Suicide Prevention as Governance: Suicide Discourses in Post-Martial Law Taiwan

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Abstract
This thesis re-examines the current dominance of suicide prevention discourse and traces possible forces of contributing the domination in contemporary Taiwan. Increasingly constructing suicide as a personal and psychological problem, this pathologization of suicide has helped the creation of institutions, discourses, and national policies that work together to form a concrete demonstration of social and emotional governance. Illuminating from Michael Foucault's archaeological methods of examining the current "taken-for-granted" truth from a larger historical framework, this thesis will analyze the suicide discourses through historicizing the major transitions of suicide discourses and cross-referencing from histories of medical sciences, psychiatry, the "children protection" cause, changing representations of teenagers, and the transition of political-socio-economical structure and cultural elements in Taiwan to find out what contributes to the current dominance of suicide prevention discourse. And through the process of tracing back in history, I hope to present the current dominance of suicide prevention discourse as a temporary state in a developing historical evolution and reveals its essence as a delicate "life politics" that prop up the affective governance.

Keywords: suicide discourses, suicide prevention, historicization, youth suicide, governance, life education.

Introduction

Traditionally, suicide has been considered as a taboo act in Taiwanese cultural context, for morally it represents a violation of filial piety and is believed to mysteriously bring bad luck upon the family as a recurring curse. Unless performed as an honorable sacrifice[1], under most circumstances suicide would be judged as a sign of weakness and misfortune. Consequently, suicide has traditionally been spoken of with condemnation, blame, and disdain.

Notably in recent decades, a suicide prevention discourse has risen in Taiwan and many other Asian countries, which successfully replaced the moral approach with a professional approach framed in counseling and medical languages. The new approach is disseminated through the psychiatrists' so-called "modern" and "progressive" tactic in dealing with suicide as a curable and preventable disease. As the power to interpret suicide continues to centralize in the hands of the professionals, the old and pre-modern stigma of suicide as family shame or "bad luck" is denigrated as a force that prevents people from consulting psychological and psychiatric professional help. In fact, the pathologization of suicide not only monopolizes the authority to interpret suicide but also creates a "new" stigma of suicide as a victim of mental disease.

The historical ascension of the suicide prevention discourse in Taiwan will be the focus of my research in this paper. The fact that suicide prevention discourse now occupies an advantageous position is no historical accident or inevitability, but reflects the current state of bio-political governance in Taiwan. The representation of suicide is changing along with structural transformations in economic, social, and political realms, which will be detailed later. But most significant is the new focus on teenagers as the most likely suicide victims and the construction of their image as fragile and vulnerable, hence warranting intense monitoring and guidance. The representation of teenagers as "children" reflects the rise of a paternalism that deals with youths in the name of protection and enforces a comprehensive mechanism to restrict all citizens' social freedoms. Other crucial forces have risen to support this change, including the professionalization of the handling of suicide issues in the emergence of the "psy" knowledge in post-war Taiwan, and the effect of media dissemination after the year 2000 that helped replace the moral discourse with the scientific discourse on suicides. The victory of the psychiatric systems in making suicides into a medical problem and its discourse on pathologizing depression and suicide have contributed to the growing intensive control over the youths and citizens. Though the "psy" systems manage the suicide issues in a seemingly progressive and modern medical treatment, a stigma of "diseased victim" is reborn as replacement. The old stigma of family shame and "bad luck" and the modern stigma of "diseased victim" both explain suicide as resulting from the irresistible external factors and hence erase the will of the individual. I want to argue that the pre-modern stigma of suicide as a moral travesty against the Chinese familial code of ethics aims to regulate

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[1] Examples of honorable suicides in Chinese history include Boyi and Shuqi and Qu Yuan, who all sacrificed their lives for a higher calling. If it serves for the causes of loyalty, fidelity, or other values in the dominating value system, the suicide is praised and encouraged; on the other hand, if the situation does not require sacrifice, the subject is instructed to treasure its own life for the cause of filial piety.

people's choice of death through Foucauldian juridical power, and the contemporary stigma of suicide as a psychological disease governs people's life through bio-power, and cultivates a harsh and comprehensive management of life through normalization.

Literature Review

If we browse through the existing research and monographs on suicide in the West, academic fields ranging from philosophy, sociology, psychology, psychoanalysis, psychiatry, to public health, etc., tended to confront this so-called most difficult question separately and rarely interacted or communicated with one another in their different approaches, foci and traditions. History is one field that, though arriving late to deal with this topic in the 1980s, offers a historicizing method that interestingly reveals the possibilities of dealing with the topic of suicide in an interdisciplinary approach that could transform dry statistics into meaningful interpretation.

For example, Róisín Healy, an Irish historian, reviews the practice of suicide and the discourses on suicide through an analysis of the monographs on suicide in German and English publications and further suggests that rather than using "secularization" to describe the process of suicide discourses undergone through, "hybridization", as from Healy's viewpoint, is a more appropriate description.

Other European historians moved along the same path to elaborate on the historicization of the suicide discourse. Ian Marsh, for one, adapted Foucault's method of archaeology in reviewing the origin of the modern pathologization of suicide. In *Suicide: Foucault, History and Truth*, Marsh's central concern is that the current practice of suicide and discourse on suicide are constructed by the psychiatric profession through building up a "regime of truth" centering on pathology (Marsh, 4). Adopting Foucault's hypothesis of thinking "against the present" in order to understand suicide in relation to the triangular relation between power, knowledge and truth (Marsh, 1); Marsh historicizes the development and transitions in European suicide discourse, its knowledge production, and the changing representations of suicide. He traces the transitions in suicide discourse since ancient Greece Rome when the religious discourse related suicide to crime and sin (Marsh, 86), to the period of early nineteenth century England when the authority of explaining suicide was dominated by psychiatry which focused mostly on suicide treatment and medicalized discourse of taking suicide as result of insanity or mental illness. Eventually, the idea of suicide, in the current context, has become a pathologized, medicalised, and ahistoricalized object. Marsh criticizes the scientific language and its approaches to constructing suicide as a disease (mostly related to mental illness, depression, and brain abnormality), its treatment of the suicidal patient/person as a passive victim, and its designation of the clinician as someone who is to take charge of the patients' treatment (Marsh, 51, 58). The medical institutions also construct the knowledge and its dissemination through the mass media, which popularizes the knowledge of "suicide as a disease" (Marsh, 43). Marsh hence demonstrates the complexities and rootedness in the current pathologised suicide discourse.

What is most interesting in Marsh's book is that in order to illustrate examples of constructed psychiatric truth effects in achieving authority, Marsh chooses Taiwanese psychiatrist Chang Tai-Ann's paper as one piece of evidence. This documentation caught my interest in further discovering the historical conditions and meanings of

Cheng's research in Taiwan. What were the social conditions under which Taiwanese received Cheng's research? What were the possible forces that helped make his theory the dominating suicide discourse? Marsh has brought up the example of Cheng's research as proof for the authoritative power to construct certain regime of truth and dominance of psychiatric suicide discourse, but it triggers the question of what knowledge condition and social condition would breed the kind of work that Cheng produces which turned out to be similar and highly assimilating with the West? Were there any cultural elements that influenced the medical perceptions and mechanisms in dealing with suicide? How did the pathologised viewpoint on suicide intertwine with Taiwan society? How did this pathologised view get popularized or acknowledged by the public? Answers to these questions will lead to a historicization of Taiwanese suicide discourse.

Historical Review and Analysis
Within the context of Han society, only certain forms of honored deaths connected to Confucian values or patriotism are praised, otherwise, suicide is traditionally a moral issue associated with filial piety or the "bad luck" as compared with natural death. For Taiwan, during the Japanese Colonial period in the Janpanization movement, Taiwan citizens were officially educated with an ideology of "honored sacrifice" that called for devotion to the Japanese emperor, and self-sacrifice was encouraged with a positive meaning. Yet the most influential elements in the Taiwanese perception of suicide may still be Han traditional cultures and Taiwanese customs. Likewise, after World War II, the Kuomintang government retreated to Taiwan, replaced Japanese rule, and actively propagated the national policy of "Oppose Communism and recover the nation" at all costs. Within this new context, the representation of suicide was seen as a token of defeatism or loss of spirit to fight, signifying a very negative value. Looking over the periods before the lifting of the martial law in 1987, we find a series of constantly altering and modifying representations of suicide that signifies the suicide discourse as a dynamically floating power relations and finally settling with the coming into power of medical prevention discourse after 2005 Taiwan.

The transition is most dramatically visible in a series of public contestations over the interpretation of suicides in the post-martial-law 1990s. To be more exact, the high-profiled nature of certain suicide cases and their projected impact created a mass anxiety that prompted the government as well as the professionals to seek more effective means of managing suicides. In this paper, I will focus on the transitions of suicide discourses after 1990s and hope to demonstrate a historical tendency that facilitated the rise of the discourse of administering life.

First, two unconventional suicide related events—two girls from the top ranked school committed suicide and a suicide manual with evil reputation was published in Taiwan— aroused public anxieties toward living in 1990s Taiwan. In July 1994 two girls from the top-ranked Taipei First Girls High School were found dead in a hotel room in a southern town. Suicide notes were left by their side, addressed to their families and the school, narrating their decision of leaving this frustrated suffering world[2]. It was not clear why they committed suicide together, but rumor had it that it

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[2] The first part of the note addresses the reasons for the suicide: "Dear families, when you read this letter, don't be sad about us. This act is our choice after much deliberation. It is hard to explain why we choose to abandon all we have. Please understand the circumlocution of our choices of words. It is difficult to live in this world. What are strenuous to us are not the frustrations or pressures that

was because of their lesbian relationship. The families and the school of course flatly denied the existence of such relationships, but the fact that two outstanding girls from one of the best high schools in Taiwan would so resolutely give up their lives alarmed parents and teachers alike. As the case was widely reported and speculation ran high, a paternalistic discourse rose to express how much it feared that other youngsters, being naive and impulsive, may follow suit and commit suicide at moments of frustration. The possibility of massive teenager suicides[3] triggered the anxiety of adults and parents. In order to suppress this possible "risk" (or the agency of teenagers), the discourse began to represent teenagers as fragile, perplexed and immature, much in contrast with the image of teenagers as impulsive, rebellious, violent trouble-makers popular since the 1960s. Accordingly, the core coping strategies also shifted from forced control to comprehensive protection (Ho, 194)[4].

Before the dust settled on this high-profiled suicide case, another incident made suicide into sensational news is through the translation and publication of *The Complete Manual of Suicide* by Ever Jasmine Press in December 1994. The book introduces various suicide methods and explains how one could assess different ways of taking one's own life, such as evaluating the degree of pain and the level of convenience and access of certain methods in the ranking system. Yet throughout this process of evaluating "the best way" for one's death, the reader is also going through the re-evaluation of whether his or her will to death is a firm decision or just a thought. In other words, while the readers are reading the explicit narration of the measurement in suicide methods, the choice of the time, the contents of suicide notes and the places to execute this act, readers are actually invited to think over and evaluate his or her decision seriously, patiently and rationally. The process may hence turn out to be a critical moment that distances a subject from his daily life by creating an opportunity for him to ponder what living is.

This Japanese book's unconventional discourse and as a challenge to the taboos surrounding suicide quickly led people to think that the increase of suicide rates[5] in Taiwan during April and May 1995 resulted from the influence of the book[6]. Hong Kong immediately banned the book in May 1995, which brought on public pressure in Taiwan to do the same. As censorship laws had been annulled in 1987 along with the lifting of the martial law, the Government Information Office and the legislators were forced to recreate other measures to control the circulation of problematic

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most people may deduce, but the fact that this society is not our kind. Every month, we felt the arduousness which led us wallowing in a state of sadness. Our lives are worthless; our disappearances are not worth a glimpse of the world. We did this last thing in a tranquil and peaceful mind." The second part of the note is about trivial dispositions of returning or giving away things.

[3] Feng Lan, Chen. "Suicide Guide Book Was Believed to Have Negative Influences. The Police and Prosecutors Stood by" *China Times*, 03 May 1995. late ed.:5+. Print.

[4] The central focus of Josephine Ho's analysis is how the previous distinction between "teenagers" and "children" was annihilated through a legislation process that now treats anyone under the age of 18 as "children," hence greatly constricting the freedom of teenagers.   Furthermore, in order to create an environment safe for children, more restrictions are also instituted to discipline the adults' social sphere and freedom.

[5] According to the data published by the Department of Welfare, the suicide rates in Taiwan started climbing since 1993 and reached highest point ever in 2006 then started to slow down the pace of the climbing after 2007.

[6] In 1995, at least five suicide events occurred in April and May, which were believed to be related to *The Complete Manual of Suicide*.

publications. As pressure mounts, Ever Jasmine was reported in May to be considering the withdrawal of the rest of the *Complete* series (*The Complete Manual of Revenge*, *The Complete Manual of Disappearing*, etc.). Ever Jasmine CEO Ming-Da Chen officially published a statement in *China Times* stating that they hoped they could still recall the books and help with the situation. Public outrage focused on the importance of mental health care, protection of the innocent minds of children/ teenager, and the need to eliminate harmful materials, which all contributed to the formation of an alarmed social atmosphere ripe for the arrival of new authorities.

The two girls' choice of committing suicide and the suicide manuals' conspicuous idea of self-determined death triggered strong emotions and condemnation. For these two suicide-related events revealed the unspoken fact that every individual may have thought or tried to exercise autonomy over his or her death. The existence and mere ideas of managing and manageable death marked an "interstice of power" (Foucault, 139) that quickly drew in the juridical/official power of the police and the Law, as well as the unofficial power of public opinion. In the end, without any persuasive and concrete evidence against them, teenagers were targeted as the problematic suicidal group with the stigma of "fragility" and high risk, and *The Complete Manual of Suicide* vanished in official circulation, labeled as harmful for the mental health of the public, especially for the young. Taiwanese suicide discourses began to lean toward a psychiatric pathologizing/suicidological[7]/suicide prevention stance in 1995 that claimed to correspond to "modern" and "progressive" medical models of treatment[8].

As history would have it, it was a series of traumatic experiences and the resultant sense of helplessness that planted the suicide prevention discourse in every citizen's mind. In 1999 Taiwan, after a severe earthquake and under the circumstances of rapid climbing suicide rate, suicide prevention programs were installed to help with post-trauma recovery, making counselors and psychiatrists necessary participants in every post-disaster reconstruction henceforth[9]. A health care project that centered on the community and a reporting system designed for post-trauma suicide cases were established (Tsu, 2). At then, the professionals and the public opinion tended to explain suicide as a consequence after severe trauma. Before the 921 earthquake victims had time to rebuild their homes and recover from the earthquake, an outbreak of SARS (Severe Acute Respiratory Syndrome) jeopardized many lives in 2003, and Taiwan was shrouded under the fear and anxiety of the epidemic. Knowledge of epidemiology became popular then, and the basic prevention mechanisms of "wash hands and wear masks constantly" and "avoid unnecessary contacts with people and things" were adopted as basic principles for saving lives and stopping the spread of

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[7] "Suicidology" is a term coined by Edwin S. Shneidman. Shneidman's perspective of suicidology is studying suicide from a psychological viewpoint and his central idea of suicide is that "Suicide is caused by psychache (sik-ak; two syllables). Psychache refers to the hurt, anguish, soreness, aching, psychological pain in the psyche, the mind."(Leenaar, 239) This study further reproduced and divided into different branches of developments in other academic fields such as psychiatry and sociology, which targets on suicide behaviors, suicide attempted, suicide ideation, parasuicide and self destructive behaviors, etc. in scientific or statistic methods.

[8] The medicalization tendency on suicide issue corresponds to the regulations and prevention policies on HIV in 1990s Taiwan. On detailed contextual analysis on the regulations of HIV, please see *AIDS Governance and Local Actions*, 99-100.

[9] Run-Kun Tsu. "Building Performance Measurement Guidelines Based on Empowerment Evaluation for Community Mental Health Center in Taiwan" 2004.

the disease. These two consecutive crises left Taiwan citizens deeply entrenched in a modern medical perspective of facing catastrophes and diseases that relied upon building a report network for suicides and turning suicide attempts into patient cases for the psychiatrists. Particularly, the experience of warding off SARS also educated Taiwanese citizens with the rooted idea of keeping distance from possible contaminants, that is, segregation from bodily contact with those who have been affected. This strong demand for physical segregation from the problematic others later became material support for the psychical detachment from the unknown, deviant, and stigmatized and further abets the psychiatric discourse on preventing suicide.

The suicide rates that continued to climb in 2005 proved to be crucial for the eventual domination of the suicide prevention model. An overdramatized and intensive news reports of the suicide of famous Taiwanese entertainer, Ni Ming Jan, in 2005 led the psychiatrists to criticize the media for drilling on the case and causing more suicides under the influence of the "Werther Effects". Renowned psychiatrist, Cheng Andrew Tai-Ann, who specializes in epidemiological study of mental disorders, bluntly compares spreading ideas of suicide to transmitting SARS, which is highly contagious and can cause more deaths (26-27). It was not out of the blue that Cheng deduced this conclusion, for as early as 1995 Cheng had published an international paper on the connection between mental illness and suicide. The paper received high acclaim and was well-cited by peers in psychiatry. Many other psychiatrists from the Medical College of National Taiwan University also provided research outcomes that resonated with Cheng's suggestion. Since then, a group of psychiatrists consistently worked on suicides with a pathologized view and consolidated the conclusion that mental illness, especially depression disorder, and suicide are inseparable. The pathologized suicide discourse and the public anxiety toward the KMT-against Chen Shui-bian government intertwined and outburst on the issue of Ni's suicide effects. The pan-blue group accused the rising suicide rate is the Bian government's responsibility, for ignoring regulating media on the issue of Ni's suicide reports. As a result, researches that correlated suicide to epidemiological disease[10] gradually dominated suicide discourse in Taiwan and the negative effects of suicide reports of the media disseminations are posed as a public target of stirring public affects. Around 2005, suicide prevention is successfully transformed from a social issue to a medical problem, and moving from a marginal position to a central one.

At the end of 2005, compared with the situation in 1994, the suicide prevention discourse has gained advantageous resources and legitimacy for further governance over life through the establishment and cooperation of civil organizations of suicide prevention, such as Lifeline, Dharma Drum Mountain and Teacher Chang. On the side of the government, a national institution on suicide prevention, Taiwan Suicide Prevention Center, was established at the end of 2005 and a cluster of different non-governmental organizations also participated in unifying the suicide discourse. TSPC activated gate keeper projects and used lectures, activities, pamphlets, and the internet to re-educate employees in many different official institutions about suicide

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[10] "Depressive Disorder and Suicide" (2003), "Suicide Prevention" (2004), "Adoleacent Suicide" (2005), "Depression in Late Life: Current Issues" (2005), "Epidemiology of Suicide" (2006), "Schizophrenia and Suicide" (2006), "Characteristics of Suicide Attempters in Taipei City" (2006), "Suicide Prevention for Adolescents" (2006), "Suicide Prevention for Adolescents"(2008)。

prevention knowledge.   Other propagations followed the policies of the International Association of Suicide Prevention, including celebrating the World Suicide Prevention Day on every September 10th, and the themes of the IASP also became the main directions of work for Taiwan Suicide Prevention Center.   TSPC adapted IASP's modern, progressive and caring method for the issues of suicide and successfully created an atmosphere of managing suicides with this personal hygiene-oriented and optimistic professional measurement. The NGOs also serve as TSPC's extension, corresponding with the official suicide prevention discourse and operating in smaller units such as recovery groups, communities, and clubs. Though it was not clearly stated, a single and unified discourse was presented in the alliance of the official and non-official web of preventing suicide.

In 2008, when suicide rate started to decline, ten official and unofficial groups publicly allied with one another and proudly stated that the decline of suicide rate was an outcome of reinforcing suicide prevention knowledge and called for more people to join the work of "saving lives,"[11] to the extent that all Taiwan citizens should treat suicide prevention as "everyone's business[12]". The duty of preventing suicide has therefore been placed upon every individual and governs possible deviants in the society through the micromanagement. A few years later in 2013, Taiwan Suicide Prevention Center is now striving to pass a Suicide Prevention Law[13] that would further move suicide into the legal realm. The desire to legalize the suicide prevention discourse not only mirrors the restrictions on possible deviants but also reveals that the "normal people" intend to shield themselves from the disturbing elements (the deviants) and maintain the delusion of daily routine.

Viewed from 1990s to 2013, suicide discourse has moved from prevention of death to the administering of life in Taiwan. During the process, the chaotic and multiple interpretations were unified under one kind of hegemonic prevention discourse and the image of the stigmatized were simplified into a mentally ill patient.

In the article, *Politics of Modern Death*, Yin-Bin Ning broaches the ontological meaning of death which deduces death as a biological outcome with universalities that surpass the diverse dimensions and layers of modern death. Ning provides a critical angle for us to re-examine our perspective on death through social constructive dimensions of death and the political meaning of modern death. He pinpoints that modern death also contains features such as segregation and privatization from daily life, which embodies the representation of the McDonaldization of death. The segregation of death makes secure daily routines and saves the subjects from the chaotic query into the inevitability of death. It is in the aggressive management of information concerning death that the feature of suicide as explosive is exposed. In other words, suicide inserts death back into daily life in a sudden and violent way that revives the subject's awareness of the essence of what constitutes secured life.

As Ning's perspective sheds light on the piercing feature of suicide death, the above

[11]Yi-Chan, Jou "On Suicide Prevention Day, 10 Despression Prevention Groups Make Alliance in Public" *Lihpao Daily*, 9th September, 2008.

[12] "Suicide Prevention is Everybody's Business" is a slogan advocated by TSPC in Taiwan and it is applied from the yearly theme of IASP in 2005.

[13] *Newsletter for Suicide Prevention Network*. Vol. 8, No. 1, May 2013.

brief historical discussion provides another pole of perspective: the development of the suicide prevention discourse functions as a new form of power that works to impose norms on people's daily lives and activities, and also encourages constant monitoring on other people's lives in the name of prevention of suicides. This need of preventing people from suicide as the dominating discourse reflects a society that administers life in what has been described by Michel Foucault as "bio-power" in his historicization of sexuality. Foucault's idea of bio-power illustrates that in order to maintain the average happiness of the large population, disciplinary power will optimize the individual body toward the highest efficiency; therefore, the normalization of the body is essential. The norms serve as a form of micromanagement of sustaining bio-power; in other words, it is through detailed discipline of life that *regulatory controls* are reached (Foucault, 139). Also, bio-power continues itself through repeated creation of norms so that the regulation of life and safeguarding of society are made possible (Foucault, 144). As in a Foucauldian sense, if the norms create a safe environment for the population, a power relation develops between the norms that work to regulate the stigmatized who constantly trigger the alarm of the norms. In other words, the existence of the stigmatized is a reminder to the norms that this safe environment is constructed by their hands. The implication is that the stigma is a threat that may upset the safe environment for the norms and reveal the fact that the essence of the society is built for the majority, or the utility principle of "the greatest happiness of the greatest number", which here the norms design themselves as the "majority".

In order to maintain certain homogeneous illusion of the society for the sustenance of power over life, the stigmatized subject is forced to represent information of himself or herself in a complex management. In his work *Stigma*, Erving Goffman depicts the situation in which the stigmatized person lives with the condition that "the stigmatized is asked to act so as to imply neither that his burden is heavy nor that bearing it has made him different from us…he is advised to reciprocate naturally with an acceptance of himself and us, an acceptance of him that we have not quite extended him in the first place. A *phantom acceptance* is thus allowed to provide the base for a *phantom normalcy*" (Goffman, 122). If the norms are apt to recreate more norms and sustain the bio-power, then the *phantom acceptance* is a mechanism to regulate the stigmatized. Under conditional acceptance, the stigmatized needs to cooperate with the conditions that the norms have created, such as taking strategies of normification, that is, a stigmatized individual pretends himself to be an ordinary person (Goffman, 31), information control, or other delicate details in daily life.   Goffman's depictions of the stigmatized person's deceptions to the norms and Foucault's analysis on the function of the bio-power through reduplicating norms are two poles that contribute to the normalization of discourse.

In the case of suicide discourse, the process through which suicide prevention discourse came to occupy an absolute position could hence be viewed as a process of normalizing the suicide discourse, a process through which the stigma of suicide becomes a demonstration of governance in a citizen's mentality. The dominating suicide prevention discourse took reference mainly from American psychiatry and counseling. Though it presents itself as "modern" and "progressive," the seeming tolerance and cordial gestures and languages are actually only conditional acceptance, or in Goffman's term, *phantom acceptance*. In other words, it is in the name of cure and acceptance that suicide prevention manipulates the suicide stigma as a path to

reach governance. In the logic of suicide prevention, the stigmatized suicide subject seems to be present, comprehended, and tolerated, but the mission of suicide prevention is still focusing on alienation from the stigma of suicide; that is, the problematic subjects could at certain point exist in the society, but the bottom line is that these deviants have to "recover" from the perverse state of mind and be normal again. In the end, the stigmatized has to become capable of being inserted back into the society. Hence, if the logic is that the stigmatized suicide subject can be cured and becomes normal again, what is implied is the standard of mental health that every subject must reach, as measured by the professionals; and any discrepancy found must be corrected for the "maximum happiness of the whole population". As the dissemination of this internalized surveillance spreads, even the stigmatized long to be normal, hence creating the situation of *phantom normalcy*. While the stigmatized subject willingly accepts *phantom acceptance* and the suicide prevention logic, it facilitates the normalization of suicide discourse and the completion of governance on affects.

Conclusion and Future Study

This thesis has started with the question of what breeds the contemporary domination of suicide prevention discourse by psychiatry. By juxtaposing two different discourses on suicide – *The Complete Manual of Suicide* (1994) and *Newsletter for Suicide Prevention Network* (2006), the discrepancies between the "deviant" suicide discourses and the dominating "suicide prevention" discourse are made apparent: one reflects the meaning of suicide from an against-the-grain position while the other presents itself as a progressive mental health medical model, though underlay by an ethic/religious-oriented children protection discourse underneath. Through this juxtaposition, we are alarmed by the transformations that Taiwan has undergone and the new forms of knowledge/power that contributes to the supremacy of the "suicide prevention" discourse.

The development of suicide discourses progressed in close connection with political upheavals in Taiwan. Suicide discourses before the lifting of the Martial Law demonstrated strong influence of Han cultural value traditions that viewed suicides in terms of defying filial piety and hence a most despised act. This tendency remained mostly in tact before WWII. After WWII ended, With US financial and military support, nation-building was centered on making Taiwan a key post for the Asian-Pacific lined-up of Cold War defense line. As the political situation was intense, suicide was more a social issue or a token of defeatism rather than a medical problem. To help shape young minds and concentrate youthful energies to "healthy" recreational activities and "healthy" occupational guidance, the KMT set up counseling institutions such as the Teacher Chang Foundation and the Lifeline, hence moving the understanding of suicide issue toward the psychological level and making the work of prevention all the more important. After the PRC became the representative of China in the United Nations in 1971, the complexity in facing both the self-identity of Taiwan and its position in the world became quite awkward. As economic growth brought forth impressive prosperity in the following decades, further changes in the socio-economic and affective structures of the society created more restlessness and paved the way for the need of psychiatry in dealing with suicides.

Socio-economic-political concerns make up only the larger framework in which we can understand the changes in Taiwan's suicide discourses. But, it is through a special group of subjects and their connection to suicides that "suicide prevention" became a central social concern. Media representations of two straight-A high school girl students who fell victim to suicide in 1994, coupled with the publication of *The Complete Manual of Suicide* in the same year, triggered the paternalistic protectionist anxieties of middle-class parents and teachers. Psychiatric suicide prevention discourses offered themselves conveniently to organize a delicate web of surveillance that would monitor the youth's emotional conditions, equating depressed young minds with "fragile" implications of "children". The articulation of the psychiatric and the infantilizing discourses then justifies the control over knowledge and choices that teenagers could make, hence empowering the psychiatric and psychological professionals on the issue of suicide and turning the multiple layered suicide discourses into a unified and life-centered one.

Mostly influenced by Foucault's archaeological method of reviewing the historicization of sexuality, historians in Europe have reflected on the history of suicide and re-examined the shifting attitudes toward suicide. Ian Marsh criticizes the psychiatric suicide prevention discourse as a constructed "regime of truth" that forged the representation of suicide as a pathologised icon. Citing Marsh, Taiwanese psychiatrist, Cheng Tai-Ann's also consolidated the positive connection between suicide and mental illness. The connection between suicide and depression disorder was created and proven as self-evident by the accumulation of psychiatric empirical studies, thanks to the work of Taiwanese psychiatry, and the combination of depression and fragility further justified the rise of the paternalistic discourse. As the 921 earth quake in 1999 and the SARS scare in 2003 both resulted in more depression, the belief in pathologised suicide connotation became common sense. Famous entertainer Ni Ming Jan's suicide news spread the idea of the "contagious" nature of suicides, hence making necessary the exclusion of knowledge related to "dangerous" issues, such as sex, suicide, etc.

The articulation between the child protection discourse and the psychiatric suicide prevention discourse provides an opportunity for local religious NGOs to accelerate the promotion of the ethics-oriented "Life Education" as a "cure" for teenage suicides. "Life Education" starts with the middles-class parents' concerns on the young's suicides and in charges of educating Thanatology, ethics of life and interpersonal relationship in schools, how people should love their lives or how to emotionally respond to a suicide event. In a sense, the "Life Education" is a redirection of attention paid to suicide: by stressing on the bright side of life and the positive thinking in the defeated situation, "Life Education" aggressively instructs youth the "appropriate" behaviors and emotional reactions of facing misery and teaches people to love their lives. The forceful admonishing of death from the outer of the subject turns into an ideological discipline over life, harnessing the mind inside out.

The dominance of a life-administering "suicide prevention" discourse is reflecting an affective governance. The utilization of the affects that people invested in suicide and the cultural implications attach to suicide is leading a seemed loving and caring yet aggressive management over life.

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