"A Hundred Ways to Die":
An Auto-ethnography on Suicidal Ideation

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TW: this piece contains descriptions of suicidal thinking and suicide attempts.

Part One: Women Who Want to Die

"I know a hundred ways to die.
I've often thought that I'd try one:
Lie down beneath a motor truck
Some day when standing by one.

Or throw myself from off a bridge—
Except such things must be
So hard upon the scavengers
And men that clean the sea.

I know some poison I could drink.
I've often thought I'd taste it.
But mother bought it for the sink,
And drinking it would waste it."
- "I know a hundred ways to die" by Edna St. Vincent Millay

The first time I wanted to die, I was 14 years old.
The first time I wanted to kill myself, I was 19.
The first time I started researching suicide methods, I was 28.

I make these distinctions because they are important. Wanting to die and wanting to kill yourself are not the same. It is a shift from the passive to the active. There are further steps from plan to attempt and from attempt to a completed suicide but I have not crossed those barriers. In this paper, I will discuss why I think that is.

An often-repeated statistic is that women are three times more likely than men to attempt suicide, but men are four times more likely to die from their attempts (Joiner, 2005). Although these numbers are drawn from a Western context, the general trend seems to hold true in the Lebanese context I am speaking from. According to a recent study, 71% of those admitted for a suicide attempt in the emergency room of a Lebanese medical center were women (El Majzoub et al., 2018). The same study found that other common denominators to those who attempt suicide are being unemployed and living with family, experiences that could have only gotten more common following the cumulative effects of the Covid-19 pandemic and the economic crisis wherein the Lebanese Pound has lost around 90% of its value since 2019 (Farran, 2021). In contrast, completed suicides, which have indeed risen in recent years and are increasingly featured in Lebanese news, are usually done by men (Farran, 2021; Lazkani, 2020). So why are women more likely to attempt suicide? And why are men more likely to die when they do?

Mental health professionals, both in Lebanon and the West, maintain that the most common reason behind suicide is mental illness (Jamison, 2000; Weissman, 1999), citing clinical literature that tends to be heavily

pathologizing and doesn't account for societal trauma, structural discrimination, or the conditions of life. However, Ussher's theory is that more women are "mad" because of the distress caused by living in a patriarchal society (2011). An interesting observation that could be taken as evidence of this is that in China, women who attempted suicide said they hoped to be reincarnated as male (Bering, 2018). Furthermore, thoughts about suicide double in girls between the ages of 12-13 and 14-16 while the opposite happens with boys of the same age (Jamison, 2000). This is the age when most young girls become acquainted with society's objectification and sexualization of their bodies. Discussions with friends have revealed that we all had our first memorable incident of sexual harassment around that period. It should also be noted that women have not historically been taken seriously by the medical establishment. Until the end of the 18th century, physicians believed that the womb spontaneously moved around the body, causing hysteria in women and their general disposition as fragile and unstable (Scull, 2012). Shaw & Proctor see hysteria as a response to powerlessness and the contradictory messages women were receiving at the time (2005). One could also point at the patriarchal expectation that women should be passive and docile as the reason behind the fact that lobotomies were predominantly performed on women in the 20th century (Tone & Koziol, 2018). Currently, women with a history of sexual abuse are likely to have their responses to that abuse pathologized and labeled as Borderline Personality Disorder (Shaw & Proctor, 2005). Mental health professionals often show prejudice against those patients, assuming that they are manipulatively gesturing to suicide to get attention (Joiner, 2005).

It is unfortunate that little of the research on suicidality takes an intersectional and socioecological approach (Standley, 2020). Queer women, poor women, immigrant women, women in abusive relationships, trans and gender non-conforming women, autistic women, and many other marginalized populations must deal with additional difficulties in their lives, which likely contribute to depression. Narratives that focus solely on biology and/or individual upbringing end up feeling inadequate. Lack of societal acceptance and lack of financial security, which translates to lack of access in most cases, have significantly and negatively affected my mental health. No amount of medication and unpacking past trauma is enough to negate the effects of the structural inequities I exist in and must navigate on a daily basis. This is all the more glaring given the current economic crisis in Lebanon. Praising Lebanese resilience or advising people to stay strong as many are wont to do on social media dismisses the structural nature of our struggle and betrays a neoliberal mindset that focuses on individual solutions for societal problems.

Part Two: The Romanticization of Female Suicide

"Dying
Is an art, like everything else.
I do it exceptionally well.

I do it so it feels like hell.
I do it so it feels real.
I guess you could say I've a call."

- From "Lady Lazarus" by Sylvia Plath

There is an unfortunate long history of romanticization of female suicide. In the Victorian age, poets such as Edgar Allen Poe, Charles Baudelaire, William Butler Yeats, and Lord Alfred Tennyson popularized viewing the dead female body as a site of beauty. Visual artists also contributed to this vision by romantically painting dead and dying women, such as Dante Gabriel Rossetti, and fictional suicides, such as John Everett Millais's famous painting of Ophelia (see footnote) (Mulhall, 2017). Mulhall (2017) recounts the story of "L'inconnue de la Seine," a woman who committed suicide in the River Seine in the late 1880s and whose body remained unidentified. One of the morticians made a plaster cast of her face to preserve her beauty, which he had become transfixed by. In her death, she was transformed into an aesthetic object that was replicated, sold, and bought, a source of inspiration for various artists and writers across Europe, and later, a mannequin for CPR training. Her life did not matter as much as the beauty others saw in her death (Mulhall, 2017). The 19th century feminized suicide, linking it to a set of so-called feminine traits and circumstances, including fragility, sensitivity, social victimization, passive self-surrender, and the desire to manipulate how others perceive you and project an aesthetic image. Even fictional male suicides were portrayed as feminine (Higonnet, 1985). But suicide is predominantly performed by women in fiction (Patnoe, 1997). In these narratives, the characters almost always die after their first suicide attempt (Patnoe, 1997), which might be why women overestimate the lethality of many methods (Jamison, 2000).

This romanticization continues in the twentieth century. In 1947, Evelyn Mc Hale took her own life by jumping off the observation deck of the Empire State Building, landing face up on a car. Although her suicide note specified that she did not want anyone to see her body, she was photographed by Robert Wiles and the photograph was published on the cover of Life magazine, landing her the title of "the most beautiful suicide." In the 21st century, advertisements have used models posing as dead women, portraying the female dead body as erotic (Mulhall, 2017). In 2013, Vice magazine published a fashion spread of models reenacting famous female writers' death by suicide called "Last Words," which was promptly criticized by feminist publication Jezebel for its tastelessness in using real women's dead bodies as a commodity (Sauers, 2013). Vice removed the post and issued an apology, but not without including a justification that their "main goal is to create artful images, with the fashion message following" (Mehran & Vice staff, 2013). Literary women who struggled with depression and attempted or died by suicide have long been fetishized in an uncomfortable manner, including by young women who identify with them (Jamison, 2019). I admit that I have felt an affinity with many of the writers and poets who repeatedly attempted or completed suicide such as Virginia Woolf, Sylvia Plath, Anne Sexton, Dorothy Parker, Charlotte Perkins Gilman, and Elise Cowen. One of my fears has been that my "madness" and my creativity are inextricably linked. Is one the price you pay for the other?

On a similar note, it has been well established that media can have an influence on suicidal behavior (Zahl & Hawton, 2004). The Werther effect, named after Goethe's novel, "The Sorrows of Young Werther," published in 1774, describes the phenomenon of suicidal contagion. After the novel's publication, several people killed themselves in the same manner as Werther, wearing the same attire, and with a copy of the book next to them (Bering, 2018). It has also been called the Marilyn Monroe effect given that after Marilyn

Monroe's suicide, suicide rates in the US shot up by 12 % (Solomon, 2001). Currently, celebrity suicides that are tweeted about the most generate the greatest increase in suicides, including copycat suicides (Seeman, 2017). Some researchers think the reason behind this is that seeing a person who died of suicide being praised and idolized in news coverage can lead those vulnerable to imagine a future self, after death, enjoying a similar positive response (Bering, 2018). However, I believe there is more nuance to the phenomenon given our peculiar relationship to those with a famous public persona. What I have gathered from my experience and that of close friends is that the meaningfulness of their artistic output to our lives can create feelings of identification and attachment, for better or worse, leaving those of us predisposed to suicidal ideation feeling especially vulnerable when a beloved celebrity dies by suicide. Moreover, the internet has given access to information about the most effective suicide methods, including websites that give specific instructions and people that livestream their suicides (Bering, 2018). It can be very difficult to resist searching for such knowledge when in the grips of suicidal ideation.

The content of the media we watch for entertainment has also come under scrutiny. For example, the Twilight saga has been criticized for romanticizing its heroine's desire for death in order to become a vampire and join her lover, Edward (McKay & Maple, 2013). Having seen the films and given the fantastical nature of the "wanting to become a vampire" dilemma, I am more concerned that they would normalize unhealthy relationship dynamics (stalking, possessiveness, co-dependence) rather than inspire suicides. In addition, much has been written about the increase in suicides and suicidal attempts following the release of the first season of the Netflix show "13 reasons why" in 2017, which depicted a graphic three-minute scene of teen suicide (Copeland, 2020; Hong et al., 2019; Reidenberg et al., 2020; Scalvini, 2020). This scene was triggering to me. In the depths of a particularly hellish period during the summer and fall of 2017, which I shall hereby refer to as my "dark night of the soul," I could not stop replaying the scene in my mind. It included details such as the protagonist's choice to wear old clothes so as not to sully new ones and showed her cutting her wrists with a razor blade, turning the bathtub water red. I do not consider myself a particularly influenceable person, but I fantasized about this act repeatedly.

Some places also become suicide magnets by holding a certain poetic appeal. In Lebanon, Pigeon rock, a natural landmark in Raouche, serves this role and is the most famous site of suicide (Sami & Richa, 2015). The fact that the sea holds an allure because of the romanticization of drowning in art and literature (Jamison, 2000), coupled with its great height, makes it an idealized suicide site. Internationally, two sites have been romanticized in media and literature to the point of becoming suicide tourist attractions: Mount Mihara, an active volcano on the Japanese island of Oshima, and the Golden Gate Bridge in San Francisco. Mount Mihara's popularity began when two classmates climbed it in 1933 and one of them, a young woman of 24, told her friend she would jump in to be "sent heavenward in smoke and beauty" (Jamison, 2000, p. 148). Her friend told the tale and the next year, 160 people jumped to their deaths in the volcano and 1200 were restrained by police from doing the same. Similarly, many travel to jump off the Golden Gate Bridge in San Francisco. On why they chose the bridge, a survivor of a suicide attempt said, "There is a kind of form to it, a certain grace and beauty" (Jamison, 2000, p. 151).

Part Three: Masculine & Feminine Methods

"But suicides have a special language.
Like carpenters they want to know which tools.
They never ask why build."
   -   From "Wanting to die" by Anne Sexton

I have offered some leads as to why women attempt suicide more than men. However, suicide attempts outnumber completed suicides 10 to 1 (Bering, 2018). The reason why women's suicide attempts do not end in death as often as men's is because of the choice of method. Women tend to choose drugs, poison, and self-lacerations, which can be treated, while men tend to pick guns, hanging, and jumping from a great height, which are likely to kill (Jamison, 2000). This trend applies to Lebanon. In the case of suicide attempts, the majority of which are made by women, the most common method used is drug overdose followed by self-cutting (El Majzoub et al., 2018). The methods of completed suicides differ from suicide attempts, with the most common being firearms, hanging, and jumping from a height. Similar to other countries, more men complete suicides than women and men are more likely to use firearms (Bizri et al., 2021). It can be posited that in Lebanon as elsewhere, societal scripts about masculinity and femininity influence the choice of method used (Mueller et al., 2021). Firearms are generally associated with masculinity and efficiency while drugs and poison are painless and easy to use (Jamison, 2000). Researchers have attempted to explain the discrepancy in methods by stating that fear of disfigurement could be a reason why women do not use guns as they are perceived as caring about the state of their body (Bering, 2018; Higonnet, 1985; Jamison, 2000) However, these narratives reflect an essentialist view of gender that paints those assigned female at birth as being vainer than others. It is possible that women, who rarely live alone in Lebanon, are concerned with the effects of their choice of method on the well-being of their family members. Gunshot and hanging leave a gruesome sight for those who will find them. In contrast, toxic masculinity ideals might make men more likely to feel that there is a stigma attached to a failed suicide attempt (Jamison, 2000) and thus want to guarantee lethality.

However, I suggest that the biggest factor in the discrepancy between male/female methods is not how masculine/feminine a method is but how accessible it is. While women and those assigned female at birth are more frequently diagnosed with depression and BPD (Jamison, 2000; Shaw & Proctor, 2005), making attempted overdose on antidepressants or other prescribed drugs the most accessible suicide method for them, men are given greater access to firearms and more opportunities to gather knowledge of anatomy due to their greater involvement in the army, police, and as physicians (Joiner, 2005). Indeed, profession affects choice of suicide method. A study of suicides in branches of the American military found that those in the army often shot themselves, those in the navy (with knowledge of knots) often hanged themselves, and those in the air force often jumped from great heights (Bering, 2018). Further evidence that access to knowledge and lethal means matters are the numbers that show that women doctors, psychologists, and chemists are 3 to 5 times more likely to die of suicide than the general population (Jamison, 2000). Moreover, suicide rates are lower in places where guns and barbiturates are hard to obtain (Solomon, 2001).

The poet Robert Lowell said that if we all came with an inbuilt switch in our arm, and flicking it would cause instant death, the human species would have been extinguished (Bering, 2018). Guns are the closest thing to that switch. In Jesse Bering's words, it is amazing that with the trigger of a gun, "here, where the tangible cosmos of your consciousness dwells, to there, where there's no more you at all, is but the span of a blade of budding grass, the stride of a broken toothpick" (2018, p. 131). If there was a gun in my house, there is a high chance I would not be here writing this paper at this moment. I also did not have enough scientific knowledge to attempt some of the more complex methods. I worried that hanging would be slow and painful. Internet searches revealed that drugs and self-cutting are unlikely to succeed. I pondered jumping but was worried that my building and those around it were not high enough. For those of us who struggle with suicidal ideation, Hamlet's "to be or not to be" is less a philosophical quandary than a pressing and all-consuming concern. But how did I end up in that state, furiously weighing up suicide options?

Part Four: Disintegration

"Remember your nightmares.
These dreams may be pleasant enough folk
but nightmares alone are designated truthsayers.
The coming of spring is celebrated
after the long dark night
but the crone is as necessary as the maiden
and to sever as wholesome as to bind.

Remember…

The preverbal darkness waiting to engulf us all,
be it witch or deep lagoon.
No, she is not your mother.
Yes, she will eat you.

The act of disappearing day by day,
your face becoming a stranger's face,
your hands a clay doll's hands,
their gaze never landing upon you.

The thousands of forces wrapping you tightly
into their sickening embrace
while you lay still -
for you're a good girl, are you not?

You fear to remember them
but it is far more dangerous to forget".
- "Remember your nightmares" by Joanna Abillama

Examining my situation through a scientific lens helps me make sense of it. Even though I am aware of the shortcomings of mental health research and its pathologizing nature, when I look at the data, I feel less shame over having been suicidal. My training in psychology kicks in and I run up a mental list of all the factors I am up against. There is a genetic vulnerability to suicide, which is distinct from the genetic vulnerability to depression (Bering, 2018; Joiner, 2005). My father made several suicide attempts during his lifetime. This indirectly contributed to his death as the lung cancer that ravaged his body was able to do so rapidly given the fact that he was missing part of his lung, having shot himself in the chest in his youth. I possess many of the traits that make suicide more likely, such as perfectionism, sensitivity, and self-blame (Bering, 2018). I suffer from depression, anxiety, and panic attacks, the conditions most directly linked to a majority of suicides (Jamison, 2000) and suspect I was born with a built-in neurodivergence that was neither understood nor accommodated. Early abuse has been theorized to lower serotonin levels and increase probability of suicide (Solomon, 2001) and my childhood experiences did contain a good deal of psychological abuse. I also struggle with both falling asleep and staying asleep. Research has shown that sleep disturbances and suicide risk are connected (Bernert & Nardoff, 2015; Littlewood et al., 2016; Liu et al., 2020). In addition, people with frequent nightmares, especially ones where they are victimized, are more likely to have suicidal ideation (Joiner, 2005). When I do get some sleep, I often dream of some psychological torture such as being immobilized while giant insects crawl towards me or having an abusive magical being take control of my mind to cause me to hurt myself and others.

In addition, I am bisexual and as research has established, sexual orientation minorities are at a higher risk of suicidal ideation, suicide attempts, and completed suicides because of both individual and institutional discrimination (Haas et al., 2011; Standley, 2020). The fact that I could never be completely open about romantic relationships with women in Lebanon does make me feel alienated from my environment. At the time of my dark night of the soul, I was unemployed and struggling financially, which put a strain on my long-distance relationship (I could not afford a ticket to visit) and limited my access to mental healthcare, all factors that have been documented as high risk for suicidality (Elliott et al., 2015). The lack of reliable public transportation in Lebanon was and remains severely limiting to both my professional opportunities and ability to maintain friendships, hence cutting me off from sources of financial and social support. And living in a country with one of the least affordable internet services comparative to the region (Yassine, 2020) means that I often fear not being able to afford the monthly bill and being cut off from my only remaining source of connection to others.

Letting others down is often a suicide trigger (Joiner, 2005) and during my dark night of the soul, I was convinced that I had let everyone around me down by not being able to carry through with my plans to obtain a PhD in the U.S. I felt especially shameful towards all the kind friends that had given me money so I could afford to apply to programs. Indeed, I was convinced that no worse person in the world existed. Finally, the

death of my father and the end of my long-term romantic relationship occurred within a week of each other, interpersonal losses that acted as the trigger to falling into the abyss, as such events often do for those primed towards suicidal thinking (Joiner, 2005). When my partner told me she wanted to end our relationship, she said it was because there was no joy in it anymore. "Well of course. I am deeply depressed," I thought. I knew I had been miserable company. Depressed people make more negative self-disclosures to intimate others, which negatively affects those relationships (Joiner, 2005). She had been listening to me talk about not being able to find a job and slowly watching my father wither away, losing his body then his mind, for months. "No wonder she has fallen out of love with me," I thought. With the benefit of hindsight, I can see how my predisposition and the different events in my life formed a perfect storm in 2017, one that led me right to the edge. But I did not jump.

Part Five: Wandering the Labyrinth

"Razors pain you;
Rivers are damp;
Acids stain you;
And drugs cause cramp.
Guns aren't lawful;
Nooses give;
Gas smells awful;
You might as well live."
- "Resume" by Dorothy Parker

A theory that helpfully explains why I did not is Joiner's Interpersonal Theory of Suicide (2005), which is based on three factors: lack of belongingness, perceived burdensomeness, and capacity for self-harm. The first two, which I had in spades, create suicidal ideation but the last is required to turn intent into attempt. As I seriously considered suicide, I found out that it is incredibly difficult to kill yourself. You not only need to go beyond the fear and pain of self-injury but must have the knowledge that facilitates self-injury. People acquire the courage and competence necessary to hurt themselves through practice (by self-harm, previous suicide attempts, or having been a victim of physical abuse). The more people attempt suicide, the more dangerous the attempts become (Joiner, 2005). For example, cutting one's flesh is much harder than imagined. Let us look at Beatrice's experience,

> I know now that slitting my wrists was not as poetic nor as easy as I imagined […] The evening dragged on with me busy reopening the stubborn veins that insisted upon clotting up. I was patient and persistent and cut away at myself for over an hour. The battle with my body to die was unexpected, and after waging a good fight, I passed out. (Joiner, 2005, p.52)

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In my mind at the time, the only thing worse than staying alive was attempting suicide and failing. It would mean feeling deprived of agency, guilt over causing my mother to pay hospital bills, potential scars or lifelong disabilities, and irrevocable proof to everyone that I was indeed "mad." I lacked one of the traits behind suicide attempts, impulsivity (Bering, 2018). I have always been a planner. If it were possible, I would research and plan every single week of my life. And as my "research" indicated, I did not have access to or the necessary skills to construct lethal means. I never identified more with Dorothy Parker's poem, "Resume."

I am aware that this discourse might sound very strange to someone who has not experienced suicidal ideation. As William Styron says in his memoir "Darkness Visible" (1992), it is incredibly difficult for healthy people to imagine a form of torture so alien to them. Many writers have tried to convey the experience through metaphor. Being in a suicidal mindset has been compared to being in a burning building and feeling you must jump out of the window or being like "a fox that has been forcibly dug out of its lair and surrounded by a whole pack of hounds that has exhausted its capacity to flee and hide" (Bering, 2018, p. 124). When I have tried explaining it in the past, I have said that having a suicidal mind is like being stuck in a dark labyrinth with no idea of where the way out is, how far it is, or if it even exists. When I try to escape, I feel as if I am going in circles. At times, I just freeze, thinking that if I could just stop everything, stop doing, stop thinking, the labyrinth might disappear. But that does not work. At other times, I find myself wishing for a savior, someone with a rope I could climb or a thread to lead me to the exit, as Ariadne did for Theseus in the Minotaur's labyrinth But it takes immense trust in another to reach out to them in those moments and even when I do, the best they can offer is a bit of hope that I will eventually find the exit myself. Another metaphor I have for living with recurrent suicidal ideation is that I feel as though I live my life walking on a very narrow edge, knowing that at any moment, a gust of wind might push me off it. And when I fall into the darkness, it always feels like I will never be able to get up again. Even when I do, it is with the knowledge that I have won the battle, not the war. It is only ever a battle, then another, then another. The war will always be there. I will always come back to it. The darkest corner of my mind whispers that the ending of my story has already been written, that I am only delaying the inevitable. At times I feel as if I am moving slowly towards it and at other times, I am running full speed, but it is always the same destination. When I was 20 years old, I was acting in a play and the assistant director, in a moment of frustration at my perceived "bitterness," said to me "You are going to end up a suicide." I doubt he knew that those words would ring like prophecy in my head, to be heard over and over again throughout the years. But that is when I am in the dark. When I emerge from the shadows, I tell myself that the choice is mine, that the more people tell me I am doomed, the harder I should fight to prove them wrong.

Part Six: Connections & Ruptures

"The old man said: A mind, run amok, is a dangerous
thing. The way it keeps circling and circling on the same
damn thing. That straight jacket feeling, of holding it all in.
What curious thing sparks the cogs of this machine, which stifles
Impulses, suffocates thoughts? Thing that creeps and slithers and leaps,

Pulling back every genuine thing, retracting you and shrinking you, to an
Innocuous size, a poor helpless thing. And as you are following an outdated script,
hiding though you know well no thing lurks, you're the handless maiden that has cut
off her own arms. Such a quiet thing, they say. And how you wish to prove them wrong.
No lips sown shut, no stumps. "See, that thing. It's it. It's not letting me.
I'd hack it off or turn it off; if anything could do the trick, I'd do it". But it pulls,
whispering, cajoling, sinking you in, warning, pleading: "I'm the only thing
keeping you safe". It did. And served you well. Still, the thing is, you need
your breath back, release from this vice-grip, but a mind is a thing that
recalls well. Pulsing yes & no, & no & yes, quite a dangerous thing."

- "A Mind" by Joanna Abillama

In my experience, suicide has more to do with anxiety than depression. As Solomon said, it is the action of a tortured mind not a numb one (2001). There is evidence that mixed states (agitation and depression) and panic attacks increase the chances of suicide (Jamison, 2000). The panic attacks I have experienced are the worst kind of suffering imaginable. I become stuck in a state of absolute terror that can last hours. During this time, I would give anything to make it end. Like Anne Sexton described, "I walk up and down the room- back and forth- and I feel like a caged tiger (Jamison, 2000, p. 112). No amount of distraction, mindfulness, cognitive behavioral or dialectal behavioral therapy skills can drive away the demon. It sits on my chest, crushing my heart within its claws. I believe that many of the writings about depression describe elements of panic attacks. For example, Virginia Woolf wrote "Oh, its beginning is coming- the horror- physically like a painful wave swelling about the heart- tossing me up. I'm unhappy, unhappy! […] Does everyone go through this state? Why do I have so little control?" (Solomon, 2001, p.439-440). The painful wave is how I experience the start of a panic attack. Depression might leave me numb and unmotivated but panic attacks cause me agony. Time no longer holds any significance. As Jamison stated, "the future cannot be separated from the present and the present is painful beyond solace" (2000, p. 94). We can live with unimaginable amounts of pain if we know for certain it will end but when operating within a suicidal mindset, there is no such knowledge. Ironically, the most helpful attitude a friend has embodied is not by trying to convince me to stay alive but by reminding me that suicide is an option that is not going anywhere. I can always kill myself next month. This has helped me carry on. It is also advice that has been offered by suicidologist Roy Baumeister (Bering, 2018).

I have often felt completely alienated by my experience with suicidal ideation. Due to the fact that few people talk openly about it, it can feel like you are the only person going through it. But through the course of my research for this piece, I found out that 16 % of Lebanese adolescents and 14% of 16 to 19-year-old students at the American University of Beirut have seriously thought of suicide (Mahfoud et al., 2011; Shediac-Rizkallah et al., 2001) Suicides in Lebanon are sometimes hidden by families because of social stigma, religious condemnation including the refusal of appropriate burial ceremonies by some religious authorities, and economic concerns since most health and life insurances do not cover hospitalizations or end of life indemnities respectively in cases of suicide (Bou Khalil, 2019). In the past two years specifically, rates of

suicide among Lebanese people have increased as Lebanese's mental health worsened after being impacted by cumulative adversities: a wave of nation-wide protests against the political system that were forced to end due to the Covid-19 quarantine, the August 4th 2020 Beirut blast, the most powerful non-nuclear explosion to have occurred in the 21st century, destroying lives and homes, and an economic crisis that has caused the percentage of people living in poverty to increase dramatically (Farran, 2021). Clearly, suicidality is not the rare phenomenon I thought it to be. Broaching the subject with others is important. I never know when someone else might have a similar experience and hope that by sharing, I have made them feel less alone and ashamed.

Unfortunately, I have also been met with uncompassionate responses. There are three assertions lobbed at suicidal people that I find particularly triggering. The first is the trite "Think positive!" If my brain worked like that, I would not be in this conundrum, would I? The second is that suicidal people are "selfish" and "cowards." I would like to respond to those saying so, "You clearly have no idea what it is like to believe with every fiber of your being that everyone would be better off without you. It is the opposite of selfishness because when caught in the trap of suicidal thinking, you genuinely believe that you would be doing everyone else a favor by removing your noxious presence from their lives." As Kay Redfield Jamison describes of her experience, "I knew my life to be in shambles and I believed, incontestably, that my family, friends and patients would be better off without me. There wasn't much of me left anymore, anyway, and I thought my death would free up the wasted energies and well-meant efforts that were being sent on a fool's errand" (Jamison, 2000, p. 300). Furthermore, as Joiner Interpersonal Theory of Suicide (2005) demonstrates, suicide can only be attempted in a moment of bravery. Not only does it take courage to intentionally cause yourself pain, it is also brave to commit to a decision with no real knowledge of what happens after (as no one can claim to have certainty of an afterlife or oblivion). This is not meant to glamorize suicide. It is still an incredibly tragic outcome. But the anger that people display at the suicidal is misplaced. It is borne from the same instinct that pushes us to look away from all tragedies. We do not want to absorb the fact that this is a possibility, that it could have been us. Better to look away.

The final accusation that has been thrown my way is that I am attached to my own misery, that I like feeling "special." Yes, female suicide is romanticized, as I have discussed. But it is my opinion that for those of us who suffer with suicidality, this romanticization serves as a coping mechanism. When someone feels stuck in the dark machinations of their mind, they might tell themselves it makes them more profound or it helps their art, because the alternative is to think they are going through hell for absolutely no reason, just their genes and bad luck. And that can be unbearable to face. No one chooses to be this way. No one grows up thinking, "oh please let me live a life where I continuously battle with myself, where everything feels a hundred times harder, where getting up in the morning requires the willpower it takes others to run a marathon." So, thinking of suicide in poetic terms, as it is subtly encouraged by media, fiction, and art, can be an all-too-accessible pathway for many.

Part Seven: Resolution

"Out of the ash
I rise with my red hair
And I eat men like air."

- From "Lady Lazarus" by Sylvia Plath

At my worst in 2017, I begged my psychiatrist to hospitalize me. I did not trust myself not to do something I would regret. She told me there were no beds available. What irritates me when watching narratives about depression and suicidality in films and television is that the main obstacle is often presented as convincing the protagonist to go to a therapist. Once this is achieved, a happy ending is guaranteed. This has not been my experience. Like the writer William Styron, my depression was resistant to psychotherapy and pharmacology (1992). When I was dreaming of suicide day and night, I was on my third antidepressant and fifth therapist. I reached a point where I could not sleep nor eat. I had a constant tremor I could not shake. The pain in my chest rarely relented, only fluctuating in intensity. I desperately wanted a way out. Recovery was slow and difficult. It involved relying on my mother and friends in what I considered an embarrassing amount. My thoughts of suicide gradually lessened but did not completely disappear. The day I finally decided that I would live is the day I adopted my cat, Waldo. I knew that by taking this step, I was creating an obligation that I would not shake off. I was making a promise. Pets often provide a protective factor against suicidality (Love, 2021). When I have a panic attack nowadays, I gently place my head on Waldo's stomach and listen to him purring. It is more helpful than anything else. I have also come to accept my darkness, the suicidal impulse that is always lurking in the shadows, waiting for a significant setback to make itself known. Solomon said that "suicide is a price humans pay for self-consciousness" (2001, p. 412). As far as we know, we are the only species aware of its mortality. It might cause us to want to hasten our demise, but it also reminds us that since we are only really here for a fleeting moment in the history of the universe, we might as well live.

Footnote

"Ophelia" by Sir John Everett Millais, 1852

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