

BOOK REVIEW/COMPTE RENDU

Ian Marsh, *Suicide: Foucault, History and Truth*. New York: Cambridge University Press, 2010, 264 pp. \$US 34.99 paper (978-0-521-13001-1), \$US 95.00 hardcover (978-0-521-11254-3)

I read this book while on maternity leave, often putting my sleeping baby and the book in the stroller and heading across the street to Vancouver Public Library. The background noise kept the baby asleep, but it proved awkward to read the book in such as public space. Awkward not only because of the contrast between a young life and a grim topic, but also because, thanks to the increasing psycho-pathologization of motherhood, new mothers are often seen as emotional ticking bombs, hazardous to themselves and to their babies. New mothers are routinely monitored for signs of postpartum depression, and their emotional troubles are often attributed to hormonal fluctuations, rather than to the stress of caring for an infant in a nuclear family setting.

Ian Marsh's *Suicide: Foucault, History and Truth* chronicles the process through which suicide, similar to motherhood, became pathological at the hands of the 'psy' disciplines, psychiatry in particular. Here too, hormonal imbalances and mental illness are often seen as the main culprit. Marsh's *Suicide*, written in the style of a "history of the present," begins with "mapping a contemporary 'regime of truth' in relation to suicide," where the author examines how a "compulsory ontology of pathology" is produced and reproduced in professional accounts of suicide, how authority is established, objects and subjects defined, and truths disseminated. This compulsory ontology of pathology is applied cross-culturally (Taiwan and Japan appear as examples) and encompasses practically every single case of suicide. Even when particularly healthy and happy individuals commit suicide, pathological factors are read back into their lives retroactively through a practice called "psychological autopsy." Although not discussed by Marsh, it is worth noting that even the actions of suicide bombers are sometimes explained in terms of underlying psychopathological factors.

In the next section of the book, Marsh delves into the "history of the present," a 130-page exploration of how, in the nineteenth century, suicide came to be exclusively explained by pathological factors. He first cites evidence from ancient Greece and Rome as well as sixteenth cen-

tury England to show the “contingencies of the contemporary truths of suicide,” that is, to show that suicide was not always understood as pathological. Rather it was seen as an honourable act (as in ancient Rome) or as a sin (as in sixteenth century England). The suicide of Demetrius, for instance, like other suicides by the Roman upper class, was “seemingly unemotional, rational, deliberate and resolutely public” (p. 81). It was only in the nineteenth century that suicide began to be understood in medical terms, explained initially in terms of “pathological anatomy,” later “as arising from an internal impulse,” and eventually as a “symptom of degeneracy” (p. 116). Underlying all these explanations was the notion that suicide was madness; a truth that emerged out of observations conducted in the asylum. In the twentieth century, the focus widened from insanity to neurosis, leading to the psychiatrization of whole new sections of the population.

As medical explanations came to prevail, religious, legal, and moral condemnation gave way to confinement and treatment of those at risk of suicide, giving whole new powers to the medical staff. There are two qualifications in this story. First, although they promoted a medical as opposed to a moral regime of truth for suicide, medical men never fully abandoned moralistic views. Secondly, as medical power supplanted religious and legal powers, physicians and psychiatrists themselves were burdened by new responsibilities for correctly diagnosing the symptoms of an impending suicide and devising a treatment and confinement plan to prevent it. These responsibilities and the legal, professional, and emotional hazards that came with it are, at least partially, delegated to lower level staff.

Not surprisingly, psychiatric dominance of suicide did not go unchallenged. In a small section, tucked somewhat awkwardly and hastily in the middle of a discussion of twentieth century trends, Marsh recounts a few such challenges, including that mounted by Emile Durkheim. Marsh mistakenly credits Durkheim for launching a whole programme of sociological research on suicide (p. 183). In fact, far from being a springboard for later research, Durkheim merely followed in the footsteps of nineteenth century moral statisticians, including the eminent Andre-Michel Guerry, Enrico Morselli, and others. By the time he picked up the topic, interest in suicide had already begun to fade. And while Durkheim challenged the psychiatric notion that suicide is psycho-pathological, he did not challenge the view that it is pathological, arguing only that it is socio-pathological: rather than abnormalities within the individual organism, it arises from abnormalities within the social organism.

Despite its shortcomings, Durkheim's legacy could have informed Marsh's analysis, in at least one way, had he chosen to engage with

it. Heavily influenced by Foucault, Marsh's objective is to explain the emergence of the contemporary regime of psychiatric truth about suicide and to show its "contingencies." He argues that as the regime of truth on suicide has changed over time, so have the subjectivities formed through it. This implies that suicide itself has remained the same historically, only the regimes of truth and the subjectivities formed by them having changed. But as Durkheim showed, suicide itself has changed as well. Altruistic, egoistic, anomic, and fatalistic types of suicide belong to vastly different socio-historical configurations. That Demetrius's suicide was regarded as rational and honorable rather than irrational and pathological cannot be attributed merely to the regimes of truth. The question that follows for Marsh is to what extent changing regimes of truth around suicide reflect changes in the types of suicide prevalent in a society, themselves reflecting changing socio-historical configurations in that society.

A main objective of this book is to treat all truths as historically contingent. While this frees Marsh's hands to avoid questions of accuracy in favour of "truth effects," it also limits his argument. In particular, it prevents him from seriously critiquing and debunking psychiatric claims concerning suicide and depression. In the past few decades, pharmaceutical companies have played a major role in sponsoring the creation and dissemination of the "compulsory ontology of pathology," so that today serotonin is blamed for a whole host of problems from depression, to suicide, and even Sudden Infant Death Syndrome. Serotonin boosters are then pitched as the cure-all solution, even though they often fail to outperform placebos in clinical trials. Marsh does not engage in these debates. And since all truths are seen as similarly contingent, Marsh does not attempt to present an alternative "truth" of suicide, although he does challenge us to consider its possibility.

Suicide: Foucault, History and Truth is a successful application of Foucauldian notions of truth, truth effects, and subject formation, and an illustration of the historical contingency of truth of suicide. The questions that it leaves unanswered are not so much a shortcoming of the book as an unavoidable outcome of the Foucauldian framework within which Ian Marsh and many other scholars of this generation work. These questions simply fall outside of the framework—a reminder of the contingency of the Foucauldian notion of "contingency of truth" itself.

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