

The Construction of Suicide on Campus:
A Critical Analysis of University and Student Suicide Discourses

A Dissertation

SUBMITTED TO THE FACULTY OF THE
UNIVERSITY OF MINNESOTA

BY

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IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

Karen Miksch, Adviser

August 2021

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Acknowledgements

The journey toward completing this dissertation humbled me, challenged me, and empowered me. I wish I had the words to describe dissertating during a pandemic, but, after pouring myself into this manuscript, I have few words left. I know that this dissertation was made possible by the support of others, to whom I am indebted.

To my advisor, Karen Miksch, I owe a tremendous debt of gratitude. Thank you for walking beside me as I became a scholar and a mother. Your emotional support throughout the doctoral process, riddled with personal challenges, enabled me to persevere. Your academic brilliance pushed me to think in critical and abstract ways and conceive of a study that would challenge me intellectually.

Thank you to Dr. Michael Stebleton. You brought me into your research team at the beginning of my doctoral journey and it transformed my writing and research skills. I am grateful to you for challenging me to be my best academic self while also honoring my humanity.

Thank you to Dr. Rashne Jehangir and Dr. Robert Poch for serving on my committee. Your input and insight as I developed my study helped me understand how I could challenge social institutions and advocate for social justice through my research.

To my husband, Charlie, I do not think an acknowledgements section of a dissertation can accurately reflect how grateful I am to have you as a partner. Supporting me along this long academic adventure was not easy, but you walked alongside me every step of the way. Thank you.

To Ophelia. I hope that one day you chase your dreams. Your life can be what you want it to be. How lucky I am to have a daughter like you who understood when I needed to spend my time writing and not playing. I love you.

To my parents, how can I thank you enough for starting me along the path that led to this? You did so much more than help take care of Ophelia while I was in school. You gave me endless opportunities growing up and supported me every day.

To my fellow students who supported me through laughter and tears, what a ride. Thank you. An enormous thank you to Dr. Jenny Steiner. Our partnership has inspired me to cross the finish line and it was your support during the final year of my doctoral journey that helped make this a reality.

Finally, to Shahniah, who is a horse, so she cannot read this. Shahniah helped me find myself and find peace during the pandemic and beyond. I am so lucky to have such an incredible creature in my life.

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Dedication

For every person whose life has been touched by suicide.

“Le bonheur est salubre pour le corps,
mais c’est le chagrin qui développe les forces de l’esprit.”

-Marcel Proust

Abstract

Since the turn of the century, college student suicide has represented an important issue in higher education. While suicide rates have been slowly declining among the college student population, the prevalence of suicidal ideation has risen precipitously. This rise in the prevalence of suicidal ideation has accompanied an increase in the prevalence of mental health issues and diagnosed mental illness among college students. Students and their families often expect a high level of care from colleges and universities while also exercising their constitutionally protected rights. Institutions are left to design suicide prevention and intervention programs in a complicated environment. These suicide prevention and intervention programs adhere to a dominant paradigm about suicide, referred to as contemporary suicidology, in which suicide is considered a pathological and individual concern. Traditionally, suicide has been studied through this single, clinically focused lens.

In this study, Critical Discourse Analysis was employed as a methodology to examine the language that a university (Midwest U) and its students use to discuss suicide. The theoretical lens of critical suicidology, an emerging field of study, illuminated the dominance of contemporary suicidology in the institutional discourse about suicide. In university documents and practitioner interviews, suicide was constructed as a crisis or a secret, with the only appropriate response to a student with suicidal thoughts being referring them to a mental health professional or to call 911. This construction was problematized through the lens of critical suicidology. The goal of using critical suicidology was to show that contemporary suicidology's hegemony prevents a

construction of suicide as a multidimensional, paradoxical state with different meanings to different people. Analysis of students' own discourses about suicide illuminated how they both conform to and rebel against the dominant construction of suicide by constructing suicide as a public trouble.

Findings in this study demonstrated how the dominant suicide paradigm pervades campus suicide discourses and its effect on suicide prevention and intervention. Implications for suicide prevention through a critical lens are discussed, with an emphasis on liberating campus suicide prevention by refocusing on social justice.

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Chapter 1: College Student Suicide

One in four college students today have had suicidal thoughts or can be considered at risk for suicide (American College Health Association, 2020; Mortier, Cuijpers, et al., 2017). This high prevalence of suicidal ideation and behaviors among college students represents one of the most pressing concerns in higher education today. Consequently, colleges and universities, pressured to respond to the needs of students, continue implementing various suicide prevention and intervention strategies (Wolitzky-Taylor et al., 2019). Paradoxically, the same data that demonstrate the scope of the problem simultaneously mask the complex contours of the issue of suicide in higher education. In this study, I will demonstrate that the prevailing model of campus suicide prevention prioritizes pathology and individual risk at the expense of examining and ameliorating sociocultural issues that contribute to suicidality on campus. The goal of this study was to use Critical Discourse Analysis (CDA) to identify similarities and differences in how Midwest U and its students discuss and construct suicide.

The issue of college student suicide can be situated within the broader issue of campus mental health. The influx of college students experiencing complex mental health issues during the past two decades has strained campus mental health resources (Eisenberg et al., 2019; Francis & Horn, 2017; Kadison & Geronimo, 2005). High profile suicides on college campuses in the past two decades drew public scrutiny to institutions and their methods for responding to students in crisis (Fagan, 2015; Sontag, 2002). This complex problem was exacerbated during the SARS-Cov-2 (Covid-19) pandemic that

uspended higher education and caused significant disruption to students' lives and negatively impacted mental health (Hoyt et al., 2020). While the effects of the pandemic on the mental health of college students must be understood and addressed, the issue of college student suicide existed well before the virus changed the world.

An evolving legal environment, in which the responsibility of institutions to keep students safe, continues growing in magnitude and complexity. This leaves institutions with limited options to protect students and themselves (Gluckman, 2018; Krohn, 2019). Operating in crisis mode, institutions may fail to explore the needs of diverse student populations experiencing suicidal ideation. The focus on preventing death by suicide has, in some ways, drawn attention from preventing the development of suicidal ideation itself. Concerns about institutional risk may outweigh concerns about caring for students. As institutions grapple with the responsibility of caring for students with suicidal ideation, the policies and practices they adopt inevitably draw from society's preconceptions about suicide. In this study, I will demonstrate that the experiences of students with suicidal ideation are conceived of in a uniform manner, often without consideration for the sociocultural antecedents to students' suicidal thoughts.

Extant campus suicide prevention and intervention policies fail to holistically understand how students with suicidal thoughts experience an institutional intervention, or how the practitioners implementing policies frame their practice around their understandings of suicide (Wolitzky-Taylor et al., 2019). This dearth of scholarship results in a lack of knowledge about how the social institution of higher education

impacts the onset and persistence of suicidal ideation. Furthermore, because of this gap in the literature, scholars and practitioners do not understand how students with suicidal ideation navigate an institutional suicide intervention, or how the intervention affects their persistence to graduation. The effects of the societal discourse about suicide, which influences the creation and implementation of suicide prevention and intervention policies, remains largely unexamined.

In this dissertation, I challenge the discourse about suicide within higher education. Utilizing the framework of critical suicidology as my guiding theoretical foundation, I conducted CDA to unpack the multiple discourses about suicide present on a university campus. I recognize that suicidology traditionally occurs outside of the field of higher education scholarship and I argue throughout this manuscript why higher education scholars should engage with this topic. In this study, I analyzed university documents and practitioner interviews to identify the discourses influencing the practice of suicide prevention and intervention. I also conducted interviews with university students who had previously experienced suicidal thoughts to identify if and how students rebel against the university's discourse about suicide. Ultimately, the goal of this dissertation was to advocate for a more critical, liberatory approach to suicide prevention in higher education. The findings led to implications for policy, practice, and research that can advance the objective of suicide prevention as social justice.

Terminology

This dissertation focuses on the importance of language in the discussion of suicide. The words individuals use to discuss suicide carry historical meaning and context. Therefore, certain words are intentionally used, and other terms often associated with discussions of suicide are intentionally left out. A variety of stigmatizing words related to suicide frequently appear in scholarly literature and in modern discourse about suicide. For this reason, I intentionally choose not to use phrases such as commit suicide, threaten suicide, failed attempt, and completed suicide.

Mental Health. The World Health Organization (2018) defined mental health as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community” (para. 2). Critics of this definition assert that the centrality of wellbeing in this definition fails to take into consideration the challenging life situations facing people, in which a state of wellbeing may be unhealthy (Galderisi et al., 2015). Galderisi et al., (2015) posed a new definition of mental health.

Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one’s own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body

and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium. (p. 231)

In this study, I use the latter as the definition of mental health. When discussing mental health challenges or issues faced by students, the implication is that some aspect of students' internal equilibrium is disrupted. This does not indicate, however, that mental health challenges or issues necessarily mean that a student is experiencing a mental illness.

Mental Illness. The World Health Organization (2018) defined mental disorders, a term used interchangeably with mental illness in many contexts, as “characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others.” The National Alliance on Mental Illness (2019) defined mental illness as “a condition that affects a person’s thinking, feeling or mood.” These definitions lack specific clarity as to what constitutes a mental illness versus a mental health issue. I use the term mental illness when referring to a specific condition that has been diagnosed by a mental health professional or meets the criteria for diagnosis.

Suicide. Defining suicide poses several challenges. There are at least 15 definitions of suicide available in scientific literature on the topic (Silverman, 2006). To arrive on a single definition of suicide would require reducing suicide to its essential components (Silverman, 2016). For the purposes of this study, I chose the definition provided by the National Institute of Health, which defined suicide as the intentional act of ending one’s own life (Nock et al., 2008). I chose this definition because the essential

components, for the purposes of this dissertation, were captured. It is an intentional act, and the intent of the act is to end one's life.

Suicidal Ideation and Suicidal Thoughts. Suicidal ideation and suicidal thoughts are used interchangeably in this study. I do not differentiate between persistent, chronic suicidal thinking and fleeting, passing suicidal thoughts. Suicidal ideation, in this study, refers to thoughts of acting to end one's own life (Nock et al., 2008).

Suicidality. Suicidal, or suicidality, is a term used in this study primarily for grammatical simplicity. The state of being suicidal, or suicidality, is contested in the literature because there is no clearly agreed upon state of suicidality (Silverman, 2006). The term suicidality is frequently a "catch-all" term that represents a spectrum of "suicide-related cognitions, emotions, and behaviors" (Silverman, 2016, p. 19). I use the term suicidal to refer to the state of a person who is experiencing suicidal ideation. This term will not be used to refer to a person who has acted upon suicidal ideation in such a way that the desired outcome would be self-harm.

Suicidal Behavior. I define suicidal behavior as an action by an individual with suicidal ideation in which the intent is to cause self-harm. Suicide gesture is a term sometimes seen in the literature to refer to a "behavioral form of a suicide threat" (Silverman, 2016, p. 21). I chose not to use suicidal gesture, both because it is dismissive of the intent of the individual, and because it carries with it the stigmatizing word threat.

Suicide Attempt. A suicide attempt refers to engaging in self-injurious behavior with some intent to end one's own life (Nock et al., 2008). One can critique how to

measure some, and therefore question this definition. I chose this, however, because absent a detailed narrative account from the person who attempts suicide, it is impossible to impose a degree of intent. Therefore, I include any self-injurious behavior with intent to end one's life in my definition.

Hegemony. The concept of hegemony is integral to this study. Hegemony can be defined as “leadership as much as domination across the economic, political, cultural and ideological domains of a society. Hegemony is the power over society as a whole” (Fairclough, 1992, p. 7). Fairclough's (1992) definition of hegemony resonates with this study because the focus of this inquiry was the ideological and cultural domination of a particular suicide paradigm.

Overview of Mental Health Issues and Mental Illness Among College Students

Examining mental health challenges and mental illness among college students today illuminates, to some extent, the climate in which post-secondary institutions develop policies to respond to students' needs. Numerous studies demonstrate the increasing prevalence and severity of mental health challenges and mental illness among college students. National data gathered directly from students and from campus counseling centers demonstrate the breadth of the issue.

Compelling data concerning college student mental health comes from the ACHA's National College Health Assessment II (NCHA II), a semi-annual survey of

students conducted at institutions across the United States¹. The spring 2019 executive summary report represented 54,497 students at 98 institutions across the country. Public, private, two, and four-year colleges were included. The NCHA II instrument asked students to self-report issues related to their mental health and to self-report treatment or diagnoses for mental illness within the last 12 months. Because the NCHA II instrument remained the same from 2008-2019 it is possible to examine trends in student mental health and student mental illness over the past decade.

As shown in **Error! Reference source not found.**, the prevalence of each mental health issue has increased since 2008. In each of these categories, a higher percentage of females than males reported these experiences². The percentage of students who reported seriously considering suicide and attempting suicide within the past 12 months also increased since 2008. In each of those categories, the percentage of students with suicidal ideation or who attempted suicide doubled or almost doubled in the past ten years.

¹ The NCHA II survey was changed in the fall of 2019. The new iteration, the NCHA III, is a different instrument. According to the American College Health Association, it is not appropriate to compare trends between instruments. I therefore rely on the NCHA II instrument to provide a longitudinal comparison from 2008-2019.

² The NCHA II allows students to identify non-binary gender identifies, unfortunately, those data are not reflected in the executive summary report.

Table 1
Percentage of Students Self Reporting This Within the Past 12 Months

	Fall 2008			Spring 2019		
	Male	Female	Total	Male	Female	Total
Felt things were hopeless	39.1	50.4	47.0	48.9	60.3	57.5
Felt overwhelmed by all you had to do	77.4	91.9	87.4	78.9	91.8	88.0
Felt exhausted (not from physical activity)	72.3	86.2	81.9	75.9	88.7	85.0
Felt very lonely	51.8	63.3	59.7	59.4	70.1	67.4
Felt very sad	53.2	68.4	63.7	61.4	76.0	72.0
Felt so depressed it was difficult to function	25.5	32.8	30.6	37.4	48.7	46.2
Felt overwhelming anxiety	38.6	53.6	49.1	50.9	72.3	66.4
Felt overwhelming anger	35.9	39.8	38.6	38.7	46.7	44.8
Seriously considered suicide	6.1	6.4	6.4	12.6	14.1	14.4
Attempted suicide	1.2	1.2	1.3	2.0	2.1	2.3
Intentionally cut, burned, bruised, or otherwise injured yourself	4.4	5.9	5.5	6.2	9.9	9.5

Note. Adapted from “American College Health Assessment National College Health Assessment II: Reference executive summary fall 2008” by American College Health Association, 2008. https://www.acha.org/documents/ncha/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2008.pdf. Copyright 2008 the American College Health Association. Also adapted from “American College Health Assessment National College Health Assessment II: Undergraduate student reference group executive summary spring 2019” by American College Health Association, 2019. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20_GROUP_EXECUTIVE_SUMMARY.pdf Copyright 2019 the American College Health Association.

Another series of questions in the NCHA II asked students to self-report treatment or diagnosis for a mental illness by a professional (see **Error! Reference source not found.**). Particularly germane to this study are the questions concerning depression and anxiety, both well-established risk factors for suicidal ideation (Berman, 2020; Eisenberg et al., 2007; Franklin et al., 2017). Once again, students in 2019 reported higher

incidences of a diagnoses than in previous years, and again, female students reported higher incidences than their male peers (ACHA, 2019).

Table 2

Percentage of Students Diagnosed or Treated by a Professional for the Following Within the Past 12 Months

	Fall 2008			Spring 2019		
	Male	Female	Total	Male	Female	Total
Anxiety	6.1	12.2	10.4	12.6	27.9	24.0
Depression	6.3	11.9	10.2	11.6	22.4	20.0
Students reporting both Depression and Anxiety	3.6	7.5	6.3	8.5	19.0	16.6

Note: Adapted from “American College Health Assessment National College Health Assessment II: Reference executive summary fall 2008” by American College Health Association, 2008. https://www.acha.org/documents/ncha/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2008.pdf. Copyright 2008 the American College Health Association. Also adapted from “American College Health Assessment National College Health Assessment II: Undergraduate student reference group executive summary spring 2019” by American College Health Association, 2019. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20GROUP_EXECUTIVE_SUMMARY.pdf Copyright 2019 the American College Health Association.

The increase in mental illness diagnoses among college students indicate an urgent need to understand the experiences of these students, and to understand how they are affected by the policies institutions implement to respond to their needs. Data from the Center for Collegiate Mental Health align with NCHA II data, emphasizing the influx of students presenting with pressing mental health needs. This survey gathered data from college counseling centers; therefore, the sample represents only students who used counseling services, and is not indicative of the general college student population. In the 2019-2020 academic year, 22.2% of students presenting at counseling centers reported seriously considering suicide within the past year (Center for Collegiate Mental Health,

2020). The lifetime prevalence of threat to self-characteristics, which includes non-suicidal self-injury, suicidal ideation, and suicide attempts, increased for the seventh consecutive year. Anxiety and depression were the most common presenting concerns and were the only two concerns with a clear growth trend year over year (Center for Collegiate Mental Health, 2020).

Notably, during the same period that saw a rise in the prevalence of suicidal ideation and mental health concerns among college students, the rate of student deaths by suicide dropped. According to a report prepared for the National Academies of Sciences, Engineering, and Medicine, which analyzed data about student suicide at the Big Ten college campuses, the suicide rate from 2009-2018 was 5.60 per 100,000 students (Mendizábal Martell & King, 2020). From 1980-1990, the student suicide rate was 7.5 per 100,000 students (Silverman et al., 1997). The rate of 5.6/100,000 is lower than the national average suicide rate, which is approximately 14.2/100,000 (Hedegaard et al., 2021). Mendizábal Martell and King (2020) asserted that the 25.3% decrease in the rate of suicide at the Big Ten campuses demonstrates the effectiveness of suicide prevention efforts at these universities. While it may be true that suicide prevention efforts have been effective in reducing deaths by suicide, suicidal ideation continues to increase among the student population. This phenomenon should be explored.

Causes of Mental Health Issues and Mental Illness

Exact causes for the increase in prevalence and severity of mental health challenges and mental illness among college students remain unknown. According to

Oswalt et al. (2020), few studies have examined reasons for the concerning trends in student mental health. Campus counseling center directors have suggested various potential causes, but these suggestions are not empirical. They include “anxious, overinvolved parents; students’ dependence on technology and students increased academic pressures. Efforts to increase awareness of and decrease stigma around [mental health issues] on college campuses could also be a factor” (Oswalt et al., 2020, p. 42). Exact causes may never be known due to the complexity of the issue and heterogeneity of the college student population.

The National Academies of Sciences, Engineering, and Medicine (2021) recently contemplated the potential causes for the perception of a mental health crisis in higher education and the increase in mental health service utilization among students (Duffy et al., 2019). The reasons echoed the same reasons that Gallagher (2012) explored nearly a decade ago, including well-funded efforts to reduce mental health stigma and more accessibility of services.

The rise of digital media among the general population, particularly in adolescents, has been linked to increases in depression and suicidal outcomes. A study of adolescents’ use of electronic devices, including for internet and social media, found a significant connection between screen usage, depression, and suicidal outcomes (Twenge et al., 2018). In Twenge et al.’s (2018) study, all activities involving screens were associated with higher depressive symptoms or suicidal outcomes, and all activities that did not involve screens were associated with lower depressive symptoms and suicidal

outcomes. Another study demonstrated that the degree of mobile phone addiction was positively associated with depression among college students (Lauckner et al., 2020). More research is needed to understand the relationships between electronic device usage and mental health among college students.

Stigma reduction continues to be explored as another possible reason for the increase in students disclosing suicidal thoughts. Across the country, campuses implement suicide prevention efforts that involve suicide awareness and stigma reduction. Exposure to suicide prevention messaging leads to lower levels of perceived stigma for seeking treatment related to suicidal thoughts and behaviors (Vandeusen, et al., 2015). One plausible explanation, therefore, for the rise in students presenting at counseling centers with mental health issues is that they feel more comfortable doing so than previous generations.

The exact cause of the increases in the prevalence and severity of mental health issues and mental illness, including suicidal ideation, may never be clearly identified. A variety of complex, interrelated variables may contribute to the challenging experiences of students in higher education. More research is necessary to understand the causes of this phenomenon, particularly among diverse student populations. If researchers and practitioners do not know the genesis of the mental health challenges students face, including suicidal thoughts, how can they ensure policies put in place to assist these students are effective? This presents an urgent challenge for colleges and universities

today. Interdisciplinary scholarship, inclusive of experts on the college student experience, must explore the antecedents to the mental health challenges students face.

College Student Suicide Risk and Prevention

When examining the extant literature concerning post-secondary suicide intervention policies, two bodies of knowledge emerge. The first represents risk and protective factor analyses of suicidal thoughts and behavior among college students. The second represents studies of suicide prevention and intervention policies in place at campuses across the United States and Canada. A holistic examination of the issue of college student suicide requires examining what is known about college student suicide and the variety of ways in which institutions respond to students with suicidal ideation or those considered at risk of suicide. In this section, I will demonstrate, through a critical analysis, that both independently and collectively, these two bodies of knowledge fail to inform institutional policies that address the sociocultural and institutional antecedents to suicidal ideation that may exist on a college campus.

College Student Suicide Risk and Protective Factors

This section examines what is known about college student suicide through the traditional methods of studying suicide. These data primarily appear in clinical literature and are frequently cited within higher education literature. They consist primarily of quantitative analyses. I offer brief critiques of these studies here. In the next chapter, I will discuss the assumptions that ground these studies and provide a more in-depth

explanation for such critique. I do not dismiss these data, however, as these large-scale studies offer insight into the populations of students who might be at risk of suicide.

Pathology. As noted in the first chapter, depression and anxiety are well established risk factors for suicide, including among college student populations (Berman, 2020; Chaudary, 2020). As such, they frequently appear as variables in studies of college student suicide. In a single-site survey using a clinically validated diagnostic instrument, 20% of students who screened positive for major depression also experienced suicidal ideation within the past four weeks (Eisenberg et al., 2007). Among all students who reported suicidal ideation within the past four weeks, 20.6% screened positive for generalized anxiety disorder and 66.9% screened positive for major or other depression. Given the high prevalence of students who report overwhelming anxiety on campus (66.4%) and depression so severe it is difficult to function (46.2%) (American College Health Association, 2019), these data evidence a dire need to mitigate students' feelings of anxiety and depression.

In addition to depression and anxiety, a litany of other known risk factors exist among college students:

mental illness, alcohol and other substance abuse, hopelessness, impulsiveness and/or aggressiveness, history of trauma or abuse, previous suicide attempt, a family history of suicide, some major physical illnesses, barriers to effective care, lack of social support, stigma associated with help seeking, access to lethal means, and media that glamorizes suicide. (Taub & Thompson, 2013, p. 7)

Unfortunately, as Hjelmeland (2016) articulated, risk factor analyses that demonstrate relationships between the factors listed above and suicidal ideation do not illuminate the meaning of these variables, or why some individuals with these variables develop suicidal ideation while others do not. Nor do analyses that focus on pathological explanations for suicidal ideation allow researchers or practitioners to understand how the context of an individual's environment interacts with their mental illness and contributes to suicidal ideation.

Demographics. Despite Franklin et al.'s (2017) findings demonstrating that demographics, while a potential risk factor, are not predictive of suicidal thoughts and behaviors, studies examining the relationship between various identities and suicidal ideation provide meaningful knowledge about populations that should be targeted through suicide prevention programs. Lesbian, gay, bisexual, trans*, and queer (LGBTQ) students are at higher risk for suicidal ideation than their cisgender, heterosexual peers. Mortier et al. (2018) found that nonheterosexual³ orientation was the strongest correlate to lifetime suicidal thoughts and behaviors among an international sample of college students. In a study exploring depression and suicide among LGBTQ college students, 10% of trans* (i.e., transgender, genderqueer, gender nonconforming, and two-spirit individuals [Tompkins, 2014]) students reported having attempted suicide, while five percent of cisgender LGBQ students reported an attempt (Woodford et al., 2018). A study

³ Nonheterosexual orientation was the term used in Mortier et al. (2018).

of first-onset suicidal ideation in college also found that nonheterosexual orientation was one of the strongest predictors of first-onset suicidal ideation in college, again in an international sample (Mortier, Demyttenaera, et al., 2017).

Ethnicity, as discussed in chapter one, serves as another correlate of suicidal ideation among college students. In an article exploring disparities in mental health among BIPOC (Black, Indigenous, People of Color) students, using data from an annual, national survey of college students, 10.8% of multiracial students reported considering suicide within the past year (Lipson et al., 2018). This compares to 7.7% of White students who reported considering suicide within the past year in the same survey. Both statistics are concerning, but the difference between multiracial students and their White peers demands attention. In a survey of 118 ethnically and racially diverse college students with previous suicide attempts, 43% reported current suicidal ideation (Chesin & Jeglic, 2016). Interestingly, while the authors attempted to identify factors unique to the minoritized student experience—i.e., acculturative stress, lack of ethnic identification, and discrimination—that contributed to current suicidal ideation, their data did not reveal any significant variables.

Chesin and Jeglic (2016) highlighted the lack of studies exploring suicidal thoughts and behaviors among racially and ethnically diverse college students. Further inquiry is needed to understand factors contributing to higher incidences of suicidal ideation among BIPOC students. Again, given the complexity of this phenomenon, qualitative inquiry offers the potential to understand the lived experiences of BIPOC

students and situate their experience of suicidal ideation in the context of their environment.

Marginalized populations, such as those with non-dominant gender identities, sexualities, and races/ethnicities must navigate higher education institutions that were created to perpetuate the privilege of White male students. Researchers should, therefore, look critically at the disparities of suicidal ideation among such marginalized groups. To what extent is their experience on a campus related to their risk for experiencing suicidal ideation? How are societal inequalities reproduced on campuses in a way that contributes to suicidal ideation?

Stigma. Another risk factor associated with suicide is the stigma of suicide. Carpiniello and Pinna (2017) thoughtfully engaged with the reciprocal nature of the relationship between suicide and stigma. They found that negative attitudes toward people with mental illness have declined in recent years, but there has been “no similar reduction of the stigma associated with suicide and suicide-survivorship” (p. 2). Furthermore, they found that negative attitudes toward individuals who die by suicide still commonly exist. Some of the stereotypes and prejudices toward individuals who have attempted suicide, as reported by Carpiniello and Pinna, included the view that they are “attention-seeking, selfish, incompetent, emotionally weak, and immoral” (p. 3). The consequences of societal and individual stigma toward suicide, including self-stigma, include multifaceted forms of discrimination (Carpiniello & Pinna, 2017).

Perhaps most concerningly, in Carpiniello and Pinna's (2017) review, they found that stigma is itself a risk factor for suicide. That is, for individuals who experience suicidal ideation or mental illness, or both, the stigma they associate with their own thoughts of suicide may lead them to consider suicide "as a means of escaping from the stigma itself" (p. 4). Another consequence of stigma is the reduction of help-seeking behavior among those experiencing suicidal thoughts (Carpiniello & Pinna, 2017). Clearly, the role of stigma in suicide and suicide prevention can hardly be overstated. Among the college population, this remains true.

In an article examining data from the Healthy Minds Study, the perception of public stigma toward suicide was found to be significantly positively related with students having experienced suicide ideation, planning, and attempt (Goodwill & Zhou, 2019). The racial differences seen in the prevalence of suicidal ideation are paralleled in the perception of public stigma. In Goodwill and Zhou's (2019) study, Black students endorsed the highest level of perceived public stigma about suicide. The relationship between stigma and suicide were also evident in this study: "perceived public stigma was associated with greater odds of suicide planning" (Goodwill & Zhou, 2019, p. 11). The stigma of suicide evidently impacts those experiencing suicidal thoughts and those who might be able to assist them. The relationship between suicidality and stigma must therefore be considered when discussing suicide prevention on college campuses.

Protective Factors. Still more studies have demonstrated the protective role of certain traits and behaviors against suicidal ideation among college students. These

include health attitudes, wellness behaviors, self-compassion, and help-seeking (Ashrafioun et al., 2016; Downs & Eisenberg, 2012; Kelliher Rabon et al., 2017). Somewhat unsurprisingly, more positive health attitudes and higher levels of wellness behaviors and self-compassion are correlated with lower levels of suicidal ideation among college students. In these studies, this was true even when controlling for students with depression (Ashrafioun et al., 2016; Kelliher Rabon et al., 2017.). Downs and Eisenberg (2012) found that approximately half of students who disclosed suicidal ideation in the past year sought mental health services; direct encouragement from others was an important reason for seeking help among two thirds of those students. These data may influence suicide prevention strategies that include increasing health attitudes, wellness behaviors, and self-compassion. Once again, however, as quantitative studies, they do not offer a rich understanding of how these traits mitigate suicidal ideation or the risk of suicidal ideation among college students.

Interpersonal Relationships. Increasingly, researchers have begun to examine the role of interpersonal relationships on suicidal ideation among college students. This represents progress toward situating the suicidal individual within their context and lived experience. These studies continue to frame suicide as a pathological concern while also considering the role of interpersonal relationships on individuals with a mental illness.

While critical suicidologists malign contemporary suicidology as an atheoretical body of research (Hjelmeland, 2016), theories of suicide are emerging. Although, none have been validated to the extent that they are considered the dominant theory within the

field (Franklin et al., 2017). Yet one theory, which has been tested among college students, has become increasingly prominent. The Interpersonal-Psychological Theory (IPT) of suicidal behavior contends that a person will die by suicide if they have two interpersonal states: thwarted sense of belongingness and perceived burdensomeness, and these states cooccur with the capability to die by suicide (Joiner, 2007). In IPT, thwarted belongingness is defined as “feelings of social isolation, alienation, disconnection from valued social networks, and perceived absence of reciprocally caring relationships” (Hagan et al., 2016, p. 208). I discuss this theory because sense of belonging, one of the interpersonal states pivotal to the theory, appears within higher education literature.

Baumeister and Leary (1995) and Strayhorn (2019) framed sense of belonging as a fundamental human motivation. Strayhorn defined sense of belonging among college students as “students’ perceived social support on campus, a feeling of connectedness, or that one is important to others” (p. 27). Belongingness is an area of student development that is, according to Strayhorn, one of the primary factors of college student success, which must be addressed before any other learning goal may be achieved.

Studies testing the IPT among college students suggest that low levels of belongingness among peers relate to suicidal ideation (Ploskonka & Servaty-Seib, 2015; Van Orden et al., 2008). Several studies indicate significant correlation between suicidal ideation and thwarted belongingness from students’ families (Ploskonska & Servaty-Seib, 2015; Wong, Brownson, & Schwing, 2011; Wong, Koo, Tran et al., 2011). Additional

research is needed to understand the role of thwarted belongingness from families on suicidal ideation among diverse student populations.

Other studies exploring the role of interpersonal relationships on suicidal ideation that did not explicitly test the IPT demonstrate that close, positive relationships with parents and family, maintained in college while students form close friendships with their college peers, are protective against suicidal ideation (Chang et al., 2017; Hirsch & Barton, 2011; Hope & Smith-Adcock, 2015). Hope and Smith-Adcock (2015) suggested that college students transfer some of their dependence and social support from their parents to their friends, and the quality of both types of relationships affects the risk for suicidal thoughts. Downs and Eisenberg (2012) found that students who reported suicidal ideation also reported fewer numbers of warm, trusting relationships than their peers who did not report suicidal ideation.

These studies provide valuable information about the effects of interpersonal relationships with friends and family on suicidal ideation among college students. Notwithstanding the important movement of suicidology beyond the individual and to the interpersonal, and indeed, the important inclusion of a theoretical framework in the study of suicide, these studies still failed to examine how institutions of higher education affect students with suicidal ideation. This represents a noteworthy gap in the literature. Scholars must look beyond the individual and the interpersonal to the sociocultural and the institutional. As Hjelemeland (2016) noted, even quantitative studies grounded in

theory cannot explain the role of a person's sociocultural environment on their suicidal ideation. Culture, Hjelmeland asserted, is not a variable.

The following section discusses the context in which institutions of higher education attempt to prevent and respond to students who experience suicidal thoughts or engage in suicidal behaviors. The role of institutional risk appears prominently here, and I distinguish between the two types of risk discussed in this dissertation. The first is the individual risk students may face, such as students with certain identities and experiences discussed above. The second is the institutional risk I will discuss that relates to the potential for colleges and universities to be held legally liable for harm that may come to students.

Context for Campus Suicide Prevention and Intervention

Postsecondary institutions are increasingly responsive to the growing needs of students with mental health challenges, including students with suicidal ideation. Scholars argue that institutions have a moral and ethical obligation to help students in crisis and note that student mental health affects all aspects of campus life (Keeling, 2014; Schwitzer & Vaughn, 2017). Moreover, the responsibility of postsecondary institutions to protect students, including students who may be a threat to themselves, is evolving, with one court recently establishing that colleges have a duty to protect students (Bauer-Wolf, 2018). The historical context situating this perceived duty of care is quite complex and involves the evolution of the student-university relationship, federal

disability law, and case precedent. I will briefly discuss this historical context to describe what informs institutional suicide prevention and intervention strategies.

In Loco Parentis

Understanding the impetus for colleges and universities to become involved with students experiencing suicidal thoughts requires examining the nuanced relationship between students and schools. This relationship, once clearly defined through legal precedent, has continued evolving throughout the 20th and 21st centuries.

The first model for the student-university relationship in the United States was in loco parentis (Henning, 2007; Lee, 2011; White, 2007). In Latin, in loco parentis means “in the place of a parent” (Miller, 2016, p. 2). In this relationship, higher education institutions leveraged significant control over the lives of students. Students’ Constitutional rights were essentially suspended on campus in exchange for the care of the institution, which acted as a parent (Henning, 2007; Lee, 2011). In loco parentis endured as the legal framework for the university-student relationship from the mid-1800s until the 1960s (Henning, 2007; Lee, 2011). White (2007) described the powers of institutions over students during the in loco parentis era as “absolute authoritarian control” (p. 325).

Between the 1960s and present, the responsibility of institutions to care for students evolved, while students exercised Constitutionally protected rights or asked for additional protection (Lake, 2011). In the early 21st century, students and their parents began expecting colleges and universities to provide care and assume responsibility for

student safety (Couture et al., 2017). This expectation continues to this day. While the legal standard of in loco parentis has not been reinstated, students and their families expect institutions of higher education to function largely as parents do and then some. By and then some, I refer to the expectations for the plethora of additional services campuses now offer in addition to academics. Carlisle (2017) referred to the new relationship as in loco parentis plus.

Federal Disability Law

Anti-discrimination laws at the federal level intersect with students' expectations of institutional care. In particular, two federal laws apply to students with diagnosed mental illnesses, who are often considered at risk for suicide. These two laws, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act (ADA) are enforced by the Office for Civil Rights (OCR) within the Department of Education.

Together, these two laws prohibit discrimination based upon disability unless the individual poses a direct threat (Miller, 2016). The definitions of disability in Title II and Section 504 include persons with mental illnesses (Americans with Disabilities Act Title II Regulations, 2016; US Department of Justice, 2009). A direct threat is considered someone who poses a risk to others, but the law does not mention threats to self. As institutions to which these laws apply, institutions of higher education cannot exclude students from campus because they may pose a threat to themselves (Miller, 2016). In other words, campuses cannot exclude students because they have mental illness and/or suicidal ideation.

Case Precedent

Two court cases have had sweeping, and conflicting, effects on institutions' perceptions of their responsibilities toward students who are at risk of suicide. The first, *Jain v. State of Iowa* (2000) established that institutions are not responsible for preventing suicide. The second, *Shin v. Massachusetts Institute of Technology* (2005) appeared to reverse this precedent, although the parties ultimately settled out of court. Neither case was tried at the federal level. In the first case, the court ruled that the university did not have a duty to notify a suicidal student's parents (Lapp, 2010). In the latter, the court ruled that the institution did owe a duty of care to the student due to staff's awareness of her suicidal behavior (Lapp, 2010). Recent cases involving student suicide deaths and institutions of higher education have left administrators fearful that their institution will be found liable for a student's suicide (Krohn, 2019). As a result, administrators and staff may view suicidal students as "contagions" that must be removed from campus, rather than a unique individual in distress and in need of care (Krohn, 2019, p. 149).

In the next section I demonstrate what is known about college students' interactions with institutions of higher education as they experience suicidal ideation. As I will show, scholars primarily study their interactions by measuring the effects of prevention and intervention programs on campus suicide rates. Student voices, and a critical examination of the policies and programs, remain absent.

Institutional Suicide Prevention and Intervention Programs

This section examines the spectrum of policies, at institutions across the United States and Canada, for responding to students evidencing varying degrees of suicide risk, including suicidal ideation. While these policies may be well-intentioned, it is imperative that prevention programs draw on data that explores suicide from multiple perspectives. Unfortunately, as this section demonstrates, most of the suicide prevention and intervention policies target suicidal ideation as an issue of individual pathology. Accordingly, these programs strive to engage students deemed at risk in mental health treatment. While counseling is protective for students at risk of suicide (Gallagher, 2014; Schwartz, 2006), the emphasis on mental health treatment as the solution for suicidal ideation precludes the adoption of suicide prevention as a campus concern, even in prevention frameworks claiming to be holistic.

Campus-wide Prevention

Suicide prevention and intervention efforts lie along a spectrum (Drum & Denmark, 2012). The first zone of the spectrum is socioecological (Cramer et al., 2020; Drum & Denmark, 2012). In this zone, the prevention focuses on improving ecological public health variables. Jodoin and Robinson (2013) noted that an ecological approach to suicide prevention, which focuses on a community rather than an individual, represents a departure from the medical model for suicide prevention.

Jodoin and Robinson (2013) suggested the comprehensive suicide prevention model advanced by the Jed Foundation, a suicide prevention organization. The Jed

Foundation framework encompasses eight separate domains for a campus-wide prevention approach that encompasses prevention to crisis intervention. The domains are:

- Promote social connectedness.
- Identify students at risk.
- Increase help-seeking behavior.
- Provide mental health and substance abuse services.
- Follow crisis management procedures.
- Restrict access to potentially lethal means.
- Develop life skills. (Schwartz, 2021, p. 137)

The medical model of suicide remains evident in this framework. There is some emphasis on interpersonal relationships, then the strategy moves toward more individualized and pathological considerations of suicide, and finally to crisis management, which involves clinicians. This prevention model does not address the inequalities and issues of social justice on campuses that may affect students from marginalized populations, who experience suicidal ideation more frequently than students from nonmarginalized populations. In 2017, The JED Foundation strengthened its approach to promoting student mental health and preventing suicide by developing the Equity in Mental Health Framework in partnership with The Steve Fund, which focuses on promoting mental health for students of color (JED Foundation, 2017). The Framework recognized the disparate levels of risk of suicide between BIPOC students

and their White peers and promoted a variety of approaches to address this issue (The Steve Fund & JED Foundation, 2017).

Gatekeeper Trainings

Gatekeeper trainings fall next in the continuum of campus suicide prevention strategies, as proactive prevention at the population level (Drum & Denmark, 2012). Gatekeeper trainings teach individuals who may encounter at-risk students to recognize warning signs for suicide, ask questions of the individual of concern, and refer appropriately (Wallack et al., 2013). Gatekeeper trainings have been shown to improve crisis intervention skills among participants (Cimini et al., 2014; Indelicato et al., 2011; Morris et al., 2015; Ross et al., 2021). Unfortunately, a lack of evidence exists demonstrating the effectiveness of gatekeeper training programs at preventing suicide, particularly on college campuses (Holmes et al., 2021; Washburn & Mandrusiak, 2010; Zalsman et al., 2016). Nonetheless, at campuses across the country, gatekeeper trainings grow in popularity.

A recent study of a gatekeeper training program tested for changes to participants' stigmatizing beliefs about suicide before and after the training (Ross et al., 2021). Stigmatizing beliefs about suicide changed significantly following the gatekeeper training—that is, participants held fewer stigmatizing beliefs about suicide following the gatekeeper training.

More research examining the effects of gatekeeper trainings is needed to fully understand their impacts on participants. An even greater need in evaluating such

programs, beyond assessing their skill-building outcomes among participants, involves understanding the outcomes for students who may be identified as at risk of suicide by a participant. Another limitation of such studies is that gatekeeper trainings capitalize on the social nature of a college campus, but studies of them do not endeavor to understand how the students' relationships affect suicidal ideation or the willingness to engage in mental health treatment as the result of an intervention.

Additionally, despite reliance upon social networks, there does not appear to be theoretical grounding for gatekeeper trainings. In the literature, gatekeeper trainings are not explicitly connected to the IPT of suicide; I identified a single social-ecological model of suicide prevention that relates the IPT to gatekeeper trainings because both address suicide at the relational level (Cramer & Kapusta, 2017). Perhaps with richer understanding of how sense of belonging affects suicidal ideation among diverse college students, gatekeeper trainings may improve.

One final limitation of gatekeeper trainings must be discussed before moving on. As Shannonhouse et al. (2017) stated, gatekeeper trainings represent a very linear process, in which the trainee identifies and refers the individual of concern to mental health care. In the university setting, this has contributed to the overwhelming numbers at counseling centers. Instead of empowering participants to provide mental health first aid to students in crisis, gatekeeper training programs continue to silo the power to help someone at risk of suicide with a mental health clinician. This perpetuates the problematic status quo concerning suicide, that only a mental health professional may

help a person experiencing suicidal ideation. When everyone with suicidal ideation is referred to a mental health professional, the message remains that only a clinician can ameliorate suicidal despair, and the burden of institutions to critically examine their role in suicidal ideation is diminished.

Early Intervention for “At-risk” Students

Early intervention—identification of students at elevated risk for suicide and delivery of a targeted intervention to mitigate the risk—occupies the next phase of the continuum of campus suicide prevention (Drum & Denmark, 2012). A variety of early intervention strategies exist and their effectiveness at engaging at risk students with mental health treatment has been evaluated. Overall, early intervention strategies have shown varied success in engaging students with mental health treatment (Haas et al., 2008; Rivero et al., 2014), which is often the goal of early intervention programs. The Rivero et al. (2014) study also found that the early intervention program under examination was effective in reducing campus suicide rates.

But it is also important to measure outcomes beyond treatment engagement and suicide rates. To be sure, treatment engagement is an important outcome; over 80% of students who die by suicide never sought mental health treatment on campus and college counseling centers are protective against suicide (Gallagher, 2014; Schwartz, 2006). I argue that suicide prevention and intervention programs must address and be evaluated for a variety of outcomes, including suicide rates, suicidal ideation, treatment

engagement, effect on GPA, retention, and other concerns of campus practitioners and researchers.

Crisis Intervention and Treatment

The next phase on the continuum of suicide interventions is treatment and crisis intervention (Drum & Denmark, 2012). The University of Illinois Urbana-Champaign suicide intervention strategy is a well-known example that encapsulates the crisis intervention phase. Since the policy's inception several decades ago, the suicide rate at the university has declined precipitously (Francis & Horn, 2017; Joffe, 2008; Pavela, 2006). The university's Suicide Prevention Team receives reports of students who have "threatened or attempted suicide" from community members (Suicide Intervention Policy, 2015, para. 2). Identified students are required to attend four assessment sessions with a licensed mental health professional and sign a release so the clinician may share information with the Suicide Prevention Team. Failure to comply with the sessions may result in disciplinary action for the identified student. The premise of the program is that prior suicidal intent is one of the highest risk factors for suicide and that mental health treatment is a protective factor (Joffe, 2008).

A similar model at another school involves reports about students who disclose suicidal ideation, make "overt suicide threats," attempt suicide, or engage in self harm (Kirchner et al., 2017, p. 194). A team consults on each report and determines whether the student's behavior meets a certain level of risk. If it does, the student is required to attend a mandated psychological assessment. All students, whether they are determined

to meet the level of risk for psychological assessment or not, must meet with a team member. The researchers conducting this study recognized that, given the small campus enrollment, the lack of a student death by suicide on campus was an inaccurate measure of the success of the program. Interviews with 37 students who underwent an intervention found that 81% of students considered the assessment helpful, while only 51% indicated that the assessment had an impact on their suicide risk.

While Kirchner et al. (2017) examined a variety of variables that may have contributed to whether the assessment affected the risk of suicide for participants, they did not examine the role of race, ethnicity, gender identity, sexuality, or any other intersections of student identity that may have played a role. The study focused on students' prior suicidal ideation and whether they had previously engaged in treatment. Additionally, most participants in this study were White women. White women are the most likely to engage in mental health treatment (Han et al., 2016). Given the known disparities in the prevalence of suicidal ideation among BIPOC students and LGBTQ students, it is critical to examine how students from those populations experience these interventions. This model also clearly advances an individual and pathological paradigm about suicide. The intervention targets the student and centers mental health treatment. There lacks any consideration of the context in which the student's suicidal ideation developed.

While scholarly research exploring the experiences of college students with suicidal ideation who undergo some type of institutional intervention remains limited,

examples exist within the media. The Chronicle published a story about changes to Stanford University's involuntary leave policy, following a lawsuit from students who were required to leave the university for one year following experiences with suicidal ideation (Kafka, 2019). The stories of the students in the article are troubling. Students were told by deans that their behaviors negatively impacted their peers or staff members, and they therefore needed to take a one-year leave. One female student, who cried at the news, was accused of being hysterical and attempting to manipulate the dean. One hopes that these experiences do not represent the norm. But they do highlight the reality that many students who experience suicidal ideation interact with non-clinicians in the aftermath of an intervention. Without critically examining the assumptions about suicide that may pervade clinicians and non-clinicians alike, one cannot understand how these assumptions reveal themselves in interactions with students.

Suicidal Ideation and Higher Education Research⁴

Higher education scholars should consider that it is no longer acceptable to consider academic learning and mental health as “unrelated and separate spheres” (Washburn & Mandrusiak, 2010, p. 106). Colleges continue to affirm that suicide prevention is everyone's business through implementation of campus-wide suicide

⁴ Portions of this section appeared previously in the *Journal of Critical Scholarship in Higher Education and Student Affairs*. See the acknowledgements page for additional details about the original manuscript.

prevention and intervention strategies. Many of the student learning and development outcomes higher education scholars study may affect and be affected by suicidal thoughts. Higher education scholars seek to explain the “vast constellation of issues that broadly affect American higher education” including, “multifaceted and complicated issues that determine access to, enrollment in, and graduation from our many institutions” (Martínez-Alemán et al., 2015, p. 2). The mental health challenges experienced by today’s college students represent a growing cluster of this constellation of issues; students who experience suicidal ideation now represent over one tenth of the population of enrolled students (American College Health Association, 2019).

As colleges increasingly enroll students with varied socioeconomic, racial, and ethnic backgrounds, the urgency to address the inequities increases (National Center for Education Statistics, 2015). Students hold various intersecting identities that increasingly do not conform to traditional, historical notions of who attends college (Shadick & Akhter, 2013; Thelin, 2011). Where colleges and universities in the United States once served White male students almost exclusively, females now constitute the majority of the student population across all races and ethnicities (Musu-Gillette et al., 2017; Thelin, 2011). Scholars should look to previously unexplored areas of the student experience to understand disparate outcomes among diverse student populations. This must now include mental health and suicidal ideation. Higher education scholars are well positioned to engage in this complex, interdisciplinary scholarship.

The issues of mental health, mental illness, and suicidal ideation have traditionally been studied from a clinical perspective, and, while this approach may appear to be well-suited to the task, the need for social scientists to engage in this work is clear. Whitley (2014) argued that the current model of mental illness is “bio bio bio,” focusing on “genetic causation, brain disease, and pharmacological intervention” (p. 500). The supremacy of this model has pushed social science to the margins in the study of mental health and mental illness. This is evident in the types of data discussed in this chapter. One must rely on large-scale, quantitative, clinical data to discuss college student suicide while negotiating a dearth in qualitative scholarship on this topic.

Whitley asserted that social scientists may “illuminate the socio-cultural, clinical, and familial context of suffering and healing regarding emotional distress/mental illness and act as a catalyst for positive change regarding healing, services, and provisions for people with emotional distress/mental illness” (p. 501). Whitley’s argument focused on incorporating an anthropological perspective in the study of mental health. I argue that higher education scholars should consider how their in-depth knowledge of the constellation of issues affecting higher education may be applied to an effort to illuminate the context in which college students with suicidal ideation experience suffering. Thereafter, they can act as catalysts for positive change in how institutions respond to these students.

This study was designed as a first step in the important work of studying suicide within the field of higher education. In an effort to begin a critical exploration of suicide in higher education, I examined the following research questions in this study.

1. How does a university construct suicide?
2. What institutional mechanisms do students encounter that construct suicide? By institutional mechanisms, I mean university policies and practices.
3. How, if at all, do students rebel against the university's construction of suicide?

To fully understand the impetus for these questions and their implications on this research, it is necessary to engage with the critical theory that informs this approach. In the next chapter, I will discuss the critical theoretical frameworks, critical suicidology and CDA, that influenced the design of this study.

Chapter 2: Critical Suicidology and Critical Discourse Analysis⁵

The goal of critical theory is to “develop interdisciplinary research that is both empirical and historical as a means for solving ‘socio-philosophical problems’...that are the consequence of domination within and across human communities” (Horkheimer 1993, as cited in Martínez-Aléman, 2015, p. 7). Critical theory must identify and explain the inherent causes of social problems to allow for positive transformation (Martínez-Aléman, 2015). According to Martínez-Aléman, (2015) the application of critical theory to higher education policy research enables researcher and policymaker “to inform decisions about methodology and course of action with epistemological thoroughness” (p. 16). The interdisciplinary nature of critical theory allows researchers to approach exhaustive explorations of a range of higher education issues. In the context of this study, applying critical theory to the study of college student suicide provided a new lens through which to view the issue of college student suicide.

Martínez-Aléman (2015) asserted that applying critical theory to higher education requires incorporating the social sciences into an “interdisciplinary, communicative action” (p. 18). This allows for explanation and interpretation. It was in the pursuit of interdisciplinary, communicative action, that I utilized critical suicidology as the

⁵ Portions of this chapter appeared previously in the *Journal of Critical Scholarship in Higher Education and Student Affairs*. See the acknowledgements page for additional details about the original manuscript.

theoretical framework guiding this study. Suicidology traditionally occurs outside of higher education scholarship. In an effort to disrupt this, I integrated critical suicidology in the study of higher education.

Critical suicidology represents an emergent field of study predicated on a different ontological foundation for what suicide is and how it should be studied and prevented. Prior to exploring the goals of critical suicidology, it is necessary to define the field of study that critical suicidology critiques, contemporary suicidology, and highlight aspects of that field that merit critique.

Contemporary Suicidology

Contemporary suicidology refers to the dominant ontological, epistemological, and methodological approach to the study of suicide. Joiner (2011), the editor of the preeminent suicidology journal, summarized the approach to research in this field when he wrote that scholars should prioritize the “gold standard” (p. 471) in research methods—randomized controlled trials. According to Joiner, hypothesis testing with fair tests advances science, scholarship, and “human affairs more generally” better than “any known alternatives” (p. 471). Therefore, in Joiner’s view, the translation of complex phenomena into numbers from which to draw inferential statistics should be the preferred method for studying suicide. While Joiner failed to explicitly articulate a preferred ontology, these statements clearly align with post-positivism (Hjelmeland & Knizek, 2010; Kral & White, 2017).

In contemporary suicidology, the post-positivist paradigm manifests in the overrepresentation of quantitative data to explain suicide. In particular, the aggregation and synthetization of quantitative data is used to conduct statistical analysis on risk factors associated with suicide (Hjelmeland, 2016). Illustratively, in a two-year period, of the 110 articles published in *Suicide and Life-Threatening Behavior*, only two studies used qualitative data (Hjelmeland, 2016). Neither of these were qualitative studies; rather, both quantitatively analyzed qualitative data. Most of the studies in this two-year period were iterations of risk factor studies examining variables correlated to the likelihood a person will develop suicidal ideation, engage in suicidal behavior, attempt suicide, or die by suicide (Hjelmeland, 2016).

In addition, within the contemporary suicidology, scholars rarely articulate the ontological premise guiding their research. Instead, assumptions about suicide remain unstated and tacitly accepted. Marsh (2010) identified three implicit assumptions that form the foundation of contemporary suicidology: suicide is pathological; the study of suicide is science; and suicide is individual. The acceptance of these assumptions has resulted in the use of specific language to discuss suicide and in the dominance of certain fields in the study of suicide. This narrow interpretation of suicide limits the ability of researchers and practitioners to understand and prevent suicide, and to alleviate the suffering of individuals experiencing suicidal thoughts (Hjelmeland, 2016).

The first assumption is that suicidal behavior is pathological. Marsh (2016) asserted that contemporary suicidology is founded on the claim that people who kill

themselves or try to kill themselves have a mental illness. Studies into the prevalence of mental illness among those who have died by suicide claim that upwards of 90% or more of these persons had a mental illness (Hjelmeland & Knizek, 2017; Marsh, 2010, 2016). Marsh (2010) described contemporary suicidology as a “‘regime of truth’ formed around a compulsory ontology of pathology” (p. 4) which has led to the social construction of suicide as a symptom of mental illness. Therefore, the psy fields, such as psychology and psychiatry, claim ontological superiority over the act of suicide.

The second assumption of contemporary suicidology frames the study of suicide as science, as demonstrated by Joiner’s (2011) argument above (Fitzpatrick, 2015; Marsh, 2016; White, 2017). In this context, science is objective study using the tools of Western science (Marsh, 2010). By Western science I mean fully experimental designs, hypothesis testing with fair tests, multi-study papers, and longitudinal analyses (Joiner, 2011).

The third assumption of contemporary suicidology is that suicide is individual. This final assumption, according to Marsh (2010) underlies most research on suicide and informs the other two assumptions. According to Kral (1998), suicidality is entangled in an origin myth, in which the “ultimate origin of suicide, whatever the stressful precursors, lies within the person” (p. 229). Indeed, the very definition of suicide, including the one used in this study, implies that suicide is individual in nature. Scholars’ and practitioners’ acceptance of this assumption explains the tendency for suicidology to identify individual risk factors and for most suicide prevention programs to target individuals for change (White, 2017).

These three assumptions, pervasive throughout contemporary suicidology, appear throughout the study of college student suicide, as evidenced by the studies I discussed to examine the current state of college student suicide and prevention. To be clear, contemporary suicidology contributes valuable information about risk factors for suicidal ideation and suicide. I do not argue that contemporary suicidology is fundamentally wrong. Nor do I claim that there are no qualitative studies of suicide. Indeed, some scholars have utilized qualitative methods to study suicide, albeit infrequently (see e.g., Barnard et al., 2011; Chan et al., 2017; Chandler, 2019; Sather & Newman, 2016; Webb, 2010).

Still, despite the problematic nature of the hegemony of contemporary suicidology, this paradigm remains necessary. But this paradigm should not preclude other ways of learning about suicide among college students. At present, without acknowledging the ontology guiding suicide research in higher education, higher education scholars seem to accept the assumptions of contemporary suicidology. The literature about college student suicide prevention focuses on “categorization, regulation, and management of those identified as ‘at risk’” (Kouri & White, 2015, p. 188). Fortunately, an emerging critical paradigm, critical suicidology, holds the potential for reimagining the study of suicide, generally, and among college students, specifically.

Critical Suicidology

Critical suicidology problematizes the primacy of contemporary suicidology in the study of a phenomenon as complex as suicide. Drawing on Foucault’s construction of

critique, which reveals and challenges the familiar, unchallenged manners of thought, Marsh (2010) scrutinized the relationships among power, language, and discourse to deconstruct the concept of truth in the study of suicide and to examine how and why suicidology is ubiquitously positivistic and pathological in bent.

Marsh's (2010) examination of suicide used the writings of Foucault to map the relationships between "production, dissemination, and circulation of authoritative knowledge, particular relations of power-to-knowledge and knowledge-to-power, and certain 'truth effects'" (p. 3) in the ways that suicide and the suicidal person are conceptualized and treated. Marsh views suicide as a social construct. Scholars within critical suicidology critique the three assumptions of contemporary suicidology and conduct qualitative suicide research with the goal of illuminating both internal and external factors that contribute to suicidality (Marsh, 2010).

Readers with a background in sociology may recognize echoes of Emile Durkheim's *Le Suicide* (Durkheim, 1897/2006), in which the formative sociologist asserted that suicide was neither an individual nor a pathological concern, but rather a social one (Marsh, 2010). Marsh (2010) maintained that—despite Durkheim's contributions to the field of sociology—a sociological perspective into the causes of and solutions for suicide remains constrained. Truly investigating the sociological component of suicide would require scholars to accept the fluidity of social life and the unlikelihood of pinpointing specific mechanisms that cause suicide. To commence this complex

scholarly undertaking, critical suicidologists critique the pathological, individual model of suicide.

Suicide is Pathological

Building on Marsh's (2010) work tracing the origins of the construction of suicide, critical scholars problematize the notion that suicide is pathological. Marsh examined the historical foundation of this claim and considered how the supremacy of the biological model excludes social sciences from suicidology. The assumption that suicide is pathological dates to the nineteenth century, when, in 1821, Jean-Etienne Esquirol defined suicide as a disease, or the symptom of a disease (Marsh, 2010). Prior to this, suicide was considered a sin or a crime, therefore the act fell within the purviews of the church or the justice system. Esquirol claimed that "suicide was madness and madness was medical" (Marsh, 2010, p. 115). Positioning suicide as internal and pathological placed it within the realm of medicine; the field had established a truth claim about suicide. Throughout the rest of the nineteenth century, medical texts about suicide subtly evolved from considering suicide as a pathological anomaly that was the symptom of a disease, to an internal impulse, and finally, to be seen as a symptom of a constitutional weakness in the individual (Marsh, 2010). Gradually, psychiatrists began to assert authority over suicide and the twentieth century saw the emergence of psychoanalysis used to identify a problem in a suicidal person's psyche (Marsh, 2010).

Scholars in contemporary suicidology reinforce this pathological claim about suicide with the 90% statistic—90% of persons who die by suicide allegedly have a

mental illness (Cavanagh et al., 2003). In other words, these studies assume a causal relationship between suicide and mental illness, and the propagation of this statistic promotes the idea that only people with mental illness consider suicide (Hjelmeland & Knizek, 2017). Mental illness and suicide can be comorbid, but critical suicidologists caution against assuming the former always causes the latter (Hjelmeland & Knizek, 2017).

The 90% statistic is derived from psychological autopsies, in which the bereaved of a person who died by suicide are interviewed, and a psychiatric diagnosis is applied to the deceased post-mortem (Hjelmeland & Knizek, 2017). The post-mortem diagnosis requires the bereaved to answer questions about the decedent's thoughts, feelings, and motivations. In a clinical interview a patient may be able to answer these truthfully, but Hjelmeland and Knizek (2017) questioned the ability for another person to accurately answer questions such as "have you avoided doing things or being with people because you are afraid of being criticized or rejected?" (p. 482). The diagnosis by proxy poses several problems, but nonetheless, the literature overwhelmingly claims that suicide results from mental illness (Marsh, 2010). As a result, suicide prevention efforts focus almost exclusively on diagnosing and treating mental illness (Hjelmeland & Knizek, 2017; White, 2017).

The Study of Suicide is Science

Critical suicidology critiques the hegemony of the Western scientific method in suicidology, noting several problems with the assumption that suicidology is science

(Hjelmeland, 2016). First, Western scientific study does not make room for different understandings of suicide in the different contexts in which it takes place (Marsh, 2010). This manifests in the dominance of risk factor analyses in suicide journals. Hjelmeland (2016) argued, and I agree, that these studies add value to the study of suicide but fall short of explaining why some individuals with the same risk factors die by suicide while others do not. They analyze data “in complete isolation from the context of the (individual) participants” (Hjelmeland, 2016, p. 33). Critiquing the prioritization of risk factor analyses over other methods, Hjelmeland and Knizek (2016) claimed:

The fact that groups homogeneous with regard to one variable are heterogeneous with regard to most other variables is disregarded. The problem with risk factor studies is that they do not tell us how the common risk factors are related to suicidal behavior, if indeed they are, or why it is that the vast majority of people suffering from one or some of them do not kill themselves...It is not the risk factors per se, but the significance or meaning the individual assigns to them in the particular context that is decisive...Patient context is lost in [randomized controlled trials], it provides information about average individuals, who do not actually exist outside of the data. (p. 697)

Hjelmeland and Knizek (2016) identified the key problem with contemporary suicidology, and the types of research engendered by postpositivist methods: they cannot make meaning of the context in which individuals live their lives. The sample size in a risk factor analysis does not matter if the analysis fails to explain why one participant

with identical risk factors as another attempts suicide while the other does not.

Furthermore, this epistemology precludes persons with lived suicidal experiences from the study of suicide and bases the suicidal experience on White, western males (Hjelmeland & Knizek, 2011; Münster & Broz, 2015). Among college students, White women are overrepresented in survey data concerning suicide (American College Health Association, 2019). According to Lester, (1989) “the history of suicidology is a history of the contributions of white males” (p. 38). Thirty years later, the lack of diverse perspectives in suicidology remains a concern.

Unfortunately, despite decades of data exploring risk factors for suicide, the extant literature provides “weak and inaccurate predictors” of suicidal thoughts and behaviors (Franklin et al., 2017, p. 213). Franklin et al. (2017) conducted a meta-analysis of five decades of suicide research and found that nearly half of suicide research examines psychopathology and demographics as risk factors. Furthermore, they found that these well-established risk factors (including depression) did not correlate to strong predictive outcomes. Meaning that, while known risk factors are correlated with suicidal thoughts and behaviors, they are not predictive of them. Yet, many studies continue to test these well-established variables.

One final issue with the dominance of risk factor analyses is that, despite the proliferation of such studies, they have done little to illuminate factors that distinguish someone who ideates suicide from someone who attempts suicide (May & Klonsky, 2016). A meta-analysis of the 12 most commonly tested variables correlated with suicide

revealed that none of the variables were significantly more common among attempters than ideators (May & Klonsky, 2016). So, while studies show which factors place a person at risk of experiencing suicidal ideation or making a suicide attempt, they cannot determine, through the current methods of studying suicide, how the presence of a particular risk factor will influence an individual.

The second concern with the prioritization of Western science in the study of suicide relates to the belief in the concept of science as the “all-embracing method for gaining an understanding of the world,” which is rooted in the colonization of and by academia (Tuhiwai-Smith, 2012, p. 68). Tuhiwai-Smith’s (2012) work on centering Indigenous peoples’ experiences with research and deconstructing the colonialist legacy of Western, empirical research is well-suited to a discussion of suicide research. While the field of critical suicidology is relatively new, some of the only examples of suicide research and prevention using critical methodologies and frameworks exist in partnerships with Indigenous populations (Bantjes & Swartz, 2019; Kral & Idlout, 2016; Wexler & Gone, 2012, 2016). These studies refute evidence-based suicide prevention programs because they do not apply to Indigenous communities (Kral & Idlout, 2016). In particular, the researchers and participants critique mental health treatment as the primary suicide prevention measure because the data supporting those prevention strategies come from White populations (Wexler & Gone, 2016).

Experimental research in the scientific design conducts research on subjects. For a topic as complex and personal as suicide, the imbalanced power relationship between the

researcher and the subject presents a problem. According to Tuhiwai-Smith (2012), objects of research in the scientific tradition have no voice, and therefore they “do not contribute to research or science” (p. 64). She went on, “the logic of the argument would suggest that it is impossible, ridiculous even, to suggest that the object of research can contribute to anything” (Tuhiwai-Smith, 2012, p. 64).

Research conducted within contemporary suicidology underscores this assertion by Tuhiwai-Smith (2012). Indeed, contemporary, and critical suicidologists debate the extent to which the voices of suicidal persons should even be included in suicide research (Bantjes & Swartz, 2019; Hjelmeland & Knizek, 2011). But Webb (2010), a suicide attempt survivor who is now a suicidologist, illustrated the limitations of traditional methods for studying suicide.

The academic and professional discipline of suicidology strives hard to be an objective science, but in doing so renders itself virtually blind to what are in fact the most “substantial” and important issues being faced by the suicidal person. To me, as someone who has lived with and recovered from persistent suicidal feelings, when I look at the academic discipline of suicidology, it feels as if the expert “suicidologists” are looking at us through the wrong end of their telescope. Their remote, long-distance (objective, empirical) view of suicide transforms the subjective reality and meaning of the suicidal crisis of the self – that is, the actual suicidal person—into almost invisible pinpricks in the far distance. (p. 40)

As suggested by Webb's observation, post-positivist methods cannot fully account for the complexity of human suffering and suicidal despair (White, 2016). Thus, scholars must challenge the hegemony of contemporary suicidology—which permeates higher education—to better understand suicide and suicidal ideation among college students and, ultimately, transform higher education into a place that alleviates these experiences.

Suicide is Individual

The “myth” that suicide originates within the mind of an individual (Kral, 1998, p. 229) isolates suicidal persons and the act of suicide from their context. This myth overlooks the role of issues such as structural violence, exclusion, and oppression on suicidal experiences (Marsh, 2016). Without questioning this assumption, one believes that the “conscious decision to end one's life is...an aggregate of personal factors for a given individual” (Kral, 1998, p. 229). Kral asserted that, no matter the discipline involved in the study of suicide, the factors examined ultimately point to the “locus of the origin of the idea of suicide” within the mind of the individual (p. 229). This “origin myth” limits the ability to study and prevent suicide because it focuses on identifying individual factors, while ignoring the sociocultural context involved in suicide (Kral, 1998, p. 229).

Compounding the problematic construction of suicide as individual, the default person upon whom this conceptualization is based is a White, middle-class, Western male (Münster & Broz, 2015). This normalizes the suicides of this archetype of Western research, subsequently comparing all suicides to this “gold standard” of suicide (Münster

& Broz, 2015, p. 3). The meanings of suicide are different across cultures and across time. One cannot, therefore, accept the implication that all people conceptualize suicide in the same way as a White, middle-class, Western male (Münster & Broz, 2015). Doing so ignores the complexity of suicide and the relationship that suicidality and suicide have to society, and subjugates all non-White, non-Western, non-male persons to an inferior experience of suicidality (Münster & Broz, 2015).

Possibilities for Critical Suicidology

In addition to critiquing contemporary suicidology, critical suicidologists have suggested alternative approaches. While contemporary suicidology is predicated on the belief that suicide is a medical issue, it fails to question the origins of this assumption. Critical suicidologists question why suicide is only understood as a self-destructive force originating in the individual, when historical, social, and contextual factors may also contribute to suicidality (Hjelmeland & Knizek, 2010; Marsh, 2010). Critical suicidology challenges the narrow lens used to view suicide as well as the limited responses it engenders. Scholars in this field believe that the resultant solutions to suicide, i.e., prevention and intervention strategies, “target individuals for change but leave the specific social, political, and cultural contexts of people’s lives—including the corrosive effects of structural inequalities—unaccounted for” (White, 2017, p. 472). According to Kral, (1998) the current paradigm within suicidology “holds us powerfully within its frame” (p. 229). The aim of critical suicidology is to subvert the dominant discourse

about suicide and promote social justice by disrupting the institutions producing and reproducing inequality, oppression, and violence (White, 2017).

Webb (2010) conveyed the ability of critical suicidology to disrupt the discourse about suicide. Reflecting on his lived experience with suicide, he suggests personality traits that were “significant” to his suicidality (Webb, p. 40). Among these traits are “thoughtfulness, sensitivity...creative intelligence,” (p. 40). These words reflect positive personality traits and are not often associated with suicide; the dominant discourse about suicide maintains that suicide is a combination of negative personality traits and a mental illness. This is but one example of the many assumptions implicit in the current understandings of suicide that can be disrupted if interrogated.

Critical suicidologists do not reject the knowledge gathered through postpositivist, medical studies of suicide; rather, they call for more methodologies, theories, and frameworks to be used in the study of suicide.

By drawing from a range of interpretive, critical, and poststructural frameworks, [critical suicidology] invites a questioning stance toward practice where the grounds upon which things like knowledge, evidence, and practice are constantly interrogated. Theoretically, it means engaging with language, discourse, power relations, and social histories, to show how knowledge, practice, ways of being “selves” and ideas about life, death and suicide are not settled but are always being (re-)produced and coconstituted in multiple and fluid ways within specific social, historical, cultural, and political contexts. (White, 2017, p. 473)

Critical suicidologists have attempted to delimit their aspirations for the future direction of suicidology, and, while the goals of all the scholars in the field are not entirely aligned, one can generalize about them. As already discussed, critical suicidologists would like for suicidology to be less “psychocentric” (Marsh, 2015, p. 7). Rather than constructing suicide as a pathological, individual issue, suicide would be discussed as an “ethical, social and political issue” (Marsh, 2015, p. 7). Critical suicidologists envision suicidology as a multidisciplinary field inclusive of survivors of suicide attempts and those bereaving suicide (Marsh, 2015). Research questions in suicidology would include questions about language, power, and institutions, rather than only focus on individuals (Marsh, 2015).

White (2017) proposed examining the complexity of suicide through a variety of pursuits. White’s first proposal was to examine how individuals are the result of their relational entanglements. That is to say that suicidal individuals do not invent suicide, their conception is tied to cultural and historic references permeating society; it is from these references that a suicidal individual draws their understanding and inclination to engage in their fatal self-harm.

White’s (2017) second proposal for critical suicidology is to embrace the complexity and tension of suicide. Suicide is not one thing to all people, and White claimed that suicide is always a social act. For some, suicide may be a political act, for others, a weapon, an escape, or a release. Research into suicide should endeavor to acknowledge and engage in this complexity and tension. Furthermore, suicide is a

paradox (White, 2016, 2017). The paradoxical nature of suicide is particularly striking among college students—individuals committing to their future through the pursuit of higher education who simultaneously consider self-inflicted death. This tension invites critical explorations of these students’ experiences. How might the study of suicide among college students evolve if higher education scholars acknowledge that suicide is a social construct with different meanings for different students?

The third proposal centers collective ethics in suicidology (White, 2017). This involves interrogating societal institutions that influence suicidal individuals, for example, the social constructs that are the sources of human suffering. Within the college context, critical suicidology offers the opportunity to explore how aspects of the institution of higher education influence suicidal students. Furthermore, centering collective ethics and social justice in suicide research among college students can create an even greater sense of urgency to confront inequities on campuses.

The final proposal is to conduct suicide research with “life activating questions” (White, 2017, p. 478). Khouri & White (2015) asserted that doing so has “the revolutionary potential to rupture the suffocating dominance of the ontology of compulsory pathology” (p. 189). White (2017) believed that current suicide research questions are “deadening” (p. 478). She imagined scholars contemplating “life activating questions” (White, 2017, p. 478). These questions include:

1. What if suicidal thoughts were no longer understood as a giving up on life or the opposite of life (and thus something to be forbidden) but instead were seen

as particular forms of life or life-activating practices that provoked vital critique, freedom, rebellion, solidarity and transformation?

2. What paradoxical, life-giving affordances are achieved through the contemplation of death and suicide, and how might we engage with, rather than fear these paradoxes?
3. If suicide itself were to be reconceptualized as a political issue and a “public trouble” (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response? (White, 2017, p. 478).

Critical suicidology offers an opportunity to reimagine the study of suicide by calling on scholars to rethink what they know about suicide. Probing the assumptions about suicide and rethinking the types of questions asked in suicidology can transform understandings of suicide. Subsequently, these questions can transform suicide prevention efforts by engaging with social institutions that contribute to suicidal experiences and reaching suicidal persons in ways that surpass the extant suicide prevention models (Shannonhouse et al., 2017).

For higher education scholars, White’s (2017) proposals invite inquiry that transcends a statistical explanation of the significance of numerous variables on suicidal thoughts among college students. Currently, college students who experience suicidal thoughts are like Webb’s (2010) pinpricks in the distance, evaluated as an accumulation of variables that may allow researchers to explain traits correlated with their suicidality.

The findings of these studies hold value; my goal is not to create a false dichotomy between quantitative and qualitative methods. It is important to acknowledge the potential for proponents of critical suicidology to advance the idea that critical qualitative suicidology should replace quantitative suicidology. This is not the argument that I make. Bantjes and Swartz (2019) argued that some critical suicidologists believe that the only real knowledge about suicide can be gained qualitatively. This would imply that contemporary suicidology provides inaccurate knowledge. Both approaches, critical and contemporary, provide valuable knowledge. The argument here is that contemporary suicidology is so dominant that it prevents critical inquiry into suicide. There should be room for both. Scholars should not prioritize quantitative methods at the expense of qualitative methods, especially in trying to understand an issue as complex as suicide. Instead, using multiple, complementary methodologies can advance suicidology.

Critical scholarship can help researchers understand how injustices within the college affect suicidal ideation. This approach can also illuminate the discourse on suicide that exists on college campuses, and how this discourse shapes policies and practices. Studying prevention and intervention policies can expose whether they “target individuals for change” without addressing the context that has contributed to the experience of suicidal thoughts (White, 2017, p. 472).

Higher education scholars can undertake this critical inquiry; their familiarity with the higher education context and students’ lived experiences provides a rich foundation upon which to explore suicide. Through critical scholarship, higher education researchers

can explore how the lens through which suicide is studied has trickled into prevention programs for college students. Is suicide presented to college students as purely individual and pathological? Critical scholarship can reveal how prevention and intervention programs perpetuate the oppression of marginalized populations by asserting that only a clinician can ameliorate suicidal ideation and ignoring societal factors that may be influential.

If indeed scholars of higher education are to study the “vast constellation of issues” that affect higher education (Martínez-Alemán, 2015), I argue that they should turn the metaphorical telescope the right direction, as Webb (2010) suggested. My goal in this study, therefore, was to do just that. I aimed to use critical theory to turn the telescope around and study suicide through a new lens. CDA provided me with the tools to undertake this critical scholarship.

Critical Discourse Analysis

My decision to conduct a study using CDA as theory, methodology, and method was influenced by Marsh’s (2010) critical analysis of the “regime of truth” in relation to suicide through the writings of Foucault. I was also inspired by Morris’s (2016) use of a CDA methodology influenced by Foucault’s work in a study of the various discourses about suicide present in classroom-based youth suicide prevention. According to Fairclough (1992),

Foucault’s work makes an important contribution to a social theory of discourse in such areas as the relationship of discourse and power, the discursive

construction of social subjects and knowledge, and the functioning of discourse in social change. (p. 38)

Importantly, however, Fairclough (1992) went on to assert that Foucault's approach to discourse focused primarily on discursive practices, whereas Fairclough's CDA focuses primarily on examining texts. That is, Fairclough considers his approach to discourse analysis to be "textually oriented discourse analysis [(TODA)]" (p. 37), while Foucault's work was, in Fairclough's view a "more abstract approach" (p. 37). Fairclough went on to claim that his approach to discourse analysis "put[s] Foucault's perspective to work within TODA, and tr[ies] to operationalize his insights in actual methods of analysis" (Courtine, 191, p. 40 as cited in Fairclough, 1992, p. 38).

Because I choose to situate my research within Fairclough's (1992) form of CDA, I will refrain from an exhaustive exploration of the work of Foucault. Instead, I will discuss the theory behind CDA that influenced my research. According to Fairclough (1992), a critical approach to discourse analysis differs from non-critical discourse analysis,

In not just describing discursive practices, but also showing how discourse is shaped by relations of power and ideologies, and the constructive effects discourse has upon social identities, social relations and systems of knowledge and belief, neither of which is normally apparent to discourse participants. (p. 12)

Fairclough's CDA provides a tool through which I can identify and critique the relations between the assumptions of contemporary suicidology—which Marsh (2010) adeptly

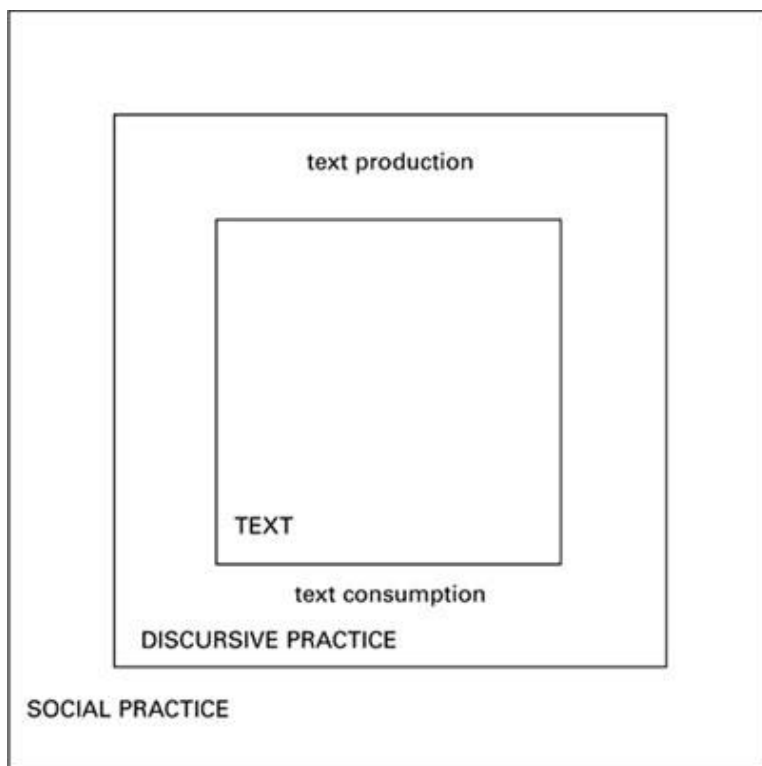
demonstrated to hold sufficient power over the modern construction of suicide—and the discursive and social practice around suicide at a university.

Fairclough (1992) used the term discourse as a means of viewing language as “a form of social practice” (p. 63). That is, language represents a form of action. In this study, I examined the language used to discuss suicide because it informs and affects the social practice around suicide. By identifying and critiquing the discourse around suicide at a university, I was able to understand how individuals and the institution itself structure suicide.

Fairclough (1992) discussed a three-dimensional model of discourse, in which text—here this can mean any spoken or written language—influences and is influenced by discursive practice. This in turn shapes social practice (Fairclough, 1992, p. 73). According to Fairclough (2015) language and society share an “internal and dialectical relationship” (p. 56) (see Figure 1). Language, or texts, are part of society and society is part of language. This model, which integrates a dynamic, multidimensional view of the influences of language upon social practice, provided me with a nuanced and unique opportunity to examine the effects of a university’s language about suicide on the social practice of suicide and vice versa.

Figure 1

Fairclough's Three-Dimensional Model of Discourse



Note. From *Discourse and Social Change* (p. 73), by N. Fairclough, 1992, Polity Press. Copyright 1992 by Norman Fairclough.

Practically, the reason for using CDA in my dissertation to examine the discourses about suicide present on a university campus was that it offered an opportunity to identify the ways that suicide is constructed higher education. As critical suicidology is a relatively new field of scholarship, this type of research is scarce. Yet, the possibilities of this scholarship are vast. Marsh (2016) discussed the possibility of reconstructing the knowledge about suicide:

The assumptions, beliefs, and formulations that underlie thought and practice in relation to suicide are such that redescription is always possible and that we can draw on alternative vocabularies and constructs, setting aside assumptions not taken to be useful and formulating issues in ways not bound by them...By drawing on these diverse and multiple discourses in thoughtful and creative ways, we might begin to construct understandings of, and responses to, suicide that are culturally congruent and meaningful and that are able to deal with the fluidity and contingency of the cultural production of suicide. We might move beyond the idea that the language we employ is somehow representative of reality, ideologically neutral, and without constituting effects. We might begin to reflect on the ways our language practices work in productive and ideological ways, sensitive to how language produces effects. (pp. 26-27)

Unpacking the ways that the assumptions of contemporary suicidology do or do not permeate a university represents the first step in rethinking and improving suicide prevention on college campuses. Critically engaging with the assumptions of contemporary suicidology and understanding the context in which they occur in higher education can allow for conversations about their value and utility (Marsh, 2016). This can lead to newly imagined possibilities that engage with the complexity of suicide situated within the appropriate social context (Marsh, 2016).

Using CDA and the approaches proposed through critical suicidology can reveal how the dominant discourse about suicide pervades higher education, and how students

navigate such an environment. Through this study, I endeavored to contribute to the conversation within critical suicidology that attempts to disrupt contemporary suicidology. One of my goals was to contribute to the liberation of suicidology from the constraints of the current “regime of truth” (Marsh, 2010, p. 4). Furthermore, I hoped that this study could ultimately contribute to a reimagining of campus suicide prevention and intervention policies.

To design the current study, it was necessary to examine previous qualitative studies of college student suicide. While there remains a dearth of critical scholarship on college student suicide, I located several studies that used qualitative methods to learn more about the experiences of diverse students with suicidal ideation and to explore how institutional policies and practices were implemented and affected the suicidal experience. These studies assisted me in the conceptualization of the current study by illuminating gaps in the current knowledge of the discourse of suicide in higher education.

Qualitative and Critical Studies of Suicide

The studies in this section do not represent critical approaches to studying suicide, with the exception of one. I selected them because they utilized qualitative methods, albeit atheoretically, to learn from students and practitioners about suicide and institutional suicide policies. They include perspectives from campus student affairs practitioners, students mandated to attend therapeutic assessment or involuntarily hospitalized, students discussing suicide and mental health more broadly, and finally,

adults hospitalized following suicide attempts. These qualitative studies of suicide provided me with a reference point that was useful in the design of this study.

Little research appears to examine the beliefs that campus practitioners hold about suicide. One study explored critical incidents involving student mental health through the perspectives of high-level student affairs administrators (Belch & Marshak, 2006). While the purpose of the study was to understand where mental health policy and practice do and do not align, revealing statements about suicide from the student affairs practitioners permeated the findings. For example, in describing a situation in which a student was allowed to remain enrolled while grappling with symptoms of bipolar disorder, one participant said “she played the ‘suicide card’ to the max, which according to our policy should have been ground for dismissal! Instead, it brought sympathy and an overturning of our efforts to remove her from the college” (Belch & Marshak, 2006, p. 473). In describing difficulty collaborating with the parents of another student with bipolar disorder who also had suicidal thoughts, another participant said “the parents were a problem. They, like us, [were] tired of the drama [and] felt she was fine to stay here” (Belch & Marshak, 2006, p. 473).

These statements about students playing a suicide card or insinuating that suicidal thoughts are drama reflect a concerning and problematic view of suicide. The authors did not critique these statements or beliefs, but rather, incorporated them into their analysis of critical incidences and suggested practical implications based off them. This demonstrates the lack of any critical paradigm in this type of work—the focus on crisis

response precludes any critical analysis. Unfortunately, there is little inquiry of this nature, which explores how practitioners who respond to students in crisis think about and discuss suicide. It is unknown if this negative view toward students with suicidal ideation or who make suicide attempts pervades campuses and finds its way into policies and practices.

Another article utilizing qualitative methods to explore institutional suicide policies also lacked a critical perspective. This qualitative case study conducted at a private institution described the experiences of 11 college students who took mandatory, one-year, mental health leaves and later returned to school (Story et al., 2018). The study focuses on the experiences of the students with psychotherapy during their mental health leaves. All students were required to participate in counseling during their leave, and ultimately all of them felt they benefitted from therapy and wanted to continue. Story et al. (2018) did not examine in detail the experiences the students had prior to leaving school. In fact, the authors mentioned “although leaving school and returning home was often difficult and at times traumatic, the time away from college turned out positive for all of the students in our study” (p. 6). None of the analysis describes what was difficult or traumatic about the students’ experiences leaving school.

Story et al.’s (2018) study did not focus exclusively on students who experienced suicidal ideation prior to leaving school, but some of the participants discussed suicidal ideation as part of the impetus for their leave. Further studies that examine students’ experiences with various institutional interventions can explore in greater detail the role

of the institution in the students' experience. They can also attempt to understand experiences beyond the narrow scope of whether the therapeutic intervention was effective. If an intervention is ultimately effective but involves trauma during the intervention, is that the best approach? Scholars and practitioners should ensure that interventions do not further traumatize marginalized students, before ultimately allowing them to return to campus and graduate. The end must not justify the means.

A promising study that incorporated perspectives of diverse college students used focus groups to understand how students talk about suicide, depression, and counseling (Shadick & Akhter, 2013). Focus group discussions with participants found that students from different backgrounds used vastly different language to discuss suicide, and they constructed different meanings of the act of suicide. Social institutions in different cultures, such as family, religion, and community were identified as protective factors against suicide. These same social institutions, in different cultural communities, also stigmatized or had different conceptualizations of mental health. Some students shared that their cultures encourage suicide in certain situations, or that countries with high rates of suicide had normalized suicidality among students. Participants also asserted that faculty and staff often had European understandings of mental health, which isolated students from non-European backgrounds. According to the participants, classic suicide prevention strategies employed on campus missed important elements for students from diverse backgrounds, and they exposed the complex role of relationships and cultural institutions on suicide for students from diverse cultures. The authors found that "classic

suicide prevention strategies (based primarily on White populations) miss key signs and symptoms of different populations” (Shadick & Akhter, 2013, p. 76).

These participants unknowingly articulated Kral and Idlout’s (2016) assertion regarding evidence-based prevention and intervention programs: they work when they are used with “populations on which the evidence is based” (p. 233). In a heterogenous society, or, relevant to this paper, on a heterogenous campus, experiences of mental health differ, and evidence-based mental health programs are difficult to adapt to all cultures. Applying a program to minoritized populations is not effective if the evidence for the program is based on a majoritized population (Kral & Idlout, 2016). Shadik and Akhter (2013) leveraged the data from their focus groups into campus publications and web-based tools about suicide and mental health in different cultural contexts. This included information about identifying risk factors in different student populations, rather than basing risk factors on White students only. The authors reported that campus counseling enrollment increased and suicide rates on campus went down but did not provide empirical data to support this claim (Shadick & Akhter, 2013). More inquiry of this nature must take place on campuses to understand how extant suicide prevention and intervention policies may fail to account for the diverse experiences of college students with mental health and suicide.

While there exists very limited research examining, from a qualitative perspective, the experiences of college students with crisis intervention policies, I located the narrative of a college student who was hospitalized for suicidal ideation in an article

containing the narratives of 13 people who had been hospitalized in a psychiatric ward (Barnard et al., 2011). The story this individual told documented her trauma filled adolescence and the help she sought from her university's psychiatrist. The psychiatrist offered her a buffet of antidepressants, saying she would need to stick with each one for six weeks before determining whether it worked or not. The anxiety of knowing that she might have to endure side effects of the antidepressants for 30 weeks, while cycling through each new drug, caused her to seek counseling at the university's counseling center. There, the counselor revictimized her through his questions, asking, for example, if she was upset because being raped turned her on. She left the counseling center and over the next weeks she began to plan her suicide.

Finally, she reached out to a friend who helped coordinate her hospitalization. While her psychiatric hospitalization ultimately resulted in her connecting with a psychiatrist who validated her traumatic experiences, she lamented that her time in the hospital was violated by the release of information she had to sign with her university's counseling center. Her university created a mental health contract for her, whereby, upon her release, she was required to attend counseling at the center where she had been re-victimized by a university counselor. Healing for this student ultimately required that she overcame not only her trauma, her mental illness, and the challenge of finding the right medication, but graduating from the institution that re-traumatized her by forcing her to enter a mental health contract and agree to the release of her personal information (Barnard et al., 2011).

I question whether that student's experience is unique, or if more students would, given the opportunity, share similar stories of university interventions. By quantitative measures, her story may have been considered a success—she survived her suicidal ideation and persisted to graduation after her hospitalization and campus intervention. The article in which this student's story was published did not provide an analysis of the narrative (Barnard et al., 2011).

Phrases within that participants' narrative invite additional inquiry into the beliefs that college students have about suicide, and why they may experience suicidal thoughts. For example, she wrote: "suicide was logical. I wanted to live. I planned my suicide over long weeks that winter and wept bitterly about dying" (Barnard et al., 2011, p. 21). White's (2017) life-activating questions reverberate through these sentences. This individual shared that her desire was not to die, and yet she planned her suicide. Inquiry with college students who have experienced suicidal ideation can explore this paradox, and rather than fearing the paradox, engage with it, as White suggested. How might institutions respond differently to a college student who discloses suicidal ideation if their suicidal thoughts are viewed as potentially provoking "freedom, rebellion, solidarity, and transformation?" (White, 2017, p. 478).

Because there is little critical inquiry exploring institutional suicide prevention and intervention policies, it is unknown whether suicide is always discussed as something to fear. Yet, this may be the case, given the general cultural discourse about suicide. I question how a university's response to the increasing number of students with suicidal

thoughts might evolve if the discourse that students themselves participate in about suicide were to reveal such life-activating motivations.

One final study revealed the power of critical suicidology to disrupt how society thinks about suicide. The void of literature examining college student suicide through qualitative perspectives means that one must look beyond college students to understand the suicidal experience qualitatively. One study, which operationalized critical suicidology, modeled how narrative inquiry methods can deepen the understanding of college student suicide (Fitzpatrick, 2014). The discursive nature of narrative illuminates not only the individual's meaning-making but also sociolinguistic conventions about suicide (Fitzpatrick, 2014). Qualitative interviews were conducted with twelve adult suicide survivors, and Fitzpatrick (2014) thematically analyzed the participants' narratives about their attempts and the structure of the narratives.

According to Fitzpatrick (2014), the stories both relied on and reproduced cultural norms about suicide. Participants spoke about the need to get better, as if their suicide attempt was strictly a medical issue, while they simultaneously attributed their attempts to contextual factors such as unsupportive office environments or chronic physical pain. Their stories included complex sociocultural interactions, but their analysis of their recovery was removed from the "social, cultural, and moral dimensions that may have contributed to their feelings of failure, or of being overwhelmed, isolated, or unable to cope" (Fitzpatrick, 2014, p. 154). The result of this medically centered discourse was present in both the patients' understanding of their attempts and in the treatment they

received from mental health professionals, which failed to address the contextual factors that led to their suicide attempts.

Fitzpatrick's (2014) study raised important questions that should be asked about college student suicide. While Fitzpatrick utilized narrative inquiry as a methodology, the author carefully examined the discourse that was revealed through these narratives. The narratives of college students about their suicide attempts and the resulting campus crisis interventions might elucidate the role the sociocultural setting of the college campus may have on the occurrence of suicidal ideation. Moreover, such a study could assess how an institution's crisis intervention policies affect the students of concern, and whether the policies address the underlying, external factors, that contribute to the onset and persistence of suicidal ideation. I incorporated aspects of each of the studies above into the design of my own study, which I will detail in chapter three.

Chapter 3: Methodology and Methods

The aim of this research was to expose the ways in which the societal discourse about suicide reveals itself in institutional policies and to understand how students navigate this discourse. Using the critical perspective provided through critical suicidology and using CDA as a tool, I examined how a university's policies are informed and influenced by contemporary suicidology, and how this dominant paradigm influences the student discourse about suicide.

Research Aims and Questions

According to Fairclough (2015), "any critical analysis should begin with discourse" (p. 7). To affect change, Fairclough argued, one must "explain and understand how domination works, and how discourse figures within it" (p. 7). Because my aim was to affect change, my research questions focused on the discourse of suicide at a university. I drew inspiration for my questions from researchers within the field of critical suicidology, whose extant work has endeavored to understand how suicide is constructed in different sociocultural contexts (Morris, 2016). I also drew upon White's (2017) "life-activating" questions to reimagine the types of questions that might be asked about a college student suicide (p. 478). My research aimed to answer the following questions:

1. How does a university construct suicide?
2. What institutional mechanisms do students encounter that construct suicide?

By institutional mechanisms, I mean university policies and practices.

3. How, if at all, do students rebel against the university's construction of suicide?

Methodology: Critical Discourse Analysis

CDA can be considered theory, methodology, and method (Fairclough, 1995). Various scholars propose different versions of CDA; I chose to situate my research in Fairclough's version of CDA. I was particularly concerned with Fairclough's use of CDA as both methodology and method. The methodology of CDA focuses on showing relationships between language and social practice (Fairclough, 2015). The method of CDA focuses on the means of analysis, in which a researcher critically analyzes a text (Fairclough, 1992).

Fairclough's CDA applies Foucault's perspective and operationalizes his insights in the actual method of analysis (Fairclough, 1992, p. 38). As previously discussed in the theoretical framework section of this paper, Foucault's work is foundational to critical suicidology. The concept of discourse and its relationships to power and knowledge is one of the keys to critical suicidology's critique of contemporary suicidology.

CDA represents a critique of discourse, which Fairclough (2015) defined as "language viewed in a certain way as a part of the social process which is related to other parts. It is a relational view of language" (p. 7). Language and society, in Fairclough's (2015) view, have an internal, dialectical relationship – they cannot be considered external to one another. The language that individuals use is always subject to social conventions. And the social conventions and phenomena that occur are always impacted

and shaped by the language people use (Fairclough, 2015). By engaging with CDA, a researcher engages in a critique of the social order through analyzing the language and its relationship to society.

Fairclough (1992) argued that discourse is shaped by social structures, and it also constructs social structures. Three aspects of the latter are discussed by Fairclough. First, discourse contributes to the construction of social identities. Second, discourse constructs social relationships between people. Third, discourse constructs systems of knowledge and belief (1992). By using this view of language and discourse in my dissertation, I aimed to identify how the discourse about suicide at a university constructs the relationships between students with suicidal thoughts and practitioners. Where does the power reside in these relationships? Finally, as demonstrated in the discussion of contemporary suicidology, I wanted to understand how the hegemonic system of knowledge about suicide impacts the construction of these relationships.

In CDA, the unit of analysis itself is text, which Fairclough (1992) referred to as the corpus. The analysis of a text is layered and nuanced and is engaged with in a manner that respects the relationship between the text and social practice (Martínez-Aléman, 2015). The text itself “presents ideologies, beliefs, and messages about subjects of study” (Martínez-Aléman, 2015, p. 21). In CDA, the text is considered “a means to perpetuate hegemonic power relations and norms” (Foucault, 1980 as cited in Martínez-Aléman, 2015, p. 21). By using text as the unit of analysis for my dissertation, I used a tool to understand how the hegemony of contemporary suicidology reveals itself at my research

site, which I call Midwest U. Furthermore, by analyzing the discursive practice of students themselves, I revealed how they both challenge this hegemony and reproduce it.

In addition to relying upon Fairclough's version of CDA, I drew upon Martínez-Aléman's (2015) informative use of CDA in a critical policy analysis of higher education. Martínez-Aléman summarized various versions of CDA, including Fairclough's version, while also demonstrating how to conduct CDA on higher education documents. Her critical policy analysis served as a useful model for critiquing the university discourse around suicide.

CDA in education research is frequently applied to education policy (Fairclough, 2015; Martínez-Aléman, 2015). The analysis of institutional documents represents a common form of CDA (Martínez-Aléman, 2015). I conducted analysis on institutional documents. That is, institutional documents, including website materials, mental health protocols, and policies from the university mental health website, among others, made up part of my corpus. I also used social media posts from a student suicide prevention organization. Interviews represent a less well established but emerging type of text used for analysis in CDA. I used interviews as a method of data collection, and so I will elaborate on the validity of interviews as part of the corpus for CDA.

The Role of Interviews in CDA

Fairclough (1992) suggested enhancing the corpus using interviews. The use of interviews to unpack discursive practices has been used in the critical suicidology framework. Fitzpatrick (2014) used interviews with adults who had survived a suicide

attempt. Fitzpatrick utilized a narrative framework in his study, but he chose to use narrative because narrative reveals and represents discursive practices. In this view, not only the content of a narrative is important, but the structure itself is important because it represents the sociocultural features of the narrative (Fitzpatrick, 2014). To the best of my knowledge, no one has used CDA on interviews with college students to understand their discursive practices around suicide.

Cruickshank (2012) examined the role of interviews in discourse analysis. This exploration highlighted the communicative nature of an interview, in which research and participant agree to a “particular communicative form” (Cruickshank, 2012, p. 43). As such, the “purest form” of discourse may not appear during the interview, because of the communicative nature of the setting and the influence of the researcher on the participant’s discourse (Cruickshank, 2012, p. 43). Nonetheless, Cruickshank asserted that it is not the performance of the interview that is important in discourse analysis, but rather, the analysis of the text that is produced through the interview.

The use of interviews in my dissertation served two purposes, as I interviewed separate groups. The students whom I interviewed experienced suicidal ideation at some point during their college enrollment. The interviews focused primarily on their experience, and I asked them to reflect on the experience from their current position. In this setting, I analyzed the narratives of the students not in a form of narrative analysis, but rather, I analyzed the text as it represents the discourse in which students participate around suicide. Interviewing students was key to building a corpus that included the

discursive practices of students and was necessary to answer my second and third research questions (see Table 3).

Table 3
Research Questions and Data Collection Methods

Research Question	Data Collection Method	
1. How does a university construct suicide?	Document Collection	Practitioner Interviews
2. What institutional mechanisms do students encounter that construct “suicide”?	Document Collection	Practitioner Interviews
3. How, if at all, do students engage in rebellion against the university’s construction of suicide?	Document Collection	Student Interviews

The use of interviews with practitioners at the university who engage with students with suicidal ideation was less focused on narrative accounts of suicide. Rather, these interviews served as representations of the various practices at the institution. These interviews allowed me to fully explore my first and second research questions (see Table 3), because they provided insight into the discursive practices of institutional actors. Analyzing these interview texts revealed how these practitioners constructed suicide at Midwest U, as well as helping to build the corpus by pointing me toward additional documents to collect for analysis.

Analyzing the Corpus

Fairclough (1992) suggested that researchers using CDA should analyze each of the three dimensions of discourse presented in the three-dimensional model (See Figure 1). In this section, I will discuss each of the three dimensions in detail and the headings

that Fairclough described within each dimension. Each heading represents an opportunity for analyzing a different aspect of the text. In my analysis, I selected the elements that were the most useful for my research questions. Jørgensen and Phillips (2002) asserted that “it is not necessary to use all the methods or to use them in exactly the same way in specific research projects. The selection and application of the tools depend on the research questions and the scope of the project” (p. 15). Accordingly, I did not use every heading in my analysis, but I find it useful to include them all in this section to provide additional context about CDA as a methodology.

Textual Analysis. In Fairclough’s (1992) three-dimensional conception of discourse, text represents the central component of discourse. In Fairclough’s model, any discourse analysis must initially focus on the linguistic features of the text (Jørgensen & Phillips, 2002). According to Fairclough, researchers can organize text analysis under four main headings, or dimensions: “‘vocabulary’, ‘grammar’, ‘cohesion’, and ‘text structure’” (Fairclough, 1992, p. 75). Fairclough’s model requires researchers to concentrate on the formal features of the text itself. Later in this chapter I will discuss the method I used to code my data, but I will begin by providing more detail on each of these headings.

Vocabulary. According to Fairclough (1992) “it is of limited value to think of a language as having a vocabulary which is documented in ‘the’ dictionary, because there are a great many overlapping and competing vocabularies corresponding to different domains, institutions, practices, values, and perspectives” (p. 76). Fairclough suggested

that researchers might focus on the political and ideological significance of particular words. Another possibility in analyzing vocabulary in a text is to focus on “word meaning, and particularly how the meanings of words come into contention within wider struggles” (Fairclough, 1992, p. 77).

Grammar. This is the particular focus on clauses, or “simple sentence[s]” (Fairclough, 1992, p. 75) in the text. Fairclough (1992) asserted that:

Every clause is multifunctional, and so every clause is a combination of ideational, interpersonal (identity and relational), and textual meanings. People make choices about the design and structure of their clauses which amount to choices about how to signify (and construct) social identities, social relationships, and knowledge and belief. (p. 76)

Analyzing grammar in CDA, therefore, provides insight into the author’s (or institution’s) construction of social identities, social relationships, and knowledge and beliefs.

Cohesion. Fairclough (1992) described cohesion as “how clauses are linked together into sentences, and how sentences are in turn linked together to form larger units in texts” (p. 77). The focus on linkages within the text as prescribed by Fairclough allows analysts to access “what Foucault refers to as ‘various rhetorical schemata according to which groups of statements may be combined’” (p. 77). A text contains implicit markers of meaningful relationships between different “constituent parts” (Fairclough, 1992, pp. 83-84). The linkages between different parts of a text shed light “on the important

ideological functions of coherence in interpellating subjects” (Fairclough, 1992, p. 84). In other words, the cohesion, or relationships between clauses and sentences, of a text can provide insight into the ideological assumptions inherent to the text. This analysis of cohesion leads naturally to the second and third dimensions of discourse analysis: discursive and social practice.

Text Structure. This last “heading” (Fairclough, 1992, p. 75) focuses on the “‘architecture’ of texts, and specifically higher-level design features of different types of text” (Fairclough, 1992, p. 77). The architecture of a text provides the analyst with “insight into the systems of knowledge and belief and the assumptions about social relationships and social identities that are built into the conventions of text types” (Fairclough, 1992, p. 78).

Discursive Practice Analysis. Discursive practice mediates the relationships between texts and social practice (Jørgensen & Phillips, 2002). According to Fairclough (1992), discursive practice “involves processes of text production, distribution, and consumption” (p. 78). Texts may be produced in “specific ways in specific social contexts” (Fairclough, 1992, p. 78). Furthermore, texts may be consumed differently in different social contexts. They may also have “variable outcomes of an extra-discursive as well as a discursive sort” (Fairclough, 1992, p. 79). Finally, texts may be distributed across “different institutional domains” (Fairclough, 1992, p. 79). Each of these different facets of production, distribution, and consumption involve assumptions internalized by both producers and consumers.

The producers and consumers of texts are influenced by specific sociocognitive dimensions (Fairclough, 1992, p. 80). That is, discourse participants internalize and bring with them to text production and consumption, or interpretation, certain “social structures, norms and conventions” (Fairclough, 1992, p. 80). According to Fairclough (1992), one of the major features of his three-dimensional framework of CDA is that it attempts “to make explanatory connections between the nature of the discourse processes in particular instances, and the nature of the social practices they are a part of” (p. 80).

Fairclough’s (1992) prescription for discursive practice analysis focuses on three main headings, or dimensions. Each of these dimensions involve features of textual analysis, but they go beyond the analysis of linguistic features of texts to analyze how texts are produced, distributed, and consumed. These three dimensions are force, coherence, and intertextuality.

Force. Fairclough (1992) described force as the following:

The force of part of a text (often, but not always, a sentence-sized part) is its actional component, a part of its interpersonal meaning, what it is being used to do socially, what ‘speech act(s)’ it is being used to ‘perform’ (give an order, ask a question, threaten, promise, etc.) (p. 82)

In discussing the importance of force in discursive practice analysis, Fairclough (1992) emphasized the role of context. Interpretations of text involve assumptions or beliefs about social identity.

Coherence. According to Fairclough (1992), “a coherent text is a text whose constituent parts (episodes, sentences) are meaningfully related so that the text as a whole ‘makes sense’” (p. 83). This requires the consumer, or interpreter, of a text to infer relations within the text that may not be explicit. The explicit relationship markers in a text are cohesion, as described in textual analysis above. Coherence in a text implies that the consumer can make connections and inferences as they are set up within the text (Fairclough, 1992).

Intertextuality. The aspect of discursive processes that most interested Fairclough (1992) was “what aspects of members’ resources are drawn upon and how” (p. 80). Fairclough defined intertextuality as “basically the property texts have of being full of snatches of other texts, which may be explicitly demarcated or merged in, and which the text may assimilate, contradict, ironically echo, and so forth” (p. 84). In other words, any and all communicative events (text) necessarily draw on a prior communicative event (text) (Jørgensen & Phillips, 2002). In Fairclough’s (1992) view, intertextuality implies that texts transform the past into the present. The assumptions and conventions in prior texts influence the creation of texts in the present. Interdiscursivity represents a form of intertextuality (Fairclough, 1992; Jørgensen & Phillips, 2002). It occurs when multiple discourses occur synchronously within a text (Jørgensen & Phillips, 2002).

Fairclough (1992) believed that analyzing discursive practice must involve both micro and macro analysis. As such, analyzing discursive practice serves as a mediator

between the analysis of text and social practice in Fairclough's CDA. "It is the nature of the social practice that determines the macro-processes of discursive practice, and it is the micro-processes that shape the text" (Fairclough, 1992, p. 86).

Social Practice Analysis. The third dimension of Fairclough's (1992) CDA framework is discourse as social practice. In analyzing social practice Fairclough (1992) asserted that:

The general objective here is to specify: the nature of the social practice of which the discourse practice is a part, which is the basis for explaining why the discourse practice is at it is; and the effects of the discourse practice upon the social practice. (Fairclough, 1992, p. 237)

Fairclough (1992) wrote that analyzing social practice involved more nuance than textual and discursive practice analysis and was not so easily reduced into headings or dimensions. Nonetheless, Fairclough did provide several "rough guidelines" (p. 237) to focus on during social practice analysis. These include the social matrix of discourse, orders of discourse, and ideological and political effects of discourse.

Before exploring these three guidelines it is necessary to briefly visit the concepts of ideology and hegemony. Fairclough (1992) discussed the relationship between social practice and ideology and hegemony. In this context ideology is defined as "meaning in the service of power" (Jørgensen & Phillips, 2002, p. 13). Ideologies are, in Fairclough's view, "constructions of reality" (p. 87). Ideologies are "representations of aspects of the world which can be shown to contribute to establishing, maintaining and changing social

relations of power, domination and exploitation” (Fairclough, 2003, p. 9). Fairclough believed ideologies to be so pervasive that one must not assume that people are aware of “the ideological dimensions of their own practice” (p. 90).

Hegemony is the domination of ideological domains (Fairclough, 1992). It is also a process of “constructing alliances, and integrating rather than simply dominating subordinate classes, through concessions or through ideological means, to win their consent” (Fairclough, 1992, p. 92). The concept of hegemony provides analysts with a tool to analyze the relationship between discursive practice and social practice, by focusing on power relations (Jørgensen & Phillips, 2002). Ideology and hegemony become important when examining the three dimensions of social practice that Fairclough (1992) suggested analyzing.

Social Matrix of Discourse. In Fairclough’s (1992) CDA, one objective is to identify the “social and hegemonic relations and structures which constitute the matrix of this particular instance of social and discursive practice” (p. 237). In other words, there are “partly non-discursive, social and cultural relations that constitute the wider context of the discursive practice” under review (Jørgensen & Phillips, 2002, p. 23). Identifying the social matrix of discourse relies on an understanding of the ideologies present within a discourse and the hegemony of certain ideological domains. To do so requires integrating additional theories outside of CDA; in the case of this study, I integrated critical and contemporary suicidology.

Orders of Discourse. The different types of discourse used within a social institution constitute multiple discourses and genres and cumulatively their configuration represents an order of discourse (Fairclough, 2003; Jørgensen & Phillips, 2002). Jørgensen and Phillips (2002) elaborated on orders of discourse and define the order of discourse as “the sum of all the genres and discourses which are in use within a specific social domain” (p. 11). The order of discourse is a system that shapes and is shaped by language. It is “both structure and practice” (Jørgensen and Phillips, 2002, p. 11). The objective in identifying the orders of discourse in CDA is to “specify the relationship of the instance of social and discursive practice to the orders of discourse it draws upon, and the effects of reproducing or transforming orders of discourse to which it contributes” (Fairclough, 1992, pp. 237-8).

Ideological and Political Effects of Discourse. This third domain of social practice analysis constitutes a focus on ideological and hegemonic effects of “systems of knowledge and belief; social relations; social identities” (Fairclough, 1992, p. 238). The concept of hegemony assists in this analysis by providing a lens through which to analyze the social practice. One can view the social practice within which the discourse belongs “in terms of power relations” (Fairclough, 1992, p. 95). For this study, in each of these three dimensions of social practice analysis, the integration of critical and contemporary suicidology was necessary to understand the ideological and hegemonic effects of certain discourses on social practice.

One additional concept related to ideologies bears an explanation because I will discuss it in my analysis. Ideological Discourse Formations (IDFs) represent a “‘speech community’ with its own discourse norms, but also, embedded within and symbolized by the latter, its own ‘ideological norms’” (Fairclough, 1995, p. 27). Fairclough asserted that social institutions, such as a university, contain diverse IDFs “associated with different groups within the institution” (p. 27). Furthermore, one IDF is usually dominant over the others within an order of discourse and therefore the ideological meanings of the dominant IDF are “naturalized” (Fairclough, 1995, p. 24). The naturalization of the dominant IDF’s ideologies results in ideologies being accepted as “non-ideological ‘common sense’” (Fairclough, 1995, p. 27).

In this study, I integrated aspects of Fairclough’s (1992) suggestions for conducting CDA into the analytic approach outlined below. In the subsequent chapters, I will discuss which of Fairclough’s headings I used and their relationships to the other headings within the three-dimensional model of discourse analysis.

Research Design

This study used CDA as both methodology and analytic method. In order to gather data for the study, I relied on various qualitative data collection methods. In this section I outline the design of the study, including my data collection process and my analytic method.

Research Site

This study took place at a large, urban, public, land-grant university in the mid-West. I refer to this institution as Midwest U throughout this manuscript. My research was reviewed and approved by the Institutional Review Board (IRB) at the research site (see Appendix A).

Sample

As mentioned above, the unit of analysis in CDA is text, known as the corpus (Fairclough, 1992; Martínez-Alemán, 2015). A researcher using CDA builds a corpus of discourse samples to analyze (Fairclough, 1992). The corpus should consist of the available content that represents the discourse of the institution under investigation. Fairclough (1992) asserted that the discourse analyst must rely upon “people in relevant disciplines, and people working within the research site” (p. 227). The corpus must contain samples that “reflect the diversity of practice” at the institution and include “crucial moments of crisis” (Fairclough, 1992, p. 227).

To create a corpus that represented the diversity of practice around suicide at my research site, I built the corpus using two primary data collection methods. The first was interviews, the second was document collection. I interviewed two separate groups: staff who work at Midwestern University and students enrolled at Midwestern University. The corpus, therefore, constituted institutional documents related to suicide, student organization documents related to suicide, and the interviews with staff and students, which revealed the discursive practices around suicide in which each group takes part.

Data Collection Methods

As discussed above, the data for my corpus was gathered through multiple methods (see Table 3). I used interviews to gather data from students and staff at the University. I utilized document collection, primarily through the Midwest U website, as my second data collection method.

Interviews with Students. To answer my second and third research questions, and to some extent the first question, I interviewed three undergraduate students currently enrolled at Midwest U (see Table 3). See Table 4 for demographic information of the participants.

Table 4
Student Participant Demographics

	Gender	Race	Year
Participant A	Female	Black	5
Participant B	Female	White	2
Participant C	Female	White	2

I invited students with personal experience with suicidal ideation to participate in interviews. I only considered students who reported having no suicidal ideation for the previous six months for participation in the study. I recruited these students through two registered student organizations at Midwest U that advocate for mental health awareness and suicide prevention. I selected these organizations based upon a pilot study (see Appendix B) I conducted in 2018, where I observed and interviewed student members of one of the organizations. In that study, I learned that many of the student members have personal experience with suicidal ideation. Furthermore, student members of these two organizations are very likely to be connected with mental health resources, should they need to access them during the course of the study. To recruit these students, I contacted

the leadership of each organization and asked them to forward a recruitment email (see Appendix C). Each of the three students I interviewed was a member of the same student organization, which I call the Scarlet Sticker Society (SSS). The SSS is a suicide prevention organization. Members carry a symbol visible to the public that indicates their membership in the organization. For the purposes of this study, I refer to the symbol as the scarlet sticker. I did not interview any members of the second organization I contacted for recruitment.

I offered participants a \$20 gift card as compensation for their participation. The gift cards were mailed electronically to students at the end of each interview. Students had the option to terminate the interview at any time and request that the data be destroyed. Because the interview questions were of a highly sensitive nature and had the potential to trigger uncomfortable emotions, I prepared a resource sheet with information about university mental health services. I also checked in with participants after the interview ended, once the recording was off, to inquire about their wellbeing.

I conducted individual interviews in a private office on the Midwest U campus. I gained participant consent and recorded the interviews. I used a responsive interview protocol (see Appendix D) (Rubin & Rubin, 2011). Interviews lasted approximately one hour. I completed one interview each with Participant A and B and two interviews with Participant C. One interview was conducted remotely via Zoom, due to the onset of the Covid-19 pandemic that began during my data collection.

I originally planned to conduct two interviews with each student. Unfortunately, my interviews coincided with the beginning of the Covid-19 pandemic and I was unable to continue in-person interviews. I had to cancel a follow up interview with participant A. I did not invite participant B back to a second interview because it became clear during her first interview that she had not previously discussed her suicidal ideation with anyone, and I felt uncomfortable continuing to pursue a line of questions related to her previous suicidality. Participant C completed one in-person interview and then the research site prohibited in person interviews. I conducted a virtual interview with this student for her second interview after revising my IRB protocol to include virtual interviews. Unfortunately, I found this to be an unrealistic method of gathering data because the rapport necessary to gather information about suicide was difficult to establish, even with an existing participant, over Zoom. We also experienced technical issues with the video conferencing platform during the interview that persuaded me that this was not a viable means of gathering data.

Because my student interviews occurred in late February/early March 2020, I had to adapt my data collection plan as the university suspended in person data collection, as discussed above. I decided to suspend my student interviews. It quickly became clear that the pandemic restrictions were causing a global mental health crisis. In consultation with my advisor, I decided not to continue pursuing student interviews, even once I had the option to conduct them remotely. This required me to refocus on collecting documents that might help me to analyze the student suicide discourse.

Qualitative Data Collection with Formerly Suicidal Persons. Conducting interviews with students who have experienced suicidal ideation must occur with great attention to their wellbeing. The interview protocol for this study was informed by several studies, both within and outside of critical suicidology, that used qualitative data collection methods to learn from individuals about their suicidal experiences. The Fitzpatrick (2014) study that I discussed in the previous chapter used a narrative method to learn from participants about their suicide experiences. Fitzpatrick recruited participants in a community mental health center. Participants were adults who had engaged in non-fatal suicidal behavior. Fitzpatrick conducted semi-structured interviews with participants. Fitzpatrick began the interviews with an open-ended question about how participants came to be at the center. Follow up questions that were part of the semi-structured interview protocol focused on:

What life was like before and after their suicidal behavior; the responses their suicidal behavior generated in others, including family, friends, and the health professionals caring for them; and cultural views of suicide and suicidal behavior more broadly. (Fitzpatrick, 2014, p. 151)

Chandler (2019) used loosely structured interviews to learn about men's experiences with suicide, participants were men recruited through a community health organization who had engaged in self harm or planned a suicide. Chandler used a tool called a life-grid, two pieces of paper with themes on the left, and blank space on the right, to allow participants to provide structure to the interviews. Participants were

informed that the study was about suicide, and therefore focused much of their life-story on their experiences around suicide. Chandler conducted critical phenomenological analysis on the men's narratives.

Chan et al., (2017) analyzed anonymous written narratives submitted to an online project called The Reasons to Go On Living. The website asked individuals who have contemplate suicide to submit a narrative of their experience and the reasons they chose life. The website suggested topics to include in narratives, including:

Their life before they became suicidal and other related significant life events; the ways in which they became suicidal; their circumstances, thoughts, and feelings before, during, and after the suicide attempt; their process of recovery, and how they decided to continue living; and their reasons to go on living. (Chan et al., 2017, p. 355)

Everall et al. (2006) used qualitative interviews with formerly suicidal adults who were suicidal between the ages of 15 and 24. Participants had to be free from suicidal ideation for the previous six months to be considered for the study. Everall et al. conducted semi-structured interviews with participants. The beginning of the interviews asked participants to freely describe their experience with suicidality. Open ended follow up questions focused on participants thoughts, feelings, and behaviors during their suicidality and as they overcame it. These included:

Tell me about the feelings you had while you were suicidal; How did you express your emotions when distressed?; What did you do to cope with your emotions?;

and How would you describe yourself as a suicidal person? (Everall et al., 2006, p. 376)

By immersing myself in the qualitative interview questions used with formerly suicidal persons, I was able to generate a list of interview questions for my responsive interview protocol (see Appendix D). I felt confident that my questions were appropriate and would generate the type of conversation that would reveal a discourse about suicide that I could analyze using CDA.

Interviews with Staff. To answer my first and second research questions (see Table 3), I interviewed four staff at Midwest U who work with students who experience suicidal ideation. My selection of these staff was informed by the literature review and my knowledge of suicide intervention and prevention at universities. I invited staff for an interview via a recruitment email (see Appendix E). I conducted one interview with each participant that lasted approximately one hour. The interviews followed a semi-structured interview protocol (see Appendix F), and they were recorded and transcribed. The staff represented the following offices (see Table 5).

Table 5

Offices of Staff Participants
 Student Affairs Case Management
 Dean of Students Office
 Housing and Residential Life
 Academic Advising

I conducted these interviews remotely via Zoom during August and September of 2020. Because the pandemic restrictions were still in place, these interviews had to be conducted virtually.

Document Collection. To answer my first and second research questions (see Table 3), I collected documents from the Midwest U website. This systematic document collection built the corpus for my study. Midwest U operates a searchable, online policy library. I conducted searches for suicide on the website, both on the policy library and on the general university website. I immediately noticed a lack of documents related to suicide on the policy library, where I found none. When searching the university website at large for keywords using suicid! as a root word, I again noticed what I considered a scarcity of documents. I did locate several webpages that used the word suicide. I also searched for documents related to mental health, as these often encompass suicide prevention and intervention. I did an initial document collection before I began interviews with students and staff.

Most of those webpages were located on the university's mental health website. I copied the text from these pages and pasted them into documents. I then uploaded these documents into ATLAS.ti. Using Fairclough's (1992) guidance regarding finding cruces to analyze, I found eight pages that pertained to suicide, and I analyzed those. Table 6 shows the documents that I analyzed:

Table 6
University Documents

Document	Location
Behavioral Consultation Team	Student Mental Health website
Communicating Distress Through Writing	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Communicating Distress Verbally	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Assisting Students in Distress General Guidelines	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Suicidal Behavior	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
How to Help a Friend: General Guidelines	Helping a Friend on Student Mental Health website
Crisis/Urgent Concentration	Resources For on Student mental health website
Red Folder	Provost's Student Mental Health webpage

The interviews that I conducted with staff provided me with several additional documents to supplement the corpus. The student affairs case manager provided me with one document and the housing and residential life supervisor provided me with eight documents. I determined that several of these documents were not directly related to

suicide and therefore did not include them in my analysis. Table 7 shows the documents that I received from staff members that I analyzed.

Table 7**Student Affairs and Housing and Residential Life Documents**

Case manager outreach email to students
 Resident Assistant Training Scenarios
 Resident Assistant Training Facilitation
 Guide
 Behavioral Commitment Template
 Behavioral Commitment Guide for Staff
 Wellness Plan
 Wellness Plan Guide for Staff

After I conducted interviews with student members of the SSS, I collected documents by searching on the internet for the SSS's social media pages, university hosted website, and any other materials. I used Google to search for their social media and student organization webpage and other potential documents. I located the SSS's Facebook page and found posts written by student members that described their motivation for joining the organization. I included these posts in my analysis. I also found the SSS's university hosted registered student organization page. Finally, I located an image of the SSS resource card embedded in a Prezi used by the SSS to train new members. The resource card is a card student members carry with them and use if they are approached by someone who discloses suicidal thoughts. I analyzed four documents, shown in Table 8.

Table 8**The SSS Documents**

Facebook Posts
 Midwest U Page
 Resource Card
 Training Prezi

Data Analysis Method – Critical Discourse Analysis

The corpus of my study included only text documents. No other form of media or documents were included. I transcribed the interviews myself. I then uploaded the transcripts into ATLAS.ti qualitative data management software. I used ATLAS.ti because it provides researchers with the flexibility to conduct CDA.

CDA cannot be considered a singular method with a template outlining the step-by-step process to follow for analysis (Martínez-Aléman, 2015). The critical discourse analyst must keep in mind the critical foundation for the research, which assumes connections between the text and society (Martínez-Aléman, 2015). By grounding myself in the methodological considerations of Fairclough (1995, 2015) outlined above, I embarked upon my analysis.

Despite the lack of a clearly defined process for conducting analysis in CDA, McGregor (2004) provided guidelines for analyzing text with the goal of revealing hegemonic discursive practices. In the interest of clarity, I chose to numerically organize McGregor's guidelines, which I followed in my analysis of the interview transcripts and documents I collected. The first three readings of the text do not dive into the minutiae of the individual words, rather, I, the analyst, engaged with the text in its entirety.

1. Read the text uncritically.
2. Reading the text a second time with a critical eye, asking questions about the text.

3. Framing the text: reading it again and examining what perspective is presented. (McGregor, 2004, How to Conduct Critical Discourse Analysis section)

I used the memo feature of ATLAS.ti to ask questions about the text and examine the perspectives presented. The memos that I wrote helped to inform what I coded for in the following step. I also wrote memos about my own feelings as I read the texts. This was an attempt to engage in a critical reflexivity (Fairclough, 1992; Polanco et al., 2017) that allowed me to recognize moments when my personal experience might inform my analysis.

Following these readings of the text, in which I attempted to understand the texts as a whole and situate them within their context, I analyzed the more minute aspects of the text and began to use line by line coding (McGregor, 2004). McGregor (2004) suggested eight techniques for the granular analysis of a text. This technique provided me with the necessary tools to implement the textual analysis described by Fairclough (1992). I coded the texts in a multi-step coding process. The first phase of coding used deductive codes based on these eight techniques to identify discursive practices revealed in each text.

1. Topicalization: what does the writer put into topic position, thereby influencing perception?
2. Information about power relations: who is given agency?
3. Omission of information.

4. Presupposition of information and knowledge.
5. Insinuations or double meanings.
6. Connotations associated with word or words.
7. Tone of the text: set using specific words that convey degree of authority and certainty.
8. Register: who is speaking in the text? (McGregor, 2004, How to Conduct Critical Discourse Analysis section)

After applying this deductive coding strategy to the text, I re-read and did a second phase of deductive coding. It was informed by Marsh's (2010) Foucaultian analysis of contemporary suicidology. My codes focused on the three assumptions about suicide present in contemporary suicidology (suicide is pathological, the study of suicide is science, and suicide is individual) and how they were apparent in the discourse about suicide at the university. When coding the student interviews, my codes were informed by White's (2017) life activating questions that inspired my third research question.

1. What if suicidal thoughts were no longer understood as a giving up on life or the opposite of life (and thus something to be forbidden) but instead were seen as particular forms of life or life-activating practices that provoked vital critique, freedom, rebellion, solidarity and transformation?
2. What paradoxical, life-giving affordances are achieved through the contemplation of death and suicide, and how might we engage with, rather than fear these paradoxes?

3. If suicide itself were to be reconceptualized as a political issue and a “public trouble” (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response? (p. 478)

While coding both staff and student interviews I opted to code only the sections of the interviews that were directly related to suicide. Fairclough (1992) asserted that his own version of CDA is most effective when applied as a “detailed analysis of a small number of discourse samples” (p. 230). I had previously applied this concept to the selection of which documents I would analyze. I applied this principal again in opting to code and analyze only the portions of the interviews that represented “cruces” (Fairclough, 1992, p. 230). Throughout all the interviews there were extensive portions in which suicide was not discussed. This was often during the rapport building process or when staff members were explaining job functions.

While coding the staff and student interviews, I also used an inductive coding strategy (Saldaña, 2016) that allowed me to identify keywords and concepts that I wanted to analyze and that fell outside of the formulaic coding strategy outlined above. For the student interviews, I realized that there were small portions of the text when students were describing their personal experiences of feeling suicidal. I decided to use concept coding (Saldaña, 2016) to capture the essence of these experiences. These codes all fell within the parent code experiencing suicidality. For the staff interviews, I used an inductive coding strategy to identify what I determined to be “keywords” used about suicide. Many of these I also coded as McGregor’s (2004) sixth item, connotations of

words. But I felt it was important to capture them outside of the framework of MacGregor's coding strategy. I used the ATLAS.ti coding feature for each phase of coding.

Timeline

Because of the Covid-19 pandemic, my data collection timeline did not follow the plan I had originally created. I began data collection in February 2020 with student interviews and document collection. I conducted document collection in spring of 2020 and then again in the late summer/early fall of 2020. I conducted practitioner interviews in August and September 2020. I transcribed my interviews in the fall of 2020 and began coding and analyzing data in early 2021.

Trustworthiness and Limitations

The trustworthiness of this research was established through adherence to the systematic approach I took to analysis, informed by McGregor (2004) and Martínez-Aléman (2015). Furthermore, I ensured trustworthiness by continuing to ground my analysis in Fairclough's (1992, 2015) recommendations for conducting CDA as method. My data collection methods allowed me to build a thorough corpus, which ensured that the university discourse I analyzed was robust. I had originally hoped to conduct multiple interviews with each student but was unable to during the pandemic. To ensure I had a robust amount of data to identify the student discourse I collected additional student documents, as discussed above. Nonetheless, I recognize that my student data was limited by the pandemic.

One limitation of this research is my own bias and subjectivity, which I discuss in my positionality statement below. From a critical perspective, every researcher brings their own subjectivity to research. I believe that my professional and personal experience provide me with emic knowledge about suicide and enhanced my capacity to thoroughly understand and analyze the corpus. Fairclough (1992) asserted that every interpreter of text engages in that interpretation differently. As an analyst interpreting the text, I brought my own lens to the act of interpretation. And as a critical inquiry, the goal of my study was to critique. I was intentionally political in the design of the study and in my analysis my goal was to engage in a critique of the dominant discourse about suicide.

The timing of the study, during a global pandemic, posed additional challenges and limitations. I was unable to gather the student data I had planned. I augmented the study to try to account for this but the possibilities for gathering student data were nonetheless limited by the pandemic.

Another limitation comes from recruitment pool of students. One might argue that I conducted interviews with students who do not represent the general population since they were involved in advocacy around mental health. I felt that I had to interview students from these student organizations precisely for that reason. These students were aware of mental health resources, and by nature of their involvement in advocacy they demonstrated their ability to discuss mental health challenges and suicide. I further address this issue below in a brief discussion of the ethics of conducting interviews with individuals who have experienced suicidal ideation.

One final limitation I will discuss relates to conducting interviews with students who have experienced suicidal ideation. Bantjes and Swartz (2019) believed that individuals who have experienced severe suicidal ideation or attempted suicide may have altered perceptions about those experiences. These perceptions may subsequently affect the narratives of those individuals and render them unreliable. While acknowledging this possibility, qualitative inquiry always involves questions about individuals' retellings of events and how they may differ from what actually happened (Pasupathi et al., 1998). The goal of qualitative research is not to convey the facts about events, but rather the meaning of the events in question. The goal in my research was not to convey facts about students' experiences with suicidal ideation, but to identify the language students used to discuss these experiences.

Positionality

My interest in the topic of suicide among college students stems from my professional experience as a practitioner in student affairs. As a member of the dean of students' office and student behavioral intervention team (BIT) at a large public university, I was privy to high level cases of students experiencing a spectrum of mental health crises. These included students with suicidal ideation or who had made suicide attempts, and sadly, several students who died by suicide. As a member of the BIT, I witnessed the institution employ a variety of intervention techniques. While acknowledging the good intentions of my colleagues and the successful interventions that helped students, I frequently felt uncomfortable with some approaches. This included the

application of the student conduct code for students experiencing mental health crises, often students who disclosed suicidal ideation.

After several years on the BIT, I transitioned to a role in the Office of Judicial Affairs. As a student conduct officer, I became one of the institutional agents applying the code of conduct to students with suicidal ideation. This practice left me feeling deeply conflicted. I vividly remember one student who had expressed suicidal thoughts to his partner, before grabbing a knife from the kitchen of their on-campus apartment and walking toward the lagoon. He was ultimately located and had not acted upon his suicidal thoughts. I was directed to convince the student to engage with an on-campus psychologist and advise him that failure to follow the recommendations of the psychologist would constitute a violation of the code of conduct. I tried very hard in my initial meeting to express my concern for the student and desire for his wellbeing to improve. When I was informed that he did not follow up with his psychologist as recommended, I was told to call him back into my office for a second discussion. Again, I felt deeply conflicted about this conversation, in which I was to more directly tell the student that he had to go to therapy, or he would be considered in violation of the conduct code and subject to disciplinary action. I left that job when I moved to Minnesota to begin my graduate studies.

My desire to examine interactions such as the one I had with that student drew me to this topic. I considered these experiences as I explored the literature about college student suicide. As someone who has acted on behalf of an institution of higher education

responding to college students with suicidal thoughts, I bring those experiences, and my reflections on them, with me.

During my data collection and analysis, and indeed the writing of this dissertation, I revisited my positionality in relation to suicide and university suicide prevention and intervention. I wrote memos about my personal feelings about the data as I analyzed them. These memos allowed me to identify my position in relation to the data and my objectives in conducting this research. As I have stated, my goal is to challenge the dominance of a single paradigm in the study of and prevention of suicide.

In CDA, the researcher must engage with the discourse under investigation to gain access to the “processes of production and interpretation” (Fairclough, 2015, p. 175). In order to make sense of the data I had to draw upon my own interpretations of the discourses that I investigated. Fairclough (2015) reminded analysts to “be sensitive to what resources they are themselves relying upon to do analysis. At this stage of the procedure, it is only really self-consciousness that distinguishes the analyst from the participants she is analyzing” (p. 176). In my analysis, I wrote memos to remain self-conscious about what resources I was using to interpret the data. This involved grounding myself in the literature of critical suicidology and acknowledging when aspects of the data were similar to my experiences working in student affairs. This aligned with Fairclough’s suggestion that the position of the analyst differs from that of the participants because the analysts’ resources “are derived from a social theory” (p. 176).

Self-consciousness was important to avoid “importing untheorized assumptions about society” into my analysis (p. 176).

Ethics

Polanco et al., (2017) offered important reflections on exercising moral care when conducting qualitative suicide research with persons who have lived experience of suicide. The authors discussed the need to exercise moral care and commitment to the welfare of others. My main priority throughout the process of recruiting and interviewing students with personal experiences with suicidal ideation was ensuring that the research process did not negatively impact their wellbeing. Polanco et al. (2017) cited the past damages to individuals and societies in the name of both qualitative and quantitative suicide research, including both the othering of certain communities and oppressive use of knowledge. In this research, I maintained a moral imperative of honoring the knowledge of the participants while attempting to leverage their knowledge and experience to liberate suicidology from the powerful hold of a single epistemology.

Reflexivity, which Polanco et al. (2017) defined as making clear their role as researchers, the social relevance of the study, and its procedures was something that I practiced throughout interviews with students and during data analysis. I informed each of my participants about the nature of the study and why I was conducting the study, while also allowing them multiple opportunities to ask questions of me about the research. Furthermore, I continued to revisit my positionality throughout the research process so that I remained connected to my motivations for this research, and my

personal and professional experience with suicide. I did this both during data collection, and during analysis of the data.

I recognize that part of the contribution of my dissertation research is paving the way for other researchers to conduct qualitative research with college students about suicide. As such, I take seriously my responsibility for demonstrating clear ethical standards in my research methods. This commitment manifested itself in my decision to discontinue interviews with students as the negative mental health impacts of the Covid-19 pandemic became clear in spring 2020 (Hoyt et al., 2020). While the lack of data would negatively impact my study, my main priority was the welfare of the participants.

Chapter 4: Constructing Suicide and Suicide Response

The analysis in this study adhered to the structured approach I outlined in chapter three. I followed Fairclough's (1992) three-dimensional model of CDA (text, discursive practice, and social practice) in my analysis. The analysis was an iterative process during which I examined and reexamined data as I discovered new concepts and ideas. I grounded myself in the theoretical framework of critical suicidology as I focused on interpreting the discourses about suicide that were present at Midwest U. This allowed me to identify the ways that assumptions inherent to contemporary suicidology pervaded the institutional discourse and influenced the constructed reality of what suicide is on campus. Using CDA allowed me to examine and analyze the ways the university constructed suicide and the mechanisms with which students interact that constructed suicide. I did this to answer my first two research questions:

1. How does a university construct suicide?
2. What institutional mechanisms do students encounter that construct suicide? By institutional mechanisms, I mean university policies and practices.

Analyzing the Corpus

I adhered to McGregor's (2004) process for coding data throughout my analysis. I engaged in an iterative process of data collection, whereby I gathered documents both before and after conducting interviews with Midwest U staff. When I coded the data, I began by coding the documents that I had gathered through my methodical document collection strategy and those that were sent to me by staff members whom I had

interviewed. Because I had used the interviews primarily as a means of identifying documents to include in the corpus, I wanted to begin my analysis with the documents themselves. The interviews with staff (after conducting them and familiarizing myself with the transcripts) served primarily as supplemental context for the documents. They allowed me to make sense of what I read in the institutional documents by understanding the rationale behind them as described by the practitioners.

After initially coding the documents and interviews using the McGregor (2004) process for coding, followed by my secondary coding phase using the assumptions of contemporary suicidology, I conducted a third phase of coding using an inductive coding strategy (Saldaña, 2016). This final phase of coding identified keywords and concepts present in the interviews. I focused my analysis on two main concepts: how the documents and practitioners constructed suicide, and the mechanisms students encounter that constructed suicide. These concepts allowed me to focus my analysis on my first two research questions. My analytic process adhered to Fairclough's (1992) three-dimensional framework of CDA. As I discussed, the process was iterative. I began with textual analysis, followed by discursive practice analysis, and then social practice analysis. Yet, I continually revisited each section throughout the process as deeper understandings of the text became available to me.

Through the analytic process I identified the primary construction of suicide at Midwest U. Suicide was constructed as dangerous—a crisis—and students with suicidal thoughts were subsequently constructed as problems to be managed. The first and third

assumptions of contemporary suicidology, that suicide is pathological and individual, appeared repeatedly throughout Midwest U's suicide documents and in interviews with practitioners. The primary institutional mechanisms students with suicidal ideation encountered at Midwest U were various forms of interventions that guide them to resources, of which there were two types: professional mental health treatment or emergency response services (911). In the following sections, I will discuss the textual, discursive, and social practice analysis that led me to each of these findings. I will then synthesize and discuss the findings at the end of this chapter.

Textual Analysis

The textual analysis of university documents and practitioner interviews represented the first phase in an iterative process of textual, discursive, and social practice analysis. Fairclough (2003) asserted that textual analysis "should not be seen as prior to and independent of social analysis and critique" (p. 16). While I agree that textual analysis should not be considered "prior" to the other forms of analysis, it was necessary to embark upon my analytic journey with a starting point and beginning with textual analysis made the most sense given its role in Fairclough's (1992) three-dimensional framework of discourse. I utilized Fairclough's concepts of vocabulary, cohesion, and text-structure in my textual analysis of the university discourse.

I integrated my understanding of critical and contemporary suicidology throughout the textual analysis process. Fairclough (2003) wrote, "what we are able to see of the actuality of a text depends upon the perspective from which we approach it,

including the particular social issues in focus, and the social theory and discourse theory we draw upon” (p. 16). I approached the text through the perspective of my critical lens and the critical suicidology framework.

Throughout my analysis, I relied on the work of Pyawasay (2017) to inform my approach to conducting CDA on university documents. Pyawasay utilized CDA to examine how modern-day institutions of higher education represent colonizing spaces for indigenous students. While the topics of our research differ, I saw parallels in Pyawasay’s analysis and integration of Fairclough’s (1992) approach to CDA and my own. Like Pyawasay, I began my CDA with a textual analysis (Fairclough, 1992).

Vocabulary

Examining the lexicon used throughout Midwest U’s documents related to suicide and suicide response allowed me to understand how the text helped to create the social reality of suicide at the institution. Fairclough (1992) wrote that “the relationship of words to meanings is many-to-one rather than one-to-one, in both directions: words typically have various meanings, and meanings are typically ‘worded’ in various ways” (p. 185). I focused my analysis on the former: the idea that words have multiple meanings. I relied on the first phase of coding I conducted using McGregor’s (2004) guidelines for analyzing text.

I used ATLAS.ti to code the documents and I had a unique code for each of the eight stages of McGregor’s (2004) guidelines. I used the parent code 6C to denote connotations associated with word or words. McGregor (2004) asserted that:

Even one word can convey strong meaning—connotations! These connotations are not always, or seldom, in the dictionary but often assigned on the basis of the cultural knowledge of the participants. Connotations associated with one word, or through metaphors and figures of speech, can turn the uncritical viewer's mind.

(How to Conduct Critical Discourse Analysis section, para. 15)

After coding the documents, I identified trends in the vocabulary by counting the frequency of codes. I used ATLAS.ti to view connections between words and quotations that were coded with the 6C parent code and child codes.

One of the most notable trends was the frequency of usage of the following words in both university documents and practitioner interviews: danger, crisis, threat, self-harm, outburst, issue, situation, and problem(s). Each of these eight words carries very negative connotations that may even invoke feelings of alarm in the consumers of the text.

Examples of the manifestations of these words included:

- Student is imminently **dangerous** and **threatening harm to self** or others.
- **Dangerous crisis situations** include suicidal behaviors or **threats**.
- If the mental health **crisis** you are experiencing is not **dangerous**...
- At this point you are in **crisis**...
- Do not take on other people's **problems** and then feel responsible for the outcome of the **problem**.
- You don't have to fix the student's **problems**.

These words appeared in the university mental health website and the housing and residential life documents that I analyzed.

Martínez-Alemán (2015) used McGregor's (2004) process for conducting CDA and focused a portion of analysis on the lexical choice in documents. She applied her own interpretation of the connotations of particular words that she coded to her analysis. At this stage I integrated my theoretical perspective into the analysis. Fairclough (1992) argued that researchers should focus on the political and ideological significance of particular words. I therefore chose to superimpose the second phase of coding, in which I applied the assumptions of contemporary suicidology, (suicide is pathological and suicide is individual) to the quotations that contained these eight words (danger, crisis, threat, self-harm, outburst, issue, situation, and problem[s]).

The language used in the university documents that referred to suicide as a problem, crisis, danger, etc. reinforce the third assumption of contemporary suicidology, that suicide is individual. Kral (1998) discussed how "belief in this person-centered origin of suicide is strongly held, though implicit" (p. 229). Kral went on to say that:

what is needed is an inquiry into the legacy of explanation in suicidology, particularly into our understanding of the locus of the origin of the idea of suicide appearing in the mind of the individual prior to engaging in this act" (p. 229)

Kral's words led me back to Marsh's (2010) work tracing the origins of the modern construction of suicide. Marsh examined the history of psychiatric asylums. A complete discussion of the history of psychiatric asylums lies outside the scope of this study.

Particularly germane to this study, however, was Marsh's focus on asylums "managing the problem of the suicidal patient" (p. 156). According to Marsh, psychiatrists in the late 1800s to early 1900s perceived suicidal thoughts to be "madness...characterized by the eruption of an internal, destructive force" (p. 156). Subsequently, their aim was to use various methods of control to contain the force. As a result, individuals perceived to be suicidal were deprived of their rights as psychiatrists exerted control over them.

The rationale for containing and controlling individuals was, according to Marsh (2010) that it was what was what was best for them. Marsh integrated Foucault's (2006) account of the ways in which psychiatric power constituted an unequal power relationship between doctor and patient. By constructing individuals with suicidal thoughts as dangerous, psychiatrists rationalized control and "a whole host of repressive practices, as well as providing the opportunity for the production of knowledge" (Marsh, 2010, p. 159).

The historical positioning of suicidal or potentially suicidal persons as being dangerous, therefore, created an unequal power dynamic in which the patient held less power. My CDA of the university mental health website and housing and residential life materials revealed a similar pattern. In Midwest U's documents, students with suicidal thoughts or who were believed to be on the cusp of engaging in suicidal behaviors were discussed as dangerous, as problems, and their experiences were a crisis. According to Fairclough (1992), analyzing text requires focusing on the ideational function of language and its role in "constructing social reality" (p. 168). In the case of the eight words that

appear so frequently throughout the university documents, the social reality that was constructed is one in which the potentially suicidal student is dangerous.

Given the complicated legal environment that I discussed in chapter one, it is not particularly surprising that a university might construct students in this way, whether knowingly or unknowingly. If institutions of higher education are legally required to protect students, even from their own behaviors, or risk being found legally liable for any harm that may come to them (Krohn, 2019), they may have an interest in exerting a level of control over them. Federal disability laws prevent institutions from acting preventatively to remove students from school. Yet, some institutions do use leverage to compel students whom the university has determined are a danger to themselves to participate in clinical assessments or forced leaves of absence (Kirchner et al., 2017; Pavela, 2010).

Cohesion

According to Fairclough (1992), the ways in which clauses are connected within sentences and the ways in which sentences then connect with one another in a text pose ideological significance. Analyzing cohesion allows the researchers to view the “standards of rationality” presupposed within the text (Fairclough, 1992, p. 171). In other words, by understanding the technical ways in which clauses and sentences are linked together, the researcher can make sense of the purpose of such linkages and apply a theoretical lens to unpack the rational for them. In this study, the analysis of cohesion within the university suicide documents and interviews with practitioners provided me

with insight into the ideological assumptions about suicide that pervaded the institutional suicide discourse.

As previously stated, throughout the iterative analytical process, I wrote memos about my preliminary findings. During the coding process I recognized that much of the emphasis in both documents and interviews was on the importance of resources. I wrote a memo about what I was noticing, and I documented my realization that throughout many of the documents the desired outcome for students was resources. This realization allowed me to then focus on codes related to resources and conduct a specific textual analysis focused on cohesion within the text and understand more systematically how the ideological assumptions about suicide manifested in such a way that it was clear that the desired outcome was connecting students with resources.

- The student, if they could get connected to **resources** they could get better.
- Usually, the best approach will be for the concerned party to assist the student with a referral to appropriate **resources** on campus.
- If a student has mentioned suicide, ask directly if (s)he has a plan. Take the student seriously and clearly state that (s)he must talk with a **professional** before you can feel comfortable.
- We connect students to **resources**.
- Reinforce you want to be helpful, but helping is getting the student to **someone who is trained to deal with these type of issues**.

In each of these examples, the sentences are structured so that the goal is clearly a student being connected/referred to a resource/professional. In each example, the subject, students, are subjected to the action of connection to the object, a resource:

Students → Connect → Resources

What is particularly noteworthy about these statements is that in the institutional documents this was almost uniformly the endpoint for the interaction with a student. The outcome for students is a resource. This presupposes a great deal about what a resource would provide to the student in question in these documents. Because the documents do not articulate desired outcomes for students who express suicidal thoughts beyond connecting them to a resource, the interpreter is left to assume that the resources will help the student. Beyond the general capacity to provide help to the student, the outcomes are unknown.

The university's repetitious statements that resources/professionals/therapists are the desired outcome for a student who may experience suicidal thoughts reinforces the first assumption in contemporary suicidology: suicide is pathological. As discussed in chapter two, the assumption that suicide is the result of a mental illness has become so pervasive in suicidology, and indeed beyond and into the shared social reality, that it constrains the ability to view suicide as anything other than the result of a mental illness (Marsh, 2016). As such, existing options to respond to a person experiencing a suicidal crisis focus almost exclusively on psychiatric or psychological interventions, primarily based on the medical model.

In several of the documents that I analyzed there were lists of resources where faculty, staff, and students should refer a student experiencing suicidal ideation. These included university counseling and health services, local counseling and health services, 911 or other public safety offices, the university behavioral intervention team, the student conduct office, and the international students office. In several of the documents there was a decision tree in which the choices were to call 911 or to refer a student to counseling. The resources, therefore, that were the desired outcome for students who may experience suicidal ideation, were primarily focused on psychological or psychiatric intervention or crisis response through 911.

In Pyawasay's (2017) use of CDA in the higher education context, the author found that resources were constructed as connecting students with success. Resources were the key to students achieving a desired institutional outcome: student success. I found the contrast in my own study noteworthy because resources for students experiencing suicidal thoughts were constructed as the desired outcome. Wexler and Gone (2016) discussed the primary implication of assuming that suicide is a psychological problem: "suicide prevention is best achieved by mental health professionals" (p. 60). They went on to say that,

supposedly, because clinicians have the knowledge and skills to treat mental health disorders, they are best able to intervene effectively in suicide crises. Based on this understanding, Western suicide intervention invariably recommends

referring the suicidal person to the mental health system if he or she is at high risk. (Wexler & Gone, 2016, p. 61)

The assumption that suicide is pathological and subsequently that only a mental health professional is qualified to assist a potentially suicidal student was evident through the cohesive connections in the Midwest U documents. The emphasis on professional mental health treatment remained evident throughout other dimensions of the discourse analysis.

Text Structure

Analyzing the text structure involves identifying and unpacking the implications of the design features of the texts. Fairclough (1992) referred to this as the “architecture” of texts (p. 77). In adhering to McGregor’s (2004) analytical and coding process, I conducted the text structure analysis on the third reading of the documents when focusing on how the text was framed. Framing, according to McGregor (2004) involves identifying the perspective being presented in the text through identifying different elements, including headings, keywords, etc. In my analysis, I wrote memos about the framing of the text before moving into the coding process. The memos about framing in the university documents nearly all mentioned the emphasis on numerical lists, bolded words providing clear directives to the reader, and decision trees.

All of documents that specifically provided guidance to faculty and staff on assisting a student utilized numerical lists and bolded or capitalized words directing the reader what to do or not do in the situation. These documents included:

- Communicating Distress Through Writing

- Communicating Distress Verbally
- Assisting Students in Distress General Guidelines
- Suicidal Behavior

To determine the features of social practice that both create and are created by this type of framing in the text, I turned to Fairclough (1992). Fairclough (1992) reminded critical discourse analysts to “make sense both of the features of the text and of one’s interpretation of how they are produced and interpreted, by seeing both as embedded within a wider social practice” (p. 198). Shannonhouse et al. (2017) critiqued the linear process inherent to gatekeeper trainings. In those trainings, there is a list of actions a person responding to someone who may be experiencing suicidal thoughts must follow. The result of this list is referring the individual of concern to a mental health professional. This linear process ending in referral to a resource was reproduced throughout Midwest U’s documents related to suicide. Furthermore, the use of capitalized and bolded words directing readers what to do and not do implied that the text and its authors were the authorities on the subject, in this case, suicide.

The dominant suicide paradigm, which constructs suicide as both individual and pathological and subsequently most effectively addressed through psychological or psychiatric intervention, is evident in each of these documents. A numerical list of steps to take to respond to a person who may be experiencing suicidal thoughts implies that the outcome of the situation is predetermined and will not deviate. Therefore, there is an assumption that suicide is fully known and understood in these documents. This is a

feature of contemporary suicidology, that it is possible to define and understand suicide in its entirety, while critical suicidologists argue that the truth about suicide may never be fully realized (White, 2017). To assume that responding to a student with suicidal thoughts can follow a predetermined set of steps to reach a desired outcome ignores the complexity of individuals and their needs while also reducing institutional risk by attempting to control human behavior. In the next phases of analysis of the institutional documents and practitioner interviews, the hegemony of contemporary suicidology continued to be evident.

Discursive Practice Analysis

Analysis of discursive practice, according to Fairclough (1995) focuses on “aspects of text production and interpretation...analysis involves both the detailed moment-by-moment explication of how participants produce and interpret texts...and analysis which focuses upon the relationship of the discursive event to the order of discourse” (p. 134). In other words, discursive practice analysis involves understanding the relationship between texts and social practice and applying context to understand how the texts are produced and consumed. In the discursive practice analysis of Midwest U’s documents and practitioner interviews, I utilized Fairclough’s (1992) headings: force, coherence, and intertextuality.

Force

The features of the text structure discussed in the textual analysis section remain relevant in the discussion of force in Midwest U’s documents. The force of a text is the

“actional component, a part of its interpersonal meaning, what it is being used to do socially, what ‘speech act(s)’ it is being used to ‘perform’ (give an order, ask a question, threaten, promise, etc.)” (Fairclough, 1992, p. 82). While this might seem to indicate that the analysis is therefore focused upon the verbs in each clause of the documents, the analyst is in fact focusing on the context around the actional components of the text. In this analysis of force, I integrated the context of several different discourses and forms of social practice. I delineated two bodies of documents that revealed two different types of force. The first was documents from the student mental health website directing faculty and staff on how to respond to students. The second body was housing and residential life contracts made between students and the university regarding their behavior following a documented suicidal experience.

In the first body, the student mental health website documents, I focused on the second stage of McGregor’s (2004) coding process, agency. McGregor discusses agency thusly “sentences can also convey information about power relations! Who is depicted as in power over whom? Who is depicted as powerless and passive? Who is exerting power and why?” (How to Conduct Critical Discourse Analysis section, para. 11.) The focus of the codes around agency, therefore, was upon which party was given power in an interaction between student and faculty/staff. Fairclough (1992) wrote that “before an interpreter can draw upon either context or situation...to interpret the force of an utterance, she must have arrived at an interpretation of what the context of the situation is” (p. 82). In my analysis, I understood this as requiring me to understand who was

afforded agency in interactions with the students and subsequently what was the context behind the force of the text. I denoted the codes for agency in ATLAS.ti under the parent code 2A.

In the student mental health website documents, the codes in the 2A parent code group indicated that agency was given to faculty/staff in interactions with student, for example:

- **Let** a student express feelings.
- ENSURE PRIVACY when you talk and **choose** a time when you are not preoccupied or rushed.

In both examples, it appears that the faculty/staff were afforded agency in deciding the nature of the interaction with the student. The reader, presumed to be a faculty or staff member, was directed by the producer of the text to allow students to talk and given the option to choose when to talk with students. In the context of this apparent agency given to faculty and staff to dictate the terms of their interactions with a student experiencing suicidal thoughts, the force of the documents is readily understood within the discursive practice of the institution. The elements of the text discussed in the text structure (linear and directive) assumed that the faculty and staff are in control of situations with suicidal students and therefore able to adhere to the prescription for responding to them. It is the university that actually has agency in these interactions by exercising control over faculty and staff in directing them on what to say and do in these situations. The social practice influenced and influencing these assumptions is representative of the contemporary

suicidology paradigm, in which the person experiencing the suicidal thoughts must be treated or cured through a predetermined method—professional mental health treatment and crisis intervention (Marsh, 2016).

Another relevant aspect of the discursive practice at play in the student mental health website documents was the assumption about the expertise of the producers of the text. The directive nature of the force of the text implied that the producers of the text are the experts while the consumers have no knowledge or skills in this area. This aligns with post-positivist assumption within contemporary suicidology, that the suicide experts (ie. researchers, clinicians, etc.) know what suicide is while those experiencing suicide or those without clinical or scientific expertise do not (Hjelmeland & Knizek, 2011; Tuhiwai-Smith, 2012; Webb, 2010). Clues as to this assumption were evident in the structure of the text, as discussed above. The force of the text, however, which included capitalized verbs providing clear and simple instructions to the audience, made it further evident that these texts were a simple how to guide for readers. For example, the capitalized words in the document about “assisting students in distress” included:

- WHAT TO DO
- GATHER INFORMATION
- ENSURE PRIVACY
- EXPRESS CONCERN
- BE HONEST
- LISTEN

- CLARIFY
- DEMONSTRATE
- COMMUNICATE HOPE
- RECOMMEND RESOURCES
- MAINTAIN PROFESSIONALISM
- RESPECT
- FOLLOW UP
- RECOGNIZE
- CONSULT
- A FEW THINGS TO AVOID
- DON'T (this word is repeated 6 times in the list of things to avoid)

The second body of text I examined in my discursive practice analysis of force was housing and residential life contracts made between students and the institution. I learned of these documents through the housing and residential life practitioner whom I interviewed. That participant provided me with some of the context around the documents in understanding when and how they would be used by the housing and residential life staff. The two types of contracts are: a behavioral commitment template, completed by a student within 24 hours after returning from the hospital following a mental health emergency, including suicidal thoughts or actions; and a wellness plan completed by the student as a follow up to the behavioral commitment.

Once again, I began the analysis of force by examining the use of the 2A agency codes to understand who was afforded agency in the contracts students signed with the institution. In these documents, the agency at first appeared to be afforded to the student and this was achieved by writing the contracts in the first person.

- I will take no action to harm **myself**.
- I will call and inform my parents/primary caregiver of my current situation, and I will be honest and upfront with my parents/primary care giver when they ask about how I am doing.
- Things I want to do for **myself** everyday.

Upon closer analysis and given the context, however, it became evident that while the students were signing documents that were written in the first person, they were agreeing to a set of actions that actually stripped their agency. For example, in the wellness plan documents, the following statements were included:

- People I have affected:
- People I need to thank:
- People I need to apologize to:
- People who I need to make it up to:

Because these statements are written in the first person, they appear to give students agency over their actions. Yet, there is an element of coercion in the nature of the documents because students are required to complete and sign these contracts with the institution. The force in this case was coercive, appearing to provide students with choice

over their actions while also requiring them to fit into the university's predetermined method for following up to a suicidal experience.

The concept of students being directed to apologize and "make it up to" individuals following a suicidal experience led me to Rowe (2016). Rowe's firsthand account of her recurrent suicidality elucidated the negative stigma attached to suicidal ideation and behaviors. Rowe pushed back against the prevalent discourse that suicide is used for power or manipulation or to attract attention. For Rowe, suicide was a desperate plea for help because she was unable to control her environment. This persistent negative stigma she experienced, in which her own suicidality was constructed as something she was doing to others and for which she should atone, contributed to her suffering in a feedback loop. Rowe wrote:

I believe that suicidality is grossly misunderstood by the general public and poorly understood by many of the professionals who treat it. It has been tainted by the negativity of medical and social stigma born out of a lack of understanding of the torment of the chronically suicidal. (p. 161)

Echoes of Rowe's (2016) experience were evident in the behavioral commitment and wellness plans I analyzed. When the force of an institutional document directing students on how to proceed following a suicidal crisis or experience is such that the student is being directed or even coerced into apologizing for their experience, the social practice is one in which suicide is bad. White (2017) called for suicide to be reexamined through a more openminded lens in which the paradoxical nature of suicide might be

imagined. Within the confines of contemporary suicidology, however, and in relation to the risk management discourse that envelops institutions of higher education, it is evident that suicide is constructed as something bad for which a student must apologize.

While the two bodies of documents (student mental health website and housing & residential life documents) that I analyzed used force differently, they had similar aims. On its face, there appears to be a contrast between the two bodies of university documents. First, agency appears to be given to faculty and staff to dictate the terms of the interaction and proceed according to the numerical list provided by the institution. Although it is truly the producers of the texts at Midwest U that have agency in the interactions; faculty and staff are used to exert power over students by adhering to the text. In the second body of documents, students at first appear to have agency over their actions, which would be in stark contrast to the directives given to staff on controlling the situation and referring students to professionals. But closer analysis suggested that students signing the behavioral commitment and wellness guides were not afforded agency over their own actions.

Directing staff on how to interact with a student and coercing students to agree to certain behaviors represents an attempt to control students experiencing suicidal thoughts. This once again echoes the social practice of controlling suicidal individuals in psychiatric hospitals in the 19th and 20th centuries (Marsh, 2010). Framing students as dangerous and problematic rationalizes the control of their behavior and that of faculty and staff who interact with them.

White (2020) described contemporary suicide prevention practices as a form of purism, whereby “we seek to ‘meet and control a complex situation that is fundamentally outside our control’ (Shotwell, 2016, p.8)” (p. 199). Midwest U’s attempt to control the actions of students who experiences suicidal thoughts reflected this trend within contemporary suicidology to control a situation that is fundamentally outside the control of the institution. And yet the federal government and the court system require institutions of higher education to provide for the safety of students, even in the case of potential self-harm (Krohn, 2019). This is a true paradox for institutions and evidently they are challenged to navigate this space.

Coherence and Intertextuality

In Fairclough’s (1992) view, the concept of coherence is one of the pillars of interpreting texts. Furthermore, coherence is not an objective property of a text. Rather, coherence is “a property which interpreters impose upon texts, with different interpreters (including the producer of the text) possibly generating different coherent readings of the same text” (Fairclough, 1992, p. 134). In other words, the producer(s) of a text assume that readers will make connections between elements of the text that result in a coherent understanding of a text. Fairclough (1992) discussed the concepts of coherence and intertextuality as entangled. Texts, in Fairclough’s view, contain elements of other texts and are ceaselessly reproducing elements of previous texts (this is intertextuality). This continual reproduction and usage of various other texts allows for producers of texts to reasonably assume, consciously or not, that the consumers of a text will make necessary

assumptions to coherently comprehend a text. Relationships between various elements of the text can be inferred by producers and consumers because the relationships are not new, they build on social identities and relationships that exist in other texts and in the wider social practice (Fairclough, 1992).

In this study, the concepts of coherence and intertextuality apply readily to the assumptions on display in the discussion of cohesion above. But in considering how the assumptions of contemporary suicidology pervade the discursive practices on display in the texts I analyzed, closer analysis of the practitioner interviews was necessary. While the university documents related to suicide provided an opportunity to analyze the semiotic connections in the text, the discursive practices in the practitioner interviews represented an opportunity to apply the critical suicidology framework. The following practitioner interview excerpts were useful in this analysis. These excerpts come from the student affairs case manager and the housing and residential life staff member.

- Maybe there's just some things that, the student, **if they could get connected to resources they could get better.**
- And we want to kind of learn more and then we also want to see if there are any interventions and what an intervention can look like would be: meeting with the student to share resources, **sharing resources could be an intervention.**
- It's more just wanting to **make sure that they are connected to resources.**

- So we may ask, like hey, we're concerned and we're wondering who are you talking to about this. Or **we're wondering what resources you're connected to** or would you be interested in getting connected to resources.
- We should know the resources on campus like the back of our hand...And so I think that that's **a primary goal is making sure that we know where to direct students.**

In each of these statements, the producer (the practitioner) assumed that the audience is able to infer certain connections to understand the implicit ideology within these statements. The producer assumed, where consciously or not, that resources are the solution to whatever challenges the student in question faces. The outcome in each of these sentences was that a student who experiences suicidal ideation is aware of and connected to resources.

These statements did not articulate explicitly what the resources in question were or what they would do. For the producer and the consumer of the text to make meaning out of these statements, knowledge of other texts must be present and integrated appropriately. The first is a discourse in higher education about the role of resources. Pyawasay (2017) and Karas (2020) both used discourse analysis in studies of higher education. Each study found that resources are constructed for students as a means to student success. I expected to find a similar construction in my own study. Yet, from the discursive practices on display above, it is evident that the resources are considered the outcome for students who experience suicidal ideation. These practitioners did not

discuss student success for this population of students. Instead, they relied on the normative discourse around resources and the assumption that consumers understand and participate in that discourse to make sense of statements. Both consumers and interpreters of the text must assume that the desired outcome for a student experiencing suicidal thoughts is a connection to a resource.

Looking further into intertextuality to make sense of the coherence within these practitioner interviews, it is necessary to integrate the assumptions of contemporary suicidology. Once again, as in the section on cohesion above, the producer and the consumer must participate in and understand the discourse around appropriate interventions for suicidal persons. This primarily consists of assuming that professional mental health treatment is the only appropriate way to respond to someone experiencing suicidal thoughts (Marsh, 2016). This relies on both the first and third assumptions of critical suicidology: suicide is pathological and individual. The hegemony of contemporary suicidology is so complete that many do not even recognize that they accept the assumptions about what suicide is and therefore propagate this discourse unknowingly. Fairclough (1992) asserted that people are most likely not aware of their own ideologies or how they influence practice. This appears to occur in the statements above. The practitioners said that resources will make students better and connecting with resources is the intervention for a student with suicidal thoughts. Resources are psychologists and psychiatrists or other health professionals, as described above. The assumption that these professionals will help and/or improve students' experiences

assumes that the challenge facing students are psychological in nature. And because there are no other resources provided except for calling 911, it is evident that these are seen as the exclusive means for helping these students.

The discourse about suicide advanced by contemporary suicidology was prevalent throughout the suicide prevention and intervention literature I examined in the literature review. It is evident that this discourse repeats itself within the institutional discourse at Midwest U. This is the intertextuality that Fairclough (1992) described. The university documents and practitioner interviews echo previous communicative events (texts) (Fairclough, 1992). The assumptions and conventions in contemporary suicidology (Marsh, 2010) and in the student success discourse, with a focus on resources (Karas, 2020; Pyawasay, 2017), influence the creation of texts at Midwest U and guide the institutional discourse around suicide.

Social Practice Analysis

Social practice analysis, while portrayed in Fairclough's (1992) three-dimensional model of CDA as the exterior dimension, lies at the heart of CDA because understanding and critiquing social practice in relation to language is the goal of CDA. Analyzing social practice in this study—and examining it in conversation with the textual and discursive practice analysis conducted on documents and interviews—allowed me to holistically examine and answer my first two research questions. As I have repeated throughout this chapter, the hegemony of contemporary suicidology in creating suicide responses and discussing suicide was evident throughout. Fairclough (1992) suggested that in social

practice analysis the analyst focus on the “particular ideological and hegemonic effects” (p. 238) of systems of knowledge and belief. The system of knowledge that is contemporary suicidology has evidently had a large effect on how Midwest U constructed suicide and suicide responses. The ideologies inherent to contemporary suicidology, which, as I have demonstrated, are so pervasive and hegemonic they are not always known by participants in the discourse, have infiltrated and shaped the construction of suicide at Midwest U. The social matrix of discourse and the orders of discourse at Midwest U reflect this hegemony.

Social Matrix of Discourse

The objective in analyzing the social matrix of discourse in this study was to map the structures and relationships present that constituted the context of the discursive practice around suicide at Midwest U (Jorgensen & Phillips, 2002). The textual and discursive practice analysis revealed the hegemony of contemporary suicidology, which I suspect the practitioners at Midwest U were unaware of even as they and the documents they used to advance their suicide response advanced them. Indeed, Fairclough (1992) asserted that individuals are often oblivious to the ideologies that shape their practice. The practitioner interviews that I conducted were particularly useful in unpacking the social matrix of discourse present at Midwest U.

The student affairs case management office at Midwest U reports to the Dean of Students Office. I interviewed one practitioner in each office. While the Dean of Students practitioner holds a terminal degree in higher education, the case manager holds a clinical

mental health degree, which was evidently a requirement for that role. The case manager emphasized repeatedly throughout the interview that the role of that office is to connect students to resources and that the office provides absolutely no counseling. Instead, the case manager refers students to professionals who work primarily in counseling or psychiatry at Midwest U. In the interviews with the case manager and the administrator in the Dean of Students Office, the practitioners mentioned best practices repeatedly and suggested that their practice was shaped by HECMA (Higher Education Case Managers Association). There is tension in the power dynamic between the mental health professionals to whom the care manager refers and the care manager. Each hold clinical degrees, but one is serving in a student affairs capacity and therefore the limits of that office's power is referring to resources. The case manager follows best practices of a professional organization, which likely has its own discourse that influences the case management practice.

While the student affairs offices and the clinical offices reportedly work well together (as I was told in my interviews), they follow different federal privacy laws (FERPA vs. HIPAA). The behavioral consultation team, which is chaired by the case manager, includes members of the university's general counsel. Their presence injects awareness of risk management and liability into every conversation about students who may be experiencing suicidal thoughts.

Notably, the housing and residential life practitioner whom I interviewed described a partnership with the case management office and the clinical offices on

campus while also describing a degree of authority over interactions with students that was not present in the case managers' interview. Housing and residential life creates contracts with students, as discussed above, that require students to promise to undertake certain actions, often in ways that strip the students of agency over their own mental health. The level of control that housing wields over students is reminiscent of Fairclough's (2015) suggestion that institutions use discourse to assert bureaucratic control. In this case, the institution of housing and residential life at Midwest U uses the discourse of wellbeing to exert bureaucratic control over students. I have not yet discussed the prevalence of the wellness discourse in the housing and residential life documents that I analyzed so I will do so here.

To begin, I recognized through the analysis that housing and residential life represents a distinct IDF from the student affairs and larger institutional IDF at Midwest U. Fairclough (1992) argued that one IDF is usually dominant, and I believe that the broader Midwest U IDF is dominant over the housing IDF. The reason for this is that housing and residential life has fewer students under its power and because the institution clearly favors mental health professionals in suicide prevention and response. Nonetheless, the housing and residential life IDF is a distinct "speech community" with its own "ideological norms" (Fairclough, 1995, p. 27), specifically around wellness. The term wellness only appeared in housing and residential life documents that I analyzed and in the interview with the housing practitioner.

- You expect the student to take ownership of their **wellness** and seek support and help in these areas to be able to succeed in the community.
- I agree to attend at least ____ (frequency) sessions with a licensed mental health care provider of my choice to help better manage my health and **wellness** on campus.
- Changing my lifestyle to accommodate **wellness**.

The emphasis on wellness in housing was distinct from the larger Midwest U discourse around suicide. In housing, it appeared that a desired outcome was wellness. Whereas in the dominant IDF of the institution, the desired outcome was students being connected to resources.

Orders of Discourse

In CDA, the multitude of discourse types within a given institution are considered the orders of discourse. Fairclough (1992) used the term interdiscursivity to suggest that orders of discourse in an institution have dominance over other types of discourse. While the social matrix of discourse is primarily concerned with the contextual factors that influence discourse, the concept of orders of discourse focuses on how various discourses themselves interact within an institution. In the case of this study, I focused on interdiscursivity between the various types of institutional documents that I analyzed. Understanding the social matrix of discourse at Midwest U allowed me to make sense of the various power dynamics at play between various offices at the university. Recognizing that contemporary suicidology and other discourses influence those power

dynamics further allowed me to make sense of the orders of discourse and use the principal of interdiscursivity to unpack which genre of discourse at Midwest U was dominant over the others.

Fairclough (1992) defined the term genre as “a relatively stable set of conventions that is associated with, and partly enacts, a socially ratified type of activity. A genre implies not only a particular text type, but also particular processes of producing, distributing, and consuming texts” (p. 126). At Midwest U, the documents that I analyzed represented aspects of a genre of discourse that I call “responding to suicidal students.” The website materials and the housing and residential life documents all provided directions on how individuals representing the institution of Midwest U should appropriately respond to students who disclose suicidal ideation. I have already demonstrated the force used in these documents to direct practitioners on how to facilitate these interactions and connect students to resources. The outcome in the documents was always a referral to a resource (see Table 9).

Table 9
Activities in “Responding to Suicidal Students”

Type of Response	
Refer Student to Mental Health Treatment	<p>Recommend resources</p> <p>Clearly state that (s)he must talk with a professional before you can feel comfortable.</p> <p>Provide university resources as appropriate.</p> <p>Refer to appropriate resources.</p> <p>Suggest and recommend to the student that importance of talking with someone who can help and understand.</p> <p>Reinforce you want to be helpful, but helping is getting the student to someone who is trained to deal with these type of issues.</p>
Refer to Emergency Services	<p>Call 911</p> <p>If needed, a student can be taken to the emergency room of [local hospital].</p> <p>If a student is expressing suicidal thoughts, appears depressed or shows other distressing behaviors but does not indicate an immediate plan and/or can reassure you that they are "safe," call [crisis counseling].</p>

Note. Excerpts above are all from the student mental health website.

Applying Fairclough’s (1992) principle of interdiscursivity to the genre of “responding to suicidal students” allowed me to make sense of how this dominant genre constrained the actions of individuals interacting with a student who experiences suicidal ideation. The documents, through the textual and discursive elements discussed previously, allowed for one outcome in these interactions: referring students to a

resource. The resources are either professional mental health treatment or 911 for emergency response. The linear process prescribed by the website materials directed individuals to adhere to a strict script that ultimately ends in either a referral to counseling or to emergency services. Fairclough (1992) argued that,

a particular genre is associated with...a particular 'activity type'. An activity type can be specified in terms of the structured sequence of actions of which it is composed, and in terms of the participants involved in the activity – that is, the set of subject positions which are socially constituted and recognized in the connection with the activity type. (p. 126)

The activity type associated with the genre of “responding to suicidal students” is a very clearly structured sequence of actions to be followed by the responding party. To unpack the notion that subject positions in the activity of referring a student to mental health treatment or emergency services are socially constituted, I again integrated the theoretical perspective of CDA with contemporary suicidology.

I wanted to better understand how the creation of suicidal subjects in contemporary suicidology influenced interdiscursivity at Midwest U and gave dominance to the genre of “responding to suicidal students”. In CDA, subject is the term given to social subjects. A subject, according to Fairclough (2015) is “someone who is under the jurisdiction of a political authority, and hence passive and shaped” (p. 69). Fairclough went on, “social subjects are constrained to operate within the subject positions set up in discourse types” (p. 69).

In contemporary suicidology, suicidal subjects have been created and are subsequently under the jurisdiction of certain authorities, notably the psy authorities. According to Taylor (2015), who integrated Foucault's own writings about subjects, the consequence of the individualization of suicide in contemporary suicidology has been to "make suicide into an identity" (p. 204). She went on,

a Foucauldian approach to suicide suggests that the suicidal subject, similar to the mentally ill subject, the delinquent, and the sexual subject, is not so much an object of scientific knowledge as a product of it. The psychological sciences have not so much come to understand the truth of suicide...as they have constituted a new reality, making of suicide a subject position...Troublingly, this means that the discourses and practices that we draw upon to understand and to prevent suicide may in fact contribute to creating subjects bound to kill themselves, or at least to contemplate suicide throughout their lives. (Taylor, 2015, p. 204)

In the documents that I analyzed, suicidal students were constructed as being dangerous, in crisis, requiring either professional mental health treatment or emergency response. They were constructed as subjects and subsequently stripped of their agency by having interventions imposed upon them and leveraging bureaucracy to control their outcomes. The genre of "responding to suicidal students" and subsequently the activity of referring the student to a resource relies on the notion that suicidal students are a subject position. The suicidal subject has been created by contemporary suicidology and evidently the suicidal student is a subject position that is recreated in institutions of higher education.

Suicide as Crisis or Secret

The purpose of conducting discourse analysis through a critical lens is to apply frameworks that explore the relationship between language and power and how the two function in society. Fairclough (1995) wrote that the critical in critical discourse analysis means that critical frameworks are used to,

systematically explore often opaque relationships of causality and determination between (a) discursive practices, events and texts, and (b) wider social and cultural structures, relations and processes; to investigate how such practices, events and texts arise out of and are ideologically shaped by relations of power and struggles over power; and to explore how the opacity of these relationships between discourse and society is itself a factor securing power and hegemony. In referring to opacity, I am suggesting that such linkages between discourse, ideology and power may well be unclear to those involved, and more generally that our social practice is bound up with causes and effects which may not be at all apparent. (Fairclough, 1995, p. 132)

Analyzing a university's discourse about suicide using the critical lens advanced through critical suicidology and applying Fairclough's (1992) principles of CDA allowed me to reveal the hidden ways that the hegemony of contemporary suicidology impacts discourse and social practice at a university. Marsh (2020) and other critical suicidologists (Button 2016; White, 2020) have demonstrated how contemporary suicidology has exerted political and ideological dominance over the study of suicide and

subsequently the prevention of suicide. Understanding how this dominance interacts with the social matrix of discourse at a university and works to reconstruct suicide is vital to revealing the previously opaque connections between suicide discourse and practice in higher education.

As I have discussed, in this study, suicide was constructed as a crisis, a problem. The appropriate response to a suicidal student (a subject position created by contemporary suicidology and reinforced by the institutional discourse) was a referral to professional mental health treatment or emergency services. The implication of this bifurcation is that if there are two potential responses then suicide can be one of two different constructions. First, a student in this system with suicidal thoughts may require professional, and importantly, confidential mental health treatment. In that case, suicide is a secret. This construction is supported by Taylor's (2015) critique of contemporary suicidology. Taylor asserted that the pathologized, individualized nature of suicide in contemporary suicidology assumes that,

the cause of suicide is psychiatrised and indeed neurologised and the suicidal subject is viewed as – and views herself as – a passive victim of her own unhealthy mental state. She kills herself most often in private, covertly, as a reflection of the inwardness and shame of mental illness. (Taylor, 2015, p. 200)

The construction of suicide as a private, secret act in contemporary suicidology was reinforced in the directive at Midwest U to refer a student with suicidal thoughts to a mental health professional. It reinforced the notion that suicide is individual, and the

referral to a confidential office further implied that suicide should not be discussed outside the confines of a federally protected, private relationship between professional and patient.

The second option for individuals concerned about a suicidal student was to call 911. This aligns closely with the construction of suicide as a crisis. Yet this directive from Midwest U ignores the sociocultural context around calling 911 and the realities of the racial differences among students who experience suicidal thoughts. Practitioners whom I interviewed at Midwest U expressed hesitancy to call 911 for BIPOC students who represented a potential risk for suicide. I conducted interviews with practitioners in late summer/early fall of 2020, months after the international Black Lives Matter protests and push for police reform following the murder of George Floyd (Flowers, 2020; McKenzie, 2020a, 2020b). As such, concerns about involving the police in concerns for BIPOC students came up several times.

- Just with BIPOC students and I think even international students not feeling safe with contacts with police.
- And then also recognize the negative impacts that policing has had on Black and Brown bodies.
- Can police be not with uniform not with gun, all this?
- What are the ways we can do if we're concerned about a student who's suicidal we're responding is sending an armed uniformed police officer? Like that's not, that's generally not helpful.

- I know in my unit, in my office, we are very hesitant to get the police involved. Because we understand that the community doesn't necessarily have a positive relationship with the police. And we're frankly afraid for our students if we were to call the police.

The practitioners with whom I spoke shared reluctance in involving the police in situations with students experiencing suicidal thoughts for fear that they may become traumatized or subjected to physical harm at the hands of police. And yet, the institution directed individuals to either refer a student to counseling or to call 911. Constructing suicide as a crisis requiring an emergency response has the potential to, in the eyes of the practitioners whom I interviewed, create more dangerous situations.

And yet, this is the reality of suicide prevention and intervention in higher education. Contemporary suicidology has intersected with a discourse of institutional risk management and resulted in an institutional discourse about suicide that seeks to clearly define suicide and appropriate interactions with someone experiencing suicidal thoughts. At Midwest U there was no room for engaging with suicidal thoughts and attempting to unpack the paradox of suicide in college. Perhaps that takes place behind closed doors in the offices of mental health professionals, but in the wider university context there was no space for that. At Midwest U, suicide is either a crisis or a secret.

In this chapter, I utilized Fairclough's (1992) three-dimensional model of CDA, focusing on text, discursive practice, and social practice, to unpack Midwest U's discourse about suicide. In the following chapter, I discuss the analysis of the student

discourse about suicide at Midwest U. As I will discuss, the analysis allowed me to compare the two discourses, university, and student, to identify how students both conformed to and rebelled against the dominant construction of suicide.

Chapter 5: Conforming and Rebelling - The Student Construction of Suicide

The focus of this chapter is on how students at Midwest U constructed suicide. In the analysis, I used a comparative approach to locate similarities and differences in the university and students' construction of suicide. By identifying similarities in the discourses about suicide, I discovered how students conformed to and reinforced the dominant, university discourse about suicide. By identifying differences in the discourses, I found the moments of rebellion within the multidimensional student discourses about suicide. These differences represented rebellion because they pushed back against the hegemony of contemporary suicidology in constructing suicide and suicidal thoughts as pathological and individual. I analyzed the interviews I conducted with three students who had previously experienced suicidal ideation and were members of the same student organization, which I refer to as the SSS. I also analyzed publicly available SSS documents, including the organization's resource card and posts on the organization's Facebook page. The CDA of the interviews and the documents answered my third research question: How, if at all, do students rebel against the university's construction of suicide?

Analyzing the Corpus

Once again, I adhered to McGregor's (2004) process for analyzing texts in CDA. The process for analyzing the organization's documents and student interviews was iterative and nonlinear. The analysis of the students' discourses was influenced by the analysis of the university's discourse because the goal was to compare the two. I used the

memo function in ATLAS.ti to conduct the initial phase of McGregor's analytic process. I wrote memos about framing in the text and asked critical questions of the documents and interview transcripts. I then followed McGregor's coding strategy to identify specific elements required for discourse analysis. I conducted a secondary phase of coding in which I identified locations where White's (2017) life activating questions related to students' statements.

1. What if suicidal thoughts were no longer understood as a giving up on life or the opposite of life (and thus something to be forbidden) but instead were seen as particular forms of life or life-activating practices that provoked vital critique, freedom, rebellion, solidarity and transformation?
2. What paradoxical, life-giving affordances are achieved through the contemplation of death and suicide, and how might we engage with, rather than fear these paradoxes?
3. If suicide itself were to be reconceptualized as a political issue and a "public trouble" (and not merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response? (p. 478)

In the third phase of coding, I used inductive concept coding (Saldaña, 2016) to locate and describe the experience of suicidality that students discussed in their interviews and that was apparent in the Facebook posts included in the corpus. It became clear during this process that these expressions of the experience of suicidality would be

directly applicable to my question about how students rebel against the institutional construction of suicide.

After coding and throughout the analytical process, I adhered to Fairclough's (1992) three-dimensional framework of CDA, as I did in the previous chapter. In doing so, I identified dimensions of the students' discourse that adhered to the hegemonic suicide discourse prevalent throughout Midwest U. I also identified discursive practices that indicated rebellion against this discourse. The latter focused primarily on discussions of the essence of the suicidal experience and suicidal students. In this chapter I will begin with the CDA of how students conform to the dominant suicide discourse, adhering to the analysis of text, discursive practice, and social practice prescribed by Fairclough (1992). I then describe the CDA of students' rebellion against the dominant suicide discourse, again following the three-dimensional CDA framework.

Conforming to the Dominant Suicide Discourse

Textual Analysis

The dominant discourse about suicide, reconstructed by Midwest U, was primarily present in the discourse practiced by the SSS, specifically, the SSS's resource card and university hosted website. As I described in chapter three, the SSS members are trained using a Prezi presentation that instructs members on how to use the SSS resource card. The Prezi had an image of the SSS resource card embedded in it. The document analysis in this section primarily focused on the resource card and the university hosted website.

Vocabulary. When coding the student documents using ATLAS.ti, I used the parent code 6C to identify the connotations associated with particular words. Because I had less interview data for the student discourse than I did for the institutional discourse due to the pandemic, it did not make sense to count the frequency of codes to identify trends. Instead, and because my goal was to find similarities or differences in the student and university discourses, I focused on codes that were the focus of analysis in the previous chapter about the university discourse. I used the 6C connotations code to focus on vocabulary, the first heading of Fairclough's (1992) textual analysis dimension of CDA. The emphasis in the resource card and website mimicked, to a large extent, the institutional discourse focused on crisis and harm; the same words that constructed suicide as a dangerous crisis appeared in the resource card.

- Call 911 if you or someone you are concerned about appears to be at **immediate risk of harm** to themselves or others.
- I'm calling about a mental health **emergency**.
- Are there any **acts/threats of violence**?

The emphasis on words that implied a relationship between suicidality to harm, risk, violence, and emergencies indicated a connection to the origins of the modern construction of suicide that Marsh (2010) examined and which I discussed in detail in chapter four. The resource card for the SSS promoted the discourse that originated in the late 1800s that constructed suicidal thoughts in and of themselves as dangerous.

Discursive Practice Analysis

Embedded in the SSS's resource card and university hosted website were discursive practices that illuminated the hegemony of the contemporary suicidology discourse within the organization and consequently the student discourse about suicide. As I did in chapter four, I focused the analysis of discursive practice on force, coherence, and intertextuality.

Force. The SSS's resource card was structured in a linear way that guided the cardholder through a process to respond to someone who disclosed suicidal thoughts. This replicated the linear nature of the university mental health website implied that interactions with someone experiencing suicidal thoughts would follow a linear process ending in a referral to a resource. Because Fairclough (1992) emphasized analyzing the architecture of the text in relation to the wider social practice, I focused not only on the structure of the text but also the content being delivered and felt that an analysis of force naturally applied. The card provided a script for the cardholder to use—specifically when calling 911 for a mental health emergency—thus, the “actional component,” (Fairclough, 1992, p. 82) or force of the card, was clear directives. Once again, I used the code 2A agency in ATLAS.ti to identify who was given agency in the imagined interactions in which the card was giving directives. The cardholder was afforded agency through the force of the directives, each of which told the cardholder how to direct the interaction with a suicidal person and gather information.

- **You** are responsible for:

- **You** are NOT responsible for:

This reconstruction of suicide as a crisis in which the person experiencing suicidal thoughts is stripped of the agency to make choices about their own outcomes was noteworthy. While the university website and housing and residential life documents were directed at faculty and staff, the SSS's resource card was directed primarily at students. In this context, students who interact with another student who may be experiencing suicidal thoughts were directed to make the decisions about how to direct the interaction that will, again, end in calling 911.

Coherence and Intertextuality. Analyzing coherence and intertextuality in the SSS's resource card and university hosted website allowed me to identify the particular assumptions that must be made to understand the text. Fairclough (1992) asserted that the producers of a text assume that the consumer will make assumptions that render the text coherent. To understand the logic of the resource card, the reader must make assumptions and indeed understand and practice the ideology advanced by the card.

Like in the institutional discourse, in which there was clear coherence in the text that required assumptions about what resources could do for a student, the resource card provided two possible outcomes for interacting with a suicidal student. The card focused on the steps for the cardholder to take to respond to a mental health crisis. It was evident that certain assumptions were made by the producer of the text. The card provided two options for responding to someone who disclosed suicidal thoughts:

- **Call 911** if you or someone you are concerned about appears to be at immediate risk of harm to themselves or others.
- For other mental health crises, resources, advice, or if you just need to talk, **call**: [Midwest U crisis line phone number].
- [The scarlet sticker] signifies that you are a safe person to approach, and that you have **resources** readily available to distribute.

The similarities to the institutional discourse about suicide, in which two options are presented for students with suicidal thoughts, each providing a different form of resources, are clear. Either the situation is an emergency and requires emergency responders, or the suicidal student must speak with a confidential crisis line. It must be assumed, to make sense of these directives, that either 911 or a crisis line is the only appropriate response to a person disclosing suicidal thoughts. That is, either the person is in danger/dangerous, or they need professional mental health treatment. Here, the intertextuality becomes evident: it is in the advancement of the hegemonic claims in contemporary suicidology, that suicide is pathological and subsequently can only be addressed by someone in the psy disciplines (Marsh, 2010, 2016). Suicide, in this order of discourse, was constructed as something to be feared, which reproduced the discourse of contemporary suicidology about suicide as something shameful (Taylor, 2015).

Social Practice Analysis

Social Matrix of Discourse. Unpacking the social matrix of discourse involved in the SSS's resource cards required me to access data that I had previously gathered

through a pilot study that I conducted in 2018 (see Appendix B). In that pilot study, I interviewed one of the founders of the SSS, who was at the time a student at Midwest U. In that interview, the student shared that the training materials and the resource card used by the SSS were created in partnership with the student mental health services provided at Midwest U's student health center. I had the contextual knowledge, therefore, to understand that the resource card I analyzed in this study was informed, and indeed partially created, by mental health professionals at Midwest U. This contextual knowledge was helpful because Fairclough (1992) argued that social practice analysis, and analysis of the social matrix of discourse specifically, endeavors to understand the social structures and relations that influence a discourse. In this case, I wanted to understand what structures and institutions were influencing the discourse of the SSS.

There is undoubtedly a power dynamic involved between students and mental health professionals in the creation of a student organization focused on suicide prevention. The students creating the organization would have been pursuing bachelor's degrees, while the practitioners would all have had at least a master's degree and very likely a terminal degree. The institutional hierarchy of professional, medical staff in relationship to students must also be considered. Also, the age difference between students and the staff with whom they worked must be recognized – the staff would have been older than the students. The effects of this multi-dimensional power dynamic would likely have influenced the creation of the SSS's resource card and the SSS's university website.

Critical suicidologists have written extensively about the hegemony of contemporary suicidology within suicidology and, on a larger scale, within the field of medicine and society at large (Hjelemeland, 2016; Marsh 2016). The mental health professionals who helped write the suicide prevention card carried by members of the SSS were very likely trained in the medical model of mental health, in which there is no challenge to the assumptions that suicide is pathological and individual. Their influence, therefore, over the students, created a card that advances those assumptions and reaffirms the belief that suicide is a crisis best addressed by a mental health professional, a resource.

In the case of the SSS's resource card, the hegemony of contemporary suicidology was once again clear. The institutional discourse about suicide was advanced through the card and the ideology of contemporary suicidology passed down to the students who carry the card and are trained through the SSS to interact with students experiencing suicidal thoughts. Fairclough's (1992) ideas about individuals being unaware of the ideology behind their own practice become salient in the next section, where I unpack students' own discourse about suicide that was not so clearly shaped by the university's mental health professionals. In students' own words, the construction of suicide was much different than the discourse advanced by the university.

Rebellion: Suicide is Many Things

When I conducted interviews with students who had experienced suicidal thoughts, I recognized that two of the three students discussed their suicidality in relation

to mental illnesses that they had experienced since high school or before high school. I expected, therefore, that during coding I would identify students making direct connections between their mental illness and their suicidal ideation and that would allow me to draw connections to contemporary suicidology. What I found was more complex than clear relationships between students' mental illness and suicidal ideation. While students did discuss their suicidal experiences in the context of their mental illnesses, they did not discuss their mental illnesses as the cause of their suicidal thoughts.

In addition to analyzing student interviews, I also analyzed Facebook posts made on the SSS's Facebook page. These posts were made by student members of the SSS and explained why they chose to join the organization. The Facebook page is public but is not hosted on Midwest U's website. In these Facebook posts I identified discussions about suicide that were similar to the discourse about suicide present in students' interviews.

Once again, I conducted the analysis of the student discourse about suicide using Fairclough's (1992) three-dimensional model of CDA. The secondary phase of coding using White's (2017) life activating questions about suicide allowed me to interpret parts of the students' discourses that reflected the critical elements of critical suicidology. I used inductive concept coding (Saldaña, 2016) to identify patterns in students' descriptions of their experience with suicidal thoughts and then used the principles of CDA to analyze descriptions that appeared across multiple students' statements. I will follow the model of text, discursive practice, and social practice analysis to discuss the discourse in which students participated that rebelled against the dominant, institutional

discourse about suicide. In this discourse, suicide was a life activating contemplation that involved a social network.

Textual Analysis

The textual analysis of students' discourse about suicide focused primarily on the vocabulary that students used while discussing suicide and suicide prevention. Through analysis of the codes applied during the McGregor (2004) coding process I recognized that the most salient codes focused on connotations of specific words used by students. Analyzing vocabulary in CDA offers a multidimensional platform for making sense of specific words and the ideologies they represent. Fairclough (1992) asserted that a focus for analysis of vocabulary can be "upon alternative wordings and their political and ideological significance, upon such issues as how domains of experience may be 'reworded' as part of social and political struggles" (p. 77). Furthermore, another potential focus in vocabulary analysis can be upon how the meaning of certain words may be in contention within "wider struggles" (Fairclough, 1992, p. 77). Fairclough suggested that "particular structurings of the relationships between words and the relationships between the meanings of a word are forms of hegemony" (p. 77).

In this analysis, analyzing the vocabulary that students used to discuss suicide and suicide prevention allowed me to identify the ideologies that were, or were not, present in students' discourses about suicide. I was able to identify how students' choices of words represented a struggle against the hegemony of contemporary suicidology and the assumption that suicide is individual.

Vocabulary. Using the 6C connotation code once again to identify words that carried ideological significance, I identified two words that appeared throughout student interviews and Facebook posts: solidarity and support. Solidarity was particularly noteworthy because this word did not appear in any of the institutional documents that I analyzed.

- But they just wanted to make sure that students know there's **solidarity**.
- As awareness spreads [the scarlet sticker] will become a silent show of **solidarity** and **support** for anyone who has experienced difficulty maintaining their mental health.

The use of the word solidarity coincided with discussions of the meaning of the SSS's symbol, which I refer to as a scarlet sticker. Worn on the backpack or body of a member, the SSS members indicated that this symbol represented solidarity with people who experience suicidal thoughts. The emphasis on solidarity, which implies unity, contradicts the dominant discourse about suicide. White (2017) proposed that suicidal thoughts might provoke life-activating solidarity, and that was evident in the student discourse. Solidarity with individuals who have suicidal thoughts chips away at the notions of shame, problems, and the individuality of suicide present within contemporary suicidology (Taylor, 2015).

Students whom I interviewed and who posted on the SSS's Facebook page discussed the positive impact support from others had on them and about the potential

positive impact that support can have for other students who experience suicidal thoughts.

- The **support of others** has single handedly made the biggest positive impact for my life.
- [SSS] is a space where students are able to act upon their passions. Though each individual's passion and reason for joining the network of over 600 students is unique from the next, the result is always the same: **support** of individuals who are experiencing mental health challenges.
- Above all, [SSS] is about **supporting** and showing everyone that they are absolutely not alone in whatever they are working through.
- After seeing the **support**/connectedness that [SSS] provides, I'm proud to be a part of this community.
- We are hoping that this project will help create a more **supportive** University community and can help reduce the stigma surrounding mental health.

The student emphasis on solidarity and support emphasized the relational aspect of suicide for students, which counters the individualized construction of suicide in contemporary suicidology (White, 2020).

As I examined the quotations above that emphasized solidarity and support with students experiencing mental health challenges and suicidal thoughts, I superimposed the coding for White's (2017) life-activating questions. White's third question: "If suicide itself were to be reconceptualized as a political issue and a "public trouble" (and not

merely a matter for psychologists and mental health experts), what new collectivities and social actions might emerge in response?" (p. 478) resonated with each of the statements. By advancing the notion of solidarity with individuals who experience suicidal thoughts, the students were demonstrating the types of collectivities and social actions that could emerge in response. The SSS itself represents a collective action. The organization was created by students to show support for individuals who may experience suicidal thoughts. Beyond that, it demonstrates a collective awareness of mental health issues and symbolizes a community of solidarity through the scarlet sticker. Members of the SSS were rebelling against the dominant suicide discourse by joining the organization and creating their own community of solidarity.

This is a form of rebellion against the dominant, institutional discourse about suicide. In Midwest U's discourse, suicide was a crisis, one that must be dealt with in two ways, mental health treatment or emergency services. In the student discourse, suicide was an opportunity to show solidarity with one's peers. Students even expressed pride at being part of the organization. The notion of feeling proud in relation to suicide runs contrary to the institutional discourse that advances an ideology that constructs suicide as shameful and individual (Taylor, 2015).

Discursive Practice Analysis

According to Fairclough (1992), discursive practice contributes to both the reproduction of society and to the transformation of society. Discursive practice recreates and creates the social identities, relationships, and systems of knowledge and belief that

constitute social practice. Because discursive practice involves processes of text production, I believe it is necessary to distinguish the source of my analysis here. In analyzing discursive practice, I wanted to focus on how students create and recreate systems of knowledge and social identities around suicide. To do this, I focused primarily on analyzing the interviews with students. This was because the interviews provided more in-depth reflections on the experience of suicidality as a college student than the Facebook posts made by the SSS members. Because I was only able to conduct a second interview with one of the student participants, due to the pandemic, the data in this section is limited. The second-round interview was the interview during which I had hoped to establish enough of a rapport with students to deeply explore their experience of suicidality. As such, there is only one student interview in which I was able to have that conversation. The quotations in this section are primarily from the second-round interview I conducted with student C. The third life activating question contains one quotation from student A.

Intertextuality. I wanted to understand how White's (2017) life activating questions might appear in students' discursive practices around their experience of suicidality. Identifying locations within the text where students were recreating White's questions about suicide (sometimes through answering the unasked questions) allowed me to interrogate intertextuality within students' interviews. I noticed where students were integrating critical perspectives on suicide into their discourse and subsequently their social practice around suicide.

White's (2017) first question asked how suicidal thoughts can be reimagined as a life-activating practice. I located places within Student C's interview where she described her suicidality as life-activating.

- I kind of look back on it and want to give myself, my past self a hug. And like, it'll be okay don't worry. I think that, I think that it's one of those things where you always have the option to grow from it if you choose to grow from it. Because it's gonna be a negative experience regardless. But I do think that I grew a lot from it and it definitely impacts the lens in which I see the world. And also I think **it impacts, kind of, how I take care of my own life.** Because I think that it is very informative in knowing what I need to do to take care of myself mentally. And so yeah I think **it's definitely something that can teach you and help you grow a lot.**
- I would say so. I would say that I think that having been through hard things and experienced hard thoughts and feeling. **Has made me a lot more grateful of the good things that are in life.** And I think it's made me a lot more tuned in to those good things. Because I think that they always exist if you look for them no matter how hard things get. And so I think it's made me a lot more perceptive to those parts of life.
- Yeah. I think it's one of those things where, I mean it sounds so cliché but it's really taught me that it gets better. And whatever you're feeling, if you're feeling something in a given moment it's not gonna last forever and so I think

that now, even if I am having a hard time or something it's given me a better perspective. Cause I'm like okay I have felt bad like this before, or not even as bad as before. But I have felt bad before and I got through it and there's still good things to look forward to. **So I think it's given me a more positive perspective on life and what it offers.**

This participant reflected on her experiences with recurrent suicidal thoughts in college as a period of growth. The contemplation of suicide, in her words, "can teach you and help you grow a lot." This rebelled against Midwest U's construction of suicidal thoughts as dangerous. For this student, her suicidal thoughts were part of her growth and provided her with positive perspective.

White's (2017) second question asked about the paradoxical nature of suicide and what "life-giving" affordances are offered by contemplating death (p. 478). There was evidence of this paradox, and the paradox of being a college student while contemplating death, in Participant C's interview.

- There was this feeling of, **I didn't want to exist, but I didn't want to die.**
- I kind of felt like **I didn't want to die but I also just wanted to not exist for a week** and just reset my brain. And so I was like, I didn't really know what to do so **there was just this constant feeling of just not wanting to do it, do life. But also not wanting to die.**
- I think I would kind of talk a lot about kind of **the paradox of not wanting to die but not wanting to exist** and so I think I would kind of talk about that

because that was also confusing for me and so I was more trying to understand what that meant for me. **Cause I was like I don't want to die.**

- But I think too in some ways it was, that was kind of another thing I **guess that paradox.** That was kind of another thing that helped me get I think out of it and start feeling better because I was like okay if I really didn't care about my life or myself and I really didn't want to be here then I wouldn't still be trying to do my best and to plan for my future. And so I think that that was something where it's like, it was like okay **some subconscious part of my brain is like hey you still care about this, you still care about life, and you still want to be successful in your future.**
- **Not wanting to exist, of course.** I've never made an action plan within itself. But just knowing that I didn't want to be. It's not just that I didn't want to exist, like I could just go to sleep. **I didn't want to be alive.** Which really sucked of course. But just like thinking about like would I actually do it and assessing that within my own mind with my own mental framework.

Participant C referred to journal entries she wrote when she was experiencing suicidal thoughts during her first year of college. She clearly described reflecting on the paradoxical nature of her suicidal thoughts at the time. While she did not want to die, she no longer wanted to exist. Wexler and Gone (2016) acknowledged the provocative nature of engaging in critical suicidology, particularly when young people are allowed to make

meaning of suicidal thoughts. Reflections of that appear in this discourse, where the paradox of contemplating suicide while in college looms so large.

White's (2017) third question asked how suicide might be reimagined as a public trouble and what such reimagination might offer for the future of suicide prevention. I only located one statement in the interviews that reflected the idea that suicide is a public trouble and that a community can collectively be responsible for suicide prevention. This came from Participant A.

- But I just saw that, they're not necessarily, they're advocates. But they just wanted to make sure that students know there's **solidarity**. And I thought that that was really cool. It's kind of like low stakes in the fact that they don't have to actually do counseling type of things. **But still being able to show people visually that there's a community on campus.** I thought that was cool and I was like well it's easy so I might as well try to join it.

For this student, the SSS offered an approach to suicide prevention that imagined suicide as a collective issue. Acknowledging a community on campus that is supportive of students with suicidal thoughts demonstrates awareness that suicide is not singularly an individual concern.

In each of the quotations above that reflect aspects of White's (2017) life-activating questions, there are examples of intertextuality. Fairclough (1992) asserted that texts are constantly being recreated in other texts. White's (2017) questions are themselves a reflection of prior text events. Much of critical suicidology is based upon

Indigenous ontologies (White, 2020) that hold relational views of suicide. White (2016) critiqued youth suicide prevention through the lens of critical suicidology and that work ripples through her more recent writings about critical suicidology (White, 2017, 2020). As I analyzed the students' perspectives on suicide, I recognized that critical suicidology does not create new paradigms about suicide or reveal a "hidden truth" about suicide. The knowledge of the complexity of suicide and the paradoxical and life-giving affordances it offers already exists. Integrating critical theories and methodologies into the study of suicide can allow researchers to locate this knowledge and help advance suicide prevention that integrates this knowledge. In the higher education setting, the students themselves appear capable of and interested in advancing a discourse about suicide that rebels against the dominant discourse.

Interestingly, both students whom I quoted above had been in therapy for multiple years. While they both mentioned diagnosed mental illness, depression, anxiety, and disordered eating, as related to their suicidal thoughts, the illnesses were not part of their descriptions about the essence of feeling suicidal. The discourse around what it meant to be suicidal focused on the paradox of contemplating death while still wanting to live. In the next section I examine how the orders of discourse about suicide influence and are influenced by the students' discourse and how the students' discourse represented a critical ideology in relation to suicide.

Social Practice Analysis

Orders of Discourse. Fairclough (1995) described the concept of orders of discourse as the “ordered set of discursive practices associated with a particular social domain or institution...and boundaries and relationships between them” (p. 12). Student interviews that I conducted represented a distinct form of discourse because they were not conversations that occurred spontaneously. Instead, I integrated my own ideology into the decision to conduct the interviews and the students who participated came with the purpose of participating in a discussion about suicide. Both of those events, my invitation to discuss suicide and the interview itself, represented textual events that interacted with the social structure in place at the academic institution where I conducted my study.

The students who participated in my study brought with them their own ideologies about suicide and the ideologies about suicide that they had very likely internalized and participated in without being directly aware of, as Fairclough (1992) said happens with pervasive ideologies. “Ideology is located both in the structures (i.e. orders of discourse) which constitute the outcome of past events and the conditions for current events, and in events themselves as they reproduce and transform their conditioning structures” (Fairclough, 1992, p. 89). In the interviews and the Facebook posts, members of the SSS were reproducing certain past events that constructed suicide as individual. They were also transforming the structure of the discourse by integrating new

conceptions of what suicide means to them and using language about suicide that has been marginalized in the discourse of contemporary suicidology.

Through the analysis of the various forms of student discourse about suicide, it became clear that the orders of discourse that were influenced by Midwest U (the SSS resource card and university hosted website) represented a different discourse from students' independent language about suicide. That is, the SSS materials that were influenced by practitioners at Midwest U represented the dominant discourse about suicide. When students posted on the SSS Facebook page, without the need to seek permission from Midwest U, their discourse about suicide rebelled against Midwest U's discourse. In interviews, student members against used language that rebelled against Midwest U's discourse. The influence of Midwest U on the orders of discourse within the SSS demonstrated the power of the contemporary suicide paradigm to influence discourse and social practice. When Midwest U was involved in the creation of student texts, suicide was again a crisis or a secret. When students created texts without Midwest U's direct influence, suicide was a paradox and a public trouble.

In chapter four, I discussed the concept of the suicidal subject and how Taylor (2015) asserted that the discourses and practices used to prevent suicide may in fact be creating suicidal subjects. I had hoped, in my interviews with students, to have the opportunity to ask students about whether they viewed themselves as suicidal students. Unfortunately, because of the impacts of the pandemic upon my research, I was unable to. I hope that in future research I, or others, can engage with students about the creation

of suicidal students in higher education. This could involve understanding how the orders of discourse within the institution bind the suicidal student.

Chapter 6: Liberating Higher Education from the Discourse of Contemporary Suicidology

In this study, I used critical suicidology as a theoretical lens to inform the CDA of the discourses about suicide present on a university campus. I answered my three research questions using data gathered from interviews and document collection and analyzed using Fairclough's (1992) three-dimensional model of CDA as a guide.

The research questions that I answered were:

1. How does a university construct suicide?
2. What institutional mechanisms do students encounter that construct suicide?
By institutional mechanisms, I mean university policies and practices.
3. How, if at all, do students rebel against the university's construction of suicide?

I integrated critical suicidology and the theory of CDA into my analysis as I critiqued the university discourse about suicide and attempted to locate moments of rebellion in students' discourses about suicide.

Analysis of the data in this study revealed how contemporary suicidology has pervasively infiltrated Midwest U's discourse about suicide and subsequently the social construction of suicide on campus. Language in institutional documents and practitioner interviews constructed suicide as either a crisis or a secret. Within the institutional discourse there was no option for suicide and suicidal thoughts to be anything else. The mechanisms that constructed suicide at Midwest U were the

university student mental health website and the housing and residential life documents that represented the corpus of this study. These mechanisms reinforced the construction of suicide as crisis or secret by implementing bureaucratic control over faculty, staff, and students to direct them to desired outcomes. At Midwest U, the desired outcome for a student with suicidal thoughts was a referral to a resource—resources were professional mental health treatment or emergency services.

In addition to reinforcing and recreating contemporary suicidology's assumptions about suicide as individual and pathological, the discourse of suicide at Midwest U created the subject position of suicidal student. The construction of suicidal students at Midwest U created a social practice in which the university strips agency from students with suicidal thoughts and exerts control over them by constructing their experiences as dangerous. As a result, anyone who interacts with a suicidal student must adhere to the university's predetermined steps for referring the student to a resource.

The hegemony of contemporary suicidology pervaded the institutional discourse about suicide at Midwest U. I wanted to know if contemporary suicidology also influenced the student discourse about suicide at Midwest U, or if students were rebelling against this dominant paradigm. I analyzed documents from a student organization focused on suicide prevention (the SSS) and interviews with student members of the SSS who had previously experienced suicidal thoughts. Analysis of

these data revealed that students both conformed to and resisted the dominant discourse about suicide at Midwest U.

On the SSS's university sponsored website and resource card, the dominant discourse about suicide was reinforced. Suicide was again constructed as a crisis or a secret, with the only appropriate response to a student with suicidal thoughts being referral to professional mental health treatment or emergency services. On the SSS's Facebook page, and in interviews with students, the dominant discourse was disrupted. Students engaged with suicide in the life activating ways that White (2017) proposed. Suicide prevention was, in students own words, possible through support and solidarity. Suicide in this discourse was a public trouble. Suicide was also constructed as a paradox, rife with moments of tension and reflections on the life-activating affordances of contemplating suicide.

In this study, I found that possibilities exist for disrupting the dominant suicide discourse in higher education. Students can and do engage in small rebellion against the construction of suicide as individual and pathological, when they have the opportunity. The dominant discourse about suicide is extremely pervasive, though, and disrupting it will require intentional action. In this chapter, I will reflect on the findings of this study and situate them within the field of critical suicidology. I will discuss the potential to reconstruct suicide as an issue of social justice within higher education. Finally, I will discuss the practical implications of this study on policy, practice, and research.

Small Rebellion against the Hegemony of Contemporary Suicidology

Analyzing the discourses about suicide present at Midwest U does not prevent suicide or suicidal ideation. This study does not provide answers to the question of how to prevent suicidal ideation and suicide. According to McGregor (2004) “CDA does not provide answers to the problems but does enable one to understand the conditions behind the specific problem—the deep, ideological roots of the issue” (How to Conduct Critical Discourse Analysis section, para. 18). That was the goal of this study, to understand and begin a conversation about the ideological roots of suicide prevention in higher education that has failed to reduce suicidal suffering among college students for decades.

Within this larger goal, I wanted to establish a baseline for discussing how the sociocultural context that is recreated in higher education contributes to suicide. This can disrupt the emphasis on individual suicide prevention that ignores and leaves in place the oppressive structures that contribute to suicide among marginalized populations (White, 2017). Jørgensen and Phillips (2002) discussed what comes after the analysis of social practice in CDA.

It is here that questions relating to change and ideological consequences are addressed. Does the discursive practice reproduce the order of discourse and thus contribute to the maintenance of the status quo in the social practice? Or has the order of discourse been transformed, thereby contributing to social change? What are the ideological, political and social consequences of the

discursive practice? Does the discursive practice conceal and strengthen unequal power relations in society, or does it challenge power positions by representing reality and social relations in a new way? (p. 23)

It is my hope that this study can contribute to a discussion about how the orders of discourse in higher education maintain the status quo and I invite readers to think about the capacity to disrupt this discourse. While I analysed the discourse at a single institution, Midwest U, the findings may be transferable to other institutions given the breadth of contemporary suicidology's pervasiveness in societal discourse.

Furthermore, given the relative homogeneity of campus suicide prevention frameworks, the findings may resonate with scholars and practitioners at other institutions.

In this study, I analyzed the institutional suicide discourse at Midwest U and the students' discourse about suicide. The findings demonstrated the ways that the ideology of contemporary suicidology infiltrates many aspects of suicide prevention and intervention at both the institutional and student level. Yet, there were small moments of rebellion within the student discourse, moments that aligned with White's (2017) life activating questions about suicide. These small moments offered opportunities to rethink how suicide is constructed in higher education so that institutions and students might make sense of suicidal thoughts in college and respond to them with thoughtful inquiry instead of fear, panic, and shame.

At Midwest U, suicide was constructed as a problem. The emphasis on the potential for a person with suicidal thoughts to be dangerous to themselves or others contributed to a social reality in which suicide is a crisis. Undoubtedly, someone on the precipice of suicidal behavior or who reaches out to another person because they feel they are about to act on their suicidal thoughts deserves immediate help. And to be clear, that immediate help should often come from a trained mental health professional, or someone trained in emergency response. Suicide can in fact be a crisis and it can be dangerous. But it is not only a crisis. And it is not only mental health professionals who can support someone experiencing suicidal thoughts. The goal of using critical suicidology in this study was not to prove that contemporary suicidology and the knowledge and suicide prevention it engenders are wrong. The goal of using critical suicidology was to show that contemporary suicidology's hegemony prevents a construction of suicide as a multidimensional, paradoxical state with different meanings to different people (White, 2017). Consequently, suicide prevention as it currently exists is insufficient to prevent suicidal thoughts and suicide for everyone.

The practitioners whom I interviewed discussed, to a certain extent, some of the limitations of Midwest U's suicide prevention model because it did not consider the issue of racialized policing and the potential for harm when 911 is called for a BIPOC student experiencing suicidal thoughts. These were small moments of resistance against the paradigm that contributed to a suicide prevention strategy that

provided two options for helping a student with suicidal thoughts: refer them to mental health treatment or call 911. The emphasis on resources in the institutional discourse about suicide reflected the ideology in contemporary suicidology that prioritizes mental health treatment for any person experiencing suicidal thoughts (Hjelmeland & Knizek, 2017). This same emphasis and dichotomous choice between therapy and 911 was apparent in the SSS's resource card, which was created in partnership with university mental health practitioners. While professional mental health treatment can and does help individuals experiencing suicidal thoughts, it should not be constructed as the only option for helping these individuals.

Resistance to the individualized, pathologized construction of suicide at Midwest U was somewhat evident in the student interviews that I conducted and in the Facebook posts of the SSS members. Students emphasized the need for solidarity with students who experience suicidal thoughts and engaged with the life giving, paradoxical nature of suicidal thoughts. This discourse was absent from Midwest U's discourse about suicide. Within the institutional texts there were no locations that interrogated the complexity of suicidal thoughts or the potential for suicidal thoughts to afford life-activating emotions and experiences.

The documents that I analyzed were targeted at faculty, staff, and students at Midwest U who are not clinically trained in mental health. The implication of directing all non-clinicians to refer students with suicidal thoughts to clinicians or to emergency services are abundant. The first message this sends to faculty, staff, and

students is that they are not equipped to discuss suicide at all. If their only options in an interaction with a student who discloses suicidal thoughts is to refer them to a resource, then the institution is signaling that they cannot discuss the thoughts or their meaning for the student. Second, as I discussed in chapter four, the resources to which individuals are told to refer are either confidential or crisis response oriented. This creates a reality in which suicide is a secret or an emergency. If it is a secret, that can create the idea that students should not disclose suicidal thoughts to others on campus outside of a confidential, clinical setting. I saw the implications of this in one of the interviews that I conducted. One student shared that she hid her suicidal thoughts from members of campus because she feared that disclosing them would result in her being involuntarily hospitalized.

Fairclough (2015) asserted that critical analysis should begin with discourse analysis because it can begin to break down domination by identifying how discourse contributes to domination. This CDA of institutional and student discourse about suicide was one step in the direction of breaking down the domination of contemporary suicidology in higher education suicide prevention. According to McGregor (2004), CDA allows the analyst to “peel back the layers to reveal the “truth behind the regime”—the profoundly insidious, invisible power of the written and spoken word” (McGregor, 2004, *How to Conduct Critical Discourse Analysis* section, para. 18). Unpacking the social practice that is both the result of and

contributes to the discursive practice around suicide allowed me to understand how the status quo around suicide is upheld at Midwest U.

While the institutional discourse that reflected the discourse of contemporary suicidology was powerful and pervasive, the students' small moments of rebellion against this discourse had power too. Identifying these small moments of rebellion and advancing the idea that this type of rebellion should be encouraged can begin to dismantle the hegemony of contemporary suicidology and help to reimagine suicide prevention in higher education. Resisting the dominant discourse of contemporary suicidology is one of the goals of critical suicidology and this study contributed to that conversation.

Social Change, Social Justice, and Suicide

Language analysis, according to Fairclough (1992), is a useful method for studying social change because language is closely linked to social processes. Studying the language used in the discourse of suicide in higher education can facilitate a discussion about changing the way suicide is constructed and subsequently responded to within higher education. I learned through this study that the dominant suicide discourse is present on campus but there are small moments of rebellion that offer opportunities to create social change. Critical suicidologists have advanced the idea that suicide and social justice are intricately connected and that suicidology, and suicide prevention, can be part of a wider social justice movement (Button, 2020; Marsh, 2020; White, 2020). In the

higher education context, situating suicide within a broader movement for social justice can make suicide prevention more accessible to a wider population.

During the summer of 2020, as the world grappled with the Covid-19 pandemic, the movement for racial and social justice was reignited following the murder of George Floyd by police (Buchanan et al., 2020). This led to sweeping declarations from administrators in higher education that proclaimed an institutional commitment to racial equity and social justice (Flowers, 2020; McKenzie, 2020a, 2020b). Turning those words into actions may prove to be difficult for these administrators, but one opportunity to act on the promise to fight for racial equity and social justice exists in the ways that campuses prevent and respond to suicide. Campus suicide prevention programs continue to skew toward hyper individualized risk assessment that results in referrals to professional mental health treatment (Frick et al., 2021). Nonetheless, the trend in the prevalence of suicidal thoughts among college students continues to rise (Duffy et al., 2019). Differences in the prevalence of suicidal ideation among diverse populations also continue to exist, seemingly unaffected by extant suicide prevention programs (Frick et al., 2021). Turning to critical suicidology offers an opportunity to incorporate the struggle for social justice into suicide prevention. Acknowledging the sociocultural antecedents that affect the suicidal experience can create an increased sense of urgency in fighting racial injustice and social inequality on campus and beyond.

At Midwest U and in contemporary suicidology at large, the dominant paradigm constructs suicidal subjects (Taylor, 2015). The implications of creating suicidal subjects,

and in higher education, suicidal students, are vast. Foucault argued that “subject positions such as the mentally ill...are not static objects that were discovered by the human and psychological sciences; rather, they were and are actively constituted by those authoritative discourses and the disciplinary practices associated with them” (Taylor, 2015, p. 199). Taylor went on to assert that “suicidal subjectivity was constituted through the cacophony of ‘expert’ discourses on this subject throughout the last two centuries” (p. 201). This construction is not without consequences: “insisting to patients that suicide is a condition of their souls or brains, even if a treatable one, makes suicide into an identity, and thus an inevitability for certain subjects” (Taylor, 2015, p. 204). Considering the disparities in suicidal thoughts and behaviors among marginalized populations, the problematic construction of suicidal students should be addressed in higher education by the very leaders who have voiced their desire to support social justice.

If suicidal students are socially constructed, then can they not be socially deconstructed? Can institutions not rebel against the dominant paradigm and allow students to reclaim agency over their own identities? The status quo is one in which experts in higher education claim knowledge about suicidal students, which is a subject position created through a union between the psy disciplines and the bureaucracy of higher education. In writing about the capacity for change in discourse and social practice, Fairclough (2015) argued:

What I want to suggest is that those forms of ‘colonization’ of people’s lives are partly constituted by ‘colonizations’ in the societal order of discourse. A societal

order of discourse is a particular structuring of constituent institutional orders of discourse, and given structurings may be de-structured in the course of social struggle.” (Fairclough, p. 2015, p. 200)

If discourse and social structures can be de-structured during social struggle, the discourse about suicide and the structures that hold campus suicide prevention within the frame of contemporary suicidology can be de-structured.

Students already demonstrate the capacity to rebel against the dominant discourse, as they did in this study and as they have demonstrated in social justice movements on campus for decades (Broadhurst, 2014). Taylor (2015) said that “psychiatry won the battle for suicide” (p. 198). While Durkheim and other social scientists before and after made the case that there exist social determinants of suicide, it was the psy fields that claimed ontological superiority and society is still held within that paradigm (Marsh, 2010). But, according to Taylor (2015), “that there was a battle means that the battle could have gone otherwise, and that there could be future battles” (p. 198). Perhaps these battles are already taking place. Critical suicidologists are engaged in a struggle to reimagine suicidology and suicide prevention. College students, the very ones whose identity as suicidal students has been and continues to be socially constructed, engage in quiet rebellion against the hegemony of contemporary suicidology that situates their suicidality as the result of pathological and individual variables.

Institutions of higher education have the capacity to participate in suicide prevention that amplifies student discourses that rebel against the hegemony of

contemporary suicidology and contrasts the individualized nature of suicide prevention. This shift does not require every member of a campus community to become suicidologists. According to Jørgensen and Phillips (2002), “resistance is possible even though people are not necessarily aware of the ideological dimensions of their practice” (p. 14). But there are tools for enhancing individuals’ awareness of the ideological dimensions of the language they use to discuss suicide. Inviting stakeholders in higher education, whether they are student, faculty, or staff, to engage in critical language awareness (CLA) around suicide can represent a first step toward a more liberatory form of suicide prevention. CLA, according to Fairclough (1992),

aims to draw upon learners’ own language and discourse experience, to help them become more conscious of the practice they are involved in as producers and consumers of texts: of the social forces and interests that shape it: the power relations and ideologies that invest it: its effects upon social identities, social relations, knowledge, and beliefs: and the role of discourse in processes of cultural and social change. (pp. 239-240)

Engaging the higher education community in CLA around suicide can increase awareness of the role of discourse in shaping suicide prevention and response on campuses. There are other possibilities for influencing campus suicide prevention by incorporating critical theory, specifically critical suicidology.

White (2020) suggested embracing collective ethics in suicide prevention.

Embracing collective ethics for suicide prevention (White, 2020) can align with broader campus initiatives to advance social justice. In a recent chapter about embracing collective ethics in suicide prevention, White (2020) captured the relationship between suicide prevention and systematic oppression.

The world we live in can be unspeakably cruel. More so for some than others. While heartache, sickness, grief, loneliness and pain are universal human experiences, the suffering caused by structural violence and inequalities, social and environmental injustices, or racist colonial policies, is by no means equally borne by people across the globe. These institutionalized and structural forms of oppression complicate and intensify the experience of human despair in profound ways. Yet, the response to the experiences of human suffering from the mainstream suicide prevention field has generally been to ignore the political, historical, and social arrangements that contribute to despair (e.g. white supremacy, heteropatriarchy, colonial violence, transphobia, corporate greed, hegemonic masculinity) in favour of a narrow focus on treating and managing individuals who have been conceptualized as mentally ill and in need of expert intervention. This approach is undoubtedly helpful to some, and even life-saving for others. And yet, if we fail to challenge narrow biomedical formulations of suffering, or never ask how our suicide prevention practices (as cultural products) actively shape ideas about what it means to be human, or overlook how we may be implicated in the problem, our efforts to shore up our collective capabilities,

support others to endure, and stay accountable to our joint future, will remain partial and inadequate. (p. 197)

The focus on treating individuals “conceptualized as mentally ill and in need of expert intervention” (White, 2020, p. 197) is a consequence of the hegemony of contemporary suicidology. In this study, I identified the reproduction of the discourse of contemporary suicidology in higher education suicide prevention. Because the ideology is so pervasive, it appeared throughout the texts I analyzed. Higher education suicide prevention can look different, though. In the next section I will examine some of the practical implications of dismantling the discourse of contemporary suicidology within higher education and embracing a critical approach.

Before examining the implications of the findings of this study and the possibilities for suicide prevention focused on social justice, I would like to share White’s (2020) words honoring the Indigenous peoples whose knowledge has so profoundly influenced critical suicidology. In examining how to reimagine the social construction of suicide, White wrote:

We never truly think, exist, or act alone. This has important implications for how we think about suicide. Instead of assuming suicide to be the ultimate final act of an unencumbered and de-contextualized individual who suffers from a mental disorder, we can draw on richer, more irreducible conceptualizations of suicide that are less singular, more culturally situated, and historically contingent (Marsh, 2010). Suicide is always collective, performative, and situated (Jaworski, 2014;

White, 2017). It is always a relational response. It always has a history. Once we accept that distress, suffering and suicide can never be understood outside of an embodied, co-constituted, relational ontology then the only type of response that makes sense is one that is based on a “collective web of responsibility” (Shotwell, 2016, p. 54). (p. 203)

This is the approach for which I advocate within higher education. Suggestions for practically implementing this approach appear in the next section.

It is important to recognize that this emphasis on relationality is part of Indigenous knowledge, and that Indigenous communities have been historically subjected to generational trauma that continues to contribute to high rates of suicidal ideation and behavior today (Wexler & Gone, 2016). It is now Indigenous knowledge that influences critical suicidology, the framework being used to liberate suicidology from the oppression of a White, western lens. Reflecting upon this, White (2020) wrote, “I seek to honor and give proper credit to Indigenous epistemologies that exemplify living knowledge systems and ethical relations that are intimately tied to land, place, human and non-human entities” (p. 207). She went on:

For non-Indigenous, white settlers...we need to learn from, and hold with respect, the knowledge and contributions of Indigenous thinkers, whose intellectual, legal and ethical traditions are grounded in specific places, where the idea of the interconnectedness of all living things is deeply understood and embodied (Battiste, 2013; Todd, 2016; Wilson, 2008). From there, we need to figure out

how we might resituate suicide prevention work so that it can become a collective effort or social movement that capably undermines the cruelties, forms of dispossession, and injustices of the present, while at the same time never “forgetting” the historical harms that have contributed to the experience of suffering and suicidal despair.

This work is deeply ethical and political. Suicide prevention, in all its complexity and impurity, can become a site for re-imagining the world. (p. 208)

White’s (2020) call to integrate Indigenous knowledge into suicidology align with the work of Indigenous education scholars (Cajete, 1994) and others who amplify their work and call for more relational pedagogies in higher education (hooks, 1994; Rendón, 2009). Cajete (1994) wrote that American education was in a crisis as the nation faced “unprecedented challenges in a global community of nations desperately struggling with massive social, economic, and cultural change” (25). This critique remains quite salient today. Cajete went on to assert that education must adapt and accept that educational systems today result in disconnection from the natural world and consequently “alienation, loss of community, and a deep sense of incompleteness” (p. 26). While Cajete’s focus was on integrating “traditional American Indian” educational practices into modern education for Indigenous students, he acknowledges that “American Indian cultural forms of education contain seeds for new models of educating that can enliven American education as a whole” (p. 26).

The parallels between the contributions of Indigenous knowledge to education and critical suicidology align in such a way that it is hard to ignore the potential for reimagining suicide prevention in higher education by honoring and integrating Indigenous knowledge and practices. Rendón (2009) and hooks (1994) both called for disrupting the White, western pedagogies that separate faculty from students and deemphasize the interpersonal relationships between the parties. Perhaps a reimagining of the relationships on campus and how faculty, staff, and students interact with one another and acknowledge their shared humanity can positively influence wellbeing and act as a form of suicide prevention. The efforts to connect students with educators can also positively impact the movement for social justice by aligning stakeholders through a shared mission.

There is already a societal struggle to achieve equity in an inequitable world. Campuses have historically been central to social movements (Broadhurst, 2014) and they will likely continue to play pivotal roles as parts of the world reopen after pandemic shutdowns. The goals of suicide prevention and social justice movements can and do align. Institutions of higher education can engage in more intentional suicide prevention that aligns with professed goals of creating more equitable worlds.

Implications for Policy

Midwest U did not have a clearly articulated campus wide suicide prevention policy. Available materials about suicide were largely confined to a mental health website and internal documents I was able to access from housing and residential life.

The findings of the study indicated an emphasis on responding to individuals considered at risk for suicide and referring them to mental health or emergency services. This reproduced the dominant suicide paradigm, contemporary suicidology. This emphasis on individual risk also appeared to be influenced by a desire to mitigate institutional risk by attempting to predetermine outcomes for interactions with suicidal students through a carefully designed decision tree or through numerical lists guiding staff and faculty through potential interactions with students. While recognizing the complicated legal environment in which institutions are situated, there is a need to move away from the focus on risk to a focus on collective ethics in suicide prevention (White, 2020) on campus.

Higher education leaders and policy makers should consider having clearly articulated suicide prevention strategies that integrate social justice into campus wide suicide prevention. The JED Foundation (Schwartz, 2021) public health approach to suicide prevention can be a useful starting place for institutions that have not yet implemented campus wide approaches to mental health and suicide prevention. I believe the framework would benefit from incorporating critical theory to better include the experiences of marginalized populations and the sociocultural antecedents of suicide. As it exists, the framework largely relies on the assumptions of contemporary suicidology in focusing on individual, pathological suicide risk. Nonetheless, the framework can be a starting point.

Institutions can create their own suicide prevention frameworks that recognize the complicated nature of the relationship between institutions and students. This relationship limits institutional interventions while also requiring institutions to provide care to students (Cramer et al., 2020; Krohn, 2019). Students and their families should understand the nature of the relationship prior to enrolling so that they understand what institutions can and cannot do if students experience suicidal ideation or engage in suicidal behavior. Harrison and Mather (2020) proposed framing the university-student relationship as enlightened *in loco parentis*, in which the institution acts as a wise friend or aunt or uncle to the student. In their model, there is an emphasis on student-faculty relationships and caring for students. Whatever the nature of the university-student relationship on a given campus, there must be clarity around what it is and what each party can expect of the other.

Integrating critical suicidology into suicide prevention policies on campus could involve engagement with the tension and paradox of suicide in college. Colleges and universities could create opportunities to discuss the nature of suicide in the student population and have frank conversations with students and their families about the responsibility to prevent suicide while avoiding the construction of suicidal students and stripping students' agency away from them. This is an uncomfortable proposition, but the status quo of campus suicide prevention involves a high level of institutional control over faculty, staff, and student behavior, as shown in this study.

The desired outcome for students at Midwest U was referral to a resource, either therapy or emergency services. The emphasis on professional mental health treatment (therapy) reflected Fairclough's (2015) reflection on the discourse of therapy and its role in social control:

To the extent, however, that therapy and counselling assume that the effects of social ills can be remedied on the basis of the hidden potentials of individuals, they can be regarded as ideological practices, which may be in competition with practices of political mobilization based upon the contrary assumption that social ills can be remedied only through social change. Indeed, Michel Foucault argues that the 'confession', which can be regarded as including therapy and counselling, has become a vital ingredient of social control. The way in which counselling has rapidly colonized many institutional orders of discourse, including those of...education...does indeed raise questions about its relationship to social control. (p. 223)

The emphasis on psychology and psychiatry in the higher education discourse on suicide can be interpreted as a method of exercising social control to mitigate institutional risk. Yes, the motivation may also include saving students' lives and that is undoubtedly a noble goal. But college students are adults, and their own agency should not be taken from them because their identities or actions fit into a predetermined construction of suicidal student. This is particularly true for students from marginalized populations, who already face systemic barriers that affect their mental health.

Campus wide suicide prevention strategies must incorporate the experiences and needs of marginalized student populations. The National Academies of Sciences, Engineering, and Medicine (2021) report, *Mental Health, Substance Use, and Wellbeing in Higher Education: Supporting the Whole Student* recently provided policy suggestions for supporting BIPOC students. The authors of the report noted that:

BIPOC students, compared to the student body as a whole, are more likely to have experienced conditions that impact their health, education, and development, such as experiences resulting from systemic racism and oppression (Ingram and Wallace, 2018), limited access to health care and health insurance (including mental health); food insecurity; domestic violence; housing insecurity and eviction; bankruptcy; interruption of education due to relocation; and exposure to environmental health hazards (Jury et al., 2017; Metcalfe and Neubrandner, 2016; Sohn, 2017). These additional factors, when present, should not be misinterpreted as implying that BIPOC students do not have potential and responsibilities in terms of academic achievement, leadership capabilities, or contributions to campus. Rather, institutions of higher education, and especially those that are predominantly white institutions, need to recognize that the pervasive effects of systemic racism and sexism, including inequality in K-12 education, can coalesce with college policies and practices in ways that compromise postsecondary academic resilience (Jack, 2019). As students from these groups continue to enter higher education at higher rates, colleges and

universities hoping to support students from admission to graduation may consider investing in programs and services that provide support specific to these students. (pp. 70-71)

The development and implementation of programs that specifically support these student populations should be incorporated as part of a broader suicide prevention strategy that integrates sociocultural context into the framework of suicide prevention.

This strategy can also incorporate programs that support LGBTQ student populations. The National Academies of Sciences, Engineering, and Medicine (2021) provided recommendations to support the mental health of the sexual and gender minority population (SGM) as well:

Wellbeing and mental health support for SGM students should incorporate inclusive methods that recognize the legacy of harm embedded in the history of U.S. laws, medicine, and society. For SGM individuals who choose to enter therapy, other fears may arise such as a concern about information being discovered outside of the sessions, hospitalization, limited resources for those with a SGM identity, and lack of health professionals with experience in working with issues common in the SGM community (Shah, Eshel, and McGlynn, 2018). For colleges and universities seeking to support students, having health professionals who practice inclusive approaches that make strong efforts to normalize minority gender identities and sexualities and who become well versed

in the nuances of the SGM culture and vernacular can limit the impact of anti-SGM stigma on mental health). (p. 89)

The report often focused on the role of mental health and health professionals in supporting marginalized populations. A shift toward integrating other community support structures into a holistic suicide prevention policy that acknowledges the legacy of oppression and continued structural violence on these marginalized groups can have a positive impact on campus communities.

Implications for Practice

Several implications for practice can be identified based upon the findings of this study. Just as the focus for institutional suicide prevention policies should integrate social justice and collective ethics, so too should practices be altered to engage with social justice and suicide prevention directly. Suicide prevention practice should continue throughout the student lifecycle and every member of the campus community should be involved in and understand their role in suicide prevention.

Many institutions have begun including mental health modules into extant campus orientation programs (Brown, 2016). These programs can begin to deemphasize the focus on individual and pathological risk and focus on a more relational approach to suicide prevention. White (2020) offered suggestions on how this approach could work in youth suicide prevention, and these suggestions apply to the college setting.

Instead of placing so much emphasis on individual-level risk factors such as depression and substance use when conceptualizing suicide prevention programs,

we might consider drawing on the findings from social epidemiology that explicitly address social, cultural, economic, and political factors. Specifically, we might do well to include more social-justice-oriented approaches to prevention that recognize the risks that are inherent in institutional racism, structural violence, colonization, heteronormativity, sexualized violence, the culture of thinness, or any other limiting social practices that create and sustain narrow notions of the good, right, normal, and true. When youth are given the opportunity to recognize and challenge oppressive social practices (e.g., racism, homophobia, settler colonial relations) within their schools and communities, they are engaging in a form of suicide prevention. (p. 257)

In an orientation module focused on suicide prevention, students could have discussions about how they construct suicide and examine ways that systemic and structural violence might contribute to suicide. These programs can even include CLA about suicide discussions, which can disrupt the dominant discourse about suicide and create spaces for students to engage in more emancipatory suicide discourses.

Suicide prevention modules that exist in orientation should be integrated into housing and residential life and repeated throughout the student lifecycle until students graduate. Normalizing discussions about suicide and the prevalence of suicidal ideation can help to reduce the stigma of suicide and create spaces for students to discuss suicidal thoughts with their peers before they require an acute intervention. This would involve providing students with the tools to discuss suicide with their peers instead of signaling

through institutional documents that the only appropriate response to someone with suicidal thoughts is to call 911 or refer them to counseling. This approach requires acknowledgement of students' own agency over their thoughts and capacity to make meaning of them. White (2016) understood the importance of creating opportunities for young people to normalize suicidal thoughts:

What are the effects on young people of declaring that suicidal thoughts are the result of a mental illness and/or 'not normal'? Even more pointedly, when private thoughts of suicide – which may paradoxically enable a young person to endure by presenting a comforting possibility of escape – are read as unequivocal evidence of illness or abnormality, who is actually benefiting? (p. 250)

In the current, dominant paradigm, do students benefit from a discourse that constructs suicide as abnormal and the sign of mental illness? White asserted that “in many respects, once a student is identified as ‘at risk’ for suicide, he or she becomes objectified as a fragile, ‘ready-to-be-acted-upon Other’ (Hosking, 2008, p. 676) who is in need of control or supervision” (p. 251). Shifting away from this approach and normalizing discussions about suicidal thoughts among students can reduce the stigma about suicide and disrupt the construction of suicidal students.

For faculty and staff, mental health and suicide prevention trainings involved in a campus-wide suicide prevention strategy can also engage in this emancipatory practice. While recognizing that many faculty and staff may appreciate decision trees and forceful directives about what to do if a student discloses suicidal thoughts, those practices

actually limit faculty and staff agency in supporting students. Having more intentional conversations about the role of social inequality in suicide and the capacity for more community-oriented suicide prevention can serve to both reduce instances where students require acute mental health care for suicidal thoughts and make faculty and staff more comfortable discussing suicide with students.

Faculty and staff, particularly student affairs practitioners, are currently constrained by suicide prevention models that require referrals to mental health professionals without allowing for more dynamic relationships and interactions between faculty, staff, and students. While acknowledging that the discourse of suicide prevention in its current form does not allow for non-clinicians to engage in campus suicide prevention beyond knowing where to refer students, faculty and staff can disrupt this paradigm. Discussing suicide prevention in the classroom and in other learning environments can begin to destigmatize suicide and provide the type of solidarity and support that students in this study discussed. While discussing suicide is often considered “dangerous” there is no documentation that public discussions of suicide increase suicidal behavior (Fitzpatrick & Kerridge, 2013). If faculty and staff wish to engage in collective ethics around suicide prevention, discussing suicide with students can be a small but pivotal first step.

One of the benefits of shifting the approach to suicide prevention away from referring to resources as the only outcome is reducing the burden on counseling centers. Campus counseling centers were already overburdened before the Covid-19 pandemic

(Francis & Horn, 2017). In the wake of the pandemic and the reopening of campuses across the country, the long wait lists at campus counseling centers will likely continue. A more community-oriented suicide prevention practice can reduce referrals to counseling by empowering stakeholders to engage in suicide prevention as social justice. White (2016) argued that “we also place an unfair burden on mental health practitioners when we suggest that they could somehow overcome the political and structural forces that contribute to youth marginalization, social deprivation, and hopelessness through the provision of mental health treatment” (p. 252). By creating awareness in faculty and staff about the sociocultural determinants of suicide, institutions can help relieve that burden upon mental health practitioners while also advancing social justice.

Critical suicidology offers many possibilities for reimagining what suicide prevention looks like in higher education (Kaler, 2020). Shifting away from the pathological and individual model of suicide and toward a more socioculturally aware approach can help empower campus stakeholders to practice suicide prevention. While there may still be much to discover in how contemporary suicidology is reproduced in higher education, the following implications for research can help shape suicide prevention practice in the future in important ways.

Implications for Future Research

The findings of this study, and indeed the theoretical lens that guided this study, critical suicidology, offer several possibilities for future research. I have argued that higher education scholars should study college student suicide because the prevalence of suicidal

ideation is so high that it affects a significant portion of the student population (Kaler, 2020). Critical suicidologists continue to call for interdisciplinary study about suicide (White, 2020). Scholarship about suicide through the lens of a higher education scholar can add to the literature by advancing a different perspective about suicide that integrates theories of student development or other relevant theories. Some examples of the potential studies that could help inform a more social justice-oriented suicide prevention on campus follow.

The institution where I situated my study, Midwest U, did not have a robust suicide prevention strategy published on their website and I was not made aware of a suicide prevention strategy during data collection. Conducting CDA on a campus suicide prevention program, or perhaps even on the JED Foundation suicide prevention framework (Schwartz, 2021), would offer insight into the extent to which the public health model of suicide prevention advances the dominant discourse about suicide.

Ample opportunities exist to engage in critical, qualitative inquiry with college students to better understand the meaning that they make of suicidal thoughts. Longitudinal studies that involve students who experience suicidal ideation in their first year of college could provide insight into the experience of suicidal ideation and the effects of that experience on student development as they matriculate. Other studies might involve social justice activists on campus to understand their own perceptions about suicide and its intersections with social justice; these activists might be students, staff, or faculty.

Challenges to Expanding Higher Education Research on Suicide⁶

Several challenges exist that may hinder higher education scholars' research of college student suicide and their implementation of critical suicidology in this work. First, they may feel ill-equipped to study suicide. I encourage scholars who examine persistence and graduate issues—particularly those who explore these issues through the lens of race, gender, sexuality, ability, spirituality, or other identities—to consider that suicidal ideation impacts the students they study. Higher education scholars cannot continue overlooking suicidal ideation when it affects nearly 15% of today's college students (ACHA, 2019). Higher education scholars incorporate critical theory from various fields into their praxis. It is time to incorporate a critical approach to studying suicide.

The ethical and moral considerations inherent to suicide research pose a second challenge to this work. For example, how should one conduct suicide research with a person who has experienced suicidal ideation? Suicide researchers must especially engage in reflexivity throughout the research process (Polanco et al., 2017). That is, these scholars must critically examine their own assumptions about suicide and share with participants their positionality, as well as discussing their positionality in the reporting of data (Polanco et al., 2017). McCabe and Holmes (2009) described critical qualitative

⁶ Portions of this section appeared previously in the *Journal of Critical Scholarship in Higher Education and Student Affairs*. See the acknowledgements page for additional details about the original manuscript.

inquiry as emancipatory in nature and asserted that any research with “an agenda for change is clearly political” (p. 1520). Critical suicidology is political; it is not objective. Researchers must situate their historical and social positions; this undoubtedly impacts the research process (Denzin, 2016). If done well, the research experience can positively affect researchers and participants. Conducting critical research about suicide requires scholars to recognize that the aim is to create change and empower both researchers and participants (McCabe & Holmes, 2009).

The ethical considerations inherent to studying suicide with individuals who have experienced suicidal thoughts were central to this study. After carefully designing a study that would minimize potential risk to participants, I had to grapple with the onset of the Covid-19 pandemic in March 2020. The pandemic related closures and restrictions on research required me to make difficult choices about my data collection and ultimately my study. In choosing to end data collection with students as the effects of the pandemic and related closures on mental health became clear, I knew I was limiting my study. The choice was obvious, however, because suicide research should never come at the expense of the wellbeing of others. There could be no justification for increasing the risk to the participants in the study.

Another important conversation to have among scholars who consider engaging in suicidology concerns questions of which type of scholars should study suicide. Berman et al. (2021) recently contemplated the definition of suicidology and whether there should be criteria to certify suicidologists. Currently, there are no criteria for suicidologists,

although Berman et al. suggested that would advance the field of suicidology.

Paradoxically, they also embrace the notion that “Suicide is Everyone’s Business” and “the need for and value of gaining input from all sectors to inform and promote our aspirations to prevent suicide” (p. 169). While members of the community of suicidology engage in attempts at gatekeeping the study of suicide, it is an issue that affects all elements of society. Because of the prevalence of suicide on college campuses and the need to acknowledge the relationships between suicide and issues of structural oppression, higher education scholars should not feel shut out of suicide research. They can engage in this important work ethically and with paradigms that advance the idea that suicide is everyone’s business, and that suicide prevention is social justice.

Conclusion

My goal in conducting this dissertation was to offer an alternative lens through which to view campus suicide prevention. I demonstrated the capacity to conduct critical scholarship on suicide situated within the field of higher education. Critical suicidology can be applied to the study of college student suicide and suicide prevention in a way that advances social justice and disrupts the focus on pathological, individual risk. Despite the “‘regime of truth’ formed around a compulsory ontology of pathology” (Marsh, 2010, p. 4) that dominates suicidology today, the psy fields do not actually own the study of suicide or suicide prevention.

In youth suicide prevention and Indigenous communities, critical suicidology has already influenced suicide prevention (Wexler & Gone, 2016; White, 2016). Higher

education represents another space in which critical suicidology can have positive impacts. Through this study, I demonstrated the potential for critical suicidology to disrupt the pathological, individual focus of suicide prevention in higher education.

Fairclough (2015) said that his goal in writing about CDA “was to help increase consciousness of how language contributes to the domination of some people by others, because consciousness is the first step toward emancipation” (p. 229). It is my hope that this work can help increase consciousness of how the language used to discuss suicide in higher education reproduces a dominant discourse about suicide that marginalizes the lived experiences and systemic suffering of students. Perhaps by increasing consciousness about the discourse of suicide on campus, I have taken one small step toward emancipating suicide prevention in higher education.

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Table 1
Percentage of Students Self-Reported Experiencing This Within the Past 12 Months

	Fall 2008			Spring 2019		
	Male	Female	Total	Male	Female	Total
Felt things were hopeless	39.1	50.4	47.0	48.9	60.3	57.5
Felt overwhelmed by all you had to do	77.4	91.9	87.4	78.9	91.8	88.0
Felt exhausted (not from physical activity)	72.3	86.2	81.9	75.9	88.7	85.0
Felt very lonely	51.8	63.3	59.7	59.4	70.1	67.4
Felt very sad	53.2	68.4	63.7	61.4	76.0	72.0
Felt so depressed it was difficult to function	25.5	32.8	30.6	37.4	48.7	46.2
Felt overwhelming anxiety	38.6	53.6	49.1	50.9	72.3	66.4
Felt overwhelming anger	35.9	39.8	38.6	38.7	46.7	44.8
Seriously considered suicide	6.1	6.4	6.4	12.6	14.1	14.4
Attempted suicide	1.2	1.2	1.3	2.0	2.1	2.3
Intentionally cut, burned, bruised, or otherwise injured yourself	4.4	5.9	5.5	6.2	9.9	9.5

Note: Adapted from “American College Health Assessment National College Health Assessment II: Reference executive summary fall 2008” by American College Health Association, 2008. https://www.acha.org/documents/ncha/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2008.pdf. Copyright 2008 the American College Health Association. Also adapted from “American College Health Assessment National College Health Assessment II: Undergraduate student reference group executive summary spring 2019” by American College Health Association, 2019. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20_GROUP_EXECUTIVE_SUMMARY.pdf Copyright 2019 the American College Health Association.

Table 2

Percentage of Students Diagnosed or Treated by a Professional for the Following Within the Past 12 Months

	Fall 2008			Spring 2019		
	Male	Female	Total	Male	Female	Total
Anxiety	6.1	12.2	10.4	12.6	27.9	24.0
Depression	6.3	11.9	10.2	11.6	22.4	20.0
Students reporting both Depression and Anxiety	3.6	7.5	6.3	8.5	19.0	16.6

Note: Adapted from “American College Health Assessment National College Health Assessment II: Reference executive summary fall 2008” by American College Health Association, 2008. https://www.acha.org/documents/ncha/ACHA-NCHA_Reference_Group_ExecutiveSummary_Fall2008.pdf. Copyright 2008 the American College Health Association. Also adapted from “American College Health Assessment National College Health Assessment II: Undergraduate student reference group executive summary spring 2019” by American College Health Association, 2019. https://www.acha.org/documents/ncha/NCHA-II_SPRING_2019_UNDERGRADUATE_REFERENCE%20GROUP_EXECUTIVE_SUMMARY.pdf Copyright 2019 the American College Health Association.

Table 3
 Research Questions and Data Collection Methods

Research Question	Data Collection Method	
4. How does a university construct suicide?	Document Collection	Practitioner Interviews
5. What institutional mechanisms do students encounter that construct “suicide”?	Document Collection	Practitioner Interviews
6. How, if at all, do students engage in rebellion against the university’s construction of suicide?	Document Collection	Student Interviews

Table 4
Student Participant Demographics

	Gender	Race	Year
Participant A	Female	Black	5
Participant B	Female	White	2
Participant C	Female	White	2

Table 5Offices of Staff Participants.

Student Affairs Case Management
Dean of Students Office
Housing and Residential Life
Academic Advising

Table 6
University Documents

Document	Location
Behavioral Consultation Team	Student Mental Health website
Communicating Distress Through Writing	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Communicating Distress Verbally	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Assisting Students in Distress General Guidelines	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
Suicidal Behavior	Faculty/Staff Assisting Students in Distress on Student Mental Health webpage
How to Help a Friend: General Guidelines	Helping a Friend on Student Mental Health website
Crisis/Urgent Concentration	Resources For on Student mental health website
Red Folder	Provost's Student Mental Health webpage

Table 7**Student Affairs and Housing and Residential Life Documents**

Case manager outreach email to students

Resident Assistant Training Scenarios

Resident Assistant Training Facilitation
Guide

Behavioral Commitment Template

Behavioral Commitment Guide for Staff

Wellness Plan

Wellness Plan Guide for Staff

Table 8**The SSS Documents**

Facebook Page

Midwest U Page

Resource Card

Training Prezi

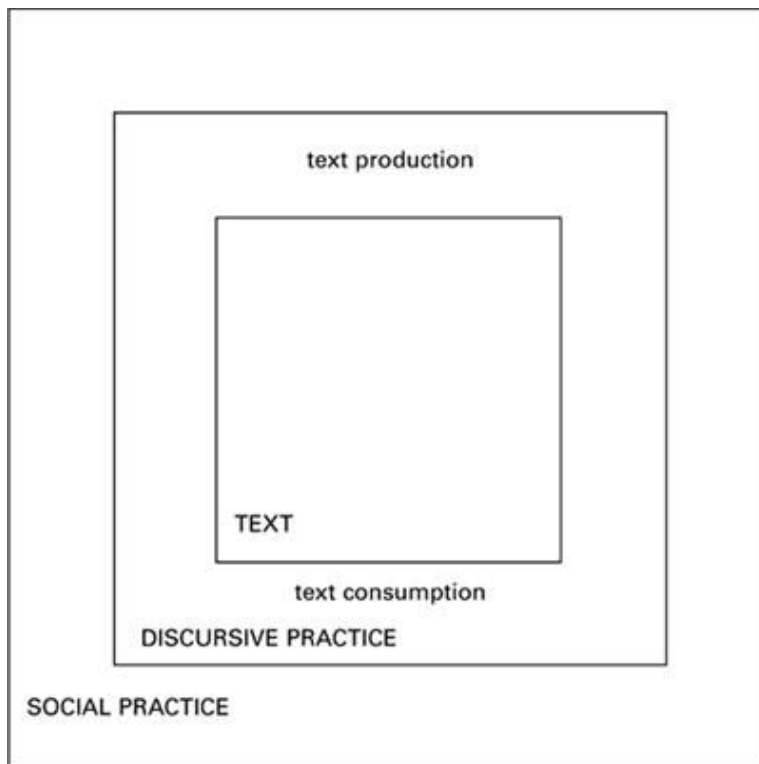
Table 9
 Activities in “Responding to Suicidal Students”.

Type of Response	
Refer Student to Mental Health Treatment	<p>Recommend resources</p> <p>Clearly state that (s)he must talk with a professional before you can feel comfortable.</p> <p>Provide university resources as appropriate.</p> <p>Refer to appropriate resources.</p> <p>Suggest and recommend to the student that importance of talking with someone who can help and understand.</p> <p>Reinforce you want to be helpful, but helping is getting the student to someone who is trained to deal with these type of issues.</p>
Refer to Emergency Services	<p>Call 911</p> <p>If needed, a student can be taken to the emergency room of [local hospital].</p> <p>If a student is expressing suicidal thoughts, appears depressed or shows other distressing behaviors but does not indicate an immediate plan and/or can reassure you that they are "safe," call [crisis counseling].</p>

Note. Excerpts above are all from the student mental health website.

Figure 1

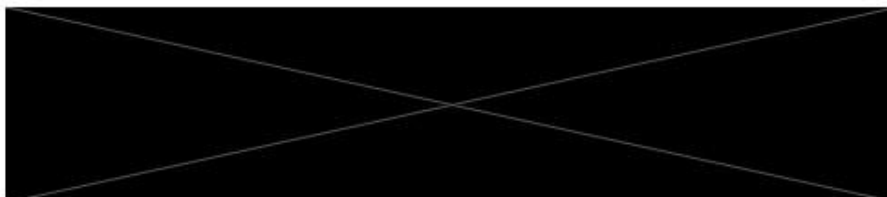
Fairclough's Three-Dimensional Model of Discourse.



Note. From *Discourse and Social Change* (p. 73), by N. Fairclough, 1992, Polity Press. Copyright 1992 by Norman Fairclough.

Appendix A

IRB Approval for Current Study




APPROVAL OF NEW STUDY

February 6, 2020

Karen Miksch
612-625-3398
miksc001@umn.edu

Dear Karen Miksch:

On 1/29/2020, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	The Construction of Suicide: A Critical Analysis of University and Student Suicide Discourses
Investigator:	Karen Miksch
IRB ID:	STUDY00008660
Sponsored Funding:	None
Grant ID/Con Number:	None
Internal  Funding:	None
Fund Management Outside University:	None
IND, IDE, or HDE:	None
Documents Reviewed with this Submission:	<ul style="list-style-type: none"> • Staff interview protocol, Category: Other; • Student interview protocol, Category: Other; • Dissertation IRB Full Protocol_L Kaler.docx, Category: IRB Protocol; • staff info sheet, Category: Consent Form; • Letter of Support from Student Orgs, Category: Letters of Support / Approvals (Location); • Student consent form, Category: Consent Form; • Student Recruitment Email, Category: Recruitment Materials;



	• Staff Recruitment email, Category: Recruitment Materials;
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The IRB determined that the criteria for approval have been met and that this study involves no greater than minimal risk.

This study was approved under Expedited Category:

- (7) Research on individual or group characteristics or behavior or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

This study does not require continuing review. The revised Common Rule (2018 Rule) eliminated continuing review for most minimal risk research approved on or after January 21, 2019. However, the elimination of continuing review does not eliminate reporting requirements or submission of modifications for IRB review and approval. Information about 2018 Rule requirements and investigator responsibilities can be found in the Investigator Manual (HRP-103).

You must also submit a Modification in ETHOS for review and approval prior to making any changes to this study.

If consent forms or recruitment materials were approved, those are located under the Final column in the Documents tab in the ETHOS study workspace.

In conducting this study, you are required to follow the requirements listed in the Investigator Manual (HRP-103), which can be found by navigating to the [HRPP Toolkit Library](#) on the IRB website.

For grant certification purposes, you will need the approval and last day of approval dates listed above and the Assurance of Compliance number which is FWA00000312

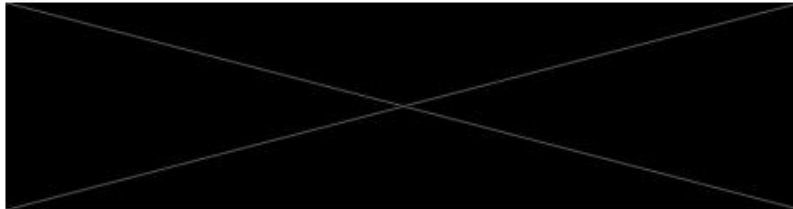
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Appendix B

IRB Approval for 2018 Pilot Study



NOT HUMAN RESEARCH

October 16, 2018

Karen Miksch

612-625-3398
miksc001@umn.edu

Dear Karen Miksch:

On 10/16/2018, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Perceptions of institutional response to suicidal thoughts and behaviors
Investigator:	Karen Miksch
IRB ID:	STUDY00004488
Sponsored Funding:	None
Grant ID:	None
Internal UMN Funding:	None
Fund Management Outside University:	None
IND, IDE, or HDE:	None
Documents Reviewed with this Submission:	<ul style="list-style-type: none"> • Semi-Structured Interview Questions_Students, Category: Other; • Case Study IRB [REDACTED], Category: IRB Protocol;

The IRB determined that the proposed activity is not research involving human subjects as defined by DHHS and FDA regulations. To arrive at this determination, the IRB used "WORKSHEET: Human Research (HRP-310)." If you have any questions about this determination, please review that Worksheet in the [HRPP Toolkit Library](#) and contact the IRB office if needed.



Appendix C

Recruitment Email for Bandana Project and Active Minds

Dear Student,

I am conducting a study that explores how college students discuss suicide. I am interested in learning how students who have previously experienced suicidal ideation discuss their experience, and how that compares with how the University responds to suicidal students.

I am interested in the perspectives of students involved in [name of student organization] because I understand these students to be involved in advocacy and awareness around the issue of suicide.

To be eligible for this study, participants must be enrolled in the University, have experienced suicidal ideation during their enrollment as a University student, and not experienced any suicidal ideation during the previous six months.

I am conducting individual interviews with students. I may ask participants to participate in up to three interviews, although that is not required for participation in the study. Participants will be compensated for their time through \$20 Amazon gift cards at the conclusion of each interview.

If you are interested in participating, please email smit8896@umn.edu. You may also contact me with any questions.

Thank you,
Lisa S. Kaler

Appendix D

Responsive Interview Protocol with Previously Suicidal Students

1. Rapport building questions; year in school, major, etc.	
2. How did you come to be involved in [name of student organization]?	
3. Please describe your college experience before you became suicidal.	
4. What was your experience like when you were suicidal?	RQ3
5. What were your interactions with members of the university community when you were suicidal?	RQ1, RQ2
6. How did your family and friends respond when you were suicidal?	RQ3
7. What ended your suicidality?	RQ3
8. What would you like the university to know about your experience with suicidality?	RQ3
9. How would you describe your college experience after being suicidal?	RQ3

Appendix E

Recruitment Email for University Practitioners

Dear [name],

I am conducting a study that explores how university staff discuss suicide. I am interested in learning how University staff implement university suicide prevention and intervention policies, and how the staff conceive of suicide.

I am contacting you because I understand that, in your position, you interact with students who experience suicidal ideation. I would like to invite you to participate in a one hour interview to discuss your thoughts about suicide and how the University responds to and prevents suicidal ideation and suicide.

If you are interested in participating, please email smit8896@umn.edu. You may also contact me with any questions.

Thank you,
Lisa S. Kaler

Appendix F

Semi-Structured Interview Protocol for University Staff

1. Rapport building discussion/questions.	
2. Please tell me about your professional responsibilities.	
3. Please describe your interactions with students experiencing suicidal ideation.	RQ2
4. How would you describe the University's role in responding to students with suicidal ideation?	RQ1, RQ2
5. What are some of the considerations when responding to a student with suicidal ideation?	RQ1
6. What is the typical university response when a student experiences suicidal ideation?	RQ1, RQ2
7. What challenges do you face in responding to students experiencing suicidal ideation?	RQ1, RQ2