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Abstract
Suicides among marginalised groups are one of the few occasions in which self-harm and suicide are framed as having cultural, social, environmental, historical or structural causes. Suicidology, psychology and public discourse typically understand suicide causality to be grounded in individualised psychic pain and pathology, disavowing the social, cultural, environmental and linguistic contexts. However, public discourse on suicides of ‘marginalised’ groups such as asylum seekers, Indigenous people and queer/LGBT youth are ‘authorised’ to be discussed from social perspectives, informing opportunities to re-think suicidality, identity and liveability. Building on recent critical challenges to dominant theories, this article examines some of the ways the suicides of marginalised groups are described in social terms, demonstrating how cultural approaches to relationality, aspiration, performativity and mobility can expand current thinking on suicide cause and prevention.

Keywords
Suicide; identity; cultural theory; minorities; mobility
Introduction

Suicides among minority identity groups are among the few occasions in which self-harm and suicide are framed as having cultural, social, environmental, historical or structural causes. Narratives of suicide causality are overwhelmingly dominated in suicidology, psychology and public discourse by frames in which suicide is the extension of genetic and mental disorders, individualised psychic pain and internal, individualised pathologies. As Ian Marsh has cogently demonstrated, the emergence of knowledge frameworks around suicide over the past two centuries resulted in a contemporary dominant approach in which the ‘truth’ of suicidal causes was to be sought and found ‘within’ the individual subject by means of reference to a pathologised ‘psyche’; in the biographical history of patients through analysis of childhood memories; or in the ‘everyday speech gestures, moods, acts and behaviours of observed suicidal individuals as well as retrospective by means of psychological autopsy studies of those who did end their own lives’. However, in the case of specific ‘minority’ population groups publicly noted for higher-than-national-average rates for youth suicide, a sociocultural causality is represented as ‘allowable speech’ in public sphere discourse. While productively contrasting against medico-psychological models of suicide, the discursive formations through which social causality of minority suicides are articulated can produce conflicting and self-limiting knowledge frameworks. Cases in which social causality of suicide are made knowable in public sphere discourse include suicides among Indigenous and First Nations groups, sexuality-related self-harm and queer youth suicide, and the suicides of refugees and asylum seekers held in detention, whereby knowable truths, subjugated knowledges and alternative culturally derived perspectives may lend insight not only into the correlative relationship between suicidality and minority status within broader population groups but, as importantly, on what constitutes the conditions for a liveable life.

It is valuable and necessary, therefore, for cultural studies’ perspectives to come to bear on the question of what it is about the social conditions of subjects produced through frameworks of minority identity classifications that make available and intelligible this alternative, sometimes subjugated but regularly articulated framework for suicidal causality. That is, to address how marginalised people perceive identity, liveability and belonging in the context of discursively produced relationalities with others—including a broader population or sometimes a national grouping—and, additionally, how such alternative knowledges might be useful in understanding and approaching the cultural production of the concept and constitution of suicide into the twenty-first century. In his Foucauldian study of the discursive and historical production of suicide as a cultural concept, Marsh asks us to consider the alternative readings of suicide that are foreclosed or marginalised by dominant, medico-psychiatric approaches, particularly by reframing suicide beyond the notion of the non-voluntarist act of the mentally ill and by seeking instead to understand how suicide is produced in relation to authoritative accounts.

Suicide is a product of collective ideas and individual suicidal behaviour; it is produced by a multiplicity of concepts in terms of the relationality of the suicidal agent to a surrounding sociality—that is, suicide is never merely a ‘solo venture’. In taking those
ideas to task, it is important to look not only at how alternative knowledges emerge in popular discourses of the ‘suicides of the marginalised’, which depict social, rather than internal and psychic, causes, but also at the ways in which such rare framing of suicidality as social can be extended to be understood in the context of complex relationalities.

This article begins with a discussion that revisits the concept of ‘minority identity’ as a significant cultural node that has bearing on the cultural conditions for ‘legitimate’ life and liveability. It then examines how public and scholarly discourse on the higher-than-national-average suicide rates among youth and younger persons in three specific minority groups are represented in ways that articulate a ‘public logic’ or ‘suicide script’ connecting younger people, subjugation, marginality and denormativisation with suicidality and self-harm in political and social discourse.\(^5\) The three groups are Indigenous Australians, asylum seekers and refugees arriving in and detained by Australia, and young non-heterosexual persons. This is not to argue that all three groups are the same by virtue of non-normative minority positioning and marginalisation; or that racial, migratory or sexual differences can be collapsed, even if it is sometimes productive to form comparisons and coalitions in the case of marginality and exclusion. Nor, indeed, is there an argument that the suicide attempts and completions among these groups are understandable under a monolithic concept of a notion of suicide that results from oppression alone. Rather, this is to utilise cultural studies’ approaches to better understand the implications of social relationality and relativity in how concepts of suicidal causality are formed in cases where the suicidal agent is a person who has an association with an identifiably minority background and, thus, what that might mean for understanding suicide more broadly.

I work through some examples, drawn from popular and public discourse, of the ways each of these suicides is depicted as having social, external and environmental causes—rather than individualised psychic, mental health, genetic or otherwise pathologised ‘inner’ causes—before showing how concepts of relationality, aspiration and mobility can provide frameworks for thinking through the inequitable distribution of belonging, identity and futurity as conditions for liveability. Finally, I show how, by beginning to refocus suicidality on a more complex sociality that is figured through mobility and relationality, suicide can be understood as performativity of a gap between the agent’s self-perception as an aspiring and aspirational subject and their self-perception of having a capacity or incapacity to be included in broad populational community. By turning away from medico-psychiatric models’ monolithic depiction of individualised intervention and towards an alternative cultural politics of acceptance or hospitality we can explore how to produce the kinds of socialities, relationalities and liveabilities that foster resilience against suicidality.

**Minority identity and suicidality**

Minorities are broadly understood in social and cultural theory to constitute specific groups of those who are socially positioned or identified as non-normative with a broader population setting.\(^6\) Within the biopolitical governance technologies that inculcate subjects along a

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distributional curve of normativities in a Foucauldian analysis, a perceived distance from the norm along that curve is implicated in the production of minority identity, socioeconomic marginalisation, reduced recognisability as a subject with a liveable life and a grievable death. At the same time, such minority status in contrast to a norm is produced as a subject that is over-emphasised in biological life—that is, as a subject positioned through a social anxiety as requiring intervention to reduce the risk, or sometimes the cost, of suicidality. The suicides of minority subjects are, in this context, culturally articulated through frameworks of sociality whereby unliveability is understood in public-sphere discourse to be the result of marginalisation, even if that marginality is simultaneously understood as the responsibility of the individual minority subject.

Theorising the cultural production of minority identity in the 1960s and 1970s in Australia, Dennis Altman points to marginal subjects as the products of a particular frame of sociality that brands as minorities those who fail to ‘live up’ to a dominant standard or norm. He argues that minorities are more than just a statistical class but a group that, regardless of numbers, are broadly subordinate and thus marked with a status and a self-consciousness as minority subjects, regularly cleaved from normative or dominant society through an accusation of deviance. Minorities are performative, in Judith Butler’s sense, as identities that are both part of dominant culture and excluded from it by being called upon to perform that exclusion or marginality. That performativity can include the kinds of affinities and disaffinities through which minority identity is produced as mutually recognised, calling for particular frames of stereotyping and self-stereotyping that arguably can include the adoption of a suicide script as a response to the call of the stereotype of marginality. The sense of isolation or exclusion from a norm in this perspective produces anxieties which, for some subjects, can be an intolerable emotional pain to the point of unliveability.

However, minority status alone is not endemically productive of unliveability or suicidal behaviours, since many minority groups develop substantial resilience to adversity through the tight-knit affiliations that form around networks and communities of marginality. Rather, it is important to deploy cultural studies’ knowledges of subjectivity and belonging to understand the specific factors that cross a range of minority population groups, with particular focus on the ways in which significant non-belonging, the absence of liveable futurity and exclusion from normativity in the context of relative differences among peers and communities can produce the forms of emotional pain to position life as unliveable.

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understanding and articulating suicidality must be further unpacked to better understand the ways we can begin not merely to make sense of minority suicidality but to also perceive both suicide and life in general as social in the context of differential distribution of belonging, futurity and relationality. This, as I will address in the remainder of the article, can be achieved through critiquing the ways specific minority group suicides have been articulated as having social rather than individual causes. Important, here, is understanding the context of liveability through social participation and belonging—key factors of biological, biopolitical and citizenry survival that are not evenly distributed but in extreme conditions can exclude the marginalised and minority groups, particularly at piqued moments of social unrest in which the figure of the minority subject serves as scapegoat for social ills among the majority. The production of the minority subject as non-belonging is a production of a subject whose life is represented as unliveable when non-normativity is deemed to be at an extreme non-proximity to the norm as given in Foucault’s distributional curve. The capacity for cultural theory to make sense of what unliveability might be understood to mean is significant when we consider unliveability through relational perceptions of non-belonging and in contrast with lives that are built on the coherence of identity for social participation and belonging as, per Jeffrey Weeks’s analysis, factors of subjective survival. Survival—or liveability—in this sense requires participation across the facets of subjecthood that can be identified in public discourse as ‘lack’ across the minority groupings I address below: community support, cultural resilience, a sense of futurity, awareness of belonging, equity with peers.

Marginality and non-belonging (Indigenous suicides)

The high rate of reported suicides among Indigenous people in Australia and elsewhere is part of a knowable and public logic about Indigeneity. It has resulted in community and government-funded attempts to intervene to reduce the incidences of suicide and the broader disparity in suicide rates and mental health concerns between Indigenous and non-Indigenous members of national population groups. Rates of Indigenous youth suicide broadly are estimated to be five or six times higher than the general population, a figure noted among both Australian and Inuit First Nation groups. Some Australian Indigenous communities, according to Elder Mick Gooda, have some of the highest rates of youth suicide and self-harm in the world. As Baker has noted, the positivist discourse that marks mental health approaches is problematically focused on a normative perception of a psyche that is frequently out-of-sync with the lived realities of a colonised people whose culture, as a factor that both

defines and maintains health, is disrupted and threatened.\textsuperscript{19} The specificities of suicide among Indigenous Australians are not well explored in a suicidology that maintains a focus on the normative individual in order to determine risk factors that mark pathologisation, although there is a clearly demarcated, subjugated but available alternative discourse of Indigenous suicide that locates suicidality and its causes in factors of hopelessness, discrimination and dispossession, as I will show. It is important to look to these, particularly in the context of unpacking knowledges that can radicalise how we understand suicide itself.

Indigenous elder George Gaymarrangi Pascoe, contributing a perspective on suicide among his population group in \textit{The Elders’ Report into Preventing Indigenous Self-harm and Youth Suicide}, argued: ‘A white man has his own theory on suicide. How can a white man fix a suicide?’\textsuperscript{20} He rightly pointed to the subjugation of traditional knowledges that might better address and understand suicidality than a medico-psychological approach which positions itself through a clinical episteme of privileged speaking position or, as Marsh terms it, ‘compulsory ontology’.\textsuperscript{21} As Elder Dean Gooda similarly noted in \textit{The Elders’ Report}:

\begin{quote}
Some of the problems that young people face are that they don’t see a future. So they get in that hopeless space and some see the only way out is to suicide ... So again, we end up with ideas on suicide prevention that come from [Australian capital city] Canberra and bear no resemblance to what is needed in the community and on the ground. That is a big frustration. There is funding, but the Government decides how we are going to spend it.\textsuperscript{22}
\end{quote}

Among some of the available discursive frameworks by which Indigenous suicide is presented with non-individualised and non-pathologised causalities is, firstly, a perspective that relates to the social implications of hopelessness and discrimination in the context of a problematic relationality between Indigenous and white settler societies. Scholars of Indigenous wellbeing in Australia have identified a culturally informed collective despair or a collective lack of hope among Indigenous peoples in Australia, arguing that disadvantage in terms of capacity to access the resources that, in white Australia’s dominance of territory, are necessary for liveable lives: ‘Increasing relative disadvantage may be particularly important in Australia as ... the evidence suggests that what matters within societies is not so much the direct effects of absolute material living standards so much as the effects of social relativities ... this gross measure is related more closely to relative income within countries than to differences in absolute income between them ...’\textsuperscript{23} Within that framework, Indigenous suicides become less surprising as mainstream Australia gains increasing world affluence through its boom in the mining industry.

Here, Indigenous poverty becomes more marked against white settler affluence, further separating the relative proximities between the two groups. This discourse effectively combines the problematic ‘appeal’ of white settler society to younger people and the frustration and hopelessness of belonging to it in terms of capacity to labour and consume. Elder Lorna Hudson put the situation this way:

\begin{flushright}
\textsuperscript{20} \textit{The Elders’ Report}.  \\
\textsuperscript{22} \textit{The Elders’ Report}.  \\
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Nowadays, you got a motorcar and you need fuel to go out bush to camp and all of that. It’s a different generation now. They have adapted more so to the non-Aboriginal culture than their own ... A lot of young people are still trying to identify themselves as to who they are. They have been cast aside from the mainstream and they see themselves as no good. When you are nobody, what’s the use of living? That’s when our people turn to alcohol and drugs to forget about what has been going on ... There is no more pride with the men. That has been taken away because they have to live like a white man … The whitefella has still got something over us.

Suicide is presented in this perspective, and within a framed interpretation of social causality, as resulting from a failure of cultural resilience that, according to Elder Pat Dudgeon, is located within the cultural formations of Aboriginality in Australia. Sorrow and pain over exclusion, according to Ruby Alderton, and the loss of traditional cultural forms and practices that foster resilience results in an unliveability produced socially in combination with the loss of communal practices of everyday traditional living that have previously mitigated against suicidality. Cultural resilience, then, operates through a sense of affiliation to social belonging. This point is demonstrated in health sciences studies that point to empirical evidence that positive coping can result from the strength of certain minority communities operating in traditional and bicultural frames of identity, depending on the structures of social support through community stability. In this context, a sense of liveability is understood to dissipate not as a result of being positioned as a minority, but as a result of being positioned as a minority subject excluded from sociality. This is not, of course, to suggest that the minority culture itself is accountable for the failure to provide support, but that more widespread discursive shifts in the framework through which cultural identification occurs and which have an impact on a sense of affiliation must be questioned. This includes how mutual care is disestablished from the manners of minority identity performativity in that process, noting that cultural resilience cannot be achieved and maintained without the broader support of a discourse that emphasises care and community over individualism and monetisation of care structures.

The second framework circulating in public-sphere discourse that permits the articulation of Indigenous suicide causality as socially constituted, rather than the result of individual psychic disposition, relates to concepts of dispossession and the lasting effects of colonisation and the dominance of white settler society on the forms through which cultural identities of belonging can be performed. Elder George Gaymarrangi Pascoe noted that Indigenous youth suicide ‘is caused by assimilation (our kids never did this before)’, while Elder Mangatjay Yunipingu noted that colonisation and subsequent recolonisation through neoliberal enterprise operating alongside Indigenous communities together have a direct causal link with the conditions that make suicidality and unliveability thinkable among Indigenous youth. ‘Nowhere in Yolgnu history has there been any suicide. It came with the Balanda [white people], with the invasion of the Balanda ... All kinds of things came with the mining company.’ Dispossession is regularly taken lightly as an anomaly that is produced in political opposition to a neoliberal perspective on (white European) land ownership and control of land use. For Jenny Baker, writing about

24 The Elders’ Report.
25 Ibid.
26 Ibid.
29 The Elders’ Report.
Indigenous health issues, government policy has tended to ‘subsume Indigenous people’s connection to land as an anachronism of the past. It is a view of the land that has developed from the coloniser’s standpoint of Cartesian individualism.’ This European perspective can arguably be seen as implicated in the mis-reading of suicide among Indigenous persons in ways that may see causal factors emerging from the social, from oppressive forces and from marginalisation, but which does not see the ways in which belonging is produced through non-European perceptions of a connection with land. In the context of contemporary suicide rates among younger Indigenous people, then, the conflicting discourses between the connectiveness of selfhood and place, and the European postcolonial perspective on identity through progress in urban terms is a site of conflict that produces the thinkability and logic of suicide.

Dispossession is depicted here rightly as a violence that, literally, kills, even if that killing is undertaken by the self through violent self-harm. However, the term is conflated with a more simplistic depiction of ‘oppression’ that problematically presents suicide with a single, linear (albeit social) causality. The term oppression is, of course, a complex and difficult one, utilised, as Athena Athanasiou has argued, because ‘available language fails to capture atrocity, we are compelled to invent new idioms of “saying”, “hearing”, theorizing, and acting ... feminist and postcolonial thinkers have alerted us, for instance, to ways in which the wrongs of oppression and dispossession are not audible within hegemonic discourses’. Thus the oppressive and disciplining force of dispossession is not what is being made inaudible—even though it does not figure in Australian official responses to Indigenous suicide. Rather, it is only audible as a particular framework of causality that does not always place dispossession within the relational and networked frameworks of belonging and non-belonging or, better still, within distances and proximities to the conditions for belonging, for which Indigeneity is tacitly perceived as a condition specifically for non-belonging within Australian population. Dispossession is too readily framed as a singular, past, temporal act with suicidal consequences. Instead, dispossession here needs to be understood as producing concomitantly both Indigenous marginality via its repetition as structured racism (minoritisation) and suicidality. In addition, dispossession in the context of suicide must be figured as ongoing and multiple—as Mangatjay Yunipingu states in the quotation above, suicidality emerges both from the events of two centuries ago and from the arrival of mining companies and other more recent events that refigure relationalities between peoples.

Aspiration towards hospitality and futurity (asylum-seeker suicides)

The ‘fact’ of migration has, at times, been depicted as a suicide risk factor. Thomas Joiner, for example, suggests suicidality among migrants results from a lack of stability through separation from a ‘mother country’. Problematically, he views that separation through Oedipal terms as mimicking a separation from parents with implications for survivability. The felt and affective disconnection from one’s social peers, families and physical and spatial environments in a country of origin is, for him, a stressor that can lead to an increased suicide risk. However, migration is today more complex than simply a move (desired or not) away from the familiarity of a home space and nations do not always correlate with such an Oedipal perspective on identity of its citizens. Rather, various mobilities and shifting belongings

30 Baker, p. 181.
32 Joiner, p. 127.
warrant investigation from a cultural theory perspective, including one that suggests diasporas and digital connectivity with places of origin would indicate a support structure for many. For the forced migrant—the asylum seeker or the refugee—complex factors of mobility are implicated, which can include the desire for safety, the trauma of being in an unwanted space (such as a space of war) and—most pertinently for asylum seekers and refugees arriving in Australia by boat—the lacking futurity of long-term and sometimes indefinite detention in an offshore prison setting such as those operated by the Australian government with outsourced security and services located at Nauru or Manus Island, Papua New Guinea.

Suicide attempts by asylum seekers in Australian immigration detention centres are widely reported; they generate considerable public anger, but are not considered a surprise or a shock. In statistical terms, the rate of suicide attempt is considered high: for example, of immigration centre detainees held in Darwin, in the Northern Territory of Australia, 50.1 per cent had visited the Royal Darwin Hospital emergency department at least once between 2011 and 2013. Of 518 visiting detainees, 187 attendances (24.3 per cent) were for psychiatric problems, including self-harm. Children made up 146 of these, of which 15 were for self-harm. Earlier, in 2011, it was argued that among a detention population of 4000, 451 had been diagnosed with a mental illness, 527 were taking antidepressants and 228 were on antipsychotic medication. Between July and September 2011, there were 639 cases of threatened self-harm inside the immigration detention network, 45 cases of serious attempts of self-harm, and 289 cases of actual self-harm. Six completed suicides within sixteen months was publicly argued to have resulted from the ‘policy of mandatory detention [which has], in many ways, contributed in a direct way to a generation of asylum seekers in our country who are suffering from mental disorder’. Significantly, here, the framing of asylum seeker self-harm and suicidality is articulated as the result of a combination of social factors, although popular and dominant medico-psychological models often attempt to suture those social conditions onto a discourse of mental health that actively pathologises asylum seekers. This pathologisation is, of course, partly the result of necessary urgency required in responsive intervention to suicidality—underscored here by the fact that evidence of suicide threats and attempts at self-harm are not merely to be considered a ‘cry for help’ but an articulation of unliveability and intolerable emotional pain. This is arguable given the greater likelihood of self-harm occurring during night-time, with actions and timing suggesting a ‘strong intent to die and not to be found and/or intercepted by others’.

Framing discourses permit a range of interpretations of the causality of asylum seeker suicides and these broadly fall within sociocultural approaches to suicide. At times, suicidality in detention is depicted as the result of pressures from having borne witness to deaths or warfare in a country or region from which a refugee is fleeing, whereby a period of reflection in detention invokes or makes possible the experience of trauma. At other times, the framing discourse is one that expresses concern at the inadequacy of responses and social services in

36 Ibid.
a detention setting, pointing to a substantial problem of suicide epidemic, and underscoring these points by drawing on claims that Australian immigration officials failed to respond to warnings of suicide risk, the blocking of support structures or supportive environments for detainees issued with adverse security clearances or the failure of department officials, policymakers and government ministers to acknowledge the known fact that mental health of all subjects begins to erode after three months in detention. 38

However, the most important figurative depiction of the social causes of suicidality among marginalised and detained asylum seekers and refugees is in the context of the environment of detention per se. Court evidence has argued that the ‘detention experience’ is a major cause of attempted suicide, and that ‘the thing that is making these people absolutely sick is detention itself’. 39 Life in detention under the ‘Pacific Solution’ to refugee arrivals is seen as unliveable because of the lack of human dignity given to detainees, as critically argued by the United Nations High Commissioner for Refugees. 40 Deaths in custody are not, of course, in themselves new and often relate to the circumstances of non-freedom in combination with de-humanising processes such as the withdrawal of education and recreation opportunities. 41 Certainly the withdrawal of education opportunities for younger asylum seekers and refugees in detention has marked the experience in Australian immigration institutions. 42 The former Abbott government’s sacking of the Immigration Health Advisory Group—which was then replaced by a single adviser—reinforces the harshness and hopelessness of the environment. Medical professionals, psychiatrists, psychologists and general practitioners with specialised knowledge about refugee experiences were no longer able to provide evidence of the role of the detention environment in suicide in ways palatable to the language of government assessment and responsiveness. 43 Ultimately, causal factors in suicides among asylum seekers and refugees are increasingly fixed in the public imaginary as resulting specifically from the social factors of detention, with the claim the ‘environment itself is creating the illness’. 44 At times, the social causes of suicides in detention


43 Wood.

are articulated in public sphere debate in combination with claims related to trauma of past experiences, helpfully pushing the discourse of asylum seeker suicidality further away from causal claims grounded in the pathologisation of mental health as an endemic ‘inner core attribute’ of refugees and towards an understanding of the social roots of suicidal behaviour and its causes.45

From the perspective of understanding the detention experience as a social cause for suicide, interpretive frameworks deployed in public sphere discourse are, again, figured through hopelessness, although in this context not in whether or not one is in the liminal position between belonging to country and culture or belonging to neoliberal frameworks of labour, affluence-seeking and consumption, but in the context of temporality and a perceived lack of futurity.46 For Joseph Pugliese, various regimentary structures of temporary detention of asylum seekers arriving in Australia have structurally precluded refugees from the capacity to project a sense of their lives into the future, circumscribing the parameters of life itself.47 This establishes a form of temporality for the detained that is external to the conditions for liveable belonging enjoyed by a non-marginalised population:

The present weighs down life in its own immovable immanence, where the only hope for movement resides in flashbacks, backward to the very traumas that the refugee had so desperately desired to escape. Symmetrically, to flash-forward into the future is to generate more trauma, specifically the fear and anxiety of deportation back to the persecution from which the refugee had originally fled. The refugee’s life is violently circumscribed by these two polar bookends: the trauma of the past / the trauma of the future.48

Futurity, as the very thing that ‘gives meaning and hope to refugees’ is actively eradicated from the detention experience, exhausting and terminating not only justice in both conceptual and institutional terms, but also the capacity to envision life as liveable. While Pugliese was addressing an earlier formation of mandatory detention of asylum seekers, more recent re-structuring of the detention scheme and the return of the ‘Pacific Solution’ (offshore detention) re-produces the earlier discourse, focusing attention on questions of a sense of future and futurity, and the fact that futurity is unevenly distributed among people in contexts of forced mobility.

The lack of futurity in an indeterminate detention experience can be described as a form of forced temporality external to the normative temporalities of performative identities conditioned by lifecycle, planning, theatrics of unknowable futures, home and financial security. If a liveable life is constituted in social participation and belonging that is conditional on the intelligible and (relatively) normative performance of coherent subjectivity, then forced migrants in detention are unable to participate in that normativity by virtue of being unable to articulate a selfhood through temporal perceptions of normative lifecycle and ageing, because these are conditioned as much on certainties of life’s common milestones through social and relational comparisons (birthdays, purchase of a home, children at university) as on the uncertainty of death or the complex non-normativity of all lives. Without access to the resources through which to perform an alternative intelligibility of identity, exacerbated by the desire to belong to a new, safe or secure national environment, the conditions for liveability are unmet if we consider a sense of hopefulness and futurity as provisions of a liveable life beyond bare

45 Butler, Gender Trouble, p. 143.
48 Ibid., p. 299.
biological persistence.\textsuperscript{49} While the liminal experience of detention can, for some subjects, clearly produce a communal equality that enhances resilience and supportive belonging, a lack of knowable futurity can, for others, exacerbate marginalisation.\textsuperscript{50} I will return to futurity later, although it is worth remarking here that, as a concept related to suicides of a particular marginalised group in severe circumstances, it presents an account of suicidality and unliveability that has value for the cultural rethinking of suicidality in social terms.

**Community relativity (queer youth suicide)**

There have in recent decades been some improvements in the social situations and environments for younger people articulating a minority sexual identity as non-heterosexual, particularly in the areas of media representation, legal protections against discrimination, protections against homophobic violence and bullying.\textsuperscript{51} However, the prevalence of suicide among non-heterosexual youth remains high in contrast to the rate of suicide attempts and completions among younger people who are not identifiably articulating a minority sexuality.\textsuperscript{52} It is important, therefore, not only to unpack the qualitative and theoretical frames through which sexuality and suicide come to be seen as related or having a specific logic, but also to critique the foundational assumptions about queer youth suicidology that circulate in both popular discourse and medico-psychological approaches to youth suicidality.\textsuperscript{53} Together, these produce a notion of sexuality-related suicide as, on the one hand, socially causal but, on the other hand, limited to structural factors such as homophobia rather than complex relationalities which might include the ways non-heterosexual identities are produced as non-normative and marginal in the context of varying degrees of social belonging. Given the changes in many regions of the world in recent years in how young LGBT/queer people are socially tolerated, including educational policy advancements, vast increases in media representation, the reduction of stigma, the use of online communication to overcome endemic isolation—among many others—it remains surprising that suicidality among non-heterosexual young people should continue to be higher than that of their heterosexual peers.\textsuperscript{54} There may therefore be value not only in understanding queer youth suicide through social frameworks, but also in extending these to make sense of what less ostensible social, relational and subjective factors


\textsuperscript{50} Farida Tilbury, Yann Toussaint and Annette Davis, ‘Edges and Centres: Contemporary Experience and Lifestyle’, *Transformations*, vol. 11, 2005, pp. 1–11.


\textsuperscript{53} Kral; Cover, *Queer Youth Suicide, Culture & Identity*.

might continue to make life unbearable despite the substantial improvements in social and environmental conditions of non-normative sexuality.\textsuperscript{55}

Contemporary knowledge on queer youth is highly inflected by the persistent circulation and reinforcement in news media of the statistic that ‘gay youth are two to three times more likely to attempt suicide than other young people’\textsuperscript{56}—a twenty-five-year-old assertion that has been repeated regularly in news reporting on non-heterosexual younger persons since it was first made.\textsuperscript{57} In terms of contemporary knowledge frameworks, what the circulation of statistics giving rates for queer youth suicide (attempts or completions) does is present a ‘suicidal script’, linking non-normative sexualities with prevalence for suicide in a relatively simplistic and rigid manner.\textsuperscript{58} There is, of course, a statistical link between non-normative sexualities and suicidal behaviours, but the factors that make the link tenable are debated, particularly in terms of understanding the complexity of reasons sexual non-normativity is implicated in increased susceptibility to self-harm and in terms of the origin of the common statistics in non-academic research repeated regularly in public discourse as fact.\textsuperscript{59} Where the link between queer sexuality and suicide is presumed to be causal—that is, youth are at risk if they are non-heterosexual \textit{per se}—the field of research on queer youth suicide relies on assumptions that limit the possibilities of exploring how notions of vulnerability are fashioned in contemporary culture as historical, contingent and variable. The reliance on queer suicide statistics frequently fails to recognise the context and complexity of the environmental, social, cultural and institutional setting in which suicide becomes thinkable, particularly in ‘snapshot’ public communication and policy dialogue. When the reported statistics are accompanied by narratives attempting to provide an explanatory framework, the depiction of queer youth suicide in public discourse is socialised—that is, articulated as being caused by social and environmental factors—but in ways typically limited to simplistic accounts of homophobia, social isolation and the difficulties of coming out. That is, they are related to older, out-of-date and stereotyped models of queer young lives that do not necessarily correlate to contemporary lives in an era of networked, accessible information and substantial LGBT media representation, and in the socialities and supportive environments these produce rather than in isolation.\textsuperscript{60}

This is not to suggest that there is no homophobia, but that the form it takes is no longer through active silencing and abnormalisation. In the common discursive production of an exclusive link between non-normative sexuality and suicidal behaviours, marginal identity itself is proclaimed as causal. However, when queer youth suicide statistics circulate without question, an oppositional discourse arises that seeks and articulates alternative, social causes, including structural factors such as homophobia, claims of isolation and complexities of ‘coming out’—in all cases drawing on older models of predigital cultures

\textsuperscript{55} Cover, \textit{Queer Youth Suicide}.


\textsuperscript{57} Rob Cover, ‘Mediating Suicide: Print Journalism and the Categorisation of Queer Youth Suicide Discourses’, \textit{Archives of Sexual Behavior}, vol. 41, no. 5, 2012, pp. 1173–83, \url{http://dx.doi.org/10.1007/s10508-012-9901-2}

\textsuperscript{58} Stephen T. Russell, ‘Sexual Minority Youth and Suicide Risk’, \textit{The American Behavioral Scientist}, vol. 46, no. 9, 2003, pp. 1251–2, \url{http://dx.doi.org/10.1177/0002764203250367}


\textsuperscript{60} Cover, ‘Mediating Suicide’.
that are arguably dated formations with little resemblance to the lived realities of
contemporary queer selfhood. This, then, draws out the need for alternative models of the
sociality of suicide beyond both innate queer suicidality and frameworks that depict young
queer lives as if in the 1980s. These include the need to deploy a cultural theorisation of the
relationality between queer depictions in the public sphere rather than in isolation.

Recent representations of queer youth suicide in popular culture are found in online
forms, including the It Gets Better phenomenon, which is the first time the voices of
queer youth on queer youth suicide have been made broadly available and which add a
new explanatory framework for queer youth suicide—hopelessness in relation to queer
childhood and school environments marked by bullying. According to the It Gets Better
website—which has subsequently encouraged and gathered together tens of thousands of
similar videos—Savage's intention was to ‘inspire hope for young people facing harassment’
and to create ‘a personal way for supporters everywhere to tell LGBT youth that … it does
indeed get better’. The primary motivation behind the It Gets Better project is to provide
a set of resources and evidence for hope for individual futures for queer youth that are
markedly different from the pain of being a teenaged non-heterosexual person. The tagline
of the site is:

Many LGBT youth can't picture what their lives might be like as openly gay adults. They
can't imagine a future for themselves. So let's show them what our lives are like, let's show
them what the future may hold in store for them.

Such comments present a picture of both school life, whereby the institutional norms of
secondary schools that depend so heavily on surveillance, discriminative norms, economies
of secrecy and disclosure permit bullying and ostracisation to flourish and become, then, the
site of hopelessness in what to many appears at the time as a period of permanency. This
is purely a social and temporal perspective on the factors that establish the conditions for
suicidality among non-heterosexual younger people. Indeed, teenaged life has often been
figured in geographic terms as a kind of hopeless banishment from the realities that are yet
to come: ‘that long Babylonian exile known as queer childhood’. The emphatic focus on
the institutional environment of high school (rather than family, rural towns, closetedness,
religious discourse) and youthfulness as exile (rather than geographic isolation and loneliness)
is notably important in updating the frameworks through which queer youth suicidality
is understood as social, to provide a twenty-first-century perspective, albeit, as I will show,
one still limited and overly-individualistic. The discourse of the It Gets Better project and
contributions makes the sociality of ‘school’ its object, and effectively separates the site of
school from other contextual and geographic factors such as rural and urban distinctions,
positing the institutional culture of schooling as predominantly similar from a queer youth
perspective. The Hallway Allies liaison support group, which operates across university
campuses and high schools to prevent bullying, stated in the introduction to their video

61 Cover, Queer Youth Suicide.
63 It Gets Better website, http://www.itgetsbetter.org
64 Eve Kosofsky Sedgwick, ‘Queer Performativity: Henry James’s The Art of the Novel’, GLQ, vol. 1, no. 1,
1993, p. 4, http://dx.doi.org/10.1215/9780822397649-007
contribution, ‘Remember to keep your head up, high school doesn’t last forever’, bringing a temporality and futurity perspective to the depiction of hopefulness.66

The socio-environmental account of queer youth suicidality is not produced as an alternative to the pathologisation of suicide that marks dominant approaches to self-activated death, but rather in direct response to older discourses that pathologised homosexuality itself. This complex perspective that allows queer youth suicide to differ from the more typical depiction of suicide resulting from pathologised bodies is the result of long-standing suspicions within queer culture of psychiatry and medicine that, for much of the twentieth century, sought to depict non-heterosexuality as pathological too. Discussing mental health concerns around queer youth suicidality has typically risked reinvoking the now disparaged idea that homosexuality is itself a symptom of mental illness, allowing a return to the idea of homosexuality as a psychological problem that itself can be treated. Lesbian/gay culture has long maintained a deep suspicion of psychological formulations or (misread) constructionist approaches in order better to combat the still-powerful religious right and conservative rhetoric that seeks to recriminalise or marginalise lesbian/gay sexual behaviour for being a freely chosen ‘lifestyle’ or ‘sin’ in contrast to a reformable nature or innate identity.67 The American Psychiatric Association (APA), which first drew up its classification of diagnoses in 1952, categorised homosexuality as a sociopathic personality disturbance.

In a 1968 revision of the classification document, it revised the entry on homosexuality but continued to characterise it as a mental disorder. It was only in 1973 that the APA declassified homosexuality as a disorder per se, although it did allude to homosexuality-related psychological problems.68 Certainly, the APA classification has remained strong in the cultural memory of queer discourse, and opposition to the psycho-pathologisation of homosexuality operates as a residue (despite the growth of a psychological counselling industry serving LGBT communities in the West) marking a traditional subcultural aversion to discourses of mental illness in any relationship with the topic of non-heterosexuality.

Social factors and relationality: minorities and the marginalised

The suicidality of those from marginalised population groups is notable in the broader perspectives of suicidology, popular culture and public policy discourse, as it is among only a very small number of ‘categories’ of suicide and ways of speaking of suicidality that is not predominantly framed by medical and psychology pathologisation of the suicidal subject.69 Such suicides are regularly depicted as being the result of social stressors, which may include homophobia, isolation, bigotry, shaming, bullying, oppression, hopelessness, lack of future perspectives or other forms of non-belonging.70 More recently, the framing tends to draw both medical pathologisation and social stressors together, not as one causing the other, but

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65 It Gets Better website, video, http://www.itgetsbetter.org/video/entry/5wwozqgwyruy
69 Marsh, p. 11.
as simultaneous conditions of the specificity of suicides of the marginalised. It does this by attempting to place mental health concerns within the framework, either through depicting those who are unable to produce the necessary resilience to cope with stress and stressful change or, alternatively, through depicting mental health concerns as the result of those stressors in ways which then lead to suicide as a secondary outcome. Interestingly, this puts the framing of suicide as a problem of the inner psyche, neurobiological processes or faulty genes into discursive communication with the framing of suicide as the effect of social, cultural and relational forces.  

The lexicon of minority stress is, however, popularly deployed to discuss the causality of suicide, regularly through the assumption that external stressors build up until, in the absence of support, the suicidal subject ‘implodes from the isolation, unmanaged stress and unreleased emotion’. The discourses of depression and external stressors tend to be both intertwined and confused in the more recent public understandings of suicidality among marginalised populations, simultaneously positing suicidal articulations as resulting from depression and the effects of social stress. However, the convergence of these approaches to producing the marginalised suicidal subject does not undo the framing of suicidality as individualistic. Neoliberal discourses of normativisation that demand the subject is stable and recognisably liveable if they are to participate in economic society are served by this depiction. Prevention of suicide, then, is to further embed marginal subjects as tolerably capable of participating in the norm—becoming a demand that non-heterosexual people produce and articulate themselves through narrow, regimented regimes of sexual truth that are compatible with dominant sexual assumptions. That is, it is not the minority suicidal subject but dominant, normative society more broadly that is pathologised. Yet it is not society that is targeted for intervention, only the individual—of whom it is demanded that the self be produced in such a way as to ‘cope’ with sick society. This, importantly, leads to the question of the differential distribution of the capacity for social belonging, particularly in the ways it operates to marginalise or disenfranchise a minority group.

Cultural studies approaches to understanding both marginality and suicidality permit us to expand on the notion of social and environmental causality by sponsoring a critique of belonging through concepts of different forms of relationality and how they come to bear on the conditions for liveability. James Barber, for example, has provided a useful way to make sense of the relationship between suicidality and non-belonging through a concept of ‘relative misery’. Barber criticised what he referred to as the Absolute Misery Hypothesis, the ‘intuitively straightforward notion that the suicide rate of a generation is a surrogate measure of that generation’s happiness. The more suicides, the greater the level of unhappiness.’ That is, social marginalisation, economic disadvantage or discrimination against an entire community, national population or society had inaccurately been thought previously to be a factor in a greater number of suicides. Cross-national analysis, however, indicated that this was not the case, and that instead higher rates of suicide have been associated with higher levels of psychological adjustment, happiness and affluence among majority populations.

71 Joiner, pp. 35, 172.
75 Smalley, Scourfield and Greenland, p. 138.
Barber countered the Absolute Misery Hypothesis with a proposal to return to Durkheim’s sociological finding that higher national suicide rates often tend to accompany good national fortune, and suggested approaching suicidality factors through what he termed a Relative Misery Hypothesis. Following from the statistical understanding that a rise in the ‘overall mood or happiness of a population’ produced a rise in suicides, Barber concluded that ‘social comparisons’ lie at the centre of suicidality, whereby intense distress results from the perception by minorities, the marginalised and the socially excluded that one is much less well-off (in some capacity) than one’s peers among the broader national grouping.76

This is to say that relative to the broader population, some people identified or self-identified as belonging to marginal communities such as Indigenous, queer or refugee groups do not have the increasing advantages, resources, finances, emotional resilience, authorised tastes or acceptable bodies that allow them to belong and thus to enjoy the benefits of belonging and social participation. Within this understanding, the likelihood of suicide is in fact greater rather than reduced by an assumed trickle-down effect from assimilationist rights gains for Indigenous persons, from hope generated by successful refugee applications and the benefits received by more affluent queer adults. Relativity here draws attention to the importance of contemporary biopolitics as a technology of power that makes populations and multitudes its object through statistical measurements of ratios, rates, forecasts and estimates.77 For Foucault, norms circulate between the disciplinary mechanisms of power that, through institutions that survey and normalise individual bodies, and through biopolitical mechanisms that seek to regulate larger bodies or groups of people by regularising processes of life and living.78 Where disciplinary power mechanisms distinguish between the normal and the abnormal, the regulatory functions of biopolitical power technologies plot the normal and the abnormal along ‘different curves of normality’ whereby certain distributions are considered to be ‘more normal than the others, or at any rate more favourable than the others’.79 What this means for subjects seeking to lead liveable lives is that, in some contexts that include the contemporary neoliberal formations of governance through which contemporary dominant social attitudes towards subjectivity are produced, to be positioned as marginal to the norm is to be positioned as non-belonging in marked contrast to those whose normativity permits belonging—social comparisons apply. That is to say, the conditions of liveability or unliveability for subjects is always relational and unevenly distributed for those who come to be figured as ‘at the margins’.

It is valuable to bear in mind Giorgio Agamben’s assertion that misery—which he relates also to exclusion—is not only an economic or social concept but also a political category.80 Exclusion from the capacity to participate socially, then, is concomitant with the production of misery leading to the unliveability of life in which subjects flee from intolerable emotional pain.81 One of the ways we can understand how relationality and relative misery permit a cultural reframing of suicidality among those positioned as articulating a minority identity is through investigating social comparisons and exclusions within the concept of aspiration. The gap between self-perception of membership of a category of belonging (Australian citizen, for example) and the capacity to belong or be included within the community as the geographic or

76 Barber, p. 53.
78 Ibid., p. 253.
81 Shneidman.
conceptual space of acceptance, overcoming normative isolation and saving refuge is, then, a site of aspiration. For Arjun Appadurai, aspirations are not simply individual wants and choices, but are formed in interaction within social life. They are part of a system of ideas, operationalised in relationality, located within a map of ideas and beliefs about life, death, the nature of worldly possessions, the significance of material assets, social relations, social permanence of a society and the value of peace and warfare. Most importantly, for Appadurai, the capacity to aspire is not evenly distributed in any society, for not all have the power, recognition and material resources to be conscious of the links between the self and objects of aspiration—there can be a reduced capacity to aspire. In critically engaging with Appadurai’s theories of the culture of aspiration, Debraj Ray has made a useful point in suggesting that aspiration begins with the recognition of oneself within categories of similitude. The social effect of aspiration is that each subject possesses a window onto a zone of similar individuals and draws aspirations from their lives, achievements or ideals (noting that all aspirations will be inherently multidimensional, not singularly comparative). Ray points out that when the window is opened too broadly or widely, subjects face the curse of frustrated aspirations—the realisation that particular aspirations belonging to specific cognitive neighbourhoods in our midst (that is, similar persons) cannot necessarily be achieved or achieved as easily.

The relationality that emerges in relative misery as a causal factor in suicides is one of frustrated aspiration—the unbearability of living in the context of perceived differential levels of belonging, inclusion or acceptance between one and one’s peers. In establishing particular formations of marginal life, selfhood, desire, bodies, tastes or behaviours through the normativity that responds to that which, in neoliberalism, will be deemed tolerable belonging (for example, the right to consume or to labour), a marginalised subject who understands himself or herself through similitude to be a member of that community who is yet to forge inclusion, participation or belonging will produce that goal of belonging through aspiration. When the aspiration to belong is likely to be met it is because that person is able to be included within a narrow perception of marginal identity within the tolerance framework; that is, to be or perceive themself as normative. For those, however, who visualise too wide a gap between the self and the aspirational belonging presented by normative stereotypes and neoliberal preconditions for access to labour and finance, there is the risk of frustrated aspiration and relative misery. In these cases, life is relegated to unbearable, marking its own intolerability. When aspirations cannot be met and belonging is not possible, self-resentment, self-hatred and negative attitudes turned towards the self become deeply felt attachments that turn against being and a desire to live.

To return to the trope of hopelessness, the kinds of hopelessness produced in minority cultures and groups excluded from social participation intersect with capacities to have aspirations met which are necessary to liveability. Hopelessness is a key factor in much contemporary academic discussion of suicide risk in general and is often used as a predictor for recognising suicidal behaviour, although it is also particularly associated with suicidality and disaffected teenagers. Hopelessness is usually understood as despair or desperateness, the lack of expectation of a situation or goal one desires or feels one should desire. For Holden and colleagues, hopelessness is counter to social desirability, which is understood as

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the capacity to describe oneself in terms by which society judges a person as legitimate or desirable. Psychological and psychiatric measurement techniques frequently rely on Aaron T. Beck's highly influential Hopelessness Scale, which utilises a twenty-question true/false survey designed to measure feelings about the future, expectation and self-motivation in adults over the age of seventeen years as a predictor of suicidal behaviour. However, from a cultural theory perspective, hopelessness can be understood as affective in relation to aspirations for belonging—whether that is a felt sense of attachment to others or, more pertinently, to the normativity through which a futurity is performative and a selfhood can be articulated in terms of normative, temporal lifecycles.

Conclusion: towards a mobility critique of suicidality

What, then, exacerbates a felt sense of hopelessness that detaches a subject from liveability through the felt pain of frustrated aspiration in the context of relative social comparisons? And in what ways can a cultural studies approach to suicides of marginality inform our understanding of liveability, death and dying? The increasing mobility that permits the movement of populations, including forced migrants, increases the capability of subjects to undertake social comparisons in the context of different forms of relationality and belonging. The mobility of bodies across borders is, however, not the only form of mobility relevant here. Indeed, as sociologist Thomas Faist has recently pointed out, there is enormous productive potential in thinking about different forms of mobility together. For mobilities scholar Thomas Faist, these include spatial mobility, in the sense of movement and migration across borders, alongside social mobility as the upward shift in class, education, affluence and status. The latter is particularly significant in coming to a sense of the corporeal and relational place of migrants, including temporary migrants. Social mobility is the shift in social status of groups, communities, cultures and populations measured by education, affluence, health status, literacy rates, employment types and/or education. Social mobility is often framed in generational terms, such that to be mobile is to belong to a (usually) higher class or socioeconomic demarcation than one's immediate forebears, often produced through a deliberate structuring of childhood (choices of schools, location, extra-curricular activities, financial choices) in ways that tie normativities to a notion of intergenerational progress. Environmental structuring can depend on the capacity for spatial mobility, resulting in the common assumption that migrants move countries and join particular Western, industrialised populations (in residency or citizenship) to produce a ‘better life’ for their children.

However, there are a number of disjunctures in terms of who is ‘authorised’ to aspire to mobility. One element that marks the three ‘marginalised’ groups identified here is the

interrelationships between mobility and stillness. Mobilities include those of refugees seeking a better space in which to find liveability, the mobilities of colonising populations of the past or the movement of mining workers into the remote townships lived in by Indigenous groups, the social mobilities of some LGBT people, as depicted in the *It Gets Better* videos. At the same time, however, stillness is correlative with a felt sense of lacking futurity, hopefulness and capacity to meet aspirations to belong. This includes the stillness of the refugee in detention, the stillness of young Indigenous people who seek social mobility comparative with the capacities of the non-Indigenous, or the stillness of young queer people who cannot produce a tolerated queer belonging that is marked by consumption and affluence. Stillness is that which marks the margins of unliveability, and this is exacerbated in an increasingly mobile culture.

Using cultural studies approaches to (a) identify and (b) critically expand upon the sociality of causal factors in suicides among marginalised groups in terms of relationality and identity opens opportunities for thinking about what it is that makes life liveable. At the same time, it projects a call for the more even distribution of the capabilities necessary for liveability and the eradication of the conditions (non-futurity, dispossession, exclusion) that reduce a sense of a subject’s capacity to belong to the future and to have a future of belonging. If, for subjects to lead liveable lives they must have the capacity to aspire, then it is important to ask what it is that frustrates those aspirations, how contemporary structures and discourses of subjectivity produce that frustration in relative terms. But is also important to query the ‘misery’ in ‘relative misery’. If hopelessness and non-futurity are to be understood as attributes of performative identity, they must not be thought to stand alone or be produced only in the context of individuality, singularity and interiority.

Performance of subjecthood (that is, liveable lives) is constituted in a response to the cultural demand for coherence, intelligibility and recognisability in relation to others, so as to achieve social participation and belonging. The perception of a lack of futurity in relation to that perceived among others, and the frustration of aspiration to belong to a future and to have a future of belonging disrupts the capacity for performative coherence, for liveability, by making unavailable the temporality that conditions subjectivity in the context of relational belonging. Using cultural studies approaches to (a) identify and (b) critically expand upon the sociality of causal factors in suicides among marginalised groups in terms of relationality and identity opens opportunities for thinking about what it is that makes life liveable. At the same time, it projects a call for the more even distribution of the capabilities necessary for liveability and the eradication of the conditions (non-futurity, dispossession, exclusion) that reduce a sense of a subject’s capacity to belong to the future and to have a future of belonging. If, for subjects to lead liveable lives they must have the capacity to aspire, then it is important to ask what it is that frustrates those aspirations, how contemporary structures and discourses of subjectivity produce that frustration in relative terms. But is also important to query the ‘misery’ in ‘relative misery’. If hopelessness and non-futurity are to be understood as attributes of performative identity, they must not be thought to stand alone or be produced only in the context of individuality, singularity and interiority. Performance of subjecthood (that is, liveable lives) is constituted in a response to the cultural demand for coherence, intelligibility and recognisability in relation to others, so as to achieve social participation and belonging. The perception of a lack of futurity in relation to that perceived among others, and the frustration of aspiration to belong to a future and to have a future of belonging disrupts the capacity for performative coherence, for liveability, by making unavailable the temporality that conditions subjectivity in the context of relational belonging.
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