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## 20 Embodiment and space in understandings of suicide and self-harm

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## 20 Embodiment and space in understandings of suicide and self-harm

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### Introduction

... literature on suicide severs self-destruction from time, space, and place.  
(Balayannis and Cook, 2016, p. 530)

As Balayannis and Cook (2015) have argued, while suicide and self-harm are inherently embodied and emplaced, these elements are rarely visible in much published suicide research. Instead, research tends to focus on these practices in isolation from the material and environmental contexts in which they occur, and in which they are given meaning. A key exception to this, where ‘space’ and ‘place’ do become present, is via a focus on ‘locations of concern’ or ‘hotspots’ (Linskens et al., 2022; Pirkis et al., 2015). Though there is debate about the terminology (Owens, 2016), these are public places, understood locally (sometimes nationally) as a site of suicide, attracting concern and action in an attempt to reduce the possibility of suicide in these places. Many suicide prevention strategies include identification and intervention into particular ‘hotspots’ (Oaten, Jordan, Chandler, & Marzetti, 2022; Platt & Niederkrotenthaler, 2020).

Conversely, another arena where ‘space’ and ‘place’ are present in suicide prevention – though not often foregrounded in policies themselves – is the contrasting ‘place of safety’. In the UK, transporting those at risk of suicide to a ‘place of safety’ is often a key feature of suicide prevention practices, and closely tied to the use of mental health legislation, particularly Section 136 of the 1983 Mental Health Act. However, such ‘places of safety’ can be sites of contestation. Local areas often lack appropriate places for people in distress, especially when the place of distress is at ‘home’. This results in the inappropriate use of police cells, psychiatric hospitalisation, or busy Accident and Emergency departments (Bendelow, Warrington, Jones, & Markham, 2019).

Self-harm and suicide are both inherently bodily and embodied practices. They are shaped by the intimate and broader contexts in which they occur, or are imagined in, interacting with and informed by space and place. Despite this, another absence can be noted in much research on self-harm and suicide. As well as neglecting place and space, the bodies of those who harm or kill themselves are also often missing from scholarly analysis (Jaworski, 2014). In contrast, our own work approaches self-harm and suicide as embodied social practices (Chandler, 2016, 2019), and seeks – like Jaworski – to avoid ‘forgetting’ that these are practices that intimately involve bodies, and that bodies are always located: socially, culturally and materially. This builds also on work by Stevenson, which similarly sought to make “suicidal bodies matter” (2016, p. 165).

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In this chapter, we introduce and develop the concept of ‘suicidescapes’ to illustrate how working with the notion of embodied space can help to productively trouble some of the taken for granted practices of suicide prevention. In particular, we use the concept to pay attention to how both ‘locations of concern’ and ‘places of safety’ are produced in this work. To do so, we draw from an ongoing ethnographic and interview-based interdisciplinary study of suicide in Scotland. Our work identifies challenges and limitations of addressing ‘locations of concern’ within attempts to prevent suicide. Alongside this, our research points to the role of less ‘spectacular’ sites where suicide, and suicidality, are shaped. Indeed, a key concern with a focus on public suicides is that the vast majority of deaths by suicide occur within private homes. Considering ‘home’ as a rather different ‘location of concern’ provides further ways in which an engagement with embodied space may help us to think differently about suicide, and suicide prevention.

Our ongoing research engages with suicide using multiple methods, including embedded ethnographic research with a number of communities, spending time with people affected by suicide and/or engaged in suicide prevention work. Alongside this, we are holding qualitative interviews with people who have attempted or been bereaved by suicide, and those who work with people affected by suicide. The locations in which we are working are in Scotland, UK, and reflect a range of settings – urban and rural, socioeconomically privileged, and disadvantaged. Aside from the country in which we are working, all other names of places and people are pseudonymised. Our fieldwork is focused on three broad geographical areas of Scotland, with Authors JA, RH and SH each working intensively with communities and organisations within these areas.

### **Locations of concern and places of safety as suicidescapes**

Space and place are rarely explicitly highlighted in studies of suicide, but they are certainly present through some of the core practices advocated by suicide prevention researchers. Locations of concern refer to places in a locality that are understood to be “specific, accessible and usually public sites” (Cox et al., 2013 p. 1) and have a ‘reputation’ for being a place where suicides often occur. Designing interventions that target such places is advocated in many suicide prevention strategies and recommendations (Owens, Lloyd-Tomlins, Emmens, & Aitken, 2009). Such interventions might include physical measures, such as barriers on bridges or high buildings; the installation of help-phones, with posters detailing numbers of crisis lines; or facilitating regular surveillance – either via CCTV cameras, or urban design approaches that encourage more regular footfall (Beautrais, 2007; Platt & Niederkrotenthaler, 2020). Coming under the broader category of ‘restricting access to means’, a substantial number of studies have sought to explore the extent to which these interventions can reduce deaths a) at a particular site; and b) in an area overall (Pirkis et al., 2015).

As with much suicide research (Abrutyn & Mueller, 2019; Marsh, 2020; White, Marsh, Kral, & Morris, 2016), the focus of these intervention studies tends to be on measurement, using quantitative methodologies (Sueki, 2021). As Stevenson (2016) has underlined, such approaches leave absent and under-explored the associated cultural meanings and embodied practices that may contribute to particular places becoming known or used as locations for suicide. This is despite a ready acknowledgement that such meanings are vital in understanding how some areas, rather than others, may acquire ‘cultural significance’ as places where suicides are imagined to occur (Chen, Wu, Wang, & Yip, 2016).

While some studies are beginning to engage with the qualitative meanings that particular places may hold (Ross, Koo, & Kølves, 2020), overall engagement with cultural meaning and embodied space/place has been limited in suicide studies. This limitation extends to a consideration of suicides that occur in places *not* considered locations of concern. Indeed, the contribution of geography to suicide research, particularly cultural geography, has been limited (though see Balayannis & Cook, 2015; Stevenson, 2016 for important exceptions). In contrast, our multidisciplinary team (which incorporates anthropology, critical psychology, sociology and geography) has sought to pay closer attention to the role of place and space in shaping practices relating to suicide and suicide prevention, the meanings that these practices hold, as well as affective aspects of suicide, and its aftermath.

To help focus our analytic gaze, we developed the concept of the *suicidescape*. This novel concept is derived from that of the *deathscape*, which was designed to draw attention to the role of space and place as integral sites through which mourning, remembrance, and indeed death are shaped (Maddrell & Sidaway, 2010; Stevenson, 2016). Informed by Appadurai (1996), the suffix ‘scape’ points to the constructed and subjective nature of death, and of suicide, and of the places where these occur (Maddrell & Sidaway, 2010). While suicide research often seeks to create objective and universal objects of study, the concept of suicidescapes invites a more complex, contextual and culturally sensitive engagement. Our use of suicidescapes addresses three facets: a) the situated and emplaced nature of suicides, and of knowledge about suicides; b) the affective or emotional aspects of emplaced knowledge about suicide; c) the role of politics in shaping meaning making around suicide. We see this concept as deliberately open to change /development in response to our own and other research in this area.

In the following sections, we draw on data from our ongoing ethnography of suicide and suicide prevention across diverse regions of Scotland, in order to illustrate how the concept of suicidescapes can be employed to inquire into the embodied and emplaced practices and effects of suicide and suicide prevention. We focus on the way in which ‘locations of concern’ and ‘places of safety’ are made sense of by our participants and through our analysis of these accounts.

### **Troubling locations of concern: into the woods**

At a meeting of the Feldry Suicide Prevention Group, which is located within the broader Burnsvale area, a discussion emerges about a possible ‘location of concern’. Anecdotally a number of incidences had been reported there, but there was no ‘firm data’. The group noted that a location of concern could be defined as a site in which two or more deaths had occurred in a 12 month period. In response to this potential location of concern, two members of the suicide prevention group had visited the area, to explore what kind of intervention would best suit. They reported that this was difficult given the nature of the location (a stretch of woodland, with various entrances). One suggestion had been to have Samaritans (a suicide prevention helpline) signs at the entrances, but given that there were various entrances and different ways to access the wood, this was not deemed feasible. Another group member wondered whether it might be helpful to start a walking group, to try to develop more positive associations with the area, as well as increasing the amount of people walking through.

These fieldnotes from RH note some of the practical challenges faced by suicide prevention practitioners as they attempt to interpret guidance on locations of concern in their local areas. While woods are often noted as a potential ‘location of concern,’ the types of interventions most often advocated are shown to be nonsensical in this particular setting – a ‘wild’ area of woodland, with multiple entrances. The challenges that the suicide prevention group faced in intervening into this particular location underline the potential attraction of such places as sites of suicide. The secluded, wild nature of woods offers a greater chance of ‘not being found’, which as Stevenson’s (2016) analysis of the stories of people who attempted suicide suggests, can be vital in understanding why places are chosen as sites of death. Further, in Burnsvale, ethnographic research with community members has identified a recurring motif associated with shared stories of suicides in the community: ‘going up to the woods’ was a well-known and recognisable emplacéd metaphor for suicide.

In another of our three fieldsites, pseudonymised as Tir Ard, JA spent time with Lucy, a youth worker for a local charity who had grown up in the rural Lakemouth area, and who now worked in a role which involved supporting those at risk of or affected by suicide. Lucy shared that in recent years a young person had died by suicide in the local forest, and told of how she and the person’s sister had found the body during a large-scale, locally run search effort. Lucy said emphatically, “You don’t forget a thing like that, you know.” She and the young person’s sister returned sometimes to the forest, and described how both found themselves frightened by shadows moving in trees, imagining them to represent the slow creak of a hanging body.

This ethnographic encounter reflected a very different engagement with the woods or forest as a potential suicidescape. While suicide prevention practitioners in Burnsvale were engaged with the practicalities of enacting a policy about a ‘location of concern’, Lucy describes a more affecting engagement with a concerning location, underlining the way in which suicides can haunt or linger in a particular place, and the impact on first responders of finding the bodies of those who have died. Later, Lucy went on to describe the local efforts in Lakemouth to respond to this ‘concerning location’; telling JA that one local council member suggested cutting down all of the trees near a notorious social housing development. Lucy related the serious debate that ensued about how this could work with disdain, angry that they were avoiding dealing with what she suspected was the root cause of these deaths.

From Lucy’s perspective, the high numbers of young people dying by suicide in Lakemouth had more to do with deprivation and a lack of opportunities for meaningful and positive futures in a local economy dominated by tourism. The jobs on offer for residents are largely seasonal and low paid, meaning the winter months can be hard for Lakemouth locals, who express contradictory feelings towards the tourists who bolster the local economy, while changing the face of their towns and natural landscapes with infrastructure designed for visitors, not residents. For Lucy, focusing on ‘locations of concern’ and removing trees from the most deprived communities where suicide is more common ignored the deficit in resources, dignity, and opportunities afforded to local people living at the margins of an industry that is designed to siphon money away from the community and towards those who own the tourist infrastructure.

Each of these examples demonstrate, in different ways, the problematic nature of solutions to the ‘problem’ of suicide that can result from focusing narrowly on locations of concern. In this case, the focus on forests and trees obscures the damaging socio-economic structural contexts in which people live. The suggestion of cutting down trees

to prevent suicides focuses narrowly on acute prevention, whilst neglecting the potential value of natural environments for supporting or enhancing wellbeing. In both cases, though, we recognise a desire to ‘do something’ in the face of suicide deaths. The public location of these deaths, as well as being clearly affecting and haunting, also perhaps invites a sense that something ‘must be done’. In these examples, it is clear that suicides are located within the geographical, social, and economic landscapes in which they take place. Forests and other natural features become associated with suicide when they occur there, but this link becomes further embedded when suicide prevention efforts are directed towards them. Efforts to address ‘locations of concern’ may obfuscate or even ignore how an area’s broader affective, social, and economic make-up may explain why suicides take place there.

### **A site of sensation or a mundane, slow death: private dwellings**

A focus on ‘locations of concern’ may reflect an interest in intervening and addressing deaths which are or may become ‘spectacles’. Indeed, existing literature addressing locations of concern often notes that such locations only become so because of media reporting and ‘sensationalism’ in relation to suicides at these places (Pirkis et al. 2015). In contrast, and as Lucy highlighted when reflecting on the discussion of suicide prevention in Lakemouth, such discussions can be distracting – diverting attention from deeper causes of suicide, and the challenging social and political contexts in which they can take place. An additional distraction can be seen in the focus on ‘public’ suicides, when the majority of deaths by suicide actually occur in houses. Each of these considerations were drawn on by Donna, who worked in Burnsvale in mental health advocacy, as well as having her own experiences with suicidal thoughts from a young age. Here, she reflected with RH on the complexities of broader socio-political contexts of distress, as well as place itself. Donna highlighted a contrast between the ‘spectacle’ of public deaths via jumping from buildings, and the ‘silent’ deaths of those who took medication in their own homes, ground down by deprivation and in the context of ongoing threats to life and livelihood which result from over a decade of austerity policies from the UK government:

I would go as far as saying, this is eugenics by deprivation. ... I see vulnerable pensioners going ‘I don’t know how I’m going to survive’. And I think there will be an increase in silent suicides, and by silent, I mean older people in particular, who save their medication, and then just take a whole load. There will be very few people climbing to the top of buildings and throwing themselves off to make statements. This is going to be silent and deadly.

Donna’s account can be read in multiple ways. Like Lucy, she points to the broader social drivers of misery, distress, and self-inflicted death. However, her account also underlines the contingent ways in which different embodied practices of suicides (overdoses, compared to jumping) enacted in different places (homes, or outside) are given meaning. In her account, Donna frames people jumping from tall buildings as potentially making ‘statements’, compared with vulnerable older people taking medication not because of a ‘statement’ but because of despair – “I don’t know how I’m going to survive”. Subtly, the location of death – and its public, or private, character – is drawn on by Donna to give meaning to suicide. This is a curious contrast, one that invites further reflection on the way in which sites of death, and the social identity of the person who died, may inform

interpretation of different deaths – as political or not, statement or not. Considering Donna’s account as an articulation of different suicidescapes facilitates engagement with the multiple interpretive resources through which suicides are understood.

### **Sites of connection and severance: bridges**

Bridges have been identified as important geographical markers associated with suicide across each of our three fieldsites. Correspondingly, bridges have generated debates among an aware public about how to respond to suicide in particular areas. Not only are bridges known as ‘locations of concern’ within particular areas, they also act as discursive objects that draw in various stakeholders to debate what it might mean to safeguard a bridge from suicide attempts.

During our fieldwork, over a period of several weeks, one bridge in Tir Ard became the subject of local controversy when it was shut eight times in two weeks due to a series of incidents that were framed as attempted suicides. Author JA spoke with Rugbyman, the head of a local peer support group, who shared that while no-one died during these incidents, they had sparked intense debate among the police, third sector organisations, transport companies, medical doctors, as well as the local population, about how best to respond to the ‘problem’. Some suggested installing phones with direct links to the Samaritans helpline, while others called for nets to be put up beneath the bridge.

Rugbyman raised concerns that people who had jumped from the bridge within this two-week period had been taken to police cells or a hospital bed only to be released a few hours later with – apparently – no offer of help or on-going support. Stories circulated about this, with local outrage played out in social media and in meetings among third sector organisations, who took it as an indicator of long-standing deficiencies and failures in how local services responded to suicide. Participants across Tir Ard consistently reported that the police and local hospital should do better to respond to these incidents; the removal of people recovered from the bridge to either police stations or hospitals, and the lack of follow-up care were framed as wholly insufficient, and lacking in compassion and care.

This example shows how the built physical landscape can evoke and provide a focus for social and cultural debates about suicide. Bridges are not just important geographic locations within a suicidescape, they also become a discursive centre for debates about how to respond to high rates of suicide. Thus, a physical landmark can become a discursive object in the affective, ethical, and political conversations/responses that follow its association with suicide.

We identify similar connections in Abhainnsmouth, where residents of Witchhazel, a small town in a rural area, told researcher SH a complex story of their local ‘suicide epidemic’. The stories of suicide in this town centred around social deprivation and the clear divide between the wealthy and deprived neighbourhoods, but also spoke of a particular bridge in the middle of the town. While talking about the role of deprivation in suicide, community members often noted the lack of ‘things to do’ for young people – growing up hanging out by the river, and the bridge, and in particular, drinking alcohol there. These places were envisioned as places of leisure for disaffected youth, and as sites of their suicides – even though many of the actual suicides discussed took place in individuals’ homes.

The river and bridge loom large in the centre of this picturesque town, literally dividing people (as the deprived neighbourhoods and wealthy ones are on opposite sides

of the river), and its notoriousness inflects what would be an attraction of the town with a sense of danger. The bridges and physical landmarks in both Witchhazel and Tir Ard are associated with suicide because of attempts or deaths that have occurred there. However, shared local stories, media coverage of deaths and attempts to intervene in and reduce suicides in these locations can be seen to further embed their association with suicide. As such, these bridges become a part of the ‘suicidescape’ in the region, which importantly incorporates stories of death and despair, as well as of inequalities and social injustice.

### Places of safety, or sites of suicide: returning to homes

Within our interviews with people who have attempted suicide, private or family homes frequently feature as sites of attempted or imagined suicides. This troubles the focus on locations of concern, or hotspots: which in addressing locations outside the home, implicitly construct home as a ‘place of safety’. In this section, we reflect further on the role of the ‘private’ home as a space where suicides happen, and inquire into the implications of considering such spaces as *also* locations of concern. We wonder what the implications for suicide prevention might be if homes and private spaces were taken more seriously as sites of death.

Goblin, who lives in Abbey City in Abhainnsmouth, provided a complex and detailed account of many years of distress, including frequent suicide attempts and numerous interactions with services, including inpatient psychiatric care. For Goblin, home was both a place of safety and care, *and* a site where they often tried to take their own life. Goblin’s account indicates some of the relational work that went into keeping them safe – describing family members checking on them, medication being locked away, and their mother watching and physically being nearby.

Then there was an electric safe, [which] was the bane of my existence because I took power tools to that bad boy, it was not budging. I know there were points where my mum would, like, fall asleep right next to my bedroom door and I would be pissed at her, like, why the fuck are you doing that? Looking back it was very clear why she was doing that.

Goblin contrasted the relative safety and care they experienced at home, with the more challenging circumstances that others they met in inpatient psychiatric care experienced. “I was really lucky that I’ve always been protected”. Goblin’s relative safety at home did not prevent them from attempting suicide, and they emphasised that despite all of this it was ‘luck’ that led to them surviving these difficult years. Goblin’s account draws attention to the complex way in which places of safety are experienced, reliant upon the relationships that occur within these places, as well as the limitations of safety, even in such a ‘safe place’.

Goblin’s awareness of the difficulties faced by others in relation to having a secure home is illustrated starkly in Gillian’s account. Gillian’s former partner had killed himself during an eviction process, and Gillian expressed anger and frustration that those evicting him had not called her, as next of kin.

And I think the day it happened, that was the day of the eviction. And I know, housing arrived – this is what I’ve heard from people – so they arrived about 11 to evict him,



with a locksmith. He was arguing with them through the door. What I can't get my head around is why housing didn't phone me. I was next of kin, on his forms... why they didn't phone me to say, look we're here to do this, we can't get him out, would you kindly come up, you know. I work three minutes away.

(Gillian 48, works as office manager, lives in Burnsvale)

For Gillian's former partner, home was a site not just of his suicide, but also of a traumatic attempted-eviction. The situation leading up to this eviction underlines the precarious nature of 'home' for those living with financial difficulties, and with unstable housing. Gillian's account – like Goblin's – highlights the vital importance of relationships in generating safety – in making places 'safe'. The role of relationships in producing 'safety' is frequently absent in procedural approaches to removing people who pose a risk to themselves to a 'place of safety' such as those described in Tir Ard (often police cells or hospitals). Such removals focus on constructions of physical, rather than emotional, safety, and can often invite coercive practices, including restraints, or removal of personal items and clothing (Bendelow & Menkes, 2014). Gillian's story also provides a stark illustration of the material role the state can play in producing suicide (Mills, 2018). As such, the suicidescape in which Gillian's ex-partner died is made up of the precarious 'home' in which he lived, the relational tensions and absences – Gillian not being present, not being called – and the confrontational forced eviction, as well as the political contexts which produced or made possible these situations. Understanding suicides via the lens of suicidescapes requires attending to the multi-layered, meaning-laden spaces in which deaths occur, attending not just to the act of suicide and its psychological antecedents, but also to the cultural, political and economic contexts in which these play out and are given meaning.

## Discussion

This chapter has explored different ways through which suicide can be approached as an embodied, and emplaced practice, attending to particular locations: forests, bridges, and homes. We have proposed the concept of suicidescape as a way of focusing this emerging analysis. Suicidescapes, we suggest, involve three inter-related aspects.

Firstly, suicidescapes are situated in space and time. This shapes the possibilities of suicide: the material possibilities, as well as the interpretive resources available to make sense of suicide. Forests, bridges, or homes become potential sites of suicide both through material possibilities – of bodies moving to or from places, engaging in particular practices that facilitate death – and through interpretive possibilities. These possibilities are enacted, or avoided, in diverse ways in space-time, so are not static and require constant re-interpretation. Importantly, the material and interpretive features which make up suicidescapes are socially mediated, and – potentially – subject to change (Abrutyn, Mueller, & Osborne, 2019).

Secondly, the concept of suicidescapes seeks to draw attention to the affective or emotional aspects of emplaced knowledge (and practices) of suicide. The accounts we drew on in this chapter are not neutral – they are infused with emotion; they speak to affect. Horror, anger, despair, frustration. Making sense of suicide cannot occur without attending to these emotional aspects. Crucially, via suicidescapes we attend to the way that such emotions are embodied and affective – places of death, including by suicide, are affecting, and can haunt (Gordon, 2008).

Finally, suicidescapes are always also political – the sites, meanings and affects associated with different deaths by suicide must be understood as part of a broader political context. These aspects have been starkly rendered in our illustrations, and in our ongoing ethnographic work in Scotland. In contrast to approaches to suicide which focus on ‘cognitive distortions’ or individual mental illness, our fieldwork invites a more complex and socially situated understanding of suicide, one taken up readily by participants in our ethnography and interviews. Part of this complexity comes from the “global power imbalances and socio-economic inequalities [that] are played out between people, within homes and on bodies” (Mills, 2014, p. 37), as evidenced by the discussions around social deprivation and inequity in our fieldwork. As Mills (2020) has noted, particular cultural and social contexts create “hostile environment[s]... that make life, for some, unliveable and that incite, elicit, and invite suicidality” (p.71).

Instead of suicide research that seeks to “chop, or decontextualise, mind and body from social, cultural, relational, and historical contexts” (Polanco, Mancías, & LeFeber, 2017, p. 526), our approach is intended to embrace all of the factors discussed above, to complicate our approach to thinking about suicide, incorporating ‘messiness’, constructedness, and subjectivity.

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