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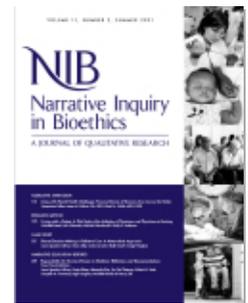
Living to Die: On Chronic Suicidality and the Authentic Self

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fiancé and me three years ago. But I'm not ready to quit believing things can go better.

Having depression is a peculiar experience. I wouldn't go so far as to say I'm grateful for it but I certainly learned a great deal from living with it. I've read a good amount of books on anxiety and depression and understood aspects of myself that were deeply hidden. I found out that many other minds—great and ordinary—also search for their ways of living with depression and discover some truths in life—despite of it or because of it. I've learned to be more tolerant, more patient, more compassionate, and thoughtful. I wouldn't be the person I am today without my anxiety and my depression. In a way, I've come to terms with the fact that they may never completely leave my side, because as far as I know, the one is a peculiarity of mind and the other may be a lifelong companion and relapse once triggered. My 'black dog' as Churchill called his depression. But, you know, it's sort of fascinating, too. To have this strange and intensive relationship with your own mind and to discover its layers over time. The most beautiful thing I've read about depression is from the book 'The Noonday Demon: An Atlas of Depression' by Andrew Solomon, and I'll finish my story with it:

'Every day, I choose, sometimes gamely and sometimes against the moment's reason, to be alive. Is that not a rare joy?'



Living to Die: On Chronic Suicidality and the Authentic Self

Michael Nair-Collins

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Introduction

A few months ago, I walked into my room and saw one of my belts lying on the floor. It was a D-ring belt, the kind that comes with cargo shorts, and it makes a natural noose. Seeing the belt, I placed it around my neck and

tightened it. I walked to the metal clothing rod in my closet, prepared to tie the other end of the belt to the rod, drop to my knees, lean forward, and die—just as I had rehearsed. A thought occurred to me, very matter-of-factly: "well, this is it. This is the end." That simple thought was enough to shake me out of the reverie I didn't know I was in; out of the depersonalization I wasn't aware of. I was still deeply suicidal and still profoundly depressed, but more aware of myself and my surroundings. I removed the noose from my neck, laid on my bed, and wept in agony and intolerable psychic pain.

I have struggled with suicidality for years and perseverate on suicide regularly; I have cut and burned myself more often than I can recall. But this time something was different, that in retrospect I find especially frightening: there was no hesitation, or thought, or time, intervening between the stimulus of seeing the belt, and the behavior of placing it around my neck, fully intending to kill myself. It was almost as if I was watching myself as I went about the business of ending my life. Thankfully, the interrupting thought "woke me up"—if that is the right phrase—just in time to make my decision with greater clarity. I want to die; but not today.

Living with chronic suicidality, in the context of bipolar disorder with its characteristically dramatic changes in mood, energy levels, thought patterns, emotions, and behaviors, can be deeply confusing and disorienting. In particular, my understanding of my own authenticity, my true self, literally *who I am*, sometimes feels ephemeral, ungrounded, nebulous. This is particularly the case as I emerge from a crisis period, wondering—with no small amount of fear—why is my brain trying to kill me?

In this narrative, I explore the concept of the self, more specifically, of *myself*, set within the background of living with bipolar disorder. Along the way, I will share parts of my story in the hope that, if others read this and feel similar experiences, they will know they are not alone, and perhaps even may find some comfort in this knowledge.

The Allure of Death

I have manic-depression, more commonly (though in my mind, less accurately) known today as bipolar

disorder. I've had it since my teens, and so the profound changes in mood, energy, and thought patterns have simply been a part of my life since my formative years and throughout my adulthood. In my case, I have experienced all the variations of mood episodes: the severe depression, where all hope is lost, all energy drained, and something like existential fatigue takes over. I am simply tired. Tired of everything, and especially, tired of living. But in this state, there is such fatigue and avolition that very few thoughts enter my mind. It is just a state of intense sadness, emptiness, hopelessness.

On the other hand, the pure, euphoric manias tend to characterize the condition earlier on and become less common later. Some of my first clearly definable mood episodes that I can recall were states of pure euphoria, highly energized and productive, exceptionally sociable, less sleep needed, coupled with a range of exceedingly dangerous behaviors, often resulting in serious injury such as broken bones.

And then there is mixed mania, a combination of both "poles": The emptiness, sadness, and psychic pain of depression, combined with agitation, anxiety, restlessness, impulsivity, and often intense anger. It is difficult to describe this condition to someone who has not experienced it. It is contradictory, disorienting, frightening, and wondrous. There is a horrible nothingness, darkness, and pain; an agitated, despairing violence in my soul, yearning for self-annihilation; yet at the same time, I experience profound, even transcendent beauty and meaning in suffering.

Over the last several years, my suicidal ideation has grown more intense and overwhelming, with suicide experienced as seemingly inevitable. I see suicide as a spiritual and aesthetic accomplishment; a Good Death, one to be desired and admired. I've come to see death by one's own hand as the ultimate affirmation of life and existence by fully grasping, and acting on, the only true existential choice. In tandem with its aesthetic and personal value in perfectly embodying autonomy, suicide paradoxically reveals itself as the only possible manifestation and expression of the soul-searing despair and intolerable psychic anguish that one's own mind creates to destroy itself. And so the suicidal mind, or at

least mine, embraces contradiction: meaning from meaninglessness; efficacy from futility; affirmation of life through self-enacted death.

The Authentic Self

I am here writing this, and so of course the allure of death is not the only aspect of who I am or how I think. Indeed, I don't spend most of my life in a suicidal crisis. And I want to live, at least for now. I am more than an isolated, atomic "self" made up of only my internal memories and experiences. My identity is also social and relational. Who I am is partly defined by relationships to other people, especially to my friends and loved ones, and so the effect of my suicide on them must be included in my aesthetic musings on a good death. Since who I am is partly defined relationally, my death is also partly defined by the severing of those relations, and how death severs them can have tremendously different impacts on those left behind.

When confronted with this truth, I must accept the reality that no matter how beautiful it may seem to me, no matter how spiritual and glorious, no one (or very few) will see it as I do, instead seeing it as a horrible tragedy (though I would disagree). I might have my superlative achievement, but I will leave my family and friends to go on living without me, carrying the grief and loss, the pain, the lack of understanding, perhaps guilt. Even though it may be unfair that the living and the non-suicidal cannot understand the power and beauty of suicide as I understand it, the fact remains that they won't see it as I do. This aspect of suicide has, in the past, given me enough space to take the first, critical step back from that terrible brink. But I also know that is not enough in the long term—one cannot live solely out of obligation to others.

However, slowly clawing and scratching one's one way back from that tenuous place at the edge of life and death can be revealing. Looking back, I feel afraid, seeing how close I have come. Why would I feel afraid, if not that there is a part of me that is not ready to cast off this mortal coil? There is indeed a part of me that wants to live. My life is valuable. I care for those close to me; I find meaning in my work, in my teaching, in my projects in life.

And indeed, the powerful experiences I undergo, they too are valuable. I experience great beauty in suffering, and a profound grasp of meaning from meaninglessness.

But how do I make sense of this? Presumably I am a single self, a (seemingly) unified individual. And yet, I have deeply contradictory urges and desires, conflicting emotions, shifting cognitive frameworks. Indeed, wanting to kill myself and wanting not to kill myself are contradictory desires. Am I a fractured self?

The standard explanation is to medicalize me, to disorder me. I have an organic brain disorder, a function of genetic susceptibility combined with trauma at a young age, which manifests in the experiences and behaviors described above. The core idea is that when I experience “symptoms,” this is not me. It is my disease. An otherwise very helpful book on living with bipolar even features a table with columns labeled “self” vs. “symptoms,” so presumably, I could go to this book and discover my true self, and discard those aspects that are my symptoms, not me. “You are not your illness” is a common refrain in mental health circles, and I don’t buy it.

I don’t deny that my brain and emotional, cognitive, and behavioral functioning appears different from many others, nor that these differences have caused me severe difficulties in life. But the only conclusion I take from this is that I am neuroatypical: my brain/mind is not “typical” (whatever that means). But the fact of my neuroatypicality does not imply that I must accept the disorder model for explaining my authentic self, a model that denies the richness of my experience, including all the pain and all the joy, as genuinely *mine*, as authentic aspects of *myself*. The disorder model shrugs off these experiences as pathological, to be gotten rid of or “managed.” This framework sees much of my life’s experience as nothing but “dysfunctional biochemical activities” and not my authentic self. I reject this idea thoroughly and completely. It is a common exercise to retreat to the reductive “biochemical changes” trope when we wish to pathologize. When we don’t, we describe other experiences and behaviors straightforwardly as aspects of the authentic self. *All* my experiences are a function

of biochemical activities, and *all* my experiences are mine, experienced by my authentic self. They are not to be placed in little boxes of “self” versus “symptoms,” selectively dismissing and pathologizing most of my life’s experience as “illness” while reifying and placing society’s imprimatur on the remaining “normal” experiences.

If I refuse to be medicalized, how do I make sense of the contradictory desires and shifting cognitive frameworks? Must I accept that I am a fractured self, or that I embody fractured, incoherent agency? I don’t think so, and there are two concepts that are useful in understanding my authentic self: Perspective, and dialectic.

All of us experience the world, and ourselves, from a particular perspective. There is no “god’s eye” point of view, seeing all things from all perspectives; or from no perspective at all. This is important because it shows that two statements may seem contradictory when in fact they are not: I might see an object, say a wooden box, and say it is black while, looking at the same object, you say it is red. They can both be true because there is always an unstated background assumption: *From my perspective*, the box appears black and *from your perspective*, the box appears red. Our experiences both accurately reflect the color of the box, but neither accurately reflects the entire box’s color, since it is painted black on one side and red on the other. This simple example helps to illuminate how perspective can explain my apparently contradictory desires and beliefs.

When I am actively depressed, especially in the form of mixed mania, I see the world and my place in it from a very different perspective than when I am more “stable.” The scope of my perspective in the two thought patterns are so vastly different that what seems a reasonable response to the human condition, to *my* human condition, are themselves vastly different. From one perspective I am looking at the human condition in view of the universe, the infinity of time and space, and the meaninglessness of existence, coupled with overwhelming, beautiful agony. It is a spiritual and existential perspective, concerned with ultimate reality, meaning, and purpose. It is the perspective of the profound. From

this perspective, thoughts of finding meaning and affirmation of life through self-enacted death make perfect sense. And it is from this perspective that suicide is perceived as an aesthetic and spiritual achievement.

When I am not in a crisis, the other perspective is that of the mundane, the everyday world. It is a much smaller view. But that view includes the people in my life who I care about, and the projects that matter to me. In short, I can see the things that make my life worth living.

The other concept is that of a dialectic, particularly as it is used in Dialectical Behavioral Therapy (DBT). The most fundamental dialectic of DBT is acceptance and change. I accept myself as I am, I validate myself, understanding that there are reasons for the things I do, including self-injury, and they make sense. But at the same time, I can work to change, to build a better life. The dialectic, or two concepts that appear to be opposed to each other, need not be literally contradictory.

Another influential understanding of dialectic is that it is composed of a thesis and antithesis, and when properly understood together, thesis and antithesis merge, transcending the dialectic, to reach a new synthesis. That is how acceptance and change can work together—by accepting oneself as one is, while at the same time working towards meaningful change, a new synthesis emerges, of authentic growth, fulfillment, and creating a life more worth living.

As the concept applies here, it can be true that I want to kill myself, and that I want to live my best life. They need not be impossible opposites. Instead, perhaps, someday I might be able to transcend the dialectic, merging thesis and antithesis into a new synthesis, allowing me to experience the benefits of suicidal ideation, sadness, and pain, while also creating a better, more deeply meaningful life—a life more worth living. And this too may be transcended to reach a final synthesis: the more my life was worth living, perhaps the more beautiful and meaningful will be my death.



Motherhood, Work, and Mental Health: One Woman's Journey

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I've suffered from major depression and anxiety since I was 9 years old. I am 43 now. I suppose you could say I'm in recovery, although the word recovery implies there is some permanent healing. With mental illness, there is no recovery. It is more accurate to call it a mutually agreed upon co-existence. It is always there, and I've learned to accept its presence.

I'm currently managing major depression with diet and exercise as I've had negative reactions to anti-depressants in the past few years. I experience joy; I'm fully present in the moment and deeply appreciate the beauty of life, my family, and nature. I love walking in the forest and observing birds and native flora. I connect deeply with my family and friends and feel like an indispensable contributing member of society. I feel like I have space to breathe.

It hasn't always been this way. Sometimes, even now, the dark cloud still follows me. When I want to recover and rest, I'm reminded by my ever-filling inbox that I have obligations at work that demand my attention. In times like these, I feel like I'm not enough.

This is the biggest stigma of all: the one I hold against myself. There is so much self-depreciation, so much beating myself up. Why can't you just finish this project? Why can't you just cook dinner every night? Why do you have to be so much of a sloth!?

I am exhausted and also continuing to fuel the exhaustion by constantly battling myself.

A wise therapist once told me the story of a person who was playing tug of war against a giant, huge behemoth of a monster. The person was yelling, cursing, struggling, pulling, straining, hurling themselves against the weight of an immovable being. It was an unwinnable war. However, there was a way to move forward:

Drop. The. Rope.