



ORIGINAL ARTICLE

Considering Critical Death Songs: Reframing Suicidal Ideation Beyond the Carceral State

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Abstract

This paper explores the connection between the carceral state and suicidal ideation – the “death song” of many Mad people – through the lenses of Mad studies and queer theory to propose an alternative perspective on ideation. By challenging the dominant narratives of suicide, death songs can be reframed as collective responses to ableist capitalism. Further, this paper underscores the potential for ideation to operate as subjugated knowledge production as a tool for generating Mad and Queer world-building beyond the carceral state.

Keywords

Suicide, ideation, madness, mad studies, carceral capitalism, subjugated knowledge, world-building

History

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Introduction

I carry a death song. This is not always easy to admit as an academic working under ableist capitalism. My death song, inherent to me now, has not always felt manageable or safe. My personal experience with my death song – with suicidal ideation – has led me, hands first, into the hands of the police more times than I usually like to admit. Yet, these experiences with the police and “suicide prevention” have oft made this death song louder. Those individual experiences have turned me to the question of how carcerality shows up when looking at suicidal ideation. Further – if such carceral care does not show up in ways that actually support Mad people living with ideation – how might we build something better?

In this piece, I will discuss the relationship between suicidal ideation and the state. This relationship will then be unfolded further through alternative lenses beyond carceral capitalism: Mad studies and queer theory. Finally, I will posit a working theory of ideation as Mad and Queer generative world-building – or, as imagining cultures beyond the carceral state.

Suicidal ideation and the State

Suicidal ideation is – according to the biomedical and carceral ideologies which constitute the psychiatric industrial complex – a “range of contemplations, wishes, and preoccupations with death and suicide” (Harmer et al, 2023) which occurs due to “stress and a person's inability to cope in a healthy manner” (Mason, 2019). This definition is clearly rooted in the individualized nature of “care” within Westernized, and especially American, society. A preoccupation with death, rather than being an obvious response to the traumas of capitalism, is considered a personal responsibility associated with “healthy” coping and “self-care.” Care, rather than a collective concern, is individualized as the responsibility of the sick, mad, and disabled to take better “care” of themselves under the surveillance of the carceral state (Kim & Schalk, 2021; Piepzna-Samarasinha, 2018). Within this lens, suicidal ideation is a personal failure rather than a failure of the state.

Suicidal ideation is also situated as punishable. While suicide attempts themselves are no longer framed as “illegal” in the United States, those who show signs of suicidal ideation and suicide attempts can be subject to long-term incarceration. For example, Illinois is one of twenty-eight states that allows police officers to petition for involuntary commitment (Turner, 2022). During a perceived mental health crisis, Illinois police officers are not only able to transport and admit a person to a psychiatric hospital physically, but they can also file the petition to keep them institutionalized long-term without input or permission from the person's family (whether blood or chosen) (Illinois General Assembly, n.d.; O'Flaherty, 2022; Turner, 2022). Additionally, petitions submitted by police officers do not require certifications of medical examination – instead, petitions can include a police statement and the statements of a doctor post-admission, meaning that information from a doctor who knows an individual beyond their ideation is not provided a say on whether someone “needs” involuntary treatment (O'Flaherty, 2022). In other words, if someone in Illinois displays suicidal ideation and a police officer is called, (1) that police officer can decide if someone needs to be institutionalized, and (2) a doctor who does not know a person's usual symptomology, setting, and body can sign off on long term stays to “manage” their ideation.

Such “management” of suicidal ideation has long been a concern of the carceral state – though not equitably. The State's response to suicidal ideation and suicide attempts varies drastically based on intersections of race, gender, class, and visible queerness. The constructed link between blackness, madness, and criminality – what Liat Ben-Moshe refers to as “racial criminal pathologization” (2020) – often results in Black mental distress being viewed through the white-lens of “danger” and risk” by those attending to a Black person with suicidal ideation, leading to the imprisonment (rather than institutionalization) and furthered segregation of Black people (Bruce, 2021). In parallel, psychiatry has been used to separate Indigenous families and indefinitely place Indigenous children and adults into psychiatric institutions (Yellow Bird, n.d.; Burch, 2021). White supremacist and settler-colonial standards of “normalcy” have been used to demonstrate how Indigenous peoples were “feeble-minded,” “unable” to care for themselves and their families in the “proper”

ways and “better off” in institutions where they could be supervised by white staff in order to avoid suicide (Yellow Bird, n.d.; Burch, 2021). In other words, Indigenous *ways of life* have been pathologized into individual mental disorders, resulting in a disproportionate number of Indigenous people being placed in psychiatric prisons and institutions.

Additionally, suicidality and a “queer death drive” are discursively associated with queer identity rather than being associated with a response to homophobia and violence against alterity beyond the cis/het normativity, which can lead to the inherent psychiatrization of queerness and a lack of crisis response (Edelman, 2004; Pilling, 2022). These examples serve as an indication of the varied beliefs the carceral state has about people based on their categories of difference, and how the state’s view of suicidal ideation moves from being individual to social *only when* it can apply to groups unable to meet standards of normalcy. Still, suicidal ideation is viewed as the problem of those who experience it, not a problem rooted in the carceral state itself.

Reframing ideation: Suicide, Mad studies, and Queer theory

Suicidal ideation and the highly individualized psychiatric industrial complex are intrinsically linked in our public subconscious. However, work on examining suicidal ideation beyond the individual is not new. French sociologist Émile Durkheim posited that suicide and suicidal ideation are social conditions rather than individual failures (1897/1951). According to Durkheim, these social conditions result from an inability to “integrate” within society, and are linked to material obstacles to integration such as laws and “collective tendencies.” Philosopher Micheal Foucault’s *Madness & Civilization* (1965) furthers this idea by reframing such obstacles to integration as *pathologization of variance*, which I argue is constructed by white supremacist, settler colonial, and capitalist ideologies of normalcy. The social desire for normalcy (white, straight, sane, male as “normal”) and the desire to criminalize alterity leads to the construction of psychiatric/carceral “care” for people situated as mentally ill. However, both Durkheim and Foucault still view suicidal ideation as a death drive that is rooted, at least partially, in “mental illness” and a desire to “fit in” to the state. I am interested in reframing suicidal ideation as a desire for a better world beyond biomedical carcerality and capitalism.

Two frameworks can provide alternative starting points for reframing suicidal ideation outside of biomedical and carceral frameworks: Mad Studies and Queer Theory. In their introduction to *Mad Matters: A Critical Reader in Canadian Mad Studies*, Mad scholars Robert Menzies, Brenda A. LeFrançois, and Geoffrey Reaume define Mad Studies as a “project of inquiry, knowledge production, and political action devoted to the critique and transcendence of psy(ch)-centered ways of thinking, behaving, relating, and being” (2013) which formed from the work of psych survivor movements in so-called North America. Further, Mad Studies operates as an “in/discipline” (Ingram, 2008) – though rooted in Disability Studies, Mad Studies itself comprises “loose assemblages” (Menzies et al, 2013, pg 3) of Mad perspective and practice to avoid a singular theory or methodology. Similarly, Queer Theory can be defined, according to Teresa de Lauretis’ original explanation, as a tool for “refusing

heterosexuality as the benchmark for sexual formations, a challenge to the belief that lesbian and gay studies is one single entity, and a strong focus on the multiple ways that race shapes sexual bias" (1999), further operating beyond biomedical and hetero-academic lenses or method.

What does this mean for suicide? What does this mean for our death songs? Through the lens of Mad studies, suicidal ideation is removed from biomedical symptomology and is, instead, placed within the context of human diversity and communal resistance. Mad scholar David Webb, for example, reconceptualizes suicidal ideation as a "collective intersubjective response" that does not need "curing," but instead calls out for connection and subjected-knowledge-focused storytelling between those who experience a higher amount of suicidal ideation (2022). Webb's work on suicidality additionally calls out "suicide prevention" efforts by the State as institutionally based on the "fear of death and madness" rather than based on the actual effort to keep Mad peoples alive – the State, in fact, forces Mad peer-to-peer conversations about suicidal ideation to the margins. "Healing" ideation through psychiatry and incarceration, according to Mad studies (Menziez, 2013), is less about healing and more about hiding human responses – especially human responses to inequity.

Queer theory further works to separate suicidal ideation from both the biomedical and the cis-het-patriarchal gaze. Queerness is – as discussed by queer feminist scholar Alison Parks – "haunted" by "the specter" of suicidal ideation (2021). This haunting, however, is not inherent to queer identity but is instead a collective response to the pathologization of queer desire and queered expression. It is not the individual who drives themselves to self-inflicted death, but is instead the power relations and social conditions of cis-het-patriarchal capitalism and the carceral state which drive "surplus" communities to consider death as emancipation. Similar to Mad studies, Queer studies views the psychiatric and carceral responses to queer suicidal ideation to be a form of incarceration, where queer people are more likely to be held in isolation and chemically incarcerated for their own "safety" (Ben-Moshe, 2020). Here, suicidal ideation is not a personal flaw but is, instead, a systemic feature.

Ideation as Mad & Queer Generative World-Building

While existing literature in Mad studies and Queer studies has done incredible work to reframe suicidal ideation, I am interested in ways this reframe can be pushed further. Specifically, I am interested in the ways in which suicidal ideation – as a collective intersubjective response to the carceral roots of sanism and cis-het-patriarchy – can be viewed as its own basis for subjugated Mad & Queer knowledge production. If suicidal ideation is not an individual death drive, then what are we collectively driving towards? I believe that we are driving toward a better world for Mad and queer people, with our death songs as a guide.

This is, of course, not to glamorize the material aspects of suicidality in our current world and current lives. Mental distress and death by suicide are clearly very real and do cause both

individual and collective trauma (Pilling, 2022). However, suicide prevention and knowledge around suicidal ideation continue to be demonstrated through the lens of biomedical healing and carceral hospitalization. Instead, I believe suicidal ideation can be traced as a way finder for world-building and imagining futures where Mad and queer people are able to not only survive but thrive. What is essential to a future made for Mad and queer people, what is missing, and how do we get there before we lose our siblings?

Resituating first-person accounts with madness as evidence would be essential for this work. Madness and queerness – especially in the context of incarceration and institutionalization – both operate as subjugated knowledges (Dillon, 2018; Foucault, 1980). Sanism in particular marginalizes Mad knowledge as a form of epistemic violence according to LeBlanc and Kinsella (2016). In other words, living as and/or being situated as Mad and Queer under the carceral state results in other ways of knowing that are different than and often disqualified by normative knowledge production. In terms of carceral care, someone who has received institutionalized “care” may have a different understanding of/way of knowing the carceral state compared to the psych workers who provide such care, or even compared to people completely disconnected from these systems. Queer psych survivors, additionally, may have a different understanding of/way of knowing care compared to cis/het psych survivors, as people who have been situated as multi-marginalized (Dillon, 2018; Pilling, 2022). Once situated as an epistemology, Mad and queer suicidal ideation as worldmaking could be fully reframed as generative rather than disruptive.

Take, for example, this section of Mad, queer activist Elliott Fukui’s 2022 article “*Stay Mad: A Love Letter to QTBIPOC Psychiatric Survivors*”:

“I am not an expert, professional, or academic. On paper, I am a failure by the standards set out for us under capitalism, white supremacy, and patriarchy. (As I type this, my safety teams' voices are ringing in my head, saying, "You are not a failure! Do not minimize your work!") I am a failure because I do not meet the bar for being considered a person under capitalism. I am not employed full-time. I do not have access to intergenerational wealth. I am not married with children. I am not an influencer on social media. I do not have a lot of disposable income. I do not own land. These are the standards by which success, value, and worthiness are measured in a neoliberal and capitalist society.

I am even more of a failure because I am too tired, achy, and angry to continue pretending to care about climbing my way out of the crab barrel up the socioeconomic ladder. This mad queer fatigue from surviving a global pandemic while watching white male mediocrity explode into full-blown insurrection has put a bit of a damper on that American Dream. I am sure many of us know the pressure of living up

to the expectations of an immigrant parent who wants so much more for us. I was conflicted by the pressure to get money, titles, and positions of power in institutions. Somehow, that was supposed to be the stability I needed to keep me safe from these feelings, memories, and hate. Somehow, capitalist realism had me internalizing the belief that the walls I kept throwing myself up against and burning myself out on were my own fault and problem.

This failure, at times, has been devastating, overwhelming, and terrifying. It is also certainly not new or unique to me. I came to the movement to figure out how to build safety and care and change our conditions. When I cannot figure out how to access this, it is very maddening. When I learned the truth—that capitalism, white supremacy, and patriarchy were failing all of us and not the other way around—through study, practice, and building and learning with and from other people, it confirmed that what I had taken for personal failure was systemic and designed to maintain a hierarchy of power.”

Fukui, 2022, pp. 121-122

Fukui addresses their madness, their queerness, and their ideation as communal and powerful – devastating at times, of course, but also as energizing knowledge production rooted beyond the state, and as generative future imagining for their own organizing work against the carceral state. Their own experience, and their shared experience with other Mad and queer people experiencing suicidal ideation, stands as evidence against carceral psychiatry and against carceral care. Additionally, Fukui orients us away from a system that views ideation as failure, and towards a Mad and queer collective survival. Their letter serves as a fantastic example of how research on ideation can be reframed.

Autoethnography may also be useful for exploring ideation as generative and world-building. Journaling through carceral hospitalizations is not only “therapeutic,” but is also a record of Mad, queer life. How we feel as Mad and queer people, what we are seeking, and how we can get there can all be found in our own records of ideation – in the lyrics of our death songs – place healing beyond the hand of the carceral state and into the collective hands of Mad and queer people imagining a better world.

Conclusion and recommendation for further study

By challenging the individualized and carceral frameworks surrounding suicidal ideation, we may propose a transformative approach that views ideation as an agent for change and collective healing. By situating suicidal ideation within the context of Mad and Queer knowledge production, I aim to move beyond the pathologization of diverse experiences

and explore the potential for generative world-building beyond capitalism, state violence, and carceral spaces.

Ultimately, this piece has sought to contribute to a more compassionate and inclusive understanding of suicidal ideation, with the goal of envisioning a world beyond the carceral. Further Mad and Queer-focused research situating ideation as generative, done by and for Mad and Queer people, is needed to foster alternate ways of imagining such futures.

How do you imagine our futures? Where does your death song lead?

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