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Olivia Stevenson

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## Suicidal journeys: attempted suicide as geographies of *intended* death

Olivia Stevenson<sup>a,b\*</sup>

<sup>a</sup>Office of the Vice Provost Research, University College London, 2 Taviton Street, London WC1E 6BT, UK; <sup>b</sup>The School of Geographical and Earth Sciences, University of Glasgow, East Quadrangle, Glasgow G12 8QQ, UK

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In geography, a conversation around suicide survivors and their suicidal journeys has yet to happen. The current prioritisation of suicide as end points marked on maps and patterns of death in space and regions has obscured the lived experience of adults who attempt suicide and do not die. In an effort to reduce this invisibility, evidence derived from in-depth interviews with adults (18 years and over reported as missing) who freely delivered narratives of their attempts is employed to understand the complex spatiality of suicide in retrospect. Situating suicide survivors as knowledgeable about their feelings, beliefs and experiences, the paper encounters testimonies of *intended death* via a focus on spatialised journeys: physical routes, pathways and places of attempted suicide. Discussing these particular journeys as socio-spatial process represents the potential for geographical scholars to rework geographies of dying and (attempted) death as an active practice.

**Keywords:** suicide; survivors; journeys; death; dying; testimony

### **Parcours suicidaires: tentatives de suicide en tant que géographies de mort intentionnée**

En géographie, une conversation autour des survivants après leur suicide manqué et de leur parcours suicidaire n'a pas encore eu lieu. La priorité actuelle donnée au suicide en tant que points sur une carte et aux tendances de mort dans l'espace et les régions a masqué l'expérience vécue des adultes qui font une tentative de suicide et ne meurent pas. Pour réduire cette invisibilité, des témoignages obtenus à partir d'entretiens en profondeur avec des adultes (18 ans et plus portés disparus) qui ont raconté librement leur tentative de suicide, sont utilisés pour comprendre la spatialité complexe du suicide rétrospectivement. Exploitant le fait que les survivants du suicide parlent en connaissance de cause de leurs sentiments, leurs convictions et leurs expériences, cet article est confronté à des témoignages d'intention de mort vus à travers un prisme de parcours spatialisés : routes physiques, cheminements et lieux d'actes de tentatives de suicide. Débattre de ces parcours particuliers en tant que processus socio-spatial représente le potentiel pour les chercheurs géographiques de retravailler les géographies de l'agonie et de la (tentative de) mort en tant que pratique active.

**Mots clés:** suicide; survivants; parcours; mort; agonie; témoignage

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\*Email: [o.stevenson@ucl.ac.uk](mailto:o.stevenson@ucl.ac.uk)

### Viajes suicidas: tentativa de suicidio como geografías de muerte prevista

En la geografía, todavía no se ha llevado a cabo una conversación en torno a los sobrevivientes de suicidio y a sus viajes suicidas. La priorización actual del suicidio como puntos extremos marcados en el mapa y los patrones de muerte en el espacio y regiones ha oscurecido la experiencia vivida de los adultos que intentan suicidarse y no mueren. En un esfuerzo por reducir esta invisibilidad, se emplea la evidencia derivada de entrevistas en profundidad con adultos (de 18 años o mayores registrados como desaparecidos) que ofrecieron libremente narrativas de intento de suicidio para comprender la compleja espacialidad del suicidio en retrospectiva. Situando sobrevivientes de suicidio conocedores acerca de sus sentimientos, creencias y experiencias, este documento discute testimonios de muerte prevista a través de un enfoque en viajes espacializados: rutas físicas, caminos y lugares de actos suicidas previstos. Hablar de estos viajes particulares como procesos socio-espaciales representa el potencial para los estudiosos geográficos de reelaborar las geografías del morir y la muerte (prevista) como una práctica activa.

**Palabras clave:** Suicidio; Supervivientes; Viajes; Muerte; Morir; Testimonio

### Introduction

Suicide is commonly studied as a final act, a ‘successful act of self-destruction’. This approach can exclude other processes that warrant detailed consideration, such as the fusion of felt stresses, the appearance of suicidal thoughts and formulating the intention for suicide. The processes of preparing for suicide and then adjusting the course should a death not occur suggest the need to take seriously the narratives of suicide survivors<sup>1</sup> as a means to understand suicide journeys and how best to support suicidal people. According to the World Health Organization (WHO) (2013), every year almost one million people across the world die from suicide, equating to one such death every 40 seconds. Based on current trends, the WHO (2013) projects that suicides will rise to 1.53 million yearly by 2020. It is estimated that 20 times the number of people who die by suicide, *attempt* suicide – working out at an average of one attempt every 3 seconds.<sup>2</sup>

Beyond these ‘headline’ facts and figures, suicidal behaviour is a subject of ongoing public concern, a regular feature in the national and international press, cultural performances and fictionalised depictions. Attention ranges from ‘suicide bombings’ to debates around euthanasia to the reporting of ‘suicide epidemics’ of young people, such as in and around the Welsh town of Bridgend in 2008 (<http://www.independent.co.uk>). Suicide is also the subject of academic enquiry and a range of disciplines research suicide. Indeed, the study of suicide stretches back centuries and is arguably amongst one of the most complex and enduring preoccupations of the social and medical sciences (Durkheim, 1897/1951; Giddens, 1965; Fincham, Langer, Scourfield, & Shiner, 2011). Despite this, suicide has been largely neglected in the geographical literature on dying and death, receiving more coverage in other disciplines, such as sociology and the extensive interdisciplinary field of suicidology.<sup>3</sup> While I do not directly engage with this literature, these disciplines influence how suicide is understood, categorised and responded to today, and so it is appropriate to briefly outline the most dominant strands of thought.

First, the growing study of suicide by medical scientists has variously contributed to the discipline of suicidology. A powerful social and cultural system that regulates both the meanings ascribed to attempted suicide – through the practice of defining what is and what is not suicide – and the organisation of relevant spaces of care. Suicidology addresses the pathology of the individual, with suicidal behaviour considered perhaps the most tragic manifestation of troubled minds. Williams (1997, p. 139), a leading UK

suicide specialist, has argued that '[s]uicidal behaviour is best seen as a cry of pain – a response elicited by this situation of [cognitive] entrapment – and only secondarily as an attempt to communicate or change people or things in the environment'. Grounded by the collection of quantitative data and the production of statistics, official categories and stereotypes of suicide as pathology are developed and mapped but, as Kearns and Reid-Henry remind us, 'it is important to consider how individuals are rendered either visible or invisible in the system as their visibility clearly shapes how they are positioned relative to [...] knowledge' (2009, p. 559). Given the extent to which 'suicide statistics' or 'taxonomies' produce 'knowledge' forming how suicide is understood and classified, what becomes of attempted suicide where data are missing or ideas and understandings are removed from analysis, and thus excluded from discussions? More importantly, what becomes of those who attempt suicide? Interviewing suicide survivors, then, allows us to appreciate the complex geographies of suicide in retrospect.

Second, sociology has brought questions of the social to the forefront of suicide research, laying the groundwork for how geographers study suicide. As Sennett notes, 'Durkheim has taught the modern world how to think about suicide as social phenomena instead of suicide as a matter of purely individual despair' (2006, p. 11). Durkheim argues through the use of statistical data that suicide was less an individual phenomenon related to mental ill-health and more a societal issue and a social act, hypothesising a link between a sense of alienation and risk of suicide. Although Durkheim's methods have been questioned on the grounds of ecological fallacy (see Wray, Colen, & Pescosolido, 2011 for an overview), social context remains important. More recent research addresses the causal processes and structural distinctions of age and gender, including the lethality of suicide methods and gender differences (Callanan & Davis, 2012; Jaworski, 2010; O'Connor & Sheehy, 1997).

My main ambition, however, is to demonstrate the absence of voices of suicidal persons, and to uncover a new spatialised sensibility, through listening attentively (to such voices). There is a move beyond assumptions that only the experiences of dead individuals, classified as 'suicide' count, to the consideration of those living with suicide and their spatialised journeys. Thus, suicide is revealed as a process that alerts us both to 'suicide survivors' and to their testimonies of attempt(s). Testimonies provide opportunities for survivors, and readers/listeners, to respond both conceptually and pragmatically to suicide attempts, rather than silencing or ignoring suicidal people as 'beyond' reasonable or ethical scholarship. It is not the intention of this paper to simply acknowledge that people are suicidal, but rather to 'refute the dehumanisation of disembodied accounts' that circulate (some) geographical texts (Madge, 2014, p. 9), while recognising 'like the corporeal experiences of most other human beings, it may demand our attention but refuse meaning-making altogether' (Pile, 2006 in Noxolo, 2014, p. 306).

I situate my contribution in relation to two, currently distinct, strands of thought in geography – geographies of dying and death and a geography of suicide, where other kinds of dying/living are encountered, especially in relation to the spatial complexities of living with dying and spatial mappings of suicide (see Brown, 2003; Madge, 2014). Recognising that a more interpretative geographical perspective of suicide is currently absent, I explore the implications such thinking has for understanding geographies of dying and death as vibrant and vital. I also enrol understandings of death-work as an active practice as a way to attend to Maddrell's (2013, p. 518) point that more nuanced contributions can be derived through the 'relational study of the [dying], deceased, the bereaved and the spaces of emotional-embodied practices and material markers of [dying.] death and remembrance'. I disclose geographies of attempted suicide by including the voices of

survivors and (partially) depicting their suicidal journeys in an attempt to do justice to their narratives. In concluding I return to consider suicide survivor testimonies, suggesting that it is helpful to add to the growing literature on the geographies of dying and death by placing emphasis on *how* and *where* persons themselves experience suicide.

### *A geography of suicide*

There are several geographical entry points into discussions of suicide. Certainly, the broader emerging field of the geographies of dying and death provides considerable scholarly engagement with mortality, death and deathscapes, including a focus on the spatial and place-based accounts of burial, loss and mourning (Kong, 1999; Maddrell & Sidaway, 2010; Philo, 2012; Romanillos, 2011; Stevenson, Kenten, & Maddrell, *in press*; Teather, 2001; Tyner, 2014; Wylie, 2009). This work is inflected by a wide range of different philosophical, theoretical and methodological registers. As Maddrell and Sidaway outline in the opening chapter to *Deathscapes: Space for Death, Dying, Mourning and Remembrance*, ‘geographical perspectives on death are developing alongside extant literatures on geography, religion, and the sacred; the politics of mourning and memorialisation; and nonrepresentational geographies of emotion and affect’ (2010, p. 2). Indeed, this scholarship has done much to promote understandings that we live with dying and death in a multitude of ways, exposing the varied experiences; for instance, through addressing dying and more specifically the ‘normative paradoxes of home as a good and a bad place to die’ (Brown in Wiles, 2011, p. 577); through accounts of the vital dead, as a body that is always transforming through decay/decomposition (Jassal, 2014); or examining necromobility, charting a complex geography of bodily remains and dead body mobilities (Jassal, 2014; Young & Light, 2013). Yet, there continues to be a particular, quantitative engagement with suicidal geographies, the literature viewing suicidal bodies as passive: ‘constructed from without, rather than agentic and lived from within’ (Noxolo, 2014, p. 295) – and (as indicated above) most research occurs outside the sub-field of geographies of dying and death.

The few contemporary geographical studies of suicide that exist are conducted by health geographers. Influenced by spatial epidemiologies and a Durkheimian position they generate nuanced mappings of the spatial incidence of suicide. Scholars map the spatial distributions using mortality and morbidity data at different scales (Congdon, 1996; Dorling & Gunnell, 2003; Pearce, Barnett, & Jones, 2007), use deprivation indices to examine the social dimensions of suicide (Levin & Leyland, 2005), map geographical variations in suicide rates in urban and rural areas (Middleton, Gunnell, Frankel, Whitley, & Dorling, 2003), examine the effects of urbanicity on risk of suicide for different sex groups (Pearce et al., 2007), and map spatial patterns of the lethality of method-specific suicides.<sup>4</sup> Positioning suicide rates as an indicator of the emotional health of a population, for example, Dorling, a geographer, and Gunnell, an epidemiologist (2003), investigated spatial variations in suicide – ‘extreme despair’ – between regions in the UK. Their findings suggested that these spatial variations directly reflect regional changes in economic, social and demographic factors and as a result, they conclude that suicide in the main had a predictably to its patterning. They acknowledge that for some regions of the UK, there were discrepancies that did not fit the patterning, described as places of ‘geographical anomalies with interesting, but often geographically unique, stories to tell’ (*ibid.* 2003, p. 443).

Another way in which stories of suicide are told in order to hypothesise nomothetic trends is through the identification of ‘suicide hotspots’, defined as a ‘specific and

usually public site that is frequently used as a location for suicide and which provides either means or opportunity (e.g. a particular bridge from which individuals frequently jump to their deaths)' (Owens, Lloyd-Tomlin, Emmens, & Aitken, 2009, p. 581). 'Suicide hotspots' include Niagara Falls, Canada; Golden Gate Bridge, San Francisco; Empire State building, New York; 'the Gap', Sydney; Beachy Head cliffs, Sussex; and Clifton Suspension Bridge, Bristol. Materially and imaginatively, these places are dually inscribed as places of 'beauty' and sites of suicidal action, marked out as 'different' through placement of barriers, nets, helpline numbers and patrols aimed at 'caring' for suicidal citizens. Writing about the duality of landscape and death as a 'complex intertextuality', for example, McGreevy (1992) reflects on the attraction of Niagara Falls as one of North America's most popular places for suicide. Examining the attracting influence, as well as the sense of danger and threat that Niagara's endless water falling *violently* regularly evokes, the introduction of suicide prevention measures at the Falls can be read, McGreevy (1992) argues, as part of prevailing cultural beliefs about death that shape both the visions of death that visitors see at Niagara and how people create Niagara's landscape in accordance with those visions. While signs, symbols, memorials, rituals and ephemera can be mapped into the lives of those who grieve the dead acting as a marker of remembrance, suicide is more commonly addressed through materialities of prevention, bolstered by the suggestion that visible memorials can lead to copycat deaths (Collings & Kemp, 2010). Physical features act as markers not to attempt suicide rather than as markers to narrate more fully the lives (thoughts, emotions and decisions) of suicide attempters. In this sense, they make space incontestable, 'both by closing off alternative readings and by drawing people into the presumption that the values they represent are shared' (Pile, 2006, p. 213).

Again, highlighting how particular hotspots become synonymous with or distant from suicide narratives, Jacobs (2006) describes the development of the 'high rise' leap, demonstrating how suicide scholarship has coupled and decoupled suicide practices and the memories of suicide acts with high-rises over time. Indeed, physical locations and events sediment in memories and meanings that constitute a particular *sense* of place for different people or sets of interests premised on 'sometimes complex and elusive experiences of loss, remembering and forgetting' (Maddrell, 2012, p. 61; see Maddrell, 2010). A critique of 'hotspots' work is that it serves to locate types of suicidal behaviour in likely spatial scenarios at a single point in time, often without reference to the experience of being suicidal or an understanding of suicidal journeys. In sum, the point I wish to draw out is, suicide can usefully be understood as a process, rather than its existent conceptualisation, as *an* event.

How do we frame suicidal journeys? One current articulation sequences dynamics of experience, suggesting that suicidal persons go through stages from 'suicidal ideas (thoughts) to plans, then to attempts and, eventually to death, through a specific action or admission' (Bertolote & Wasserman, 2009, p. 89). Yet, whilst there might be a coherence to its patterning, if we 'only' take a nomothetic approach and look for general trends, rather than specific ideographic patterns, the experiential socio-spatial pluralities of suicidal persons' journeys can become lost. Indeed, suicidal ideas may preoccupy a person over her/his life course, so crippling that s/he feels dead or 'partially' living, but s/he may never attempt suicide. Using the concept of journey to understand process is to circumvent dominant perceptions of suicidal persons as moving from points A to B, with a singular goal being death. As Moss and Dyck write, journeys 'can be sprinkled with [...] side trips on rough terrain' (1999, p. 158). Viewed as mobile geographies of undulating non-static experience allows suicide attempts to be placed in context: 'some

days are good, while other are not. Some days are filled with hope, while others might be filled with dread' (Del Casino, 2010, p. 201). Some days death might seem close and on others distant, as reflected in emerging work on euthanasia or assisted suicide – so called 'death tourism' – where individuals travel to source medications or procedures that hasten death. Here, Steele and Worswick (2013) draw attention to the *spatial* aspects of end-of-life decision-making, decisions based on formative experiences and involving many considerations, such as planning, both in terms of method and location of death, saying 'goodbyes', awareness of the law, entering complex legal, ethical and emotional arenas, etc. The journey is relational, embodied in and through spaces – medical, legal, emotional, experiential, sociocultural – and yet, often individualised or even clandestine.

In the small amount of geographical literature on suicide, beyond biomedical representations or vital statistics, persons who attempt suicide receive little attention as thinking, feeling and changing subjects. Their journeys are represented as a linear continuum (Lester, 1996) or as wholly distinct from experiences of non-suicidal populations (Linehan, 1986). In contrast to this, I suggest that attempted suicide is a dynamic amalgam of felt stresses, thoughts, intentions, preparations, executions and decision-making via suicide survivors and their narratives of what happened. Rather than resolving or subsuming these difficult geographies, in circulating disparate literatures and portraying what often remains invisible, I contribute to a developing movement that acknowledges a more contingent understanding of dying–living–surviving, and that proposes geographies of dying and death as active. For example, through an autobiographical narrative, Madge (2014) explores how emotional and visceral accounts of livingdying are written from and through the body, while Romanillos (2015, p. 569) notes the 'countless uses to which the dead have been put to work in cultivating state memory and identity' and where the materialities of death and loss are purposely erased to generate 'landscapes of negation'.

In what follows, suicidal journeys are understood from the 'inside', and I access something of how it might feel to be suicidal as well as show how 'attempted suicide' is articulated through personal geographical journeys via survivor testimonies. Moving beyond a sole focus on *why* to understanding more about *when*, *how* and *where* people attempt suicide elucidates the spaces, places and geographies of suicide survivors, and reduces the invisible spatiality of suicide that haunts academic enquiry into the geography of dying and death. Before discussing some of these geographies, I outline how the empirics were gathered and interpreted.

### Behind the statistics

This paper – part of a special issue on the geographies of dying and death – is empirically partial as it is based on data collected for a UK-based research project, the *Geographies of Missing People* (ESRC, ES/H030166/1).<sup>5</sup> During 2011/2012, from a population of 45 adults reported as missing (I was fortunate to interview 43), 15 interviewees disclosed their attempted suicide(s) in interviews that lasted typically between 1.5 and 3 hours. Interviews were semi-structured and in-depth, aiming for a balance between my questions, the interviewees' preference to tell their story and for life events to emerge. Interviews were transcribed and analysed subject to standard qualitative analysis. Names and places mentioned have been changed to preserve anonymity. Although the data were collected as part of a project on missing people, and so it is acknowledged that there are other kinds of suicide journeys and responses to suicide across the

world, attempted suicide was a prevalent part of many people's missing experiences, as well as unspoken life worlds. The situated experiences allow me (albeit within limits) to make general points about how people who attempt suicide access the city and experience living/s, dying/s and surviving/s at particular spatial and temporal moments.

Increasingly, geographers experiment with new ways of writing geographies, methods, formats and outputs as both contemporary critique and ground for knowledge production. Recent work that challenges the normative spaces and practices of disciplinary knowledge making can be seen in the scholarship of Johnston and Pratt (2010), who work with monologues from interviews, and Parr and Stevenson (2014), who creatively story life experiences. Throughout my fieldwork, I wondered how I might 'represent' participants, their humanness and the complexities of their accounts? Taking inspiration from qualitatively inclined critical human geographers, I have endeavoured to transgress the boundaries of traditional forms of data presentation that [can] bury voices beneath layers of analysis, to stay close to the testimonies of adults who have attempted suicide as a way of speaking to their experiences and concerns (see Carter-White, 2012; Harrison, 2010; Kobayashi, 2003). The impetus is in part an ethico-political one, and follows the tradition of those geographers who confront dimensions of human difficulty and 'give voice' to subjects (see Domosh, 1991; Gibson-Graham, 2008; Miles & Crush, 1993; Wiles, Rosenberg & Kearns, 2005). In moving the reader from abstract, sterile notions to the dynamic imagery of possibly distant social realities, the voices of suicide survivors recounting their suicide journeys about which they/we have previously been silent attends to the argument that 'with suicides I've learnt you can't cut the long story short' (Martin Sharp, *A long way down*, 2014 film based on the eponymous novel by Nick Hornby). Rather than present extracts of data exemplifying themes or categories, I stay close to three out of a possible 15 suicide survivor testimonies, reading within as much as across, 'an important means of affirming the individuality and agency – the response-ability – of those who testify' (Pratt, 2009, p. 10). I deliberately avoid adding in 'facts' that purport to tell uncomplicated narratives of suicide, and yet as Rogers (2014) notes, and I also recognise in the way I have chosen to present the testimonies, to select what gets told (and I would argue *how* it is presented) is a powerful position to hold. Drawing attention to certain insights and not others, whilst at the same time letting the testimonies speak for themselves, then, is a deliberate and conscious move on my part to contribute to a 're-scripting' of attempted suicide as process and more particularly to 'people' those who attempt suicide. In asking the reader/listener to go beyond 'the expected story line or [medical and socio-cultural] cliché' (Pratt, 2009, p. 3), the decision to present (and write with/through) these three testimonies is based on a wish to first, engage with the process of a suicide attempt (Malcolm), second, the viscosity of attempted suicide (Leon) and third, returning to places in which attempts occur (Amanda). I connect to emerging concerns of dying and death scholars who name 'forms of socio-spatial expulsion that configure [...] corporealities as "abject" and beyond the horizon of valued, shared human experience' (Romanillos, 2014, p. 14) in order to bring in bodies from the margins – making 'suicidal bodies matter'. The next section of the paper emerges through the three testimonies.

### **Malcolm**

This extract of Malcolm's testimony concentrates on the 48 hours before he took an overdose, as well as the life events up to, during and shortly after. It features details of Malcolm's places of dying; it is a narrative of loss, suffering, care and love in which



consumption practices and understandings of home are paramount. Malcolm's relation with home carries a/effects into the neighbourhood and other city spaces:

I was majorly suicidal. I took what I needed. A toothbrush, a book, probably [out of] habit and to pass the time. My one objective was to die and anything else, the fact that I watched a movie on the TV or drank a bottle of vodka is incidental because it was a response to the social stresses that I was under at the time.

My benefits had been building up so I checked myself into a hotel with the intention of taking another overdose. I thought 'I'll have a couple of nice nights in a hotel and have a bit of privacy and then take an overdose on the Sunday morning'. I was looking forward to have something nice to eat and drink and also the overlying ideas of actually kissing good-bye to this world. To be free again and looking forward to the ultimate freedom of death.

There wasn't anything about the hotel, but if it had been a completely alien environment then it would have been harder. I didn't want to be at home, but I wanted to be somewhere comfortable and safe where I could have control. The trouble is that my home is not a good place. It is border 'Satis House', the Havisham style,<sup>6</sup> you know, it was a family house and now there is only me there. So it's constantly reminding me of what's gone and there are certain rooms that I can't go into anymore because it's too emotionally difficult.

[In the] afternoon I went to have a nice little charcuterie plate. I hadn't had a drink in weeks. A little pleasurable thing to do and [that evening] I had my 'Last Supper' at a dark and cosy restaurant, with candles on the table. It is a relief because, you know, this is actually the last meal. And it's quite strange to sit amongst people who don't actually know what you are going to be doing and eat steak.

The Sunday morning before check out, I had a shower and dropped 48 paracetamol, which is really quite unpleasant in taste and half a bottle of Stoli. Different to the previous attempt, I actually took it with alcohol, just to try and make it work this time. I checked out and I went home because I knew that whilst I was dosed up I was safe at home. It took 15/20 minutes to walk home and it was 'I hope it works this time'.

I waited 8 hours just to make sure it was enough in my system, which obviously it wasn't, and then I presented myself to A&E for palliative care. I thought 'I just want to be able to lie in a bed for 3 days whilst my liver collapses and I die'. Just a bit of palliative care, you know rather than I regret what I have done.

Malcolm's crisis-led mobility (Parr & Fyfe, 2012) is not just symptomatic of risk factors lived in individualised time-space. It illustrates a complex fragmented set of events unfolding overtime, in shared space, wherein emotions 'coalesce around and within certain places' (Bondi, Davidson, & Smith, 2005, p. 3) to bind *his* geographies of attempted suicide. Checking in/out of a hotel, taking a shower, watching TV, drinking and taking meals in a café and a cosy restaurant, all of which led to Malcolm's 'Last Supper', describe ways in which significant coordinates (sites of social, embodied and material processes) produce relationally constructed places in which experiences of attempted suicide occur. The places described by Malcolm and relisted here become a central tactic of his active death practice. Describing undulating feelings of belonging and alienation, desire and fear, Malcolm's experience of being suicidal and sitting amongst strangers to eat a last meal highlights how external spatialities take on different meanings, both actual and metaphorical, during moments of suicidal contemplation. Studies of attempted suicide as pathology miss the thoroughly embodied and placed engagements conveyed by the spatial plot lines described by Malcolm as he moves from

the restaurant to the hotel and then navigates his slowly dying body, filled with paracetamol and alcohol, along familiar streets towards home with thoughts, such as 'I hope it works this time'.

Malcolm's testimony is replete with metaphors that stand for a geography of loss: *his loss* informed by the framing of individual events and societal elements that present as past memories conjoined with present feelings and thoughts for the future. In our wider conversation, Malcolm shared the difficulties of living on benefits, being in debt, family separation, and how 'home' stood to remind him 'of what's gone', expressing his most profound loss through his inability to cross certain thresholds: 'there are certain rooms that I can't go into anymore because it's too emotionally difficult'. This echoes Morris and Thomas' point, challenging constructions of home as the 'right place to die', instead 'home can be a place of struggle and physical, emotional and organisational labour' (2005, p. 24). Malcolm reworked his relationship with home only temporarily so that he could be in a 'safe' place 'whilst I was dosed up', yet he recalls wishing ultimately to experience a 'cared-for' death in a hospital, although presenting there risks that life will be prolonged through medical intervention. Malcolm's testimony speaks to Tyner's (2014, p. 2) suggestion that 'survivability' is located in spatial questions of 'who lives, who dies and who decides', where I would add 'what' and 'whom' lives *on* after a suicide attempt? In the life of Malcolm much is yet to be told, but as his closing remarks about his intended death hint, death practices of the past reverberate in the present, and his feelings are not to 'regret what I have done', but instead form the foundational process of his ongoing life worlds (Jones, 2011).

### **Leon**

Staying with the theme of 'home' and also going beyond, I turn to Leon's testimony to consider the viscerality of attempted suicide, taking account of the assemblages gathered for and along his suicide journey, as well as issues of safety during times of uncertainty. Leon narrates his experience through laying out a terrain of feelings, places and materialities to voice how the city and suicide co-constitute and co-affect, in practices of attempted suicide.

I'd failed at university. I couldn't face saying 'I'd failed' so I found another means of expressing myself. My parents weren't aware, no one was aware so I thought 'I've got to leave'. I wrote a note. I didn't just write one letter, I wrote to everyone that was close to me to explain what had happened, this is how I feel. How sorry I was but this is the truth for a change. My main focus was to 'commit' suicide.

I didn't know where I was going I just knew I had to not be there. I took two knives with me. Normally I always make sure I carry my Oyster Card<sup>7</sup> and my phone, and those were the things that I left. So that was almost me telling myself that was it. I wanted to go as far away as possible but not far enough away to give myself time to chicken out.

First I walked through a residential area, homes everywhere. There was nowhere to hide it was very bright it just wasn't the right place. I really didn't want anyone around me. Mostly, not to scare them and to stop them from stopping me. I was very scared and I thought 'maybe I'm not ready, maybe there's an alternative route?'. It was daytime by then. I remember the area being very peaceful and very beautiful. It was relatively busy but I felt like I was in my own world. It was a park bench and I decided 'enough walking around, let's just do it or you're never going Leon'. I found a secluded spot and that's where I preceded to try and end it. I've always had a slight fear of darkness, but this wasn't the same kind of darkness, it was more soothing than that. I felt relatively safe. I was so angry with

myself, so angry with this world. So, I did finally take them out, but what I found was they weren't sharp enough, they were just kitchen knives. So I went and bought some razors.

This part was the hardest, it's when tension finally kicked in. I just remember having this pain in my shoulders, a searing pain. I remember crying a lot, stopping crying, praying, really psyching myself up and 'Ok, don't wait just do it now. Just go for it' And I took that [razor] blade and just did one side and then I realised it's not working. Not that I knew what it was suppose to feel like, but I thought this isn't right and I tried again. I sat there for about five minutes, I closed my eyes and tried to put myself in a position to just hack them, and I thought 'this isn't working, I've got to stop, what have I done?'. Once that happened I kind of woke up. Really it was like I woke up from a terrible dream.

Although not alone in describing the materials that both constitute and contribute to attempted suicide, Leon's testimony illustrates, through visceral presences and absences, the importance of the body's relationality to the social and material world through leaving behind suicide notes and his Oyster card, taking knives from the family home both to enable his attempt but also as 'company'. Even after his attempt, he retained the knives, saying they 'belong to the family and weren't mine to throw away'. In these visceral practices, the discursive, meaning-making activities of daily life are part of sensuous, material life (Lorimer, 2005).

Pile (1996, p. 236) describes the overlapping ways that bodies and cities are created to suggest: 'the urbanised subject creates an imaginary urban landscape, which is constructed partly by the material of the city, partly by the modalities of identification, partly by defensive processes and partly by the "contents" of the unconscious'. Navigating the urban cityscape engaged in spatial practices bound into and afforded by city materials and characterised by rhythms of waiting and movement, Leon walked in search of the 'right place' to die, but also the right time to attempt death. Demonstrating how spatial practices develop as processes of suicide emerge, initially tentatively but over time, with each small step, the terrain becomes more familiar and the city less fearful. Experiencing anxious corporeal sensations, Leon's profound attention to geographic details and complex spatial decision-making sees his journey 'through highly residential bright areas to a secluded park bench'. Reminding us how place and people are intertwined as light and darkness passes through and into the body, altering perceptions of places, Leon rejects bright residential areas populated by 'homes' perceived to hold the potential for him to be 'stopped'. Leon continued, walking through the night until he could bear the suspense no longer. Leon's account shows how he manages his emotions and reworks common assumptions of what constitutes threatening city spaces as he searches for a secluded spot 'to try and end it' without fear of scaring others or 'them from stopping me'.

In the following moments, when Leon cut his wrists, pain, both physical and emotional, described as 'searing', territorialised Leon's body, resting in his 'shoulders'. Disoriented in space and time and embodying a most severe emotional geography, Leon describes a complex set of intensities as he psyched himself up, trying repeatedly, repositioning his body, before rethinking his actions. Rather than viewing Leon's attempt as lacking intent or as a 'violent act of self-destruction', this generation of an unpredictable relation arguably allows a more flexible definition of life/death to intermingle (see Hallam, Hockey, & Howarth, 1999). In traversing the void and puncturing the border between life and death, a hybrid of death enters the living where both the visceral absence and presence of death is experienced in the living body. Leon 'wakes' to feeling, 'this isn't working, I've got to stop, what have I done? Once that happened I kind

of woke up. Really it was like I woke up from a terrible dream'. As he re-emerges from suicidal into consensual reality, his body differently marked, his account begs the need for further exploration of survivors' biographical and socio-spatial contexts to address the visceral lived experience of 'recovery' in relation to suicide attempts.

### *Amanda*

Amanda's journey also can be understood as a mapped terrain of feelings, places and materialities and at the fore is a focus on (un)certainty, (in)determinacy and fluctuations. After giving birth to her son 11 years previously, Amanda experienced post-natal psychosis. Convinced that something terrible would happen to her son unless she killed herself, Amanda identified her local harbour as a place for suicide. Eleven years later, Amanda experienced the same kinds of feelings, feeling herself to be a danger to her son. Here, Amanda tells of how suicide spoke to her in a deep way through two attempts, and draws attention to the places in which a suicide might occur and what remains post-attempt.

11 years ago now my mind had been similarly focused on suicide. The harbour has generally always appealed. I like the sea and I also thought if I were there no one would find me because I'd get swept out to sea. I went down to the harbour. I walked around and looked at the boats. There was a gate with barbed wire around it and I climbed the gate to get onto the pier. I remember someone seeing me and saying 'what you doing?' I just ignored them and jumped in. I hit the rocks and knew instantly that I had broken my back because of the pain. I got rescued by Coast Guard and then spent over a year in hospital learning to walk again.

[11 years later]: So when I woke up in the morning I was absolutely certain. I had worked out a place I could be for a day or two before anyone would find me. I had found this place about two years ago and I thought that 'would be a good place to escape to one day if things got bad'. It was in an old car park and there were trees and areas that were well shaded. I knew no one would find me there in the darkness and they would probably struggle to find me there in the daylight as well. So then that would be a successful suicide attempt.

During the day was just the anxiety and nervousness about it and then I would get this feeling of immense peace that this was going to be the last stage; this was going to be fine. Then I would go into utter panic, 'I don't want to leave my son' and 'I don't want to commit suicide'. I put on some dark jeans and a t-shirt and jumper. I wanted to be invisible. I didn't want to be found until it was the right time. I took along a scarf to hang myself and I took my mobile phone. I have a photograph of my son on the phone and if that was the last thing I was going to do then I wanted to see him. I also took my driving license so that people would know who I was when they found me.

I was very deliberate in where I was going. I went into the trees and I stopped to see if I was being followed because I didn't want anyone to find the spot because that was my spot. I was there for about an hour or two, sitting on the ground looking at my mobile phone with [my son's] picture on it and I thought 'I don't want to do this, I can't do this to him'. That made me feel really quite strange because all of a sudden this dilemma came over me in the fact that I couldn't do it because of my son.

Few months ago I went and had a look for that place, my little thing, I was curious but it's gone now because they had dug it [the trees] all up and turned them into [part of the] car park! I had two conflicting emotions. Part of me was really glad because it was gone and it means it couldn't be used and another part of me was quite disappointed because it was such a nice place. So I was torn.

The meanings of space that prevail and the types of narratives implicit in its geographical production, Lorimer (2005, pp. 84–85) asserts, frames, fixes and renders ‘inert all that ought to be most lively’. However, as Morris and Thomas (2005) have shown, dying-death sites extend to the space of the living and relate to questions of ‘where’ people would like to die. ‘Where’ actively became the focus of Amanda’s imagination ‘of successful death’. Identifying a copse of trees in an old car park two years previously as a source of ‘escape’ and ‘a good place’ for suicide, Amanda paid specific attention to the importance of choosing a place that would provide the possibility to be ‘invisible’. Being in a ‘good place’ refers not only to a physical situation but also to a psychological state where Amanda could recognise and engage with the intent of suicide and the immanence of death. Although invisibility was a key factor in decision-making her death place, she deliberately took her driving licence ‘so people would know who I was when they found me’. The need to be knowable in death speaks possibly to a fear of ‘abandonment’ (Agamben, 1998), which, at its core, could be the anxiety of being treated as barely human, condemned to a life in death that is ‘neither inside nor outside the juridical order’ (Pratt, 2005). In the same way that suicide notes may indicate the desire to maintain relational personhood and legal identities in death, taking her ‘driving license’ means to Amanda that she will be ‘easily identifiable’ once her body is found.

The rejection of dominant material, institutional and discursive framings of suicide as private and an individualised act illuminates instead how moments of ‘vulnerability may enable an openness and receptiveness to alternative imaginings’ (Atkinson, Lawson, & Wiles, 2011, p. 568). If we follow this line of thought, we begin to situate the emplaced practices of attempted suicide as contingent and subject to interruptions, which, in Amanda’s case, occur as thoughts of family, love, responsibilities and interconnectedness were felt: ‘I don’t want do this, I can’t do this to him’ [...] I couldn’t do it because of my son’. Amanda’s rendering of her geographies forces us away from singular interpretations of acts to a closer focus on the relational aspects of suicide not *just* as a response to suicide, but also in its prevention.

After the attempt, Amanda, tracing her past geographies and present curiosities, returned to the site of attempted suicide to find it no longer there, (re)telling how she ‘had a look for that place, my little thing’, which is now treeless and is included within the existing car park. Survivors do return to places of intended death, which can invoke conflicting embodied responses that vary over time and alter with place. In spite of efforts to ‘tarmac’ over attempts, attaching new forms to places, the mere sight of ‘the place’ prompts Amanda to redefine rather than to forget (but equally it doesn’t necessarily incite her to suicide). Wylie (2009) argues that landscape is always constituted as an assemblage of tensions and Maddrell (2013) suggests the role of memory and emotion in (re)defining death spaces for the living as personal spaces of the social. Amanda’s engagement is both ‘glad’ for its removal and disappointed, saying ‘it was such a nice place’. Thinking about personal dying spaces of the social – if it is possible to mourn one’s own attempted death place, how does this evoke different shades of memorialisation and their geographies?

### ***Traces of attempted suicide: What proceeds?***

These three testimonies are more than vulnerable, more than trauma, more than ‘suicidal’ accounts. Each account draws attention to suicide as a socio-spatial process and the lively materialities of death, showing each suicide survivors as a nuanced journey-maker, thoughtful and careful in the midst of attempted suicide. In the (re)telling of their

suicide attempts, these testimonies share a commonality in the *doing* of mobility, materiality, harm, hesitancy; and feelings like fear and calmness. Yet, each conveys a unique experience that defies a 'purely' linear process conveyed in nomothetic explanations (Marsh, 2013) and instead articulates different times and different locations, expressing the complex and messy, but rich temporalities and spatialities of the embodied experience of attempted death. Although mental illness could be a contributory factor – both Amanda and Malcolm spent time in psychiatric facilities, and after his suicide attempt, Leon saw a psychiatrist who informed him that he suffered anxiety – to view it as a single causal factor denies the survivors' own explanation of multiple uncertainties and complex temporalities of social stresses that triggered suicide attempts, such as 'failure' or 'dislocation'.

There is no singular ending to the journeys of attempted suicide, as these testimonies clearly suggest. A suicide attempt can be a constant presence; a presence/absence triggered by any form of life event and shut down by others, to which Malcolm, Leon and Amanda bear witness. Certainly, reference is made to interior and exterior bodily surfaces, such as skin, organs and bones expressed through 'liver collapse' by Malcolm, Leon's hacked at wrists, and the year Amanda took learning to walk again. The narratives show attempted suicide to be an embodied journey that 'leaves psychological and corporeal traces that one has to live with' (Madge, 2014, p. 12). In writing this paper and (re)telling Malcolm, Leon and Amanda's suicide attempts, my intention, however, is not to forsake the spatial richness that suicidology demands in order to define suicide. Rather, what if we (as researchers, as suicide survivors, as families, as service providers, as policy makers) could 'enrich our re-presentations of these positions' (Wiles, 2011)? This just might help us to think anew and develop more complex social resources that can attend to the incoherence and contradictory nature of emotions, sensibilities, motivations, and fragmented lived experience of suicide attempts.

### **Towards suicidal geographies as active practice: concluding notes**

This paper has illustrated the diverse visceral experiences of attempted suicide as told by suicide survivors. In promoting partial accounts of these barely understood geographies, I hope to have extended scholarship that currently prioritises suicide as dots on maps and statistics (including social indicators and suicide locations) or dominant spatial epidemiologies presented through 'hotspots'. Grounded in an understanding that suicide survivors are knowledgeable, have feelings, beliefs and experiences deserving of geographical consideration, this paper elucidates *why*, *when*, *how* and *where* people attempt suicide. I have shown that commonly cited hotspots (e.g. Golden Gate Bridge) barely feature in these survivor testimonies, instead attempts are bound up in *ordinary* places (e.g. park benches, car parks, copse of trees, streets, restaurants, homes and so forth) that are experienced in potentially new and different ways during and after a suicide attempt, e.g. a secluded park bench as providing a good place to die or a car park as giving time for reflection. In this paper, then, I suggest that the testimonies of suicide survivors hold potential to re-edit common conceptions of suicide and open up a space to more fully articulate the socio-spatial processes of this journey: the succession of layers or traces, bodily materialities, the accumulation of places and memory interspersed with the private realm of individual experience.

Although this paper gestures towards a significant shift in suicide scholarship, clearly further substantial research and theoretical reflection is needed to narrate more fully suicide from a range of survivors' perspectives. Indeed at the broader conceptual

level (and possibly implicit in this paper), enhancing understandings beyond suicide as an unspeakable (at least publicly) ‘selfish act’ or as taboo, as constituted through discourses of morality, mental illness and behaviour type, survivor testimonies provide methodological opportunities, as well as contribute to enliven geographies of living/s, dying/s and surviving/s. In unpacking the diverse visceral experiences and the processes whereby different suicidal bodies are moved to do, act and live on, such thinking may contribute to Madge’s (2014, p. 13) call to ‘make space for multiple perspectives and viewpoints of livingdying as a continuum (which might include surprising, competing and contradictory perspectives being held in tension simultaneously)’.

Opening the lines of connection and communication between and beyond the current threshold could, I hope, at the very least promote better recognition of ‘know[ing] what it’s like to be suicidal’, and prompt public, policy and pedagogical efforts that recognise the possibilities (and limits) attempted suicide testimonies hold as resources for developing effective ways of talking suicide. In provoking proximity to survivors’ testimonies, this could help ‘build a politics of compassion’ with suicide survivors at the heart (Waite, Valentine, & Lewis, 2014, p. 327). Whilst I recognise that an emotional, embodied geography of suicide may not necessary save lives – and ‘our’ role is not to promise that – it is about encountering a fully human geography and the very dynamic attempts to end human life should not be beyond geographies boundaries.

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### **Notes**

1. The term ‘suicide survivor’ commonly refers to the friends, family or therapist of someone who has attempted or dies by suicide, or indeed the person themselves who has attempted suicide but remains alive. In this paper, however, the term is used to refer exclusively to the latter: a person who has attempted suicide but remains alive.
2. There is much debate over the word ‘attempt’ and its links to suicide. Attempt is tied to theories of ‘intention’ behind suicidal acts, and it is suggested that ‘attempt’ adds a value judgement of wrongdoing or failure to the act. Some suicidologists adopt the terms ‘fatal’ and ‘non-fatal’ suicidal behaviour, with De Leo, Burgis, Bertolote, Kerkhof, and Bille-Brahe (2006) arguing that this encompasses the act whilst also respecting that an intention to die is not necessarily always present. While recognising the complexities, I maintain the use of the word ‘attempt’ as verbatim from interviewees.

3. Suicidology draws much of the evidence base from psychiatry, psychology and epidemiology and is the scientific study of suicide, suicidal behaviour and suicide prevention. Here, suicide is commonly associated with psychological disorders, understood through a lens of violence – the act of successful self-destruction – and the dominant research focus is on assessment, identification of population risk factors and its prevention.
4. Mental health geographies implicitly, occasionally explicitly, take into account suicide/suicidal intentions (Chouinard, 2012). Furthermore, the spatial-epidemiological work of sociologists and geographers interested in mental distress has identified ‘social isolations’ as a factor influencing spatial patterning of mental ill-health (see Philo, 2005 for an overview).
5. Ethical integrity was important from the framing of the research proposal, throughout the data collection through to project dissemination. The Ethics Committee of the University of Glasgow granted full approval and interviews were conducted in light of ethical guidelines (see appendix in Stevenson, Parr, Woolnough, & Fyfe, 2013). Although I had not envisaged a focus on attempted suicide when I first embarked on this research – a project about the geographies of missing people – it would have been insulting to elide experiences as unsuitable because they are about pronounced moments of vulnerability that do not readily fit the popular imaginary of missing people or those who attempt suicide. A sensitive orientation towards the interviewees’ needs with the aim to foster care and minimise harm was paramount. From spending many hours with people, carefully listening to difficult missing stories in which attempted suicide was central, it was clear interviewees were keen to speak about their suicide attempts. Although quite often emotional, interviewees often thanked me, commenting that no one had provided them the opportunity to speak in this way before and that it was good to talk. This suggests that while talking about attempted suicide can be potentially distressing and needs to be managed ethically, participating in research, where one’s voice is often not heard, can also be found to be altruistic and positive (e.g. Maple, Edwards, Plummer, & Minichiello, 2010). Via follow-up letters, interviewees have been kept informed about the writing up process, permission has been sought to work with their transcripts in particular ways (see Parr & Stevenson, 2013), and further dialogue has been encouraged.
6. Satis House is a fictional estate in the Charles Dickens novel *Great Expectations*. Satis House is the home of Miss Havisham. Depicted by the author as a rich woman, ‘jilted’ on her wedding day and as a result of such an experience lays waste to the buildings and grounds of her ‘great’ house.
7. An Oyster card is a plastic smartcard that can hold pay as you go credit. It is for use on different modes of transport (i.e. buses, trams, trains and so forth).

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