

Suicide and Neoliberalism: An Imminent Critique of Cognitive-Behavioral Therapy

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A recent report published by the Centers for Disease Control and Prevention demonstrates that suicide rates in the United States have increased dramatically over the past two decades.<sup>1</sup> Between 1999-2016, suicide rates increased in almost every state, with a greater than 30% increase in 25 states.<sup>2</sup> 54% of those who died by suicide did not have a known mental health issue.<sup>3</sup> While many theories have been proposed to explain this marked increase in suicide rates, most hypotheses fit squarely within the dominant discursive framework of identification and treatment of individual psychopathology.<sup>4</sup> The purpose of this paper is to challenge this dominant discursive framework by connecting the rise of suicide rates with transformations in the modern conception of the self. Most notably, this paper will examine the connection between a contemporary rise in neoliberal thought and the rising suicide rates through an analysis of a specific psychological therapeutic framework, Cognitive Behavioral Therapy (CBT). I will first demonstrate that the assumption of an ahistorical conception in CBT is linked to specific historical and economic forces and that the assumption of an ahistorical self serves to reinforce qualities of the self that lead to feelings of depression. Next, I will demonstrate that the framework for treatment in CBT is highly neoliberal with a focus on efficiency, standardization, and proceduralization. Finally, I will point to a framework of Democratic Socialism as a potential alternative conceptualization. In short, I will argue that at a conceptual level, there is an

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<sup>1</sup> Nell Greenfieldboyce, "CDC: U.S. Suicide Rates Have Climbed Dramatically," NPR. June 07, 2018. Accessed October 15, 2018. <https://www.npr.org/sections/health-shots/2018/06/07/617897261/cdc-u-s-suicide-rates-have-climbed-dramatically>.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> DM Stone, Simon TR, Fowler KA, et al. , "Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. MMWR Morb Mortal Wkly Rep 2018;67:617–624. DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a1>

inherent neoliberal bias in one of the presiding therapeutic frameworks used to understand and treat suicidal ideation, Cognitive Behavioral Therapy (CBT).

The current dominant discursive framework to understand and treat suicide atomizes and decontextualizes people affected by suicide. Even though suicidologists assert that there is no single factor that causes suicide and the study examining suicide rates between 1999-2016 revealed that about half of the deaths by suicide were people with no known mental health problems, the theoretical frameworks to understand and treat suicide rarely if ever, acknowledge environmental or sociocultural factors.<sup>5</sup> Although hegemonic, this framework has not gone uncontested. Beginning with Emile Durkheim, there have been challenges to this method of interpretation. In *Suicide*, Durkheim offers sociological reasons for suicide to counter the prevailing biological and psychological frameworks conceptualizing suicide as an individual act.<sup>6</sup> More recently, Mark E. Button in "Suicide and Social Justice" highlights the way that the dominant discursive framework to understand and treat suicide focuses on individual factors. Button notes that the framework stresses "how to accurately identify and productively intervene with individuals in crisis," assuming that suicide is caused by "individual psychopathology."<sup>7</sup> Additionally, Button argues for a reinterpretation of suicide as a "properly political question," echoing Durkheim's earlier call.<sup>8</sup> However, despite these challenges, the majority of mainstream suicidology literature is marked by "an overemphasis on individual psychiatric disorders and

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<sup>5</sup> Ibid.

<sup>6</sup> Peter Graeff & Guido Mehlkop, "When Anomie Becomes a Reason for Suicide: A New Macro-sociological Approach in the Durkheimian Tradition," *European Sociological Review* 23, no. 4 (2007): 521.

<sup>7</sup> Mark E. Button, "Suicide and Social Justice: Toward a Political Approach to Suicide," *Political Research Quarterly* 69, no. 2 (2016): 277.

<sup>8</sup> Ibid., 271.

other individual risk factors.”<sup>9</sup> The focus on the causal relationship between psychopathology and suicide connects the understanding of suicide to a medical framework, thus activating the popular belief in the objectivity of science.<sup>10</sup> This results in an occlusion of the specific historical and economic forces that have shaped the “self” under examination and prevents a deeper understanding of the factors that lead to suicide that could be connected to longer-lasting change.

Arguing in the tradition of scholars such as Cushman and Button who challenge the dominant discursive framework of suicide, I will focus specifically on one of the dominant psychological therapeutic frameworks used to understand and treat suicidal ideation, Cognitive Behavioral Therapy (CBT), demonstrating the neoliberal biases inherent in this treatment. First, I will explore how the concept of self assumed in CBT, rather than being an ahistorical subject, is actually a product of specific historical and economic forces. Next, I will show how CBT’s focus on competencies, manualization, and protocols reflects the marketization of psychology, which is a consequence of neoliberalizing influences.

Rather than being an ahistorical, objective subject, the self under treatment in CBT is highly neoliberal. A closer examination of one of the central understandings of CBT can help illustrate this connection. CBT rests on the idea that depression is caused by cognitions and behavior patterns and that suicide is a maladaptive behavioral response to specific maladaptive cognitions.<sup>11</sup> An individual’s cognitive “explanatory style” explains whether or not one reacts to failure and setbacks with optimism or pessimism, which in turn affects whether or not an

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<sup>9</sup> Jennifer White & Michael J. Kral, “Re-Thinking Youth Suicide: Language, Culture, and Power,” *Journal for Social Action in Counseling and Psychology* 6, no. 1 (2014): 126.

<sup>10</sup> Bryce Christensen, “The Problematics of a Social Constructivist Approach to Science,” *CLCWeb: Comparative Literature and Culture* 7, no. 3 (2005): 2.

<sup>11</sup> Amy Wenzel and Shari Jager-Hyman, “Cognitive Therapy for Suicidal Patients: Current Status,” *Behavior Therapist* 35, no. 7 (2012): 1.

individual is more or less at risk of developing depression.<sup>12</sup> In *Learned Optimism: How to Change Your Mind and Your Life*, Martin E. Seligman explains the connection in the following way: “Premises like these set you up for depression. If you choose to live by them—as so many of us do—your life will be filled with black days and blue weeks.”<sup>13</sup> Thus, whether or not an individual will ultimately experience depression is a consequence of the individual’s own actions and choices. Additionally, exerting control over one’s interior world is connected to mastery of one’s external circumstances, detailed in “The Reals of Life,” the second part of *Learned Optimism*. Each chapter of this section focuses on how a particular aspect of one’s external world such as work, parenting, school, sports, health, etc., is positively influenced by changing one’s cognitive patterns.<sup>14</sup> The *Handbook of Cognitive-Behavioral Therapies* goes into more detail about how specifically individuals should monitor their thinking, offering a variety of strategies and terminologies for doing so. Stating that “much of the work” in CBT “centers around the use of a device called the Daily Record of Dysfunctional Thoughts,” the manual explains how “the job of the cognitive therapist” is to “teach the patient to attend to his or her thoughts.”<sup>15</sup> Eventually, the patient will “do the work of the DRDT without paper and pen,” meaning that they have successfully internalized the process of monitoring their own thinking and correcting “dysfunctional” thoughts.<sup>16</sup> In this way, CBT links the monitoring of one’s thoughts, a way to exert control over their interior world, to subsequent influence in the external world.

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<sup>12</sup> Martin E. Seligman, *Learned Optimism: How to Change Your Mind and Your Life*. New York: Vintage Books, 2006: 91.

<sup>13</sup> *Ibid.*, 90.

<sup>14</sup> *Ibid.*

<sup>15</sup> Keith S. Dobson, ed. *Handbook of Cognitive-Behavioral Therapies*. New York: Guildford Publications, 2009. Accessed March 4, 2019. ProQuest Ebook Central.

<sup>16</sup> *Ibid.*

The idea that an individual's thoughts can be freely chosen and that those thoughts can have a direct impact on an individual's mood assumes an internal locus of control and is linked to a particular, Western conception of the self. This particular form of selfhood is born out of industrialization, strengthened during the rise of post- WWII consumerism, and finds its most robust embodiment in the form of neoliberal subjectivity. North American culture shapes a particular view of the self as one that is "in control" and encourages individuals in the belief that their behaviors can shape the external world to align with their inner desires.<sup>17</sup> Rather than being ahistorical, this conception of what Philip Cushman deems a "bounded, masterful self," is a modern construction appearing at the same time as industrialization and the switch from feudalism to the modern state.<sup>18</sup> The loss of feudalism and the rise of this modern conception of the self is connected to a shift from a definition of selfhood embedded in "community, tradition, and shared meaning" to one of "specific psychological boundaries" bounding an atomized individual.<sup>19</sup> At the same time, the success of the post-WWII economy demanded that individuals be driven by a continual "'need' for consumer products."<sup>20</sup> The connection between economic forces and selfhood has strengthened since WWII, resulting in the current conception of the neoliberal subject.

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<sup>17</sup> Steven J. Heine, "Self as Cultural Product: An Examination of East Asian and North American Selves," *Journal of Personality* 69, no. 6 (2001): 891.

<sup>18</sup> Philip Cushman, "Why the Self is Empty: Toward a Historically Situated Psychology," *American Psychologist* 45, no. 5 (1990): 601.

<sup>19</sup> *Ibid.*, 600.

<sup>20</sup> *Ibid.*, 601.

Theories describing the persistent hegemony of neoliberalism draw upon Foucault's concept of *homo oeconomicus*.<sup>21</sup> Matt Davies and Amanda Chisholm describe neoliberal subjectivity and its connection to policing in the following way:

The neoliberal representation of subjectivity as disembodied, abstract, and homogeneous denies and ignores the practical, social, and cultural lives of subjects; the implementation of neoliberal subjectivity requires a policing—sometimes violent policing—of lived experience.<sup>22</sup>

CBT contains all elements of this definition of neoliberal subjectivity in its approach. CBT is a highly individualized form of treatment, which views the selves under treatment as disembedded from their social reality; it requires constant policing of its patients, and it sees rational conduct as the answer to mental health.

CBT views the selves under treatment as atomized selves disembedded from their social reality, despite evidence linking social factors to the development and persistence of depressive symptoms. CBT focuses on “individualized case conceptualizations” that are “designed to target specific problem areas” in the ways that individuals “navigate through each developmental phase.”<sup>23</sup> At the beginning of CBT treatment for suicidality, the therapist conducts a “chain analysis” to identify “the vulnerability factors and precipitating events associated with the suicide crisis and the individual's thoughts, feelings, and behaviors in response.”<sup>24</sup> In this way,

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<sup>21</sup> Matt Davies, Amanda Chisholm; Neoliberalism, Violence, and the Body: *Dollhouse* and the Critique of the Neoliberal Subject, *International Political Sociology*, 12, no. 3 (2018): 275.

<sup>22</sup> *Ibid.*, 279.

<sup>23</sup> Karen C. Wells and Nicole Heilbron, "Family-Based Cognitive-Behavioral Treatments for Suicidal Adolescents and Their Integration With Individual Treatment," *Cognitive and Behavioral Practice* 19, no. 2 (2012): 309.

<sup>24</sup> *Ibid.*

CBT places both the focus of treatment and the onus of responsibility on the individual, an outgrowth of the assumption of a neoliberal subject who is autonomous and capable of making rational choices. Additionally, CBT sees suicide as “evidence of a failure to solve a problem effectively.”<sup>25</sup> Again, this conception of suicide comes from a framework of neoliberal subjectivity. If the subject under treatment were acting correctly as a rational choice subject, that is, demonstrating “proficiency” in “identify[ing] and subsequently alter[ing] negative thinking, dysfunctional attitudes, and restricted ways of thinking,” depression would not be present.<sup>26</sup>

This focus on the individual and its presence or lack of specific coping skills ignores the larger social forces and structures in the individual’s life situating the body of the subject as the site for illness and disorder and assuming a normative environment, despite opposing research and theoretical models that point to the importance of social factors such as lack of social support and the presence of structural inequalities in the prevalence of suicidal behavior. Alternative theoretical models developed by Beck and Joiner have identified two factors that highly correlate with suicidality: (1) hopelessness and (2) lack of connectedness to others.<sup>27</sup> Lack of connectedness to others “generally refers to lack of social support, poor integration into a social network or perceptions of social isolation.”<sup>28</sup> Lack of connectedness, rather than being the failure of an individual neoliberal subject to effectively problem-solve or successfully resolve a developmental task, is a result of the changing nature of interpersonal ties that is directly related

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<sup>25</sup> Amy Wenzel and Shari Jager-Hyman, 6.

<sup>26</sup> Keith S. Dobson, ed. *Handbook of Cognitive-Behavioral Therapies*. New York: Guilford Publications, 2009. Accessed March 4, 2019. ProQuest Ebook Central.

<sup>27</sup> Stephanie S. Daniel and David B. Goldston, "Hopelessness and Lack of Connectedness to Others as Risk Factors for Suicidal Behavior Across the Lifespan: Implications for Cognitive-Behavioral Treatment," *Cognitive and Behavioral Practice* 19, no. 2 (2012): 288.

<sup>28</sup> Ibid.

to the rise of the modern nation-state and the consumerization of the economy. Thus, by not addressing a suicidal individual's level of connectedness and instead focusing on individual problem-solving skills, CBT not only fails to address a crucial factor in suicidality but also narrows its scope of understanding of suicidality to just the level of the individual. By neglecting to question the social structure of the suicidal individual, CBT positions such an environment as normative and fails to consider that the different ways that individual behaviors are shaped by their social environments.

Additionally, there is a wealth of research establishing the link between social and structural inequities and the presence of suicide. Many studies have demonstrated the link between poverty, racism, discrimination, and suicide.<sup>29</sup> It is well-established that members of social groups in our society who are particularly targeted for discrimination carry the burden of intergenerational trauma, demonstrated by the fact that members of the LGBTQ community and members of indigenous communities have higher than average rates of suicide.<sup>30</sup> The higher rates of suicide seen in these specific communities indicate that the social environment experienced by members of those communities is uniquely harmful to individuals' health and well-being. Whether or not one is more heavily impacted by the effects of structural inequality is not within the realm of individual control. One cannot simply erase the effects of racism, sexism or poverty through sheer force of will and diligent policing of one's thoughts. The direct correlation between issues of structural inequalities and suicide is thus directly related to issues of structural inequities, matters that are beyond the realm of individual control.

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<sup>29</sup> Jennifer White & Michael J. Kral, 130.

<sup>30</sup> Ibid.

Despite this, the dominant form of treatment continues to embody neoliberal ideas, placing the weight of responsibility on the individual. A recent qualitative study examining “school-based youth suicide prevention practices” revealed that the programs in place situate the body of the young person as the site of “illness, irrational beliefs, accumulated stress and/or unmanaged emotions.”<sup>31</sup> CBT, by placing its entire focus on the individual, ignores larger structural forces that the individual seeking treatment may have no control over, such as racism, poverty, or discrimination, yet which may very well have a significant impact on the individual’s mental health. Furthermore, by neglecting to recognize these larger sociocultural factors, CBT serves to uphold and reinforce the negative aspects of the patient’s sociocultural orientation. CBT uniformly assumes that the site of disorder is situated in the neoliberal subject and that that surrounding environment is normative. For example, someone demonstrating signs of depression who is persistently dealing with the effects of structuralized racism will be told upon entering CBT that the problem lies with them and their individual thought patterns, rather than acknowledging the link between the evils of racism and the individual’s mental health. In this case, the problem is not necessarily with the individual undergoing treatment but is rather with the environment that the individual finds themselves within.

An additional characteristic of the neoliberal subject that is inherent in CBT is its focus on constant policing and rational conduct. CBT requires that individuals monitor their own thinking through methods such as the “Daily Record of Dysfunctional Thoughts (DRDT).”<sup>32</sup> Through methods like the DRDT, individuals search for the presence of “distortions in thinking

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<sup>31</sup> Ibid., 127.

<sup>32</sup> Keith S. Dobson, ed. *Handbook of Cognitive-Behavioral Therapies*. New York: Guilford Publications, 2009. Accessed March 4, 2019. ProQuest Ebook Central.

that are creating problems” and then “reevaluate them in light of reality.”<sup>33</sup> In this way, CBT requires the subject under treatment to be constantly vigilant, guarding their thoughts against “distortions” and then applying principles of logic and rationality when they have flagged a thought as being problematic. This constant policing of one’s own thoughts is related to the conception of the “bounded, masterful” self.<sup>34</sup> If one correctly applies logic and remains guarded, then one can exercise mastery over one’s own mind and “manage” undesired emotions. Additionally, the practice of monitoring one’s own thinking is related to the idea of rational conduct in the neoliberal subject by remaining “sensitive to modifications in the variables of the environment” and then responding in a “systematic way.”<sup>35</sup> Following the “system” of CBT strategies thus promises to lead to control over one’s interior world and subsequent mental health and happiness.

Again, the implication in this framework places the responsibility of disease and disorder on the individual and neglects to account for any broader systems of culture or social structures. The implied logic in the constant policing and monitoring required to implement CBT strategies successfully is that if someone is experiencing symptoms of depression or thoughts of suicide, then they simply are not trying hard enough or doing an adequate job monitoring their own thoughts. This framework completely ignores the “dark underside” of this particular conception of a completely autonomous agent: failure to live up to its impossible demands can be explained

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<sup>33</sup> "What Is Cognitive Behavioral Therapy?" American Psychological Association. Accessed November 12, 2018. <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.aspx>.

<sup>34</sup> Philip Cushman, “Why the Self is Empty: Toward a Historically Situated Psychology,” *American Psychologist* 45, no. 5 (1990): 601.

<sup>35</sup> Matt Davies and Amanda Chisholm; 278.

only as a result of the agent's own individual actions.<sup>36</sup> By failing to recognize the inherent biases of neoliberal subjectivity present within CBT, the therapeutic practices of this framework may actually be inadvertently contributing to the maintenance of a social order that causes, or at least contributes to, the very symptoms it is aiming to treat.

In addition to the conception of the self undergoing treatment in CBT being influenced by inherent neoliberal assumptions, the larger treatment framework of CBT, with its focus on skill-building, competencies, manuals, and procedures is largely a response to “increasingly powerful neoliberal corporate forces insisting on medicalizing therapeutic practices, quantifying outcomes, and controlling labor” through a “highly technicity and behavioral [model]...that ignores social context and interactive process [and] privileges quantified outcomes research that produces what is called ‘evidence-based’ practices.”<sup>37</sup> CBT can be examined as a perfect example of a treatment embodying these neoliberal forces. CBT is a manual-based treatment.<sup>38</sup> This means that an individual psychotherapist who is using CBT as a form of treatment will refer to a written manual outlining and detailing different “skill modules” to implement during the treatment process.<sup>39</sup> The majority of CBT sessions are devoted to introducing and teaching new skills, and short focus of the treatment means that the therapist's choice of skill modules is “extremely important.”<sup>40</sup>

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<sup>36</sup> Button, 275.

<sup>37</sup> Philip Cushman, “Relational Psychoanalysis as Political Resistance,” *Contemporary Psychoanalysis* 51, no. 3 (2015): 430.

<sup>38</sup> B. Stanley, G Brown, DA Brent, K Wells, K Poling, J Curry, BD Kennard, et al., "Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP): Treatment Model, Feasibility, and Acceptability," *Journal of the American Academy of Child and Adolescent Psychiatry* 48, no. 10 (2009): 1007.

<sup>39</sup> *Ibid.*, 1008.

<sup>40</sup> *Ibid.*, 1009.

CBT applies neoliberal market language and assumptions to its treatment framework. First, there is the fact that the treatment itself is manual-based. Having a treatment be based upon a highly regimented manual for implementation echoes the industrial market in that CBT as a treatment is mass-produced for its “consumers,” that is the individuals who are undergoing treatment. Additionally, even the diction, “manual,” brings to mind the idea of an owner’s manual that one acquires upon the purchase of a new consumable good. Furthermore, describing the different types of treatment that can be implemented with the patient in therapy as “skill modules” serves as another example in which the language of the market has been applied to the psychotherapeutic setting. The word “module” brings to mind a series of standardized, interchangeable parts, similar to what one might find in a machine. The focus on “skill building” frames suicidal behavior as a problem of insufficient personal resources: a person commits suicide because they do not possess the necessary coping skills, once again linking CBT to the market and positioning. The neoliberal solution--acquiring more “goods” in the form of “skill modules.”

Additionally, the inherent assumption in creating a manual for treatment again rests on the idea of a rational choice subject, that is an individual who relies on rationality to guide their decision-making. The implication is that if the therapist, the rational choice subject in this example, follows the systematic, rationalized framework of CBT with his or her client, then he or she will achieve success. In this view, lack of success with the patient, rather than being interpreted as a failure of the treatment methodology overall, can be transferred onto the individual therapist. Once again, CBT fails to account for any larger structural issues that may be influencing the course of treatment or contributing to the patient’s symptoms and places the liability on the neoliberal subject.

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The way that the framework explains the cause of suicide provides further evidence of the neoliberal influences inherent in CBT. A therapist practicing CBT conducts a “detailed chain analysis” after the suicide attempt, examining three sets of factors: dispositional vulnerability factors, psychological variables, and “suicide-relevant cognitive processes.”<sup>41</sup> Dispositional vulnerability factors are “long-standing psychological traits” possessed by the individual in treatment.<sup>42</sup> Psychological variables examined are “unhelpful cognitive and behavior patterns indicative of psychopathology.”<sup>43</sup> Finally, “suicide-relevant cognitive processes” include “attentional biases toward suicide-relevant stimuli, the inability to disengage attention from suicide-relevant stimuli, and attentional fixation, or a preoccupation with suicide as the only solution to one’s problems.”<sup>44</sup> Furthermore, an “algorithm for treating delusions, hallucinations, and negative symptoms with cognitive behavioral strategies” is provided.<sup>45</sup> The therapist then analyzes and quantifies the causes leading to a suicide attempt. There is even an algorithm a therapist can use to help make the most logical, rational treatment decision. The underlying assumption is that the more a therapist relies on logic and rational reason and the more that he or she follows a procedure-based system, the more successful the treatment outcomes will be. Additionally, it is worth noting that each one of the factors noted above for further examination to better understand the events leading up to a person’s suicide attempt are solely factors that

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<sup>41</sup> Ibid., 1007.

Amy Wenzel and Shari Jager-Hyman, 2.

<sup>42</sup> Ibid.

<sup>44</sup> Ibid., 2-3.

<sup>45</sup> Judy A. Greene, "Cognitive-Behavioral Therapy," *Psychiatric Services* 56, no. 9 (2005): 1161.

relate to the individual. There are no questions about the individual's interpersonal relationships or membership to different forms of community. The individual undergoing treatment is again conceptualized as an atomized, autonomous subject whose failure to think and behave rationally has led to their suicide attempt.

With its procedures and systems, CBT transforms the nature of the therapist-patient relationship from being one grounded on deep emotional understanding to one modeled after a purely business-based relationship. Its short-term nature (generally about 20-24 sessions long) simply does not allow the time necessary to develop a deep relationship between the therapist and the patient.<sup>46</sup> Additionally, the highly structured and procedural focus of the therapy does not leave the space or time to learn deeply about the multifaceted nature of the individual in therapy. CBT's prioritization on efficiency and skill development robs the patient and the therapist from developing what could be a very healing relationship for the suicidal patient. As noted earlier, several theoretical frameworks link a lack of connectedness to others as a precursor for suicide.<sup>47</sup> The therapeutic relationship could serve as a space where the suicidal relationship feels a sense of connectedness and thus serve as a source of healing. Yet, the neoliberal biases inherent in CBT prevent that from occurring.

A further way that CBT conceptualizes the therapist-patient relationship as a business relationship is in the increasingly normative practice of requiring therapists to administer "post-session consumer satisfaction surveys."<sup>48</sup> Not only does this practice transform the role of the patient into one of consumer, but it also exerts an additional layer of discipline on the therapist.

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<sup>46</sup> Karen C. Wells and Nicole Heilbron, 305.

<sup>47</sup> Stephanie S. Daniel and David B. Goldston, 288.

<sup>48</sup> Philip Cushman, "Relational Psychoanalysis as Political Resistance," 438.

The results of these surveys could be evaluated to see the degree to which a particular therapist is following the systems and procedures of CBT. In this way, the therapist becomes both administrator and recipient of the larger neoliberal CBT framework.

If CBT contains neoliberal biases indicative of the larger North American culture that prevents it from adequately identifying and treating the factors that lead to suicide and may actually result in maintaining a harmful status quo, then what might be an alternative? First, a reconceptualization of the factors that lead to suicide is necessary. Rates of suicide should be examined as “a form of sociopolitical critique for the living, one that challenges the acceptance of what counts as normal.”<sup>49</sup> Rather than viewing suicide treatment and prevention from a standpoint that assumes the current sociopolitical reality as normative and unchanging, we might look to these rates as indicators of where our policies and culture are failing. Armed with that information, the next step could be to implement policies addressing societal inequities and look at suicide not as an issue of individual failing, but rather as symptomatic of gross societal inequities. Secondly, the connection between consumerism and human health and happiness might be examined. Studies such as the World Values Survey indicate that in contrast to neoliberal ideas about success and happiness, raw economic growth does not correlate to greater measures of individual happiness.<sup>50</sup> In fact, when looking at the factors that result in the highest levels of life satisfaction, a generous and universalistic welfare state has the greatest impact on overall levels of human happiness and declining levels of commodification are associated with increasing levels of overall happiness.<sup>51</sup> Until we begin to implement public policies that “foster

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<sup>49</sup> Mark E. Button, 278.

<sup>50</sup> Benjamin Radcliff, "What Would Democratic Socialism Mean for America?" Psychology Today. Accessed October 15, 2018. <https://www.psychologytoday.com/us/blog/the-economy-happiness/201606/what-would-democratic-socialism-mean-america>.

<sup>51</sup> Ibid.

the conditions which allow people to enjoy being alive,” we will find ourselves continuing to develop and implement treatments, like CBT, that not only neglect to address the underlying causes of depression and suicide, but inadvertently work to maintain the status quo.<sup>52</sup>

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<sup>52</sup> Ibid.

## Bibliography

- Button, Mark E. "Suicide and Social Justice: Toward a Political Approach to Suicide." *Political Research Quarterly* 69, no. 2 (2016): 270-80. <http://www.jstor.org/stable/44018009>.
- Christensen, Bryce. "The Problematics of a Social Constructivist Approach to Science." *CLCWeb: Comparative Literature and Culture* 7, no. 3 (2005): <<http://docs.lib.purdue.edu/clcweb/vol7/iss3/>> .
- Cushman, Philip. "Relational Psychoanalysis as Political Resistance." *Contemporary Psychoanalysis* 51, no. 3 (2015): 423-459, DOI: [10.1080/00107530.2015.1056076](https://doi.org/10.1080/00107530.2015.1056076)  
 \_\_\_\_\_. "Why the Self is Empty: Toward a Historically Situated Psychology." *American Psychologist* 45, no. 5 (1990): 599-611.  
<http://dx.doi.org/10.1037/0003-066X.45.5.599>
- Daniel, Stephanie S., and David B. Goldston. "Hopelessness and Lack of Connectedness to Others as Risk Factors for Suicidal Behavior Across the Lifespan: Implications for Cognitive-Behavioral Treatment." *Cognitive and Behavioral Practice* 19, no. 2 (2012): 288-300.
- Davies, Matt, and Amanda Chisholm. "Neoliberalism, Violence, and the Body: *Dollhouse* and the Critique of the Neoliberal Subject." *International Political Sociology*, 12, no. 3 (2018): 274-290. <https://doi-org.lib.pepperdine.edu/10.1093/ips/oly001>
- Dobson, Keith S., ed. *Handbook of Cognitive-Behavioral Therapies*. New York: Guildford Publications, 2009. Accessed March 4, 2019. ProQuest Ebook Central.
- Graeff, Peter & Guido Mehlkop. "When Anomie Becomes a Reason for Suicide: A New Macro-sociological Approach in the Durkheimian Tradition." *European Sociological Review* 23, no. 4 (2007): 521-535.

- Greene, Judy A. "Cognitive-Behavioral Therapy." *Psychiatric Services* 56, no. 9 (2005):1161-1162.
- Greenfieldboyce, Nell. "CDC: U.S. Suicide Rates Have Climbed Dramatically." NPR. June 07, 2018. Accessed October 15, 2018. <https://www.npr.org/sections/health-shots/2018/06/07/617897261/cdc-u-s-suicide-rates-have-climbed-dramatically>.
- Heine, Steven J. "Self as Cultural Product: An Examination of East Asian and North American Selves." *Journal of Personality* 69, no. 6 (2001): 881-906.
- Radcliff, Benjamin. "What Would Democratic Socialism Mean for America?" *Psychology Today*. Accessed October 15, 2018. <https://www.psychologytoday.com/us/blog/the-economy-happiness/201606/what-would-democratic-socialism-mean-america>.
- Seligman, Martin E. *Learned Optimism: How to Change Your Mind and Your Life*. New York: Vintage Books, 2006.
- Stanley B, G Brown, DA Brent, K Wells, K Poling, J Curry, BD Kennard, et al. "Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP): Treatment Model, Feasibility, and Acceptability." *Journal of the American Academy of Child and Adolescent Psychiatry* 48, no. 10 (2009): 1005-13.
- Stone DM, Simon TR, Fowler KA, et al. "Vital Signs: Trends in State Suicide Rates — United States, 1999–2016 and Circumstances Contributing to Suicide — 27 States, 2015. *MMWR Morb Mortal Wkly Rep* 2018;67:617–624.  
DOI: <http://dx.doi.org/10.15585/mmwr.mm6722a1>
- Wells, Karen C., and Nicole Heilbron. "Family-Based Cognitive-Behavioral Treatments for Suicidal Adolescents and Their Integration With Individual Treatment." *Cognitive and Behavioral Practice* 19, no. 2 (2012): 301-314.

Wenzel, Amy and Shari Jager-Hyman. "Cognitive Therapy for Suicidal Patients: Current Status." *Behavior therapist* 35, no. 7 (2012): 121-130.

"What Is Cognitive Behavioral Therapy?" American Psychological Association. Accessed November 12, 2018. <https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.aspx>.

White, Jennifer & Michael J. Kral. "Re-Thinking Youth Suicide: Language, Culture, and Power." *Journal for Social Action in Counseling and Psychology* 6, no. 1 (2014): 122-142.