

# On the Biopolitics of Suicide: Against a Discourse of Public Health

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**ABSTRACT:** This essay critically examines the biopoliticization of suicide, challenging its framing as a public health issue which obscures its cultural and philosophical significance. Drawing from Michel Foucault's theories of biopower, this essay argues that suicide is externalized, massified, and medicalized under the discourse of public health, leading to its subjugation to biopower's rhetoric. At the core of this narrative is a powerful presupposition that suicide is separable from the individual who commits the act. Drawing from Primo Levi's *The Drowned and the Saved* and Judith Butler's essay *Violence, Politics, and Mourning*, this essay conceives suicide as an intentional act of agency, occurring under particular conditions of emotional duress which are created by a historical relay of societal violence. This essay seeks to dismantle the prevailing narrative of suicide, free suicide from its biopolitical rhetoric, and argues that suicide ought to be understood as a radical act which bears witness against the violence of the biopolitical state.

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**KEYWORDS:** suicide, biopolitics, biopower, public health

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This essay argues that we must reconsider the conception of suicide as a public health issue. Contemporary discourse frames suicide as primarily biopolitical, which obfuscates its cultural and philosophical significance. Understanding the act of suicide as a conscious exercise of human agency, rather than a biopolitical phenomenon which “affects” a population, denaturalizes the conception of suicide as an issue of “public health” and reveals how biopower inflicts violence throughout a society. Drawing from Foucault’s lectures in *“Society Must Be Defended”*, this essay will begin by demonstrating how suicide is biopoliticized in popular discourse, under the guise of a “public health issue.” Then, using Primo Levi’s *The Drowned and the Saved*, this essay argues against the biopoliticization of suicide, rejecting the notion that suicide is a “phenomenon” which “affects” a population.<sup>1</sup> Turning to Judith Butler’s essay *Violence, Politics, and Mourning*, this essay examines how suicide is committed under conditions of intense emotional duress, brought about by particular circumstances of societal oppression, and how the biopoliticization of suicide obscures that it is an act of bearing witness against the violence of the biopolitical state.

The prevailing discourse within both state and non-state institutions describes suicide as a “public health issue:” this terminology is employed, word-for-word, on the Government of Canada webpage.<sup>2</sup> This essay argues that it is this framing of suicide as a “public health issue” which constitutes the biopoliticization of suicide, as the notion of “public health” lies at the heart of biopolitical rhetoric. Foucault writes that “biopolitics deals with the population (...) as a problem that is at once scientific and political, as a biological problem and as power’s problem.”<sup>3</sup> The term “public health issue” is overflowing with biopolitical baggage. It concerns itself with the population, particularly the population’s biology, and sets a normalizing standard of “health.”

This essay considers three dimensions to the biopoliticization of suicide. First, suicide is framed as something which is external to the individual, something separable from the one who commits the act. A public health issue is endemic, “in a word, illness as phenomena affecting a population.”<sup>4</sup> The framing of suicide as a

phenomenon is consistent with the Government of Canada's webpage on suicide, which reports how many people "die by suicide" each year, who is most "at risk of suicide," and which demographics suicide most "impacts."<sup>5</sup> On this webpage, suicide is conceived as an external spectre, a condition which an individual can unsuspectingly contract: suicide is a phenomenon which *happens* to an individual. Subsequently, this essay contends that suicide is massified under the discourse of "public health." Biopolitics is a "seizure of power that is not individualizing but, if you like, massifying, that is directed not at the man-as-body but at man-as-species."<sup>6</sup> The individual's reasons for suicide and the conditions under which an individual would commit suicide, is buried beneath suicide statistics and rates. It is rendered a homogenized phenomenon. The individual conditions of suicide cannot be considered; only the way it "affects" a population is of concern. Finally, suicide is medicalized. Foucault writes that a primary function of biopower is to "teach hygiene and medicalize the population."<sup>7</sup> Christine Moutier, the chief medical officer of the American Foundation for Suicide Prevention, has likened suicide to heart disease, saying; "In addition to biological risk factors, life stressors, the environment, smoking, obesity, stress, and relationship conflict play into heart-disease outcomes. That is the same with suicide."<sup>8</sup> By likening suicide to biological health issues, Christine Moutier medicalizes suicide, rendering it an issue to be addressed by health professionals. The medicalization of suicide is further seen in strategies of "suicide prevention;"<sup>9</sup> the Government of Canada webpage further asks us to watch out for "warning signs of suicide,"<sup>10</sup> as if to combat suicide, we need only notice its symptoms in ourselves and others early on, and address and uproot the illness before it takes effect. This paper argues that we must de-couple suicide from its conception as a mental *health* issue: to imagine that suicide only as a crisis of health extracts it from its social and culture context. Suicide as a "public health issue" has become the norm in the contemporary discourse on suicide. It is a primarily biopolitical problem; it is under biopower's control.

Drawing on Primo Levi's *The Drowned and the Saved*, this essay will argue against the first two dimensions of the biopoliticization of suicide mentioned above: that suicide is an

external phenomenon which “affects” its victim, and that suicide is a “massified” effect. This essay argues that these two points are fabrications of biopower, myths which have become increasingly naturalized under the discourse of suicide as a public health issue. Throughout *The Drowned and the Saved*, Levi’s descriptions of suicide are largely at odds with the biopolitical conception. He writes, “suicide is an act of man and not of the animal. It is a meditated act, a noninstinctive, unnatural choice...”<sup>11</sup> By even declaring that “suicide is an act,” Levi sets himself against the notion that suicide is a biopolitical issue. If suicide “affects” a victim, as an external phenomenon, it is conceived as undesired, as a condition which has been somehow forced upon an individual. This presupposition forms the basis of a biopolitical justification for interference with suicide throughout the population. Suicide as an undesired phenomenon which “makes die” introduces it into biopower’s purview, as the function of biopower to “make live.”<sup>12</sup> If suicide is an act, however, it is desired. Indeed, the gravity of suicide is in this desire, and the desire is what constitutes the act as a suicide. The biopoliticization of suicide, and its rendering into a “phenomenon” which “affects,” obscures the desire inherent to the act and the notion that the suicide was meditated. Suicide must be confronted as such: as intentional and born out of a careful consideration of one’s conditions. In a word, suicide must be considered as “an act of man.”

Levi goes on to write, “leaving aside the cases of homicidal madness, anyone who kills knows why he does so...”<sup>13</sup> Certainly, suicide is an act of murder. It is the extinguishment of a human life, even if the perpetrator and the victim are one and the same. To imagine suicide as an act of murder emphasizes that the individual who commits the act is self-conscious. The reason we can prosecute murderers and hold them to account is because we assume an agency when one murders: the same agency should also be granted to the individual who commits suicide. Therefore, suicide is not a phenomenon, not an external spectre which “affects” its victim but is an act brimming with intention and agency. This emphasis on agency similarly deconstructs the “massifying” effects of biopower. Suicide does not occur to a population, but it is chosen by an individual. It is a choice: a choice for which there are reasons and motivations. We

resist the biopoliticization of suicide when we ask: Why does one suicide? What informs an individual's agency and intention when they commit an act of murder against themselves?

As previously noted, suicide is an act of murder, although a murder in which the perpetrator and the victim are one and the same. The individual who suicides is split, a fractured being who is both the perpetrator of and the one wounded by a violent act. Judith Butler writes about the fractured individual in their essay *Violence, Mourning, and Politics*. They consider the condition of grief, “the moments in which one undergoes something outside one's control and finds that one is beside oneself, not at one with oneself.”<sup>14</sup> This essay argues that under no other condition can a suicide occur than under the one which Butler describes here. To inflict such violence upon one's own self, their person must be in a state of conflict, “not at one with oneself,” simultaneously the perpetrator and sufferer. This understanding of suicide reconciles two observations made earlier: that suicide is a choice, intentional and desired; and that suicide is an act of violence which is inflicted and suffered. It is only when oneself is fractured that they can desire to inflict a violence whose consequence they will directly suffer. Butler further writes about this fractured state; “to be outside oneself can have several meanings: to be transported beyond oneself by a passion, but also to be *beside oneself* with rage or grief. (...) I am speaking [of those] who are living in certain ways *beside [themselves]*, whether in sexual passion, or emotional grief, or political rage.”<sup>15</sup> The notion of the fractured individual, or as Butler puts it, the ways in which one is “not at one with oneself,” is in stark contrast with the Enlightenment supposition of the eternally bounded and rational human subject. This fractured subject, for many of us, thus exists outside of the acceptable notion of a human subject that is rationally calculating, and who desires, first and foremost, to survive. The condition of being beside oneself arises from intense emotions—Butler lists passion, grief, and rage. It is those living under emotions of this order, fracturing and all-consuming, who commit suicide. These are the conditions which inform the agency and intention behind the act of suicide.

Intense and transformative emotions such as passion, anger, or grief, occur in “the moments in which one undergoes something

outside one's control,"<sup>16</sup> an external trauma which leaves the individual in a fractured state such that they could commit a murder against themselves. To emphasize that suicide occurs in a state of heightened personal agitation, tied up in emotions such as passion, anger, and grief, resists the third dimension of suicide's biopoliticization; its medicalization. Suicide cannot be contracted, and it is not some latent biological condition which arises at a certain point in an individual's life. Rather, it is born out of intense socially constituted emotions which affect and transform the individual. The biopoliticization of suicide denies its intensely emotive dimension by attempting to render it a medical, biological, or health issue. As have argued above, the act of suicide is a largely individual and personal choice, an exercise of individual agency and intention. However, the conditions under which one suicides are by and large socially constituted; conditions of intense emotion. Such emotions arise because of the ways we are "attached to others, at risk of losing those attachments, exposed to others, at risk of violence by virtue of that exposure."<sup>17</sup> By virtue of us being "socially constituted bodies,"<sup>18</sup> we are at risk of finding our persons fractured or split, completely enveloped by passion, rage, or grief. Thus, there is a fundamentally social dimension of suicide. This essay is not arguing that our social relations, and instances of intense emotion arising from them, are wholly responsible for suicide, but rather that without these socially constituted emotions, the act of suicide would not be possible.

For an individual to commit as serious of an act as suicide, they must have been exposed to an intensely damaging mode of social relationality, exposed to a violence. Butler writes that "violence is surely a touch of the worst order, a way a primary human vulnerability to others is exposed in its most terrifying way,"<sup>19</sup> and that "this vulnerability becomes highly exacerbated under certain social and political conditions..."<sup>20</sup> We do not have to guess what these certain social and political conditions are. The Government of Canada webpage on suicide enumerates which groups are at higher "risk of suicide," including people serving federal sentences, some First Nation and Metis communities (especially among youth), and all Inuit regions in Canada. Further, women have higher rates of self-harm, and suicide ideation is more frequent in LGBTQ youth.<sup>21</sup>

Recent news articles have pointed out that poverty, not health crises, may be what is driving some Canadians to access MAID (Medical Assistance in Dying).<sup>22</sup> Such violences are, of course, related to our societal practices of valuing—the question of which individuals or communities are considered valuable, productive, worth protecting and, fundamentally, a part of “society.” Conditions of oppression, whether it be on the basis of gender, race, class, or Indigeneity, place individuals at the end of a “historical relay of violence,”<sup>23</sup> a violence which consists in the mechanism of the biopolitical state to “let die.”<sup>24</sup> It is under such conditions of violence which an individual experiences political rage, grief, and mourning, which can drive them to suicide.

The biopolitical discourse of suicide, and its framing as a “public health issue,” obscures the fact that suicide is the result of a historical relay of violence in which biopower is complicit. Suicide is an act of bearing witness, a declaration of the anger, grief, and mourning that arises from the many ways that an individual is vulnerable to the violence of the biopolitical state. Levi writes that, in Auschwitz, “the survivors are not the true witnesses (...) [but rather] the submerged, the complete witnesses, the ones whose deposition would have general significance.”<sup>25</sup> It is the individual that died in the Lager who is the “complete witness.” Their death and their experience of death is the greatest condemnation of and testimony to the violence which occurred in the Shoah. The same argument is applicable as well in “peacetime,” applied to the well-functioning biopolitical state. The act of suicide as a desired, meditated, and intended act, which arose from a condition of intense emotion and a fractured self, is an act of bearing witness to the historical relay of the violence of biopower. Each of the three dimensions of the biopoliticization of suicide mentioned above—suicide as a phenomenon, suicide as a massifying effect, and suicide as a medicalized issue—contributes to the distortion of suicide as an act of bearing witness, an act which calls attention to the ways in which violence thrums through the biopolitical state.

To release suicide from its current biopolitical conception is no easy task. Today, rather than be confronted with the momentous significance of a suicide, we avoid the confrontation by handing over

the act to the purview of biopolitics. The very act of suicide, the fact that suicide is a possibility which takes place in this world, is inherently destabilizing to the Enlightenment tradition of which we are a part. To this philosophical tradition, which asserts that there is inherent morality and virtue in each individual and that each individual desires to see this virtue realized, the notion that one would destroy oneself in a desired and intentional manner is seemingly irreconcilable. Kant writes: “To annihilate the subject of morality in one’s person is to root out the existence of morality itself from the world as far as one can, even though morality is an end in itself. Consequently, disposing of oneself as a mere means to some discretionary end is debasing humanity in one’s person...”<sup>26</sup> Kant declares suicide to be unacceptable: the moral impermissibility of this act has been present in Enlightenment philosophy from the start.

By conceiving suicide as a medicalized phenomena which “affects,” however, we are able to avoid the terrifying fact that a suicide is acted and that a human subject, with all of their morality and virtue, carefully considered their conditions and intentionally decided to destroy their own body. Levi writes that, “many Europeans of that time—and not only Europeans and not only of that time— (...) [deny] the existence of things that ought not to exist.”<sup>27</sup> When faced with “an impossible reality,” they must have dreamed it because “things whose existence is not morally permissible cannot exist.”<sup>28</sup> This essay argues that the biopoliticization of suicide is an example of exactly the kind of psychological maneuvering which Levi describes. Suicide, for the Enlightenment, is an impossible reality, an act which is at once morally impermissible and occurs on this earth, intentionally executed by humans. For many of us, it is easier to accept the conception of suicide as a public health crisis and hand over suicide to the language of biopower, so we can more easily deny the existence of this act which we believe “should not exist.” To express the will to survive as “natural,” and indeed, “moral,” is to dually make suicide unnatural, an abomination that has no place in our Enlightenment conceptions of humanity. We thus exclude the possibility of suicide from the human condition, thereby externalizing and medicalizing it when it does occur.

Overcoming our powerful cultural tendency to biopoliticize suicide starts with denaturalizing the three presuppositions concerning suicide delineated above: that it is an external spectre which affects an individual, that it is a massified phenomenon, and that it is a primarily medical issue. To do so, suicide must be conceived as that which is chosen by the autonomous and acting individual, and we must examine why an individual would choose to commit suicide. It is not that historically oppressed groups are somehow more susceptible to the possibility of suicide, but rather that they are at the end of a historical relay of violence, a violence which creates the conditions under which suicide is possible and desired. To conceive suicide as a public health issue is to obscure the way it bears witness: it is to blunt its radical declaration, made out of passion, rage, or grief, that the individual has been subject to an unbearable violence in which the entire biopolitical state is complicit.

Notes

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<sup>1</sup> Michel Foucault, *Society Must Be Defended: Lectures at the College de France* (New York: Picador, 1997), 244.

<sup>2</sup> “Suicide in Canada,” Government of Canada, last modified January 9, 2023, <https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>

<sup>3</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 247.

<sup>4</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 244.

<sup>5</sup> “Suicide in Canada.”

<sup>6</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 243.

<sup>7</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 244.

<sup>8</sup> Julie Beck, “When Will People Get Better at Talking about Suicide?,” *The Atlantic*, June 9, 2018.

<sup>9</sup> “Suicide in Canada.”

<sup>10</sup> “Suicide in Canada.”

<sup>11</sup> Primo Levi, *The Drowned and the Saved* (New York: Simon & Schuster Paperbacks, 1986), 58

<sup>12</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 241.

<sup>13</sup> Levi, *The Drowned and the Saved*, 91.

<sup>14</sup> Judith Butler, *Precarious Life: The Powers of Mourning and Violence* (London: Verso Books, 2004), 28.

<sup>15</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 24.

<sup>16</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 28.

<sup>17</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 20.

<sup>18</sup> Butler, *Ibid.*

<sup>19</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 28.

<sup>20</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 29.

<sup>21</sup> “Suicide in Canada.”

<sup>22</sup> Brennan Leffler & Marianne Dimain, “How Poverty, Not Pain, Is Driving Canadians With Disabilities to Consider Medically-Assisted Death,” *Global News*, January 23, 2023, <https://globalnews.ca/news/9176485/poverty-canadians-disabilities-medically-assisted-death/>.

<sup>23</sup> Butler, *Precarious Life: The Powers of Mourning and Violence*, 16.

<sup>24</sup> Foucault, *Society Must Be Defended: Lectures at the College de France*, 241.

<sup>25</sup> Levi, *The Drowned and the Saved*, 70.

<sup>26</sup> Immanuel Kant, *The Metaphysics of Morals* (Cambridge: Cambridge University Press, 1996), 177.

<sup>27</sup> Levi, *The Drowned and the Saved*, 150.

<sup>28</sup> Levi, *Ibid.*

## Bibliography

- Beck, Julie. "When Will People Get Better at Talking about Suicide?" *The Atlantic*, June 9, 2018.  
<https://www.theatlantic.com/health/archive/2018/06/when-will-people-get-better-at-talking-about-suicide/562466/>.
- Butler, Judith. *Precarious Life: The Powers of Mourning and Violence*. London: Verso, 2004.
- Foucault, Michel. "Society Must Be Defended". New York: Picador, 1997.
- Kant, Immanuel, *The Metaphysics of Morals*. Cambridge: Cambridge University Press, 1996.
- Leffler, Brennan, and Marianne Dimain. "How Poverty, Not Pain, Is Driving Canadians with Disabilities to Consider Medically-Assisted Death." *Global News*, January 23, 2023.  
<https://globalnews.ca/news/9176485/poverty-canadians-disabilities-medically-assisted-death/>.
- Levi, Primo. *The Drowned and the Saved*. New York: Simon & Schuster Paperbacks, 1986.
- Government of Canada. "Suicide in Canada." Last modified January 9 2023. Accessed June 13, 2023.  
<https://www.canada.ca/en/public-health/services/suicide-prevention/suicide-canada.html>.