The continuing implications of the 'crime' of suicide: a brief history of the present

Authors

Gordon Tait (Professor, School of Cultural and Professional Learning, faculty of Education, Queensland University of Technology. Email: g.tait@qut.edu.au; ph +61 7 3138 3499)

Belinda Carpenter (Professor and Director, Crime and Justice Research Centre, School of Justice, Faculty of Law, Queensland University of Technology. Email: b.carpenter@qut.edu.au; ph+61 7 3138 7111)

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Abstract:

The long history as a criminal offence still has a significant contemporary effect on how suicide is perceived, conceptualised and adjudged—particularly within countries where suicide is largely determined within a Coronial system, such as Australia, the UK and the USA. This paper details the outcomes of a study involving semi-structured interviews with Coroners both in England and Australia, as well as observations at inquests. It focuses around the widely-held contention that the suicide rates produced within these Coronial systems are underestimations of anywhere between 15% to 50%. The results of these interviews suggest that there are three main reasons for this systemic underestimation. The first reflects the legacy of suicide as a criminal offence, resulting in the highest standard of proof for findings of suicide in the UK, and a continuing stigma attached to families of the deceased. The second is the considerable pressure brought to bear upon Coroners by the family of the deceased, who, because of that stigma, commonly agitate for any finding other than that of suicide. The third involves the rise of 'therapeutic jurisprudence', wherein coroners take on the responsibility of the emotional wellbeing of the grieving families, which in turn affects the likelihood of reaching a finding of suicide. The conclusions drawn by the paper are also twofold: first—with respect to the stigma of suicide—it will take a lot more than simple decriminalisation to change deeply-held social perceptions within the community. Second, given that suicide prevention programs and policies are

based on such highly questionable statistics, targeted changes to Coronial legislation and practice would appear to be required.

Introduction

Since the end of the 19th century, suicide has been one of sociology's most highly researched areas (Durkheim 2002). The vast majority of this research involves investigation of who kills themselves, and under what circumstances; the dominant common currency to emerge from these studies is a wide variety of 'suicide rates'. These suicide rates have been deemed to be of particular importance as they continue to be used as 'objective measures' of the health of the social body, and more usually, given cohorts within that body (Georgatos 2013). The problem here is that these suicide rates are heavily questioned by almost all involved in the field, who point to ongoing systemic underestimations of anywhere between 15% to 50% (De Leo 2007; Walker,Chen and Madden 2008; Tait and Carpenter 2013)—making such rates 'not only unreliable but useless for the purpose to which they are put in sociological research' (Green 1992).

This systemic under-counting may be for a range of reasons. Walker, Chen and Madden (2008) contend that factors such as disparities between jurisdictions, lack of standardisation in the reporting of Coronial deaths, and issues over forms for police reports put a particular slant on the data. They also point to the reluctance of some Coroners to reach a finding of suicide in the first place. It is this final factor that constitutes the central problematic of this paper.

In Australia, suicide can only be determined by a Coroner, *a finding they are often particularly reluctant to reach* (Senate Community Affairs References Committee 2010). Coroners decide how the notion of suicide is operationalized, where it's boundaries lie, which deaths are found to be suicide, and how these deaths are actually recorded. In short, 'the truth' of suicide lies with the Coroner. There have been numerous attempts to address the 'problem' of Coronial underestimation of suicide (De Leo et al. 2010; Harrison, Abou Elnour and Pointer 2010)—to the extent that the Australia bureau of Statistics now attempts to compensate for such 'underestimation' issues, *post-facto.*

Suicide is no longer a crime in most Western countries. It was decriminalised in the last Australian state in 1958, in the United Kingdom in 1961, in Ireland in 1993, and by 2000 it had been removed from the criminal statutes of all 50 American states (Neeleman 1996). However, the evidence suggests that its long history as a criminal offence still has a significant contemporary effect on how suicide is perceived, conceptualised and adjudged—particularly within countries where suicide is largely determined within a Coronial system, such as in the United Kingdom, Australia, the USA. This paper will address the central question: *regarding the determination of suicide, in what ways does our past still shape our present?* This question is addressed via coronial research conducted in England and Australia.

Histories of the Present

According to dominant public narratives regarding the 'history' of suicide, it is only in very recent years that we have been able to adopt an enlightened approach to the phenomenon. That is, we have now progressed to the stage where its truth has been all-but revealed—largely through the rise of the psychological sciences, but also through the concomitant weakening of religious belief and judgment. Where it was once a serious criminal offence, this previous regressive legal categorization is long gone, and we can now address suicide with clarity and rationality. Furthermore, we can look back into the past and not only see obvious examples of issues such as depressive suicides; we can apply our contemporary moral lenses to the awful treatment of the families of those who committed suicide, or those who survived suicide attempts; we can also accurately trace the historical teleology of our transition from 'then' to 'now'.

Under closer scrutiny, this form of linear, triumphalist history seems more a pleasant reassuring story we tell ourselves—particularly when considering the issue of suicide—rather than any kind of defensible analysis about the relationship between the past and the present. Arguably, a more useful methodological approach can be found employing Foucault's 'history of the present'. As he wrote, when discussing his history of incarceration:

> I would like to write a history of this prison, with all of the political investments of the body that it gathers together in its closed architecture. Why? Simply because I am interested in the past? No, if

> one means that by writing a history of the past in terms of the present. Yes, if one means writing a history of the present. (Foucault 1977, 30-31)

A history of the present is concerned with questioning the taken for granted assumptions about the way in which modern society is ordered. Rather than looking back to find current social processes and organisations in our own history, this approach looks back at our society to question the naturalness of contemporary ways of ordering our lives. As such, it is able to reveal the heterogeneity of our social identity, one often masked by those who look to the past to find support for current arrangements and orders. By "suspending contemporary norms of validity and meaning", a history of the present seeks to break with "true, given, natural" ideas of reality; only in such a way can we understand the socially constructed nature of our own space and time (Dean 1997:32-35).

There are three central elements of a history of the present. First, it takes issue with the idea of free human agents, or subjects of history, who uses their attributes to create society. Instead, given the constraints imposed by time, culture and past experience, it is argued that "history is the stage of human drama precisely because it is both made and not made by human actors" (Dean 1997:55). Second, a history of the present utilises previously marginalised or subjugated insights into past lives by using popular knowledges rather than those of kings or priests, and local memories rather than officially documented ones. It is these illegitimate and disqualified forms of knowledge that offer us an insight into the socially created and historically specific ordering of our current

reality. Finally, and most significantly for this paper, a history of the present also takes issue with the idea that as a society we are progressing in a linear fashion toward a more civilised society. When we think of the great histories of our society, they are most often about momentous changes, written as a movement toward a "perfectible future". As such, the history of civilisation is about the triumph of science over nature and/or the mastery of human actors in the creation of better and more just political and social institutions. As discussed above, this flawed approach constitutes the dominant narrative regarding the eventual decriminalisation of suicide. However, the historical evidence suggests a far more complex past, and a far more complex present.

Histories of Suicide

As Alvarez (1981) points out, history does not contain a blanket prohibition again suicide. The ancient Greeks were very disapproving of suicide, whereas the Romans generally regarded suicide positively, considering it a validation of the stoic principles by which lived and died. Likewise, the Vikings regarded suicide as one of the noblest of deaths, following their god Odin, who, according to Norse mythology, killed himself.

Early Christians adopted many of the beliefs and practices of the Romans, and their approach to suicide was similarly positive. Indeed, early Christianity was often characterised by the quest for martyrdom:

> Even the most stoical Romans committed suicide as a last resort; they at least waited until their lives had become intolerable. But for the primitive church, life was intolerable whatever its conditions. Why,

> then, live unredeemed when heavenly bliss is only a knife stroke away? Christian teaching was at first a powerful incitement to suicide. (Alvarez 1981, 25)

This continued until the 7th century, when sects such as the Donatists brought frenzied mass suicide to such levels that the church was forced to intervene—largely for reasons of practical numerical survival. From this point onwards, suicide came to be shaped as an offence against God, the most deadly of moral sins, and prohibitions against it became more and more extreme. These prohibitions—seizing of property by the state, public hanging of the body, burial in unconsecrated ground with a stake driven through the body—became relatively standard. Furthermore:

> The chosen site was usually at a crossroads, which was also the place of public execution, and a stone was placed over the dead man's face; like the stake, it would prevent him from rising as a ghost to haunt the living. Apparently, the terror of suicides lasted longer than the fear of vampires and witches; the last recorded degradation of the corpse of a suicide to place in England in 1823 … (Alvarez 1981, 8)

The evidence suggests that towards the end of the 19th century, suicide began to be approach in a different way. Importantly, this change was not brought about by some humanist realization that perhaps suicide wasn't so bad after all, rather it developed as part of the rise of new forms of governance and regulation. That is, suicide was no longer to be simply a sin against God; it was now an important indicator of the health and wellbeing of the population. In his Foucaultian analysis, Marsh (2010) noted that suicide was brought into the realm of the

statistically knowable, and from there largely pathologised as an unfortunate outcome of mental disorder. Of course, this is by no means a unique phenomenon, but is instead a familiar tactic for effective contemporary governance.

The point is here that current attitudes towards suicide, whether social or administrative, have a complex history, and are cross-cut by a wide range of different knowledges—theological, ethical, legal, medical, psychological, and governmental. Consequently, the effects of these knowledges may well need to be taken into account when attempting to understand how coroners reach their conclusions in making suicide determinations. Importantly, it is not only aspects of the history of suicide that has a role to play in shaping these determinations; other histories are also relevant.

The Place of the Public Inquest in English Law

Unlike Australia, in England there are public coronial inquests, for all suspected suicides. This is particularly significant because it means that English coroners a required to deal with grieving families what making their deliberations. How it came about is also significant, because it also speaks to the coroner's role, both within that inquest, and more generally.

From the inception of the role in the 11th century, one of the central responsibilities of the Coroner has been to investigate deaths 'considered worthy of inquiry' (Burney, 2000, p. 3). This would include deaths such as those by accident, where there was some suspicion of wrongdoing, and those by suicide. This eventually became seen as a largely administrative task, conducted in a non-

adversarial environment, as part of the effective administration of the populace. However, in addition to the recording, assessing and categorizing of death, the Coroner's role has more recently expanded, throughout all Commonwealth countries, to incorporate elements of social management and prevention of harm (The Victorian Institute of Forensic Medicine, 2013)

> Much of the operation of the office of Coroner or Coroners courts in Australia is centered on injury and death prevention, with the Coroner empowered to make recommendations on matters of public health and safety and judicial administration.

Consequently, the Coroner is not only an essential part of our legal system—in that they manage the relationship between the State, and the death of its citizens, and in particular, those deaths deemed to warrant investigation—now they are also an important element of the process by which the State accumulates social data, data which is used to identify problems and shape policy. The problem here is clear: if Coroners are reluctant to reach a finding of suicide, as Walker, Chen and Madden (2008) contend, then their role in production of valid statistics, which in turn direct social policies and programs (targeting, for example, suicide prevention), becomes significantly compromised.

It is important to note that the role of the Coroner—and the functioning of the Coronial Inquest—is not just matters of abstract social and administrative interest. It has been argued that, historically, both are central to how English democracy came to be shaped and understood, and as such, questions about how well the Coronial system works, and about how different former British colonies have chosen to refract this original office for their own purposes, continue to be

asked. In *Bodies of Evidence*, Burney (2000) examines the historical role played by the public inquest in placing important checks on State abuse of power, by insisting that all prison deaths—and most famously, the deaths of 18 protesting workers killed by in the Peterloo Massacre in 1819—face public scrutiny and judgment. This notion, that questionable deaths be the subject of *public* investigation—an investigation accessible to, and readily understood by, all interested parties within the community—became central to English conceptions of justice and democracy (hence, it is argued, the continuing importance of pubic inquiries into possible suicides). Indeed, much of Burney's book examines the complex tension that arose within the Coronial Inquest, between the voices of this participatory tradition, and the bearers of new, scientific knowledge that sought to bring medical expertise to the Inquest process, often at the expense of public understanding and involvement.

Arguably, this tension—or at least a modern variant on it (ie. between medicine and the law)—can still be clearly seen within the fabric of contemporary death investigation (Carpenter & Tait, 2010). Interestingly, it will be argued here that this research uncovered a far more significant tension, a tension between the governmental and the pastoral functions of the Coroner—between what appears to be an investigative and preventative role (investigative, in delivering an appropriate finding, and preventative, in contributing accurate data to inform social policy), and a therapeutic role (in looking after the well-being of bereaved families). That is, in addition to these two prescribed roles of the coroner—death investigation and social management—this research will suggest that there appears to be a third function, one which may often sit at odds with the

first two, in that coroners have been allocated, or perhaps more accurately, have allocated themselves a role in the process of giving closure to grieving families. This 'therapeutic' role may often result in Coroners managing the inquest in ways that go well beyond the simple finding of facts, and which has significant implications for the administrative elements of the task.

The Rise of Therapeutic Jurisprudence

The tension evidenced among the Coroners concerning the role of the family in suicide determination appears to be relatively new, as there is little sign of it in Burney's book on the English Coronial inquest during the late nineteenth and early twentieth centuries mentioned earlier. What may have happened here are the effects of a new vector within the coronial process, what Freckelton (2008, 576) refers to as 'therapeutic jurisprudence'—defined as 'the study of the role of the law as a therapeutic agent'.

Within this approach, the law is not simply a set of codes to be followed without reflection, much in the manner of Legal Positivism; such codes have consequences for all those caught up in the proceedings. As such, legal institutions, and those charged with making them work, are now deemed to have some responsibility for the mental and emotional wellbeing of all participants. King (2008, 4) is quite explicit in his call for an increasingly therapeutic approach to Coronial practice:

> Coroners' work is intimately connected with well-being—a concern of therapeutic jurisprudence. Part of the Coroner's role is to determine whether there are public health or safety issues arising out of the

> death and whether any action needs to be taken to remedy any problems, particularly those that may cause future deaths … Moreover, the dead person's family suffer grief and, depending upon circumstances of the death, significant trauma.

According to this logic, it would be insufficient for a Coroner to reach a finding within a suicide inquest, without considering how this finding might impact upon those left behind by the death. Coroners would no longer be regarded, or regard themselves, as mere functionaries in the process of recording death statistics, but rather they would have a therapeutic role to play in the emotional and psychological health of their wider communities. This is not to say that the trauma of losing a loved one cannot ever be exacerbated by being told the truth about it, but it does suggest that the Coroners responsibilities lie beyond simply determining the cause and circumstances of death. As Freckleton (2008, 577) states: 'Therapeutic jurisprudence … is in part a practical orientation towards minimizing adverse outcomes. And it is in part about working with the realities of the broad repercussions of the law to fashion them as constructively a possible'.

In summary then, it is suggested here that there is no neat, linear story to be told of the decriminalization of suicide; that the coronial process is likely to be the piecemeal product of various historical knowledges, imperatives, practices and beliefs; that the process of suicide determination is likely to still show traces of these practices and beliefs; and that this process is not now fixed in amber, in that new knowledges will continue to arise which will affect how suicide is determined and managed.

Methodology

This paper details the results from two associated research projects. These projects involve the analysis of English and Australian coronial practice regarding suicide determination.

The first research project was conducted within one geographic area within England, and consisted of two parts. In the first part, observations were made at twenty public inquests into possible suicides. Contact was made with each coronial office, who then suggested which inquests to attend. All the inquests were within the same part of England; they were conducted over a four month period, some lasting two days, some lasting less than an hour; most took between 3-4 hours. The inquests attended reached a variety of different conclusions, including suicide, accident, open verdicts, and narrative verdicts.

The second part of the English research involved semi-structured interviews, informed by observation made at the inquests. These were conducted with six coroners who had presided over the above inquests. Once again, all were from the same part of England. The interviews were conducted over a two month period; generally, they lasted about an hour, and they were conducted in a variety of locations.

The second research project was conducted within one State jurisdiction within Australia. Unlike the English study, no observations were made at inquest. In Australia, inquests are not a regular part of coronial practice for making

determinations of suicide, except under special circumstances. Instead, the research consisted solely of semi-structured interviews with coroners. These interviews were conducted with five coroners, all from the capital city of the state, and its surrounding areas. The interviews were conducted over a one month period, and were conducted in the coroner's offices, also lasting about an hour.

Results

With regards to the legacy of suicide as a criminal offence, the results of this study suggest a complex intersection of issues and factors that affect the decision-making processes of English and Australian coroners. Taking these is turn:

1) Irrespective of it's current legal status, coroners are very aware of the criminal history of suicide.

> *… the traditions of the body never being put to rest; the body being torn into four sections, planted in the ground in different sections, stakes put through the heart and the fact that the body will never be able to rise from the dead because it's been torn apart, staked to the ground and the person will be forever in hell.* (English Coroner 3)

> *If you go back in English law 150 years or so suicide was absolutely a dreadful thing to do to yourself. You were cheating on God, you would not have any hope of resurrection … At that stage apparently coroners had been giving burial orders which said that the deceased must be buried at the junction of four roads with a stake through their body - and I'm not getting mixed up with Transylvania here, this is really what*

it said - where beggars could spit upon their graves as they went past. (English Coroner 4)

However, the interviews suggest that English coroners remain much more concerned by these historic legal issues, than do their Australian counterparts. The Australian coroners do not seem to consider the history of suicide as a crime to be particularly relevant to their current determinations. There could be a number of reasons for this, many based around social and cultural differences between the two countries, but one significant issue is likely to be:

2) The United Kingdom retains the criminal standard of proof for suicide determination, and hence retains greater links to suicide *as* a crime

As a direct legacy of times when it was categorized as a crime, the standard of proof required for reaching a finding of suicide by an English coroner is highest possible: 'beyond a reasonable doubt'. This stands in contrast to the necessary Australian standard, which is 'on the balance of probabilities.' The importance of this issue is compounded by the fact that English coroners express a nuanced understanding of just what constitutes 'beyond a reasonable doubt.'

'The standard of proof of beyond a reasonable doubt as applied in the public prosecution services is quite a lot lower really ... I doubt many people would be prosecuted if you needed the level of sureness you need for a suicide verdict ... Don't misunderstand that there's only one standard of proof, which is beyond a reasonable doubt, but then of course it's up to interpret what's beyond a reasonable doubt.' (English Coroner 1)

Consequently, in England a finding of suicide can be very hard to attain. Many deaths, which would readily meet the Australian standard, are classified as something else, such as 'accident' or an 'open verdict'. This particularly

stringent reading of 'beyond a reasonable doubt' results in a significant reduction in the numbers of English suicides recorded each year, a fact of which the coroners are very aware:

> *'Every coroner does things differently, and like I say, a rough rule of thumb—if you're looking at statistics, I can guarantee that suicide is under-represented. Roughly, I say you could add a third onto the figure …'* (English Coroner 4)

> *'We're left with about 300 cases a year which we inquest … I would say we do 50 suicides a year out of 300—genuine suicide verdicts. Then there are probably about another 30 odd, which probably are.'* (English Coroner 1)

This is not to suggest that Australian coroners are prepared to hand out findings of suicide without an equal measure of caution, however this caution is framed within a significantly lower legislated standard of proof.

> *'… the more serious it is, the higher up the scale you have to go towards 'reasonable doubt'. You don't have to get there; it's just on the balance, the balance has to be a lot stronger than just 'probably'.* (Australian Coroner 2)

> *'It's just the same as any other finding coroners make; you have to be satisfied having regard to the seriousness of the finding. Suicide is a more serious finding than accidental death.'* (Australian Coroner 5)

Once again, whether as a consequence of the retention of the criminal standard of proof, or for other more complex reasons, English coroners profess a greater awareness of issues of stigma than seems to be the case in Australia.

3) English coroners are more concerned with 'stigma' than their Australian counterparts.

Almost all of the English coroners interviewed brought up the issue of the stigma that suicide leaves with the family of the deceased. Not only does this matter appear fundamental to how English coroners understand the notion of suicide, it also seems central to how they reach a determination.

> I think a lot of coroners – me included – sometimes take a sympathetic view of the family, and perhaps, well, you know – why leave them with the stigma of this, when we can actually make their situation better? (English Coroner 1)

> People are concerned to avoid a suicide verdict, because of the stigma attached to it and you notice I didn't use suicide and that I originally used the words 'took his own life'. If the evidence stacks up and we can say, when the person's mind was disturbed, then that sometimes ameliorates the stigma to the family. (English Coroner 2)

> *Felo de se* was not only a crime but it was a huge, huge social stigma because you know you're damned … and of course previous to that, if you committed suicide, the state would forfeit all your good because that's how the Coroner made money for the Crown. (English Coroner 4)

This is not to say that Australian coroners are unaware of the potential of stigma falling upon the deceased's family, indeed some Australian legislation is written with this very possibility in mind:

> The Births Deaths and Marriages Act, which was reformed at the same time as the Coroners Act, says you can't put suicide on the

> register; you can't even mention it on the BDM register … because of the stigma. It damages the reputation of the family and the dead person. (Australian Coroner 2)

However, while not irrelevant, it is clear that the issue of stigma is considered by Australian coroners to be of lesser importance, certainly to their own deliberations *as* coroners.

Somewhat related to the issue of stigma, it became evident from the both sets of interviews, and from the additional observations made at inquest, that a further historical issue was of importance when considering matters impacting directly upon suicide rates: the frequency of English coronial inquests.

4) Due to compulsory public inquests in England, English coroners necessarily deal directly with the grieving families, upon whom the stigma of a suicide finding would fall

In Australia, inquests are relatively uncommon, only deployed when there is a specific reason for doing so, whereas in England, all possible suicides result in an inquest. The crucial issue here is that holding an inquest gives the family of the deceased direct access to the very person who is going to make the formal decision about the circumstances of that death. This decision has significant social implication, and the desperation of the family not to have a suicide finding by the coroner is perfectly understandable, given the stigma still associated with this verdict, and while some English coroners profess relative immunity to the wishes of family members, others are aware that such wishes often factor into their overall decision-making process.

> *'They tend to come in numbers. If you've got 10 members of the family with their eyes burning on you, and they really don't want that verdict, it is very, very hard …'* English Coroner 4

> *'It's very tempting to give a sympathetic verdict to the poor widow who stands before you saying we can't be sure he took his own life – this dreadful thing.'* English Coroner 1

In contrast to this approach, some coroners state that they are not at all swayed by the wishes of the deceased's family.

> *'It boils down to evidence as far as I'm concerned … I wouldn't be persuaded just because they're all shouting [the family] … I'm afraid you've just got to be robust about it and stick by your guns.'* English Coroner 2

In the absence of an inquest, Australian coroners are not subjected to constant family requests to reach findings other than suicide. Without such extraneous emotional pressure, Australian coroners claim that they are in a better position to reach their finding based solely upon the information presented to them. Australian families are still welcome to have an input, and this is factored into the eventual finding, but this is not done in person, and in the absence of direct family contact, the Australian coroners appear to feel that they have greater latitude in reaching the finding of their choice:

> *'You find that the families will write to you and they will say… this was not a suicide. You go … well, everything suggests that they bought the rope the day before at Mitre 10, they waited until everyone had left the house, there's a note that says this is what they're intending to do, and they were found hanging in the shed. If it's not suicide, then what the*

hell is it? … I'm not writing fiction. I'm not making it a different death.' Australian Coroner 2.

While English coroners may regard the inquest as the cornerstone of their professional lives, it appears to have no such status in Australia. Indeed, while Australian coroners are fully aware of the structure of the English system, they consider that the economic and emotional costs of inquests are far too high to warrant the introduction of the practice within their own jurisdictions:

'It gives me pause for thought, but yeah … I don't know how you would be resilient, and how it couldn't impact on your decisions actually if you were involving yourself face to face with families who may simply be wanting to speak with the person making the decision, or maybe wanting to influence that decision …' Australian Coroner 4

The continuing effects of the two historical factors discussed so far—the legacy of suicide as a crime, and the practical implications of compulsory inquests—are not the only factors at play in reducing contemporary suicide rates. One final reason involves a relatively new set of expectations placed upon coroners, relating to taking responsibility for the emotional wellbeing of grieving families.

5) English coroners consider they have a responsibility to consider the emotional wellbeing of the grieving family in reaching their decisions

It became apparent during the interviews—particularly in England—that there are differing opinions over the central role of the coroner. Some coroners took a fairly hard line over their determinations—understanding their role as fundamentally administrative—while others saw their role in a more pastoral light, pertaining first and foremost to helping the grieving family.

> *'I often engage the family and will say, 'I'm thinking along these lines. What's your view?' Sometimes if you carry the families with you, it's more cathartic—it's totally wrong, but it's a more cathartic experience for them … you put the family at the heart of the inquiry.'* *English* Coroner 4

Which can be directly contrasted with:

> *'I'm not a social service. I'm supposed to be making an inquiry on behalf of the State, not on behalf of the family, and if this person has taken their own life, and the evidence satisfies me beyond a reasonable doubt that this is the case, what verdict can I possibly come to other that that they have taken their own life?'* English Coroner 6

Clearly, there is a division here between those Coroners who see their principal task as providing comfort and closure to grieving families, and those for whom the job remains steadfastly administrative. This tension may well be relatively new, and is evidence of precisely what Freckelton (2008) refers to as 'therapeutic jurisprudence'. Coroners now feel a professional obligation for the mental and emotional wellbeing of the bereaved—irrespective of the consequences for other elements of their job, ie. the accuracy of the suicide data for which they are primarily responsible.

The question here then is: has 'therapeutic jurisprudence' taken a greater hold within English coronial practice, as opposed to Australian, or indeed, were some of elements of therapeutic jurisprudence—social healing—always present to a greater extent in England, with its inquest-based, death investigations? Certainly, the evidence presented in this research suggests that concern for the

wellbeing of the bereaved family plays a significantly greater role in the English coronial system than it does in its Australian equivalent.

Conclusion

It is apparent from this research that coronial practice regarding suicide determination, both in England and Australia, still bear the imprint of a range of historical factors, most significantly being the long-held status of suicide as a criminal offence, and (at least in England) the continuing perceived importance of the public nature of inquests. In addition to the two issues, the rise of therapeutic jurisprudence further complicates the decision-making process, with all the concomitant implications for the production of defensible suicide statistics. Two main conclusions can be drawn from this research.

First, as previously stated, suicide has not been a criminal offence in the United Kingdom or Australia for over sixty years. However, the conduct of bereaved families at inquest, and the lengths some coroners will go to in order to accommodate their desire for an 'anything but suicide' finding, suggests that it will take much more than decriminalization to change deeply-held social proscriptions regarding this form of death. Formally legislating for suicide to be treated like any other non-criminal death does not magically make it so.

Second, this research raises the important question: what can be done about the production of suicide statistics that are widely regarded as unsatisfactory? While most coroners understand and accept their role within the governmental

regulation of death, this often deemed secondary to their less tangible pastoral role in helping families deal with bereavement, and what they perceive to be continuing social stigma, certainly in England. While this is not necessarily an invalid or inappropriate role for Coroners to have adopted—such management of community emotional wellbeing constitutes an important function of governance, and Coroners are as well placed as any to participate in the process—however, the relative confusion over their responsibilities may need formal clarification. As it stands, a focus on the therapeutic components of the position, managing as it does, archaic religious concerns over socially unacceptable deaths, appears to be impacting on the ability of many Coroners to fulfill their administrative responsibility to the full. Given the importance of suicide statistics, this may require targeted changes to coronial legislation and practice.

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