

## Benevolent Bubbles Story

May 27, 2019

“Teen’s body found in bay.” The grayed newspaper clipping from my senior year in high school, still pinned to my corkboard with a pink heart thumbtack, serves as a daily reminder of something I do not have, the stigma of which was epitomized by one popular girl’s life and surprising death: suicidal thoughts. The devastation and grief were immense after the unexpected loss. We were naive teenagers facing an overwhelming sadness that permeated our community. My classmate’s decision sparked my interest in the study of suicide as a human struggle, a curiosity that I hope to one day reconcile.

Since then, in recent decades, my hometown has been wrecked with a teen suicide rate that is over twice the national average. The absence of education about suicide, a lack of empirical research on suicidal ideation and contagion, and well-intentioned yet inconsistent post-vention strategies leave me with myriad unanswered questions: ‘Why does this keep happening?’ ‘What can we do about it?’ ‘How can we equip the parents and friends of these teens?’ ‘How can we support each other?’

I have repeatedly witnessed the numbing effects of suicide on families and communities, as a public health concern, financial burden, and familial crisis. I firmly believe that our best starting point for improving the situations of those in crisis will be using the lived experiences of those who have experienced suicidal crises as a learning platform for cultivating human connectedness and obliterating the stigma surrounding suicidality.

Shortly after my classmate’s death, I met someone who formerly attempted suicide and survived. I knew this person wasn’t alone; this person’s parents, friends, and loved ones weren’t alone in her time of crisis and in her recovery. Years later, in graduate school, I lived with my best friend, and for a brief period I found myself with a suicidal roommate. While aftermath of my classmate’s death and the life of the young person whom I met inspired me to study suicide, I was not prepared to be the caretaker to a loved one in her time of crisis.

Loving a suicidal person was conflicting, particularly because I was trained at the time as a sociological suicidologist. Yet, I felt overwhelmed and helpless. My friend’s experience inspired me to be a better researcher, a more innovative academic, and a more compassionate interviewer. In the moments when she cried while I sat beside her on the couch, drenched in my sweat and her tears induced by unrelenting anxiety, I reminded myself not to speak to her as an academic. In those moments, I let the statistics about suicide and suicidal people run through my mind, as a form of comfort: that there is only one death by suicide for every 25 attempted suicides (CDC 2012), that some reports say that the chances of dying by suicide are less than 1% for young adults (Bearman and Moody 2004), and that women are less likely to die by suicide than men (Wray, Colen, and Pescosolido 2011).

I was involved in suicide studies long before depression overwhelmed my best friend. With her, I was not an academic, but rather, she needed a friend. In our friendship, I was to listen. As an academic, I was not to hug or offer physical comfort. As an interviewer, I probed respondents about their past, curious about the social mechanisms that guided their recovery from crisis. In a private office as an interviewer, my words and my actions were bound by contractual obligation to not endanger my study’s participants when they chose to share their stories of suicide with me. As a friend, I validated my loved one’s feelings, and supported her. In our own home, there was nothing, no precedent or contract, for me to rely on in response to her desperation.

Now, my friend is okay, but it is exhausting to navigate between personal compassion and professional understanding towards people who are suicidal. What obligation do I have? My home felt more dangerous than my office. I trusted the stability of my study’s participants more than I trusted my best friend. It felt like a betrayal to my friend, encouraging strangers to tell me about their suicidality for research purposes, but powerless to support her through the same circumstances. I imagine the irony of being a suicidologist whose best friend chooses suicide, and I wonder if the worst possible scenario would derail my professional career. I chose suicide as my area of study, and I chose this person as my best friend, but I did not choose for her to be suicidal. None of us choose this, but we love each other anyway, and we do the best we can.

I am passionate about empowering friends and loved ones with access to the knowledge and tools we need to support one another in times of crisis. The stigma, silence, and misunderstandings around suicide and mental illness are mutually reinforcing, but by sharing our stories, we can attack the stigma, break the silence, and gain an understanding of the suicidal experience in a way that builds empathy and compassion.