 provides a few answers to concrete relevant questions raised by the radical reconceptualization of (assisted) suicide proposed in this book and describes what the transition toward a suicide-affirmative approach might look like, following the “dis-epistemology” suggested by Ben-Moshe (2020, 126) that consists of “letting go of attachment to certain ways of knowing,” Undoing Suicidism argues that “needing to know” in advance exactly what an anti-suicidist society would look like is part of suicidist logic. As abolitionist activists/scholars invite us to open our imaginations and hearts to the unknown, this book, based on this dis-epistemology, is an invitation to acceptance of the unpredictability that comes with this transition from suicidist to anti-suicidist societies.

Another important point is that my queercrip model of (assisted) suicide is meant to complement, not supersede, the fight against systemic oppressions that influence suicidality in marginalized groups. This model puts forth the idea that fighting for social transformation and social justice for various marginalized groups is not antithetical to greater accountability for the lived experiences of suicidal people, the stigma they face, the prejudices they must live (and die) with, the structural suicidist violence they experience, and the support they need to make decisions regarding life and death. While the primary goal of my queercrip model of (assisted) suicide is to provide more humane, respectful, and compassionate support for suicidal people rather than to save lives at all costs, one of my hypotheses, as I argue in Chapter 5, is that a suicide-affirmative approach that supports assisted suicide for suicidal people might actually save more lives than current prevention strategies do. I contend that many unnecessary deaths by suicide could be avoided through my suicide-affirmative approach. Currently, to avoid suicidist violence, many suicidal people who might be ambivalent retreat into silence and act on their suicidal ideations before speaking with professionals, relatives, friends, or prevention services. In other words, instead of talking through their suicidal ideations to make an informed decision about their death by suicide, they make the most crucial decision of their life alone, with no process of accompaniment and no support from their surroundings. As Undoing Suicidism shows, research and statistics on suicidality prove my point: Suicidal people determined to die do not reach out and end up completing their suicide without having discussed all the pros and cons of this decision. In that sense, a suicide-affirmative approach, focused on accompaniment rather than prevention, would open up channels of communication with suicidal people...
to help them make an informed decision. The rare peer-support initiatives explored in Chapters 2 and 3, which focus less on preventing suicidality and more on accompanying suicidal people, constitute a first step in the right direction and are promising regarding saving more lives while not focusing on preventing deaths. Even though I invite readers to go beyond this rationale of saving more lives to focus on dismantling the suicidist logic and compulsory aliveness at play in the care and support offered to suicidal people, some people might still see the heuristic value of an approach like mine that radically destigmatizes and depathologizes suicidality. If reading *Undoing Suicidism* can elicit some compassionate reactions from researchers, activists, practitioners, policy makers, and the general public by helping them recognize that a structural form of suicidist violence present in suicide prevention prevents us from preventing suicides, this response will already be, from my perspective, an improvement in the lives of suicidal people.

While it has the potential to save more lives, my queercrip model of (assisted) suicide nevertheless aims to go further than stopping the suicidist violence suicidal people experience to better “save” them from unnecessary death. My model aims to open our imaginations to envision what could happen if we started to think about (assisted) suicide from an anti-suicidist and intersectional framework. In that sense, what *Undoing Suicidism* proposes could be described as a revolutionary and paradigmatic shift in our perception of suicide and assisted suicide by drastically changing the notion of duty. From a duty to prevent the suicides of suicidal people and to support disabled/sick/ill/old people qualifying for assistance in dying based on the ableist/sanist/ageist/suicidist ontology of assisted suicide, which I critique in Chapter 4, we turn toward a duty to support suicidal people and their needs, including through assisted suicide, as I discuss in Chapter 5. This book also suggests that we move away from questioning why suicidal people are suicidal and focus more on how we can better support and accompany suicidal people in meeting their needs. Just as the question “Why do transsexuals exist?” (Serano 2007, 187) keeps us trapped in solutions designed to normalize and assimilate trans and nonbinary people into a cisnormative framework, the question “Why does suicidality exist?” derives from a suicidist framework and orients us to search for solutions to eradicate suicidality rather than asking suicidal people what they really need or want. From a suicidist perspective, suicidality is cast as unilaterally negative, as a medical/psychological condition from which to be cured, or as a condition stemming from structural violence to be “fixed” through revolution. However, in all cases—except, as discussed in Chapter 4, assisted suicide that excludes explicitly suicidal people—suicidality is seen as a temporary phase from which
a person will emerge. Emerging from suicidality is depicted as the ultimate success, while completing suicide is perceived as the ultimate personal failure (from individual medical/psychological perspectives) or society’s failure to offer sustainable ways of living (from social and social justice perspectives). In all these contradictory but complementary interpretations, suicidality needs to be purged and erased, forcing suicidal subjects into a closet, since coming out as suicidal has too high a price.

Additionally, like other marginalized groups, our realities, wishes, needs, and claims make nonsuicidal people uncomfortable and even distressed. As suicidal people, we learn, as I show in Chapter 1, to shut up, remain silent, or regurgitate the preventionist narratives people around us want to hear, including our friends and family: “I don’t really want to die. I want to be helped. I want to be saved. I will not pursue suicide as a valid option. I am hopeful for better days to come.” Like members of so many marginalized groups, we have been trained to believe that something is wrong with us, not with the suicidist system in which we exist. We have also learned that even inside our anti-oppression circles, where we usually celebrate the voices of marginalized people, we have to take care of the feelings of nonsuicidal people instead of telling our truths. Just as happiness becomes a duty, not only for the self but to please others, as Ahmed reminds us, the will to live and the desire for a long life become a duty in a suicidist regime. Worse, as Ahmed (2012, 147) argues regarding people and institutions called out for their racism, “The organization becomes the subject of feeling, as the one who must be protected, as the one who is easily bruised or hurt. When racism becomes an institutional injury, it is imagined as an injury to whiteness,” I argue that suicidism places prevention actors and institutions as well as people close to suicidal subjects as the “subjects of feeling.” Denouncing suicidism and the violence exercised by family, friends, activists, and health care professionals in the name of care “hurts” them and their good intentions. Critiquing suicidist violence is cast, in a distorted way, as an injury to compulsory aliveness and to those who “care” for us—hence our silence. We do not want to worry others, and we use various mechanisms, including what philosopher Kristie Dotson (2011, 237) calls forms of “testimonial smothering,” to make our reflections on death and suicide more palatable, as I discuss in Chapter 1. For example, after revealing feelings of suicidality in the introduction to his essay Notes on Suicide, philosopher Simon Critchley hastens to reassure readers that they should not “be alarmed” (2019, 16) and that this “essay is an attempt to get over” (16) suicidal ideation. The testimonials of suicidal people are replete with these forms of reassurance of the nonsuicidal public, in a reversal of roles in which the oppressed need to take care of the dominant group and in which
the critique of the oppression experienced is seen as something that “hurts” the dominant group.

In sum, while our societies appear to really care about suicidal people and their well-being, a more careful examination reveals that, through a preventionist and “caring” script, we actually exercise violence, discrimination, exclusion, pathologization, and the incarceration of suicidal people. Every year, this negative conceptualization of suicidality and its curative logic of prevention cause more damage and more deaths. Therefore, this book unpacks the idea that the best way to help suicidal people and to prevent suicide is through the logic of suicide prevention. *Worse, prevention, informed by suicidism, produces suicidality.* Making a provocative argument that supporting assisted suicide for suicidal people, from an anti-suicidist perspective, may better prevent unnecessary deaths, *Undoing Suicidism* proposes to rethink our conceptualizations of suicide and assisted suicide in radical ways. The queering, transing, crippling, and maddening (terms I define later) of (assisted) suicide offered here, through the questioning of compulsory aliveness and the injunction to live and to futurity, literally constitute, in Judith Butler’s (1990) words, a life “trouble.”

(Un)doing Suicide: (Re)signifying Terms

Readers have probably noticed that I have mobilized suicidal people and nonsuicidal people as if they were mutually exclusive groups. Not only does this usage contradict the queer and crip ethos of contesting binary categories embraced in this book; it also does not reflect the porous boundaries of identity categories. In an invaluable reflection on trans epistemologies, philosopher Blas Radi (2019) insists on the fact that defining who is trans or not has crucial consequences in relation to Argentinian public policies, trans care, and trans rights. He raises a series of questions that trouble the definition of transness. These interrogations could be adapted for suicidal people as follows: Who may be considered suicidal, and based on which criteria? People who have been suicidal most of their lives? Those who have experienced suicidality at some point in their lives? Those who have experienced suicidality recently—for example, in the past two years? Those who have attempted to end their lives? Those who think about death constantly but never consider acting on those thoughts? Those who self-identify as suicidal? As scholar Jennifer White (2015a, 345) brilliantly demonstrates, “The categories of ‘suicidal persons,’ ‘non-suicidal persons,’ and ‘professionals’ are themselves highly problematic due to the ways in which they imply that these identity
categories are final, singular, and stable, as opposed to emerging, multiple, fluid, and overlapping.” As we can see, suicidality is not a fixed status but a fluid one: One can enter suicidality from time to time, emerge from those periods, and feel fine between darker moments. Other people may be non-suicidal their entire lives until a tragic event propels them to consider death. Still others might consider death all the time (chronic suicidality) without ever attempting to end their lives. However, I do believe in the heuristic value of mobilizing these binary categories of suicidal versus nonsuicidal people for two reasons. First, even though it is crucial to question and deconstruct identity categories, these categories need to first be named so the oppression faced by marginalized groups can be denounced. For example, the first critiques of ableism historically involved mobilizing categories of able-bodied versus disabled people. Deconstructing this binary opposition was possible only later in critical disability/crip studies, once people started to understand the oppression experienced by disabled people. Second, naming a group and differentiating it from another—in this case, suicidal versus nonsuicidal people—makes visible the power relations between them, even if the boundaries between the groups are not hermetic. That being said, I am aware of the pitfalls of designating a group based on a certain identity as well as the complicated relationships that various groups have regarding some terms.

For example, in a discussion about my essay on suicidism (Baril 2020c) on the Critical Suicide Studies Network’s listserv, some people rightly point out that the expression suicidal people might be seen as offensive in its conflation of the suicidal state with the person. In a people-first language philosophy, it is preferable to talk about people with or living with suicidal ideation instead of suicidal people. This insistence on the person living with suicidality instead of being suicidal is, as is true with respect to many marginalized groups, founded on good intentions and aims to destigmatize those groups by insisting on their humanity first. In opposition to this people-first language, an identity-first language philosophy, embodied in the expression suicidal people, emphasizes the identity, often in a resignified and positive way. Without entering into lengthy debates about people-first or identity-first language philosophies, from the moment terms such as disabled start being seen as positive and valuable, it is possible to envision the merits of using identity-first language, just as many anti-oppression activists/scholars do in reference to queer people, disabled people, Mad people, and so forth. The same is true for suicidal people: Embracing the anti-suicidist framework proposed in this book would open up other visions of suicidality and allow us to conceive of suicidality as part of our ways of feeling, thinking, and living. In fact,
identity-first language pursues the work of destigmatization; by radically de-
stigmatizing suicidality, it becomes possible to mobilize the label in a positive and affirmative way: I am suicidal.

Additionally, by mobilizing the categories of suicidal versus nonsuicidal people and by insisting on the importance of the voices of the former, I am aware of the fraught discussions on the roles of allies in anti-oppressive social movements/fields of study in speaking for or in the name of a group (Alcoff 1991). The centrality of allies’ roles cannot be dismissed, regardless of which movement/field of study is concerned; allies play crucial roles in supporting marginalized groups in their search for greater equity, inclusion, respect, and recognition (Burstow and LeFrançois 2014; LeFrançois, Menzies, and Reaume 2013). Recognizing allies’ crucial roles and knowing that binary categories, such as suicidal versus nonsuicidal people, can never capture the complexity, fluidity, continuity, and porosity between them, I am not calling here for a naïve anti-suicidist identity politics made only by and for suicidal people. Nevertheless, as in many other anti-oppressive social movements/fields of study, those who identify as currently suicidal (as opposed to nonsuicidal or ex-suicidal people who are now convinced that suicidality was a bad phase to overcome) should be at the center of the fields of suicidology and critical suicidology. I am not saying that nonsuicidal people should never speak for suicidal subjects. But, as scholars Linda Martín Alcoff (1991) and Katrina Jaworski (2020) note, awareness of the power relations involved when we speak for others is crucial. In reviewing the literature on suicidality, including work produced by activists/scholars endorsing a social justice perspective, it became obvious to me that the power differential that exists between suicidal and nonsuicidal people is rarely acknowledged. Despite striking similarities between the entitlement expressed by nonsuicidal people as they speak for suicidal people and the sense of legitimacy expressed by other dominant groups (men, White people, cisgender people, and so forth) when they speak for a variety of oppressed groups, many proponents of the preventionist script, including those adopting a social justice model of suicidality, have not yet acknowledged their role in the power relations between suicidal and non-suicidal people or the sense of entitlement they demonstrate in speaking for suicidal people. Suicidal people need support and allyship to push forward their political agenda to change public and health policies, suicide interventions, and epistemological and theoretical beliefs on suicidality. Of course, lived experience does not provide an automatic epistemological advantage in analyzing a situation, but as many liberatory epistemologies (Medina 2012; Tuana 2017), such as Black epistemology, trans epistemology, feminist epistemology, queer epistemology, or cripistemology (an epistemology that values
the importance of disabled/Mad people’s knowledge), have shown us, lived experience may help us reflect more critically about greater social justice for marginalized groups. In that sense, a suicidal epistemological standpoint would require allies to create the conditions in which suicidal people could express themselves freely instead of taking up too much space and speaking for them. To do that, we first need to be able to distinguish suicidal people from their allies, people who want to study them from an external point of view to save them from their “mistakes,” or people who think that they know what is best for them (including in queer, trans, disability, Mad, and other anti-oppressive social movements/fields of study), even if those lines are blurry.

One final comment about my choice of words and language: In his 2017 book Academic Ableism: Disability and Higher Education, scholar Jay Dolmage insists on the importance of writing in plain language in the spirit of disability justice. Too often, to sound sophisticated and clever to various audiences, theorists use language that is complicated, difficult, and, in the end, inaccessible (Dolmage 2017, 32). While it should always be a priority to make knowledge accessible to a variety of audiences, including those with different (dis)abilities, this attention to accessibility should be a priority when we work in disability/crip/Mad studies. In a desire to blur the lines between those inside and outside academia, Dolmage (2017, 33) proposes that using simple and plain language, as I do in this book, is one way to deconstruct insider/outside perspectives and strike back against academic ableism (and, I would add, sanism and cogniticism).9 Contrary to what some people may think, writing in an accessible, simple, and plain manner is not easy in comparison to elaborate and abstract formulations. In fact, writing complicated ideas in accessible ways is much harder than writing not-so-complicated ideas in a jargon-heavy way. Furthermore, in a classist, elitist, and anglonormative world (meaning a world where the English language is the norm for business purposes, cultural production, academic publications and presentations, and so forth), we too often forget that writing in plain English is beneficial not only for a vast array of disabled/Mad people but also for anyone who did not have the privilege of attending college or university or did not learn English as a first language. While I certainly benefit from education and class privilege nowadays (even though this has not always been the case, having lived below the poverty line for about half of my life) through my education and position as a tenured professor at a Canadian university, I continue to experience the effects of anglonormativity in my daily life as a French Canadian who has lived and worked in non-Francophone circles for many years. My strong stance on using language as simply and plainly as possible resides in my anti-ableist, anti-sanist, anti-cogniticist, but also anti-classist and anti-
anglonormative perspective. It is in the same spirit of accessibility, including for those who are socioeconomically disadvantaged, that I decided to make this book freely available through open access on the Internet.

Autothanatotheory: A Methodological and Conceptual Toolbox

In his literary and philosophical analysis of the desire for death, scholar Irving Goh calls for authors to be more attentive to a genre of autotheory focused on death, which he calls “auto-thanato-theory” (2020, 197). Because he sees the desire for death as an integral part of the self, he considers this attentiveness to one’s wish to die as a form of care for the self, in a Foucauldian sense. According to Goh (2020, 210):

Not all autotheory texts are auto-thanato-theory texts. [. . .] My proposal, then, is that while we extend our inquiries further into autotheory, and while we expand its archive, we should also keep an eye out for auto-thanato-theory that writes the self’s search for extinguishment, if not its sense of having already departed from the world; we should not suppress these voices or affects of auto-thanato-theory, but let them be articulated. That allowance would only be [. . .] a practice of a care for the self especially attentive to selves that want a real out of existence. A veritable sense of existence is not only about living or staying alive; it includes the desire for an exit from existence.

In some ways, Undoing Suicidism is a response to Goh’s call: By not suppressing suicidal voices and affects and by situating them inside normative systems and structures, this book offers an autothanatotheory that makes room for the self who wishes to discuss its desire for extinguishment and the self who tries to connect to other suicidal selves and people to stay alive. While Goh (2020, 207) believes that sharing suicidal ideation with others can only lead to acknowledging the profound “unshareability” of the desire for death, I contend that its apparent unshareability is due to forms of suicidism and compulsory aliveness blocking social and political imaginations about (assisted) suicide. This argument is why I believe that sharing my own stories, experiences, and epistemological, theoretical, and political perspectives on these topics, through an autotheoretical stance, might open up suicidal futurities and collectivities. What seems unshareable now, in a context in which the oppression of suicidal people has not been named and in which
suicidist violence is reproduced inside our anti-oppression circles, might become shareable in a world where we collectivize suicidal testimonials and lived experiences about the desire to die.

As explained by author Lauren Fournier in her 2021 book *Autotheory as Feminist Practice in Art, Writing, and Criticism*, autotheory has a long tradition in feminist movements/fields of study and other liberatory movements and epistemologies, which have denounced colonialism, racism, heterosexism, cisgenderism, and other systems of oppression. As Fournier reminds us, while writer and philosopher Paul B. Preciado first coined the term “autotheory” in his now-famous 2008 book *Testo Junkie*, writer Maggie Nelson popularized the expression in her 2015 book *The Argonauts*. However, the roots of the impulse toward autotheory are much older than its coinage and began several decades earlier. Indeed, Fournier shows that the notion of autotheoretical texts was discussed by such feminists as Stacey Young in the 1990s, having already been put into practice without being explicitly named as such by numerous feminists and Black, Indigenous, and people of color (BIPOC) during the 1970s and 1980s. Autotheory relates, for example, to what scholar Jane Gallop called twenty years earlier “anecdotal theory,” as she recounts in her 2019 work (25). Inter- and transdisciplinary by nature, autotheory blurs lines between various genres, bringing to the forefront the entanglement of the self and the theoretical, which are inseparable and impossible to dissociate. Inspired by feminist Nancy Miller, Fournier explains that the personal is not only political but also theoretical. As Fournier (2021, 7) states, autotheory “refers to the integration of theory and philosophy with autobiography, the body, and other so-called personal and explicitly subjective modes. It is a term that describes a self-conscious way of engaging with theory—as a discourse, frame, or mode of thinking and practice—alongside lived experience and subjective embodiment.” *Undoing Suicidism* is anchored in autotheory, an autothanatotheory that starts from my lived experience as a suicidal person to engage with various theories and discourses on (assisted) suicide. It troubles dominant epistemologies on (assisted) suicide and encourages us to rethink those theories and practices from the situated perspectives of suicidal people, transgressing (or queering and transing) genres, disciplines, and boundaries between the self and theoretical propositions.

In keeping with autotheoretical practice and its alternative ways of envisioning research, methodology, and theorization, and maintaining its distance from positivist and post-positivist stances, this book emerges from a rich archive of more than 1,700 sources of scientific and gray literature, including quantitative and qualitative studies, philosophical essays, blog posts,
and documentaries. But it is also anchored in my own lived experience as a suicidal person and my discussions over the past twenty-five years on the topic of (assisted) suicide with family, friends, colleagues, students, and so forth, many of whom disclosed their own suicidality to me after learning about my perspective on this topic. As Fournier (2021, 5) recounts, “My methodological approach is grounded in the personal-theoretical, incidental, gut-centered nature of autotheoretical research.” And while *Undoing Suicidism* is definitely anchored in the context of my colonized land (Canada), and while my discussions regarding (assisted) suicide are generally focused on a few capitalist, industrialized countries (e.g., the United States, Belgium, Switzerland, the Netherlands, and Australia), I hope that readers will be able to envision its potential “transnational scope” (5), as Fournier says. Similar to Fournier, who believes that autotheory might constitute the “next big turn” (2), I think that suicidism, as a new theoretical framework, has the potential to shake things up in societies at large and in their institutions, policies, regulations, practices, interventions, and anti-oppression circles by adding one oppression that has remained, thus far, unacknowledged by intersectional analyses. By focusing on capitalist, industrialized countries and on some oppressions—namely, heterosexism, cisgenderism, ableism, and sanism—this book puts aside many other geographical contexts and oppressive systems nevertheless crucial for analyzing suicidality (and that would transform our ways of theorizing it), such as colonialism, racism, classism, or ageism. For example, analyzing suicidality among Indigenous communities in Canada requires a careful examination of the colonizer system that contributes to suicidality, as brilliantly demonstrated by some activists/scholars, including Roland Chrisjohn, Shaunessy M. McKay, and Andrea O. Smith (2014); China Mills (2017); and Jeffrey Ansollos and Shanna Peltier (2021). The theoretical framework I propose here needs to remain flexible, adaptable, and transformable according to each context and for each marginalized group concerned by disproportionate rates of suicidality, such as Indigenous communities. Since one can only do so much in a single book, I have tried to focus in detail on the intersections between suicidism and heterosexism, cisgenderism, ableism, and sanism, while pointing out, in some circumstances, colonialism, racism, classism, and ageism in relation to suicidality. From that perspective, while my intersectional analysis is deeply indebted to the Black feminists and other critical race studies scholars (e.g., Ahmed 2010, 2012; Crenshaw 1989; Hill Collins 2000; Puar 2007, 2017) who have given us the rich theoretical and methodological tools to analyze the interlocking effects of sexism, racism, and classism, among other oppressions, this book is less focused on taking up those three foundational pillars of analysis in relation to suicidism than on providing a new axis of oppression
that future intersectional research could mobilize to enrich analyses of various systems of oppression. I sincerely hope that the theoretical framework I offer here, which remains necessarily incomplete on so many levels, will be picked up by others, who may point out the profound imbrications that suicidism has with colonialism, racism, classism, ageism, and many other forms of violence. I see this book as a starting point for those important conversations we must have about interlocking systems of oppression.

In addition to this autotheoretical approach, I have been inspired by so many great intellectual companions to propose this new theoretical framework. I use the term companion since a companion is, by definition, someone who accompanies us and with whom we spend a lot of time as well as those who, in some ways, complement us (or vice versa). Many authors have accompanied me throughout the endeavor of writing this book, and the reflections and notions they have offered have constituted my conceptual toolbox. In addition to the philosophical and bioethical literature I read in relation to death, dying, suicide, and assisted suicide, I can identify five trends of literature from which I have drawn conceptual tools to present my thesis and arguments. The first is queer theory. Freely mobilizing an array of conceptual instruments from the queer theoretical toolbox, such as the “logic of reproductive futurism” (Edelman 2004, 17), the “moral injunction” to happiness (Ahmed 2010, 35), the “queer art of failure” (Halberstam 2011), or “cruel optimism” (Berlant 2011), I apply them to the topic of (assisted) suicide. While embracing the queer antisocial turn (characterized by its endorsement of negative affect or failure) as well as the affective turn (characterized by its attention to affect, emotion, and embodiment in relation to critical theory), these conceptual tools help me highlight the underexploited heuristic value of concepts in queer studies to theorize the death drive and negative affect to their ultimate limit: literal death. The second is trans theory and its transing capacity—that is, its ability to transgress and transcend borders and categories (DiPietro 2016; Stryker, Currah, and Moore 2008; Sullivan 2009). I mobilize the trans-affirmative approach and model of care put forth in trans circles to rethink the care offered to suicidal people, based on self-determination, informed consent, and community support. Indeed, the suicide-affirmative approach and suicide-affirmative health care I propose in Chapter 5 draw from the affirmative approaches embraced by trans epistemology, theory, and movements. The third strand of scholarship that has inspired me is disability/crip theory. The rich theorization of such notions as compulsory able-bodiedness or able-mindedness (Kafer 2013; McRuer 2006) are central to my reflections about the unacknowledged compulsory aliveness that haunts social, cultural, political, legal, and medical imaginations. The crip futurities opened
up by crip theorists allow me to envision a similar political project for suicidal people. The fourth type of scholarship that has energized me to reflect on the oppression experienced by suicidal people is the anti-psychiatry movement and scholarship (Burston 1992; Szasz 1999) and the Mad movement and scholarship (Burston and LeFrançois 2014; LeFrançois, Menzies, and Reaume 2013). While a few leaders of the anti-psychiatry movement and scholarship have denounced the violence inflicted on suicidal people, the Mad movement and scholarship have demonstrated that, under the guise of help and support, Mad people experience pervasive forms of sanism and mistreatments. Some, such as Ben-Moshe (2020), discuss from a prison abolitionist perspective the pervasive forms of incarceration disabled/Mad people face in ableist and sanist societies. Their contributions are key to my better understanding of the intertwined aspect of suicidism and sanism and of the carceral logic behind both, and I sincerely believe that suicidism, as a new theoretical framework, has the potential to contribute to the theorization and denunciation of sanism. After all, numerous treatments imposed upon Mad people are justified based on idea that they are “threats to themselves” (i.e., potentially suicidal). As I demonstrate in this book, it becomes impossible to study sanism and suicidism in silo. All these rich positions and theoretical perspectives—queer, trans, crip, Mad—allow me to offer a queering, transing, cripping, and maddening of suicide and assisted suicide in *Undoing Suicidism*.

The last companions to whom I am indebted are critical suicidologists (a short history of critical suicidology is offered in Chapter 1). Critical suicidologists have opened the study of suicide (suicidology) to renewed perspectives, methodologies, approaches, and values. Following Ian Marsh’s (2010b, 4) canonical work that questions the “compulsory ontology of pathology” surrounding suicide, critical suicidologists have interrogated the idea that suicidality is univocally pathological and negative (Cover 2012; Fitzpatrick, Hooker, and Kerridge 2015; Kouri and White 2014; Taylor 2014; Tierney 2010). While invaluable at so many levels, the contributions of many critical suicidologists or activists/scholars who embrace a social justice model of suicidality (central in critical suicidology) unfortunately have sometimes reproduced forms of oppression, including sanism and suicidism, as I demonstrate in the following chapters. As White (2020a, 198) mentions, critical suicidologists must not “shy away from acknowledging and addressing our potential *complicity with harm*” (emphasis in the original). Too often, traditional suicidology discourses about suicidality as an individual mental illness have been replaced by another grand narrative of oppression, be it cisgenderism, heterosexism, ableism, racism, or colonialism, not only to explain suicidality but also to try to eradicate it. In other words, the social justice model of
suicidality put forth in critical suicidology has produced, as I have previously argued elsewhere, its own new “truths” about suicidality to the exclusion of other explanations, such as the ones I present in this book. As Jaworski (2020, 590) eloquently states regarding critical suicidology, “The critical interventions to date are very valuable. [. . . ] However, more needs to be done. That is, we are yet to challenge the frameworks that frame the very frames through which knowledge of suicide is produced.” Anchored in and inspired by critical suicidology, Undoing Suicidism seizes the opportunity suggested by Jaworski “to take two steps back before we take one step further” (590). The queercrip model of (assisted) suicide proposed here aims to build on, critique, and extend critical suicidology scholarship. I have mobilized the most cutting-edge scholarship in the field of critical suicidology, which interrogates its foundations, limitations, and possibilities for developing a more accountable response to suicidal people. By drawing from the work of Amy Chandler (2020a), Rob Cover (2020), Scott J. Fitzpatrick (2016a, 2016b, 2020; Fitzpatrick et al. 2021), Katrina Jaworski (2020), Katrina Jaworski and Ian Marsh (2020), Isabelle Perreault (Perreault, Corriveau, and Cauchie 2016; Bastien and Perreault 2018), and Jennifer White (2020a, 2020b), I hope to respond to their call by proposing suicidism as a theoretical framework that might enable us to name, analyze, problematize, and denounce the oppression suicidal people experience, often in the name of their well-being and the preservation of their lives, including in anti-oppression circles and in critical suicidology.

In sum, Undoing Suicidism proposes a productive dialogue between these multiple fields of study and asks: What emerges when we combine queer, trans, disability/crip, and Mad studies with thanatology (death studies and, more specifically here, queer death studies) and critical suicidology? What happens when we question dominant conceptualizations of (assisted) suicide and look at them from other perspectives? What new possibilities for (assisted) suicide intervention are opened up? What kinds of safer spaces can be created for suicidal people? How might new conceptualizations of (assisted) suicide, from queer, trans, crip, and Mad perspectives, help anti-oppression activists/scholars (including critical suicidologists) avoid perpetuating forms of oppression toward suicidal people? What can we learn about the norms of what is considered to be a good life and a good death by looking at those main discourses on suicidality?

Dissecting (Assisted) Suicide: The Structure of the Book

Each chapter of this book is an autonomous entity that could be read in isolation. However, the chapters also work together as a coherent whole, each
constituting a block upon which the others are built. The book is divided into two parts. The first, “Rethinking Suicide,” comprises three chapters that allow a reconceptualization of suicide. While the first chapter offers suicidism as a new theoretical framework to rethink the ways suicidality is conceptualized, the second and the third chapters mobilize this theoretical framework, combined with the conceptual tools developed in queer, trans, disability/crip, and Mad studies, to analyze suicidality in two marginalized groups: queer/trans communities and disabled/crip/Mad communities. The second part of the book, “Rethinking Assisted Suicide,” pursues the work of deconstruction, this time applied to the question of assisted suicide. While the fourth chapter debunks problematic assumptions underlying right-to-die discourses, the fifth chapter resolves the tensions discussed in previous chapters and offers a queercrip model to better support suicidal people by using a suicide-affirmative approach. In the short Conclusion, philosopher José Medina’s (2012) reflections on “epistemology of resistance” and “micro-practices of resistance” are mobilized to theorize suicidal people’s voices as a heuristic tool to resist suicidist epistemic violence. Meditating on the recent death by suicide of an acquaintance and the impossibility of speaking and seeking help that she experienced under a suicidist regime, as well as reflecting on the recent reforms to the Canadian law on medical assistance in dying, I offer critical thoughts on micro-practices for resisting the logic of disposability regarding “abject” subjects and for recognizing the importance of suicidal people’s needs in an imperfect world. The description of each chapter that follows shows this trajectory of reflection from suicide to assisted suicide.

Chapter 1 raises epistemological questions about dominant conceptualizations of suicidality. Proposing the theoretical framework of suicidism that is at the core of this book, this longer chapter is divided into four sections. The first section presents four models of suicidality: medical/psychological, social, public health, and social justice. Despite numerous differences, these models arrive at the same conclusion: Suicide is not a good option for suicidal people (in some of these models, exceptions are made for disabled/sick/ill/old and sometimes Mad people, as I discuss in Chapter 4). As a result, not only do these models fail to recognize the suicidist oppression faced by suicidal people; they also perpetuate it through a suicidist preventionist script. One of the most perverse effects of the preventionist script is the silencing of suicidal people. Indeed, they are encouraged to share their suicidal ideation but are discouraged from pursuing suicide as a valid solution. In other words, suicidal ideation can be explored, but suicide itself remains taboo. In the chapter’s second part, I identify limits to these models—namely, forms of suicidism
and sanism. I argue that sanism and suicidism are intertwined, as sanist treatments are frequently forced upon Mad people by using suicidist discourses of protection. In this section, I also present the notions of compulsory aliveness and the injunction to live and to futurity and contend that compulsory aliveness aims to impose a will to live that renders suicidal people’s desire/need for death abnormal and unintelligible. In the third section, I depict alternative conceptualizations of suicidality that consider suicide to be an individual liberty but demonstrate how such conceptualizations are founded on liberal and individualist assumptions. The fourth section mobilizes the notion of epistemic violence—part of the suicidist oppression—to theorize the testimonial and hermeneutical injustices as well as the hermeneutic marginalization and epistemic death experienced by suicidal subjects.

Using suicidism as a framework, Chapter 2 calls for a queering and transing of suicidality in a broad sense—namely, by queering and transing the methods, theories, epistemologies, and prevention strategies related to suicidality. Queering and transing suicidality means allowing suicidal people to change the normative discourses on suicidality and blurring the boundaries between “good” and “bad” decisions about death. In this chapter, divided into three sections, I first argue that despite the invaluable contributions of activists/scholars on lesbian, gay, bisexual, trans, queer (LGBTQ) suicidality, their discourses often fall short when it comes to explaining the complexity of suicidality and offering solutions that are accountable to suicidal people. Current suicide prevention strategies for LGBTQ communities often rely on evaluating risk, contacting emergency services, and preventing suicide through various (coercive) measures. I show that such measures not only are suicidist but also reinforce racism, colonialism, classism, ableism, sanism, or cisgenderism, as suicidal people belonging to multiple marginalized communities are more affected by such measures. I also argue that the discourses on LGBTQ suicidality could be understood as forms of somatechnologies of life. Urged to live or forcibly brought back to life by legal, medical, institutional, and social apparatuses, suicidal subjectivities/bodies are constructed as lives to preserve. I also contend that somatechnologies of life enacted in some discourses on LGBTQ suicidality represent forms of “cruel optimism” (Berlant 2011) through a promise of a better sociopolitical future that often makes life worse. In the second section, I turn to alternative approaches used by trans organizations, which oppose nonconsensual “rescues.” I show that even such cutting-edge initiatives do not promote positive rights for suicidal people. The third section encourages critical suicidologists as well as queer and trans activists/scholars to rethink suicidality by using queer theoretical
tools, such as negative affect, the death drive, or notions of failure and cruel optimism. This invitation also pertains to queering and transing not just self-harm, suicidal ideation, or suicide attempts but suicide per se.

Anchored in the framework presented in the first chapter, Chapter 3 proposes a crippling and maddening of suicidality by highlighting forms of ableism/sanism in critical suicidology and inviting disability/crip/Mad studies to engage critically with suicidality instead of simply casting it as a by-product of ableism/sanism. In the first of the three sections of this chapter, I show that, contrary to queer and trans activists/scholars who are vocal about LGBTQ suicidality but silent on assisted suicide, disabled/Mad activists/scholars remain relatively silent on suicidality but engage with the topic of assisted suicide in reaction to neoliberal governments’ ableist/sanist laws on assisted suicide. While most disabled/Mad activists/scholars rightly see the availability of assisted suicide only for disabled/sick/ill/Mad/old people as the worst possible manifestation of ableism and sanism, a few disabled activists/scholars argue in favor of assisted suicide for terminally ill and disabled people. Despite fierce disagreements between those two camps, these activists/scholars do not question compulsory aliveness and continue to reaffirm the necessity of preventing suicide in the case of suicidal people and to adhere to the injunction to live and to futurity. The second section explores two venues for alternative discourses on suicidality: the webzine Mad in America and the disability justice movement. While these activists/scholars propose innovative approaches to suicidality, highlighting the ableist/sanist ideologies and structures behind coercive suicide prevention measures, they do not propose positive rights for suicidal people. Their solutions, such as stopping nonconsensual interventions and forced treatments, constitute a first step in the right direction to combat suicidist regimes, yet they remain incomplete with respect to suicidal people’s needs. In the last section, inspired by cripistemologies and by disabled/crip/Mad authors who put forth what I call the socio-subjective model of disability, I use this alternative model to rethink suicidality. The socio-subjective model recognizes the subjective suffering caused by physical or mental disability/illness (depression, anxiety, and so forth) while avoiding forms of sanism that would invalidate the ability of suicidal people to choose suicide based on their mental disability/illness. The model also recognizes that subjective experiences cannot be lived outside social contexts and therefore is firmly rooted in a social justice framework. Whereas the first three chapters are focused on suicide, the last two chapters redirect the focus toward assisted suicide.

Divided into four sections, Chapter 4 explores the right-to-die movement and discourses. The first section critically presents the main arguments of
the right-to-die movement, which are founded on autonomy, liberty, dignity, and the right to refuse treatment. This section also explores the controversial question of extending the right to die by assisted suicide to people for whom mental or emotional suffering is the sole reason for their request. I demonstrate that regardless of whether the proponents of a right to die approve of this extension, they all adhere to what I have called the “ontology of assisted suicide”—that is, what assisted suicide is or is not (Baril 2022). As I establish in the second section, this ontology is anchored not only in individualistic and neoliberal conceptualizations of autonomy but also in ableist and sanist presumptions. For physically or mentally disabled/ill people, suicide is recast as a logical and rational response to “tragic” situations (Taylor 2014). On the one hand, from ableist/sanist/ageist and capitalist and neoliberal perspectives, these discourses rationalize assisted suicide for “special populations.” On the other hand, anchored in sanist and suicidist perspectives, these discourses cast suicidal people as irrational. As discussed in the third section, in the battle for assisted death, the rationale of the right-to-die discourses is to establish clear boundaries between the practice of suicide, described as impulsive and irrational, and the practice of assisted death, described as rational. Right-to-die discourses are anchored in biopower and biopolitics (Foucault 1997, 2004, 2004b): The maximization and protection of the life of the population (or “making live,” as Foucault phrases it) depend on letting “abject” subjects die. Therefore, I examine the sanist/cognitivist and suicidist presumptions in the right-to-die movement and discourses that cast suicidal people as “irrational” and “illegitimate.” Despite the promotion of a right to die, right-to-die discourses represent powerful somatechnologies of life to keep suicidal people alive. Moreover, by promoting a right to die anchored in individualist, ableist, and sanist perspectives for “special groups”—that is, those who are disabled/sick/ill/Mad/old—the right-to-die movement and discourses promote a logic of accommodation, a smokescreen to real, meaningful, and collective access to assisted suicide for everyone, and particularly for suicidal people. As such, assisted suicide may be seen as relying on the notion of cruel optimism. In the last section, I pursue the work initiated in Chapters 2 and 3 of queering, transing, cripping, and maddening suicidality and extend this work to assisted suicide. In the spirit of critical disability/crip studies, I mobilize critical reflections regarding accommodation and accessibility to theorize a genuine accessibility to assisted suicide for suicidal people through suicide-affirmative health care. I show that the ableist/sanist/ageist/suicidist logic of accommodation to which the right-to-die movement and discourses cling represents a missed opportunity to develop an intersectional thanatopolitics for suicidal people.
Chapter 5 seizes the opportunity to reconceptualize assisted suicide from an intersectional and anti-oppressive approach. While anti-oppression activists/scholars almost always cast the right to die by assisted suicide as one of the most violent positions someone could endorse, the queercrip model of (assisted) suicide and the suicide-affirmative approach I develop show that supporting a renewed form of assisted suicide does not go hand in hand with political conservatism, austerity thinking, or an ableist/sanist/ageist (and capitalist, racist, colonialist, and so forth) logic of disposability. From an anti-ableist/sanist/suicidist perspective, this chapter proposes that we stop seeing assistance in dying and assistance in living as incompatible and start perceiving them as intersecting. The queercrip model of (assisted) suicide at the heart of this chapter represents an alternative to the four models presented in Chapter 1 as well as to the models of assisted suicide discussed in Chapter 4. My queercrip model promotes working simultaneously at multiple levels; while we must tirelessly tackle the sociopolitical oppressions that may intensify suicidal ideation, we must also acknowledge that suicidal people’s experience of suffering is real and respect their need to end their lives by offering a supportive process of accompaniment to reflect on this crucial decision. This model allows us to go beyond the “compulsory ontology of pathology” (Marsh 2010b, 4) regarding suicidality and beyond the ontology of assisted suicide limited to disability/sickness/illness/madness/old age. This double critique of these ontologies, one related to suicide and the other to assisted suicide, opens up the possibility of supporting assisted suicide for suicidal people from an anti-oppressive approach. This model aims to create safer spaces to openly discuss suicidality as well as the possibility of death. It would also help create spaces to explore various alternatives to death for suicidal people who wish to continue living. This chapter is divided into four sections. While the first section presents my queercrip model of (assisted) suicide, the second introduces my suicide-affirmative approach and its characteristics, principles, and advantages. Among the ten principles guiding this approach is the harm-reduction philosophy applied to suicidality and an informed consent model of care (often used in trans care). The third section responds to potential objections to my proposed suicide-affirmative approach. In the final section, I discuss the importance of developing an anti-oppressive thanatopolitics. This thanatopolitics is not only for the dead or for the dead-to-be but for all living people interested in fighting for greater social justice when it comes to death, suicide, and assisted suicide. In other words, this thanatopolitics would represent an ethics of living with people who are reflecting on death and dying, including suicidal people.