

Commentary

Looking Beyond the Qualitative and Quantitative Divide: Narrative, Ethics and Representation in Suicidology

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Abstract: This work is a critical response to renewed debate within the field of suicidology with regard to the value of qualitative research methods. It begins by rejecting the context of the established debate which continues to oppose the qualitative and the quantitative in suicidology. This distinction is considered misleading. Qualitative research is not one thing but many. It is therefore problematic to conceive of it in terms of a dichotomous relationship with quantitative research methods. Using the conceptual and analytical tools of narrative inquiry, this work argues that the debate between quantitative and qualitative methods in suicidology is more than a debate about methods; it is also a debate about ethics, representation, and ways of doing suicidology. These are critical issues for suicidology in that they extend beyond conventional debates about methods and into the ways we conceive of and relate to the subjects of our inquiries. This work makes an argument for suicidology to rethink the contributions of qualitative research at two distinct, yet interrelated levels. Firstly, on the basis of knowledge, where qualitative methods such as narrative – through their very difference – assist in broadening the research endeavour by providing ways of studying phenomena not conducive to quantitative approaches; and secondly, on the basis of ethics, where the way we write about suicidal behaviour and persons as researchers is considered both a moral and political act.

Keywords: suicidology, qualitative research, narrative, ethics

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A recent work entitled, *Why we need qualitative research in suicidology* (Hjelmeland & Knizek, 2010) and the responses it has generated (Hjelmeland & Knizek, 2011; Lester, 2010a; Rogers & Apel, 2010), signal the latest instalment in the ongoing debate which has troubled contemporary suicidology over recent decades. Hjelmeland & Knizek are the latest amongst a small, but growing number of researchers to draw critical attention to the tension between qualitative and quantitative approaches in advocating for the greater use of qualitative methods in suicidology. Their paper,

which takes up a number of issues raised previously, most notably those by Leenaars (2002a) on the value of the idiographic approach, Boldt (1988), Kral (1998) and Colucci (2006) on the cultural meanings of suicidal behaviour, and Range and Leach (1998) on the theoretical and methodological assumptions underpinning contemporary suicidology, contributes further to this debate. While Hjelmeland & Knizek's arguments are exceptionally cogent and edifying, they nevertheless raise a set of parallel questions which, I claim, are yet to be adequately addressed by suicidology. These relate to the exercise of certain intellectual practices within the field of suicidology.

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At the outset, however, the first question that needs to be asked is this: Does suicidology need one more paper arguing the merits of qualitative approaches? Based on the evidence to date, the answer is still not abundantly clear. That qualitative research accounts for only three percent of published studies in the three leading suicidology journals in the

period(s) 2005-2007 (Hjelmeland & Knizek, 2010) gives some indication as to why the qualitative flag still needs to be flown. However, the fact that this issue is still being debated long after significant transformations in the human and social sciences where qualitative research methods now play a leading role, suggests that this debate is about much more than the “explanatory” potential of qualitative approaches. That is, it extends beyond discussions of research methods, raising fundamental questions about the scientific status and authority of suicidology. Consequently, this work begins by rejecting the context in which the traditional debate about qualitative and quantitative research has been framed.

The value of qualitative research to the field of suicidology has been well and truly established at both a theoretical (Benjafield, 2002; Goldney, 2002; Hjelmeland & Knizek, 2010, 2011; Leenaars, 2002a, 2002b; Lester, 2010a) as well as a practical level (Brenner et al., 2008; Chandler & Proulx, 2006; Crocker, Clare, & Evans, 2006; Dabbagh, 2004; Lester, 2006, 2010b, 2004; Orbach et al., 2007; Shneidman, 1979, 1982, 2004; Talseth, Gilje, & Norberg, 2003). The conventional framing of the debate as one of a dichotomous relationship between the general (quantitative and nomothetic methods) and the particular (qualitative and idiographic methods) continues to oppose the two approaches. Although in recent times some headway has been made in reconciling the two, the debate continues to be framed in either/or terms; that is, *either* qualitative *or* quantitative research (Hjelmeland & Knizek, 2011). This, however, deflects attention away from other equally important issues related to this debate.

In order to clarify this point from the outset, arguments for increased qualitative research are in no way predicated on the assumption that quantitative research is of no, or limited value. Such a claim is patently absurd given the contributions of quantitative research to the field of suicidology. Similarly, the view that qualitative research is merely a handmaiden to quantitative research involves a complete repudiation of the insights gleaned from purely exploratory qualitative research; examples of which abound in the idiographic, anthropological, historical and phenomenological traditions. The advantages of purely exploratory qualitative research have been thoughtfully and comprehensively documented by Hjelmeland & Knizek (2010, 2011) and others, and there is no need for them to be repeated again here. Rather, the aims of this work can be outlined as follows. Firstly, to illustrate how the binary split between the qualitative and the quantitative works to deflect attention away from underlying issues of values, language and interpretive frameworks within the field of suicidology. Following this, the second aim of this work is to broaden the context of the

debate to include a discussion of narrative, representation and ethics.

Why the distinction between quantitative and qualitative research is problematic

The advantages of using mixed methods research which employs both qualitative and quantitative methods has been promoted as a way of moving beyond the dichotomous divide in suicidology toward a form of consilience (Goldney, 2002), or complementarity (Rogers & Apel, 2010). However, Bryman (2007) argues that mixed methods research is about more than just testing qualitative hypotheses in a quantitative manner, a point also acknowledged by Rogers and Apel who note a number of other ways that quantitative and qualitative methods can be combined. And yet a brief survey of extant qualitative studies shows that, in an increasing number of studies, the approach most commonly adopted involves the quantitative analyses of qualitative data. In these studies words, sentences, or themes are typically coded before being quantified and sorted into classificatory or organising schema.

The level to which these abstractions are considered representative of what Allport (1951, p. 156) terms “the natural integrations of personal life” is a point of some contention, as are the claims of objectivity that these studies make. For example, Lieblich and others (1998) argue that the quantitative treatment of qualitative or narrative data as performed in these studies make use of a number of arbitrary decisions in tabulating their classificatory systems. Although they appear wholly systematic and precise in their formulations, they are for the most part imposed categories conceived of by the researcher, and hence, their claims of objectivity are no greater than those which consider the text as a whole without using any figures or quantification of themes.

While I believe there is sufficient place for methodological and theoretical pluralism in suicidology and that this helps enrich the field, there is nevertheless a concern that the quantitative study of qualitative data – together with the concepts of validity and generalisability which guide them – may result in the loss or truncating of important features of suicidal behaviour. In committing its researchers to the principles and standards which govern quantitative methods, suicidology makes implicit claims upon its research community to adhere to these values or standards in order for genuine knowledge claims to be made (Doppelt, 2007). The problem with this, according to Doppelt, is that these values affect not only the criteria by which research is judged, but also the content and interpretive frameworks by which knowledge is sought. This means that those research questions which help yield quantifiable, testable and generalisable findings may be considered more

legitimate topics of research than those of an exploratory nature. The problem with such a commitment, however, is that it marginalises the contributions of humanities and social science researchers who seek to broaden our understanding of social behaviour, personal experience, illness and identity. Because these dimensions often demand a more critical, inclusive and nuanced approach, the reformulation of qualitative methods within a quantitative paradigm acts as a form of regulatory straitjacket for researchers interested in exploring these facets of suicidal behaviour.

Having undergone a similar crisis of faith in purely objectivist, abstract ways of knowing, human and social science researchers have responded by developing and incorporating a range of qualitative methodologies into their research program – the study of culture and language being two of these. In failing to recognise the potential benefits of a purely exploratory qualitative research program, there is a risk that researchers who seek to incorporate aspects of culture and language into their studies will end up objectifying it, rather than acknowledging that they are dynamic, fluid and context dependent. In other words, an approach which seeks to reckon with culture and language must start with an entirely different set of assumptions than those underlying quantitative approaches. It is these concerns which form the basis of arguments for developing qualitative methodologies in their own right (Hjelmeland & Knizek, 2011); concerns which are supported by claims that both the quantitative and qualitative arms of mixed methods studies should be equally informative and insightful (Bryman, 2007).

For many human and social science researchers, science is held to be a practical art through which the human quest for knowledge is made manifest, rather than denoting a particular method by which knowledge is to be established (Polkinghorne, 1983). Thus, a more expanded notion of evidence, reason, knowledge and method is brought to the suicidological endeavour. It is this tension, brought about by a concern that suicidology is at risk of becoming ‘unscientific’ if it does not adhere to the values of a positivist model, which permeates suicidology and makes the study of cultural aspects of suicidal behaviour problematic. However, despite the best intentions of suicidologists, the very nature of certain features of suicidal behaviour may simply not be amenable to scientific study in the way it is currently conceived (Diekstra, 1998). Consequently, our attention needs to turn to the ‘received definition’ of science, and what is meant by our use of the term ‘a science of suicidal behaviour’. Critical reflection on this issue is imperative and may necessitate suicidology adopting a less prescriptive view of science. This may lead to a broadening of the research program whereby the most

appropriate research methods are seen as those which are best able to solve the research problem at hand (Polkinghorne, 1983). Conceiving of scientific research as a problem-solving activity presents itself as one way for suicidology to address its current confusion regarding the role and value of qualitative research methods.

For many in the field, subjective accounts – typically in the form of personal narratives – are a problematic source of data and clearly do not meet the criteria of valid scientific knowledge in that they are considered vague and difficult to measure, as well as being subject to the interests and points of view of those persons providing the accounts. This, I agree, makes the qualitative study of these accounts a difficult and problematic undertaking. Qualitative approaches are not without their own attendant problems. However, there is another, less well acknowledged point to be made here concerning language which further destabilises traditional dichotomies. That is to say, as researchers of suicidal behaviour we invariably use language as a means of interpreting and describing suicidal behaviour. This is true of both quantitative and qualitative approaches. And yet for the most part, we, as researchers, remain relatively unconcerned and uncritical of the way we use language, and of the way we “write” suicidal behaviour and suicidal persons.

In contrast to the criticisms which often greet first-person accounts of suicidal persons, language is assumed to be a neutral medium in the researchers’ own work, a vehicle which is capable of describing phenomena “in ‘realistic’, not imaginative terms” (Gusfield, 1990, p. 322). However, the searching critiques of the representational model of language by Nietzsche (1979), Wittgenstein (1968) and Rorty (1979), challenge the assumption that language is a transparent medium through which we can directly access the world of human experience. For researchers associated with the so-called “linguistic turn” in the human and social sciences, language is not seen as presenting an external version of some pre-linguistic reality, but rather, it is a way of bringing the world into being; of making it manifest (Brockmeier & Harré, 2001). Our understanding of the world is mediated primarily through language. Narrative, considered by a growing number of scholars as one of the primary ways that human beings come to construct and make sense of their experiences and their world(s) (Abbott, 2008; Brockmeier & Harré, 2001; Bruner, 1986, 1987, 1991, 1996; Hardy, 1968; Kearney, 2002; Kraus, 2005; Polkinghorne, 1988; Prince, 2000; Sandelowski, 1991), has therefore come to assume theoretical and methodological significance for a number of disciplinary fields.

Toward a narrative understanding of suicidal behaviour

While it is not possible within the scope of this work to explore the many and varied dimensions of narrative as taken up by researchers in fields as diverse as psychology, medicine, sociology, literary theory, anthropology and philosophy, there are several features which I feel warrant closer attention in light of the present discussion. The first of these concerns the issue of representation in suicidology. If there is one thing the history of suicide teaches us, it is the struggle that individuals and communities undergo when it comes to understanding suicidal behaviour. One of the primary ways we do this is through narrative. For example, family members who have lost a relative to suicide invariably try to make sense of it through narrative constructions (Owens, Lambert, Lloyd, & Donovan, 2008). Similarly, clinicians and researchers also utilise narrative extensively in their construction of case-histories (Bracken & Thomas, 2005; Hunter, 1991). Less acknowledged but equally relevant are the narrative conventions deployed by scientists in the presentation of their data (Gusfield, 1990). Each of these examples, whether the intimate portrait of a family member, the psychological profile rendered by an idiographic study, or the published findings of socio-demographic, biological or genetic research, is illustrative of the manifold ways that suicidal behaviour can be represented within contemporary culture. These different ways of writing about the subject show that representation is not neutral or value-free, but that the accounts we produce are dependent on the social, historical and moral positions we inhabit (Bracken & Thomas, 2005). This accounts for both the diversity and conflict in the ongoing discourse of suicide – an example of which is found in the current discussion surrounding qualitative research methods – but also in ongoing debates about the merits of cultural, psychological and biomedical approaches.

Narrative, I have argued, is not a wholly accurate depiction of human experience, but is a way of interpreting, constructing, and constituting it through processes of reflection, interpretation and imaginative telling. The degree to which narrative accounts represent an objective human reality – typically seen as a weakness of qualitative research – carry little or no significance in studies which deliberately focus on the interpretive and discursive features of narrative accounts. It is the subjective realities that are of interest to the narrative researcher. Because the construction of stories is seen as a human response to the disorder and fragmentation of human lives and events (White, 1981), it provides persons with a means for ordering experience, and for interpreting, reinterpreting, and imbuing it with meaning. This, according to Mink (1974, p. 113), “is

a necessary condition of understanding.” Narrative, then, provides persons with a means for both interpreting and comprehending events through processes of emplotment, as well as furnishing persons with a range of culturally available plots and genres with which to transform those events and experiences (Prince, 2000). In summary, narrative can be thought of as a discursive practice which serves a number of important cognitive, evaluative and rhetorical functions (Brockmeier & Harré, 2001).

This suggests that subjective accounts are never purely an individual creation. “Stories are told from ‘positions’, that is, they ‘happen’ in local moral orders... [and] must be heard as articulations of particular narratives from particular points of view and in particular voices” (Brockmeier & Harré, 2001, p. 46). In other words, oral and written accounts are linguistic constructions shaped by socio-cultural processes of interpretation and meaning-making. A major strength of narrative approaches, therefore, is their ability to mediate between the ‘individual’ and the ‘socio-cultural’ features of suicidal behaviour (Andrews, Day Sclater, Rustin, Squire, & Treacher, 2000); between the ways individuals creatively and strategically deploy stories to serve particular functions, and the cultural repertoire of stories which make explicit particular social values and norms with regard to identities, roles and behaviour. Because an inherent relationship exists between persons, their interpretive stance, and this cultural repertoire of stories, narrative methods provide suicidological researchers with important analytical tools for conducting research at two levels.

Firstly, it provides the means for investigating the cultural resources people draw on to make narrative sense of their lives and the discourses through which persons interpret and ‘story’ their experiences and their lives. In the case of suicidal behaviour these may be potentially destabilising. For example, it has been argued that for some, suicide may be seen as “a conscious act of self-fashioning, a last attempt to control one’s life story”, and that the symbolic power of suicide offers a suitable means for restoring narrative coherence to a life (Sanderson, 2001, p. 852). The ways persons interpret their lives and act in view of these self-concepts and value orientations provide researchers and clinicians with important insights into the way different life events and self-concepts interact with forms of suicidal behaviour (Gavin & Rogers, 2006). Yet at the same time, suicidal behaviour in the form of completed suicide also creates a void or gap in a person’s life story that those left behind seek to fill (Higonnet, 2000). Narrative provides a means for responding to this void. A second way that the field of narrative inquiry may assist researchers, therefore, is as a means of examining the broader cultural-normative discourses in which suicidal behaviour is situated.

This includes those discourses which carry particular significance for suicidology such as religion, philosophy, sociology, psychology and medicine, each of which utilises narrative to serve a number of particular functions.

Several studies have already argued the value of narrative methods in suicidology: in the psychological autopsy (Gavin & Rogers, 2006; Orbach, et al., 2007), in the clinical encounter (Michel et al., 2002), in studies of those bereaved by suicide (Owens, et al., 2008), and as a way of teaching students about suicide (Swing, 1990). In this final section, I would like to consider an additional area in which I believe narrative approaches are particularly suited. This concerns the role of suffering in suicidal behaviour. Like culture, suffering is an area that suicidology has had difficulty reconciling up until this point. The arguments which follow, however, differ considerably from those made previously with regard to the value of qualitative methods in suicidology in one key respect. Whereas previous arguments have focused predominantly on the epistemological contributions (or contributions to knowledge) of qualitative methods, the arguments presented here extend these by making an ethical claim for suicidology to respond to the suffering of persons within the sphere of its research program.

Suffering, representation, and ethics in suicidology

Despite the inconsistencies in studies linking suicidal behaviour with diagnosable psychiatric disorders (Pouliot & De Leo, 2006) there is sufficient evidence to suggest that suicidal behaviour is, in a large number of instances, indelibly linked to states of human distress and suffering. While there will always be those suicides which appear deliberately calculated and without any expression of confused emotional state, both academic and lay accounts strongly associate suicide with what are generally considered adverse events and their attendant emotions – sadness, grief, hopelessness and despair. In fact, one of the most enduring and widely used metaphors in contemporary suicidology is that of *psychache*. Coined by Edwin Shneidman, psychache refers to “the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind” (1993, p. 51). According to Shneidman, this pain may come from a variety of sources; for example, the result of debilitating loss, overwhelming grief, failure, loneliness, illness. Despite its profusion of sources, the pain of psychache is intrinsically psychological. It is at the point that psychache becomes “unbearable” or “intolerable”, according to Shneidman, that suicidal behaviour occurs.

The widespread adoption of this metaphor is evidence of its practical utility in denoting some key aspect of suicidal behaviour. In fact, as Jobes (2006)

notes, psychache has become a widely employed variable through which the psychological conditions for suicidal behaviour are conceptualised and measured. However, more broadly speaking, an argument can be made for viewing psychache as that which has been traditionally and more commonly referred to as suffering. For example, Cassell (1991a, p. 33), who has written extensively on suffering and the practice of medicine, defines suffering as “the state of severe distress associated with events that threaten the intactness of the person.” Although, suffering may include pain at a physiological level, this need not be the case (Edwards, 2003). Like Shneidman (1993), Cassell acknowledges the subjective nature of suffering, and that suffering is determined by the threats it poses to individual lives. This includes the understanding that persons react differently to events. Whereas one may perceive the dissolution of their marriage as an event which challenges their very existence, this will not always be the case. Suffering, therefore, is something that is experienced individually. It is something which is experienced within the context of a life (Cassell, 1991b). Consequently, it bears a direct relationship to the individual projects, goals and values which give direction and meaning to that life (Edwards, 2003).

If accepted, this view of suffering poses significant challenges for a science of suicide which holds concepts of objectivity, confirmation, generalisability, and the like, as the standards by which suicidological research must conform¹. It is at this point that Shneidman and Cassell differ in their approach toward suffering. For Shneidman, a key task of contemporary suicidology is to “operationalize (and metricize) the key dimension of psychache” (1993, p. 52). As a result, one of the most common methods by which researchers approach the phenomenon is through a range of sophisticated psychometric evaluation scales. Suicidologists place a considerable amount of faith in these instruments, but as Edwards (2003) claims, this does not mean that they are able to accurately measure the phenomena of suffering, or psychological pain. “Rather, they measure what people *report*” (p. 65). This does not diminish their value to suicidologists, but it does raise a serious dilemma with regard to the position of suffering in suicidology. Following Edwards, the dilemma can be put as follows: “Retain the alignment with science and thus renounce or ignore the reality of suffering. Or acknowledge the reality of suffering thereby jeopardizing the scientific status of [suicidology] (2003, p. 60).” This work argues that suicidology has adopted the first position, and that the subjective and personal dimensions of intense, personal, and intolerable suffering that is at the heart of suicidal behaviour is a necessary casualty of this decision.

¹Steven Edwards (2003) makes this argument in relation to medical science in general.

According to Arthur Frank (1992), one of the leading proponents of the illness narrative in the sociology of health and illness, the social sciences are a moral practice in that they embody and legitimate societal responses to the suffering of others. This, I claim, is also applicable to the field of suicidology, which is both a practical as well as a theoretical undertaking, with prevention being its underlying aim. Frank's claim is that the functionality of social science language shapes the ways in which professionals relate to persons. This leads him to question the functionally driven, systematic, abstract theoretical approach typical of objectivist methodologies which culminate in a "morality of distance", whereby the experiences of the seriously ill or vulnerable are effaced by the exceedingly impersonal and theoretical language of science. This requires that we see suicidology as not merely a technical project, but as an aesthetic and ethical one as well.

Narrative style, positioning, and voice are all modes of representation (Gusfield, 1990). Like other forms of writing, suicidological research relies on a number of literary styles – or *genres* – to present its findings. Bracken and Thomas (2005) see literary styles as highly structured; as being set down in accordance with the conventions of the professional community. Consequently, they serve to delimit the conditions under which persons can contribute to the field, and in what capacity and form this may take. Like other forms of literary style, the abstract theoretical approach draws attention to what is considered important and helps determine the contexts by which readers engage with the text (Nussbaum, 1990). Thus, narrative conventions and style play a significant role in exerting control over the professional domain of suicidology with regard to the representation of suicidal behaviour and suicidal persons. This is a point not lost on Scofield (2000) who claims that the ultimate meaning of suicide is determined by those left behind. While a full examination of professional power in the field of suicidology is beyond the scope of this work, it is enough to note that like the epistemological commitments which ground our research practices, the forms of expression we adopt and the stylistic choices we make also assist in promoting a particular view of persons. Consequently, they involve questions of ethics, and what are considered 'correct' ways of seeing and knowing (Webb, 2009). In the context of our discussion on suffering and narrative, one of the leading ethical concerns is the way in which the persons about whom we are writing are often rendered indistinct as a result of the genre of scientific writing (Bracken & Thomas, 2005). The genre of scientific writing thus becomes a discursive practice through which suicidology avoids recognising individual human suffering.

One of the distinguishing features of the narrative turn in the humanities and social sciences has been with authorial voice, and the critical question of "who writes?" (Bracken & Thomas, 2005, p. 209). The disparity between authorial voices has also been the focus of numerous works in medical ethics (Chambers, 1999; Hunter, 1991; Nelson, 2001). For example, Hunter's (1991) work examines the differences between the stories of clinicians and those of patients. Both rely on a common set of events, yet each story is told for a different purpose and therefore relies on a different set of narrative conventions. For example, differences can be observed in the way that particular narrative components such as plot, tone, point of view and character are utilised within these accounts. And yet in most instances, this 'constructedness' is overlooked or forgotten by researchers. Because the decision to include or exclude particular events follows from the interpretive and theoretical frameworks of the author, these are not simply epistemological issues but are ethical ones as well in that they raise important questions about the nature of truth, as well as the value of particular interpretations and representations over others (Bracken & Thomas, 2005). This, I argue, exacts from the field of suicidology an ethical commitment toward promoting forms of analysis and representation that are capable of responding to the various demands that suicidal phenomena pose to our understanding, and not merely those that adhere to conventionally conceived normative standards.

Conclusion

In expressing these concerns, my aim has been to show that the debate between quantitative and qualitative methods in suicidology is more than a debate about methods; it is also a debate about ethics, representation and ways of doing suicidology². The narrative approach promoted in this work calls for suicidology to reflect on its intellectual practices, and to acknowledge the role of narrative in the field. But more than this, it also asks suicidologists to follow the lead of post-psychiatrists such as Bracken and Thomas (2005, p. 209) and to occasionally "divest ourselves of the protective garb, ritual and mysterious vestments of scientific (and philosophical) authority and objectivity, and write about our subjects as subjects."

One of the supporting arguments for increased qualitative research in suicidology is that it opens the field up to new perspectives and provides it with a diversity of ways of representing suicide. However, while narrative offers qualitative researchers the means for rendering human subjects in all of their

² I am indebted to Carol Thomas (2010) for her insights into the contested field of narrative methods in sociology, and whose arguments I have borrowed from here.

richness and complexity, it would be wrong to assume that all narrative is liberating in this sense. On the contrary, narrative's capacity to act as a vehicle for ideologies (Ryan, 2010), as well as its ability to control and constrain, suggest it is just as much a part of the problem as it is the solution (Bracken & Thomas, 2005). Narrative is always a view from somewhere, and is usually constructed to communicate something to someone at some time. Addressing the complex interrelations between author and text, between narrative and discourse, and between the individual and the cultural, is one way of approaching this task. However, as the example of suffering suggests, narrative research is never purely an analytic task, but requires that researchers respond to the specificity of the encounter through the writing process (Frank, 2001). Attending to the narrative complexities in our own work, as well as those of our research subjects, leads to the realisation that we inhabit two distinct roles as researchers – that of “story analyst” and also that of “story teller” (Bochner, 2010). This realisation may challenge many of our assumptions about suicidal behaviour, and more importantly, our notions about what constitutes worthwhile suicidological research.

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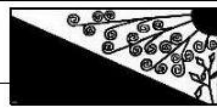
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