

**“I have become lost to the world”:
The Depiction of Suicidality in Sylvia Plath’s *The Bell Jar*
and Hanya Yanagihara’s *A Little Life***

Lia Meurman

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Supervisor: Anthony Johnson
Faculty of Arts, Psychology
and Theology
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Abstract: <p>This thesis examines suicidality how suicidality is depicted in fiction. While suicide has a long history of being featured in fictional narratives, not much research has gone into analysis which is not based on suicide prevention. The novels analyzed in this thesis are Hanya Yanagihara's <i>A Little Life</i> and Sylvia Plath's <i>The Bell Jar</i>. The aim of this study is to investigate how the protagonists, Jude and Esther, deal with their suicidality and how their suicide attempts are depicted, as well as how their friends and families view their suicidality.</p> <p>The theoretical framework includes Andrew Bennett's definition of suicide and his work on suicide in twentieth century and contemporary literature, as well as Émile Durkheim's theory about suicide as a social fact. Following a theoretical overview, a background section on the authors is provided to contextualize the role of the author in suicide fiction.</p> <p>This thesis finds that Jude and Esther react to their suicidality similarly, such as feeling misunderstood and needing control, yet their personal backgrounds also influence the reasons for their suicidality in significant ways. As a result, the main underlying factor behind Jude's suicidality is childhood abuse and its continued effect on his adult life, while Esther finds the mental consequences of academic shortcomings the reasons for her suicidality.</p> <p>Moreover, this thesis finds that Jude's friends and family are very conflicted how to react to his suicidality. They must decide to either to ignore Jude's problems to keep him close or force him into treatment he refuses and risk losing his confidence in them. On the other hand, Esther's mother is an unsympathetic figure with a negative view of suicidality who refuses to understand her daughter's plight.</p>	
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1. Introduction

Oh, no no no, it was too cold always
(Still the dead one lay moaning)
I was much too far out all my life
And not waving but drowning.

—Stevie Smith, “Not Waving but Drowning”

Death is an inevitable fact of life; sooner or later, everyone dies. Most people die naturally of old age, and some die in accidents or of illnesses, but some people choose to die; approximately 800,000 people die every year by suicide worldwide (*SAVE*). However, you are more likely to read about suicide in fiction than encounter it first-hand, since suicide is “depicted, imagined, discussed, or thought in literary texts far in excess of its actual occurrence” (Bennett 19). Suicide remains a delicate and controversial topic, yet literature allows for

an investigation not just of ethical and religious questions of suicide nor simply of its economic, sociological, psychological, medical, and psychiatric causes and legal and social consequences but also, most profoundly, of what the act means for the subject and for his or her survivors – what it is like, what is involved in contemplating or deciding to kill yourself: how it is. (4)

No suicide or suicide narrative is the same, which means the investigation into literary suicide is an ever-changing and evolving task. Moreover, suicide still remains a stigmatized topic, especially if the narrative does not present recovery; for example, Rushton argues that *A Little Life* is viewed as a “disturbing” narrative due to its “depiction of suicide as, ultimately, rational” (196).

In this thesis, I have chosen to study two novels with protagonists who struggle with suicidality: Hanya Yanagihara’s *A Little Life* and Sylvia Plath’s *The Bell Jar*. *A Little Life* begins as the story of four friends, Jude, Willem, JB, and Malcolm, and spans over the decades, from college to adulthood. The friend group lives in New York as adults:

Jude is a successful corporate litigator, Willem a famous actor, JB an artist, and Malcolm an architect. However, as the story progresses, it becomes more and more clear for the reader that the novel is specifically Jude's life story. Piece by piece Jude's childhood trauma is revealed: Jude has been horrifically sexually and physically abused to the point where he is incapable of living without self-harm as a coping mechanism, even as an adult. In the end, despite efforts by his friends and family to get Jude to realize how truly worthy and loved he is, Jude commits suicide as he is unable to overcome his trauma.

The Bell Jar tells the story of college student Esther Greenwood, who after a tumultuous summer internship in New York becomes disoriented and detached from her own identity and society. Upon her return home, Esther begins to suffer from insomnia and loses the ability to write. With no support from either her mother, her boyfriend, or her psychiatrist, Esther begins to consider suicide and after a failed attempt, she is committed to a psychiatric hospital where she receives treatment from a new, more sympathetic psychiatrist. The novel's ending is open; the reader never finds out whether Esther is discharged from the hospital or not, however, the implication is that she has changed and is ready to face the world again.

Critics have called *A Little Life* "one of the most important wound narratives in contemporary fiction in English with a specific focus on masochism following early-childhood trauma" and "arguably one of the most prominent and polarizing cases of literary trauma in contemporary American fiction" (Sarıkaya-Şen 158, Kellermann 335). Many critics have focused on how the trauma presented in the novel affects its narrative; Sarıkaya-Şen argues that *A Little Life* is an anti-*Bildungsroman* due to the fact that Jude never achieves fulfilment in his life, and he needs "ever-more atrocious masochistic practices" to "achieve self-definition and agency" (158). Moreover, Rushton argues that the central tragedy of the novel is "not Jude's traumatic past or his inability to miraculously overcome his demons but that his family cannot countenance a life without Jude, so continually pressure him into living longer" (209, emphasis in original). In response to critics, Kellermann argues that "the controversial excessiveness of *A Little Life*, both of its form and its content, textually physicalizes Jude's trauma as an all-encompassing, overpowering presence which neither Jude nor the reader can escape from encountering" (335).

On the other hand, critics have analyzed *The Bell Jar* from a feminist angle and brought up the connection between the novel and Laing's theory about the divided self. Perloff argues that "Sylvia Plath's focus in *The Bell Jar* is not on mental illness per se,

but on the relationship of Esther's private psychosis to her larger social situation" (511). Similarly, de Villiers states that in "*The Bell Jar*, Sylvia Plath not only presents an account of madness and recovery, but also provides commentary on the society presented in the novel" (3). As for *The Bell Jar*'s author, Sylvia Plath has been called "a poet who has become almost synonymous with suicide" (Bennett 108-109). However, as de Villiers directs attention to, the novel is "often dwarfed by analyses of Plath's poetry and, all too often, literature on *The Bell Jar* examines the novel in an attempt to discover biographical details about Plath's life, specifically her attempted suicide at the age of twenty" (2). Therefore, *The Bell Jar* and its direct depiction of suicidality has not been given much focus in previous research.

In this thesis, I will explore the characters in *A Little Life* and *The Bell Jar* as fictional, focusing on what suicidality means to them and what consequences it has. Thus, my research questions are: why are Jude (*A Little Life*) and Esther (*The Bell Jar*) suicidal and how does their suicidality affect them? How are their suicide attempts depicted? How do Jude and Esther's friends and families react to and cope with their suicidality? This thesis consists of a background section on the theoretical framework underlying my approach, followed by a study of *A Little Life*, which encompasses an analysis of the novel's protagonist Jude, and two of Jude's loved ones, Harold and Willem; complemented by an analysis of *The Bell Jar*'s protagonist Esther and her mother. Finally, after the analysis of both novels separately, a section is provided which compares and contrasts *A Little Life* and *The Bell Jar*.

2. Background

2.1. Suicide theories and suicide in literature

Defining suicide and suicidality can be a difficult task depending on how broad or specific the definition is. The American Psychological Association defines *suicidality* as the “risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan”. Moreover, the simplest definition of *suicide* can be as The Oxford English Dictionary defines it, “the action or an act of taking one’s own life” (“suicide, *n. l*”), but to clarify Andrew Bennett suggests five key characteristics in defining suicide:

the act is willed or intended; it exclusively involves the deaths of one or more individuals who have independently (even if in cooperation) made the decision to die; it is undertaken by an individual or individuals who can be said to have at least a minimal agency; it involves a certain temporality (it occurs within a limited period of time); and it involves a death that, at the moment it occurs, is otherwise avoidable. (3-4)

However, Bennett points out, the definition is not meant to be strictly applied to all suicides, but to “try to construct a baseline against which the act of self-killing might be measured” (4). In this essay, I will use suicidality as a term that encompasses suicidal thoughts, plans, actions, suicide attempts, and completed suicide, in addition to observing Bennett’s key characteristics in defining suicide.

Suicide was primary viewed as a religious or legal issue up until the twentieth century, when in his 1897 study *Suicide*, French sociologist Émile Durkheim introduced the phenomenon as a social fact. While advances have been made in the field of suicidology since Durkheim’s time, his theories remain relevant. In *Suicide*, Durkheim investigated the connection of social bonds and suicide and found four different types of suicide: the egoistic suicide; the altruistic suicide; the anomic suicide; and the fatalistic suicide.

Firstly, the egoistic suicide is manifested when an individual suffers from what Durkheim calls “excessive individuation” (168). The egoistic suicide happens to people who are not socially connected in their community and feel as though they do not belong.

Thus, the lack of social bonds leaves the affected person feeling depressed and apathetic. On the other hand, the altruistic suicide is the opposite of the egoistic suicide: it occurs in communities with tight social bonds, where the many are seen more important than the one. An example of altruistic suicide would be soldiers sacrificing their lives in the military.

The third type is the anomic suicide, which manifests when an individual experiences dramatic changes socially or economically, which leads to a sense of hopelessness and isolation, as well as feeling alienated from society. For example, bankruptcy or the death of a loved one could lead to a suicide classified as anomic. Finally, the last type of suicide is the fatalistic one, which Durkheim only presents as a theory, not believing it to exist in real life. Hypothetically, the fatalistic suicide would occur when an individual is so heavily regulated, they would rather die than live a life where they cannot express their passions or dreams; an example of this could be forced to serve a life sentence in prison.

Suicidology, the scientific study of suicidal behavior and suicide prevention, has been around since the mid-twentieth century, and there has been plenty of suicide research particularly in the fields of medicine, psychology, and sociology, yet suicide in literature is a fairly unexplored topic. Suicide has featured in abundance in modern and contemporary literature, yet there has been a reluctance to explore the topic in literary research. Bennett argues that there is a “pervasive societal anxiety with regard to representations of suicide that do not explicitly denounce or interdict the act” and thus, suicide prevention has previously been seen as the only “legitimate form of suicide discourse” (18). Since the depiction of suicide in literature has rarely come in the form of suicide prevention, it has remained a controversial topic.

Although there is a lack of comprehensive research into suicide and literature, Andrew Bennett offers an excellent review of representations of suicide in twentieth century and contemporary literature in his 2017 book *Suicide Century*. Bennett argues that literature has moved away from religious and legal standpoints on suicide, to investigating suicide as a gradually more normalized yet still inexplicable phenomenon.

Bennett explores various facets of suicide in literature through close readings of selected works, from modernist writers such as Ford Madox Ford and James Joyce, to mid-century writers such as Stevie Smith and Sylvia Plath, to contemporary fiction such as Cunningham’s *The Hours*, and finally looks ahead at the suicide memoir as a newly

formed genre. In regard to Sylvia Plath's oeuvre, Bennett explores questions of suicide ideation, suicide writing, and identity, among others, which this essay will consider when delving into Plath's *The Bell Jar*.

2.2. Background on the authors

What informs an author's writing when the topic is something as controversial as suicide, and is their personal life relevant in an analysis of their work? In the case of Sylvia Plath, Bennett wonders what the author tries to say with her suicide narratives: "Is the poem some kind of a cry for help? [...] suicide notes? Or are these just poems? Just?" (146). Certainly, Plath's own personal experience with suicide seems to inform her writing, but could her work be, for example, social commentary and not a personal account? There are no clear answers of how biographically Plath wants her work to be received; however, being aware of the woman behind the suicidal protagonist of *The Bell Jar* helps the reader understand the context the suicide narrative was written in.

Sylvia Plath was born in Boston, Massachusetts, in 1932 to an immigrant father and first-generation American mother. After her father's death when Plath was young, her mother was left to raise her and her brother, and the family relocated to Wellesley, Massachusetts. In Wellesley, Plath started writing, becoming a successful and happy girl. However, she was a perfectionist, and she felt "keenly divided by the apparently incompatible social and intellectual roles she was asked to play" (Hall 3). Consequently, she hid her scholarly side behind a social persona, a division which can be found in her writings.

When Plath started college at Smith in 1950, she thrived socially and academically, and won several awards for her writings. Yet she kept the same social mask she had developed in school and felt the pressure to succeed in order to help her mother, who now worked as her part-time agent. Despite her perfectionist attitude, Plath was still able to process her academic failures, and even told her brother that suicide should never be an option for people, because "something unexpected always happens" (qtd. in Hall 5). This would all change when Plath was awarded a guest editorship at *Mademoiselle* in New York in 1953.

At *Mademoiselle*, Plath worked as a managing editor, and her task was to interview poets. During this time, she experienced severe emotional turmoil, and became,

in her own words, “ecstatic, horribly depressed, shocked, elated, enlightened, and enervated” (qtd. in Hall 6). Plath’s time in New York and the following months, which saw her rejected from a fiction-writing class, become severely depressed, experience failed electroshock therapy, and finally a suicide attempt, from which she recovered at a private hospital, was the inspiration behind her autobiographical novel *The Bell Jar*, which I will be discussing in this essay.

In the years that followed her suicide attempt and recovery, Plath published more poems and stories she won awards for, graduated from Smith College in 1955 and received a Fulbright fellowship to Cambridge University, where she met British poet Ted Hughes, whom she married a few months later in 1956. The couple had their first child in 1960 and while Hughes’ career and social life was flourishing, Plath struggled personally and professionally, as the “submissive conjugal role she accepted contributed to a growing sense of personal unfulfillment” (Hall 8). In spring 1961, Plath was finally able to write again, this time poems for the *New Yorker* and the beginnings of *The Bell Jar*, and Hughes and Plath’s second child was born the following January.

By the summer of 1962, Plath’s marriage had fallen apart; she divorced Hughes and was left alone with their children. During the months following the divorce, Plath wrote a great deal, and *The Bell Jar* was accepted for publication. Despite some health issues, Plath was becoming a successful writer, and she seemed optimistic about her future; she wrote that “the next five years of my life look heavenly” in December 1962 (qtd. in Hall 10). However, only a couple of months later, on February 11, 1963, Sylvia Plath, aged 30, committed suicide by breathing gas from her kitchen oven (10).

Hanya Yanagihara’s novel *A Little Life*, published half a century after *The Bell Jar*, brings up similar questions about the author’s life as Plath. Yanagihara has stated that she does not believe in talk therapy for herself and points out that “the insistence that life is always the answer” makes her “suspicious about the field”, which is an opinion shared by her protagonist Jude (Kavanagh). Moreover, her Asian heritage seems to inform her views on suicide, as she argues that “in the West, that’s exactly what we think: that suicidal thought is a symptom of a sick, or at least troubled mind”, which is “something of a cultural and religious construct” (Kavanagh).

While Jude is a fictional character, he still represents some aspects of life Yanagihara holds true; she reflects on the way Jude ultimately cannot be saved by his friends, “In the end you are really left on your own [...] that part is, I think, an accurate

reflection of my adult life, and no doubt of a lot of people's" (Adams). As a result, as is the case with Plath, the awareness of Yanagihara's personal experiences and opinions aids in contextualizing a modern view of suicide in fiction.

Hanya Yanagihara was born in Los Angeles, California, in 1974, and lived in Honolulu, New York City, Baltimore, and Texas while growing up. Yanagihara's mother was born in Seoul but grew up in Hawaii while Yanagihara's father was a native Hawaiian doctor, artist, and researcher whose job was the reason the family moved around a lot. Yanagihara attended high school in Honolulu, then went to Smith College in Boston, Massachusetts, and moved to New York in 1995 after graduation to work as a sales assistant for a book publisher. After realizing publishing was not for her, Yanagihara worked as an editor for the magazine *Condé Nast Traveler* before she took up a job, also as an editor, at the *New York Times* supplement *T* magazine, which focuses on fashion, living, beauty, holiday, travel, and design coverage. Yanagihara currently lives in New York City and has been editor-in-chief for *T* magazine since 2017 (Brockes; Masad). Yanagihara's first novel, *The People in the Trees* was published in 2013, followed by the Man Booker Prize shortlisted *A Little Life* in 2015, and her most recent novel, *New York Times* best seller *To Paradise*, was released in 2022.

I have provided a short background on the authors to place them into a context that may be helpful in order to understand what may have influenced them in their writings. However, a full understanding of Plath's and Yanagihara's personal thoughts can be a challenge. In her book *Sylvia Plath, Revised*, Carol Barnard King Hall examines five biographies on Plath and finds that "the 'real' Sylvia constructed in Plath's poetry and fiction, letters and journals, remains powerful and ultimately unknowable; each biographer and each reader of the biographies finds the person and poet he or she imagines" (20). In other words, every biographer has their own angle when examining Plath's life: some of them take Ted Hughes's side and find her unlikable, others find her more or less relatable to their own lives. Moreover, there are no biographies on Yanagihara yet, and she has personally stated that that is something she finds unnecessary for authors of fiction:

If you're writing a nonfiction book or declaring yourself an authority on one subject or another, then yes, you probably need to detail your credentials in some way. But for fiction, it's irrelevant. Your book won't be any better or worse than

it already is if you've published in a particular magazine or not, and your reader won't appreciate the book any more or less if you have or haven't. I wouldn'tve had a biography at all, except my publisher said I had to. (qtd. in Masad)

Thus, Yanagihara has only shared some details about her life, and provided some insight about the choices she has made in *A Little Life* in various interviews.

3. *A Little Life*

And that was the worst thing, the most reprehensible thing. He had decided to believe Caleb, to believe him over us, because Caleb confirmed what he had always thought and always been taught, and it is always easier to believe what you already think than to try to change your mind. Later, when things got bad, I would wonder what I could have said or done. Sometimes I would think that there was nothing I could have said—there was something that might have helped, but none of us saying it could have convinced him.

—Hanya Yanagihara, *A Little Life*

3.1. Jude St. Francis

Jude St. Francis is the protagonist of Hanya Yanagihara's *A Little Life*. In the beginning of the novel, Jude is somewhat of a mysterious character and his friends are only aware that he has chronic pain in his legs and back which causes seizures; since Jude remains tight-lipped about his inner workings, they can merely guess that there is something that bothers him mentally. However, the more the story develops, Jude is given more space in the narrative and the story of his childhood, in which he was violently sexually and physically abused, and how that still affects everything in Jude's adult life, is revealed to the reader. As a result, Jude self-harms and, at the end of the novel, commits suicide. In this section, I will examine the character of Jude and his suicidality, analyzing his suicide attempts and what led to them, as well as connecting Jude and his identity with Durkheim's theories about suicide.

Orphaned as a child, Jude grows up in a monastery, where he is abused by the brothers and, eventually, taken away by Brother Luke who forces him into prostitution as well as sexually abusing him. Despite being discovered by police, which puts an end to Jude and Brother Luke's story, Jude is placed in situations where he is continually abused, including being run over by a car by a man who kidnaps him. Not until Jude is fifteen years old is he finally free from abuse and able to begin life anew, meeting his lifelong friends at school. However, the trauma from his childhood haunts Jude and causes him to be distant with loved ones and for him to rely on self-harm as a coping mechanism. Consequently, Jude's suicidality is inextricably tied to his childhood trauma, which is the

cause behind his feelings of shame, negative self-image, and struggles with relationships and intimacy.

Jude attempts suicide three times. The first time is after Jude's relationship with Caleb ends, which was abusive throughout and culminates in Caleb brutally sexually and physically abusing Jude to the point where he is hospitalized for his injuries. The end of the relationship causes Jude to break down and be incapable of overcoming both the trauma that the relationship has caused to resurface from his childhood as well as the loss of sense of independence the relationship has caused. The attempt is ultimately unsuccessful due to a misunderstanding that causes Jude to be found earlier than he had planned. Subsequently, the second attempt is not an actively planned suicide attempt; after Willem's death, Jude tries to starve himself to the point where he is so weak that he hopes he will end up in an accident that kills him. The attempt is diverted by an intervention by Jude's friends and family, who hospitalize him involuntarily. Lastly, the final time Jude attempts suicide, he succeeds. Despite efforts to live for other people's sake, without Willem, who was the only person who got through to him, Jude kills himself less than two years after the intervention, at age fifty-three.

Part of Jude's suicidality is his self-harm, which, on one hand, is a coping mechanism, but on the other hand, consumes him at times and causes issues in his relationships. Jude's self-harm begins as a child when he throws himself against walls to injure himself to cope with the anger he feels in the monastery. Subsequently, after Jude leaves the monastery, Brother Luke introduces him to cutting in order to endure the sexual abuse he is subjected to. As an adult, Jude continues to cut himself to ward off unwanted memories of his childhood trauma. Jude reflects about what self-harm means to him, about how the cutting

was a form of punishment and also of cleansing, how it allowed him to drain everything toxic and spoiled from himself, how it kept him from being irrationally angry at others, at everyone, how it kept him from shouting, from violence, how it made him feel like his body, his life, was truly his and no one else's. (Yanagihara 555)

Self-harm, then, helps Jude to suppress negative reactions toward others by turning the violence against himself. Sarıkaya-Şen argues that Jude's "active and intense involvement in cutting himself provides a representative image of masochism as a form

of active agency in response to traumatic affects” (162). Accordingly, since his bodily autonomy was violated as a child, the cutting provides Jude with a sense self-control since he chooses to do it to himself, rather than have the pain subjected onto him by others.

Jude finds himself constantly unable to justify or explain to his friends and family why he needs to self-harm, which causes conflict in his relationships. Jude feels that sometimes his self-harm is his and Willem’s “relationship, their every conversation, the thing they are discussing even when they’re not saying anything” (Yanagihara 553-554). Jude’s cutting, which up until him becoming romantically involved with Willem has been Jude’s personal business, is now, to Jude’s dismay, a part of his relationship. Jude’s self-harm even increases during his relationship with Willem, to “help ease the feelings of shame, and to rebuke himself for his feelings of resentment” due to the fact that Jude feels pressured to have sex with Willem, an act Jude despises (553).

Unable to stop self-harming while he simultaneously wants Willem to not worry about him, Jude burns himself on hot oil on purpose and comes up with a cover story of the burn being a cooking accident in order to self-harm and get away with it. Until the fried plantain incident, Jude’s cover story, Jude “had never thought himself capable of hurting himself in a way that couldn’t be fixed” (579). Accordingly, Jude’s self-harm has always been solely a coping mechanism and the act has never been intended to lead to suicide; when Jude does attempt suicide, he has an exact plan which he knows will not fail.

Jude’s physician, Andy, sees through his lie about the fried plantain burn, which causes more conflict between them due to Andy being one of Jude’s many friends who are unsure what to do about the situation. Andy confronts Jude by telling him, “You’re sick [...] This is crazy behavior. This is behavior that could and should get you locked away for years”, which Jude disagrees with because he wants to convince himself that he is healthy mentally (580). Andy also sees how Jude’s self-harm affects Willem, and tells Jude that “when you hurt yourself, you’re hurting him as well”, which Jude counters with telling Andy that “I do this to myself so I *won’t* hurt him. I’m doing it to spare him” (581, emphasis in original). Thus, Jude believes that his identity is tied to his self-harm, and without it he would not know who he is. Jude speculates that had Brother Luke not introduced him to cutting, he would have become “someone who tried to make everyone feel as terrible as he did” (555). Accordingly, Meyers declares:

The adult masochist's 'I will, too, be self-destructive and you can't stop me' asserts his control but also defines him as an independent agent—separate, autonomous, and individuated. 'I am the sufferer' defines his identity, although it is a negative one. (qtd. in Sarıkaya-Şen 166)

Jude sees his options as either to be the one who makes others suffer or to be the sufferer and chooses the latter; Jude does not want to hurt the people he loves, and being the sufferer is all Jude has known since he was a child. Therefore, self-harm gives Jude comfort and control of his life as well as negative emotions toward others.

Jude's first intimate relationship in adulthood is with a man named Caleb, who Jude initially believes could change his mind about him not feeling worthy of love, but soon finds out that Caleb despises Jude's disability and thus treats Jude cruelly. Sarıkaya-Şen argues that Jude's relationship with Caleb "provides a telling example of traumatised subjects' need to re-write the ending of their previous traumas" (165). However, Jude "unconsciously chooses a partner who would abuse him in a way similar to his previous abusers" (166). Jude had entered the relationship optimistically, yet when Caleb hits him for the first time, Jude thinks:

If he is to admit it to himself, he feels there was something inevitable, even, in a small way, a relief, about Caleb's hitting him: all along, he had been waiting for some sort of punishment for his arrogance, for thinking he could have what everyone else has, and here—at last—it was. *This is what you get*, said the voice inside his head. *This is what you get for pretending to be someone you know you're not, for thinking you're as good as other people.* (Yanagihara 369, emphasis in original)

As a traumatized subject, Jude had hoped that a romantic relationship in adulthood could have been different from the relationships he was subjected to as a child and that his ability to experience love would have proven that he was able to move past ideas of himself as unwanted. Nevertheless, there had been a part of Jude that wanted to be validated for his feelings as unworthy, and thus he feels he deserves to be abused for entertaining the idea of normalcy. Consequently, Jude stays with Caleb because he feels that he must sacrifice something in order to deserve a relationship, which in his case is to tolerate abuse. Sarıkaya-Şen further argues that "Willingness to suffer self-inflicted

wounds or those at the hands of others unexpectedly becomes the agent of mastery over painful experiences, especially those related to traumas inherent in physical and sexual abuse” (166). As a result, Jude feels in control when he self-harms, and lets Caleb abuse him to confirm his beliefs about his own worth.

Even so, as time moves on, Caleb’s abuse reaches a point after which Jude hopes never to see him again. However, the relationship culminates in Caleb unexpectedly showing up at Jude’s apartment to assault him so violently that Jude is hospitalized when he is discovered. During his physical recovery, Jude’s mental health deteriorates rapidly, since the relationship with Caleb, albeit a relatively brief period of his life, affects Jude to the point where it consumes his thoughts, and he

wonders why and how he has let four months—months increasingly distant from him—so affect him, so alter his life. But then, he might as well ask—as he often does—why he has let the first fifteen years of his life so dictate the past twenty-eight. He has been lucky beyond measure; he has an adulthood that people dream about: Why, then, does he insist on revisiting and replaying events that happened so long ago? Why can he not simply take pleasure in his present? Why must he so honor his past? Why does it become more vivid, not less, the further he moves from it? (Yanagihara 522-523)

The inability to move on from his past trauma gets to the point where Jude simply cannot live with the constant mental anguish his mind produces, and when even excessive self-harm has no effect, Jude begins to consider suicide.

The memories of the past are so tiring to Jude that his main motivation for his desire to kill himself is simply that he is so exhausted of incessantly trying to overcome trauma without any results. Once he decides to commit suicide, Jude feels “lighter, freer, less tormented” and thinks of how he “could have saved himself years of sorrow by just ending it” (443, 444). Jude considers how his friends and family will react to his suicide and feels sorry that they will mourn him, but “eventually they would see that their lives were better without him in it” (444). Content with his decision, Jude carefully plans how his suicide will pan out, from method to by whom he will be discovered. Since the plan is supposed to be infallible, Jude goes through with cutting deeply into his arms in the shower, yet he is discovered too early because of the person who was supposed to find him mistakes the

time. Consequently, Jude wakes up in the hospital full of sadness that he has failed, but the recovery process is so tiring that he decides to give life another try just because that is what his loved ones want for him:

He had known, ever since the hospital, that it was impossible to convince someone to live for his own sake. But he often thought it would be a more effective treatment to make people feel more urgently the necessity of living for others: that, to him, was always the most compelling argument. The fact was, he did owe Harold. He did owe Willem. And if they wanted him to stay alive, then he would.
(780)

Jude does not want to be alive, yet he wants to appease his friends and family because he feels he is in their debt for the way they always have taken care of and loved him. If Jude cannot find a reason to live himself, he has to trust the people he cares the most about to make that judgement for him. Furthermore, Jude's reluctance to attempt suicide again reflects how

suicidal thoughts can contain a wish for absence—to absent oneself from a life without a meaning—and optimism for the future. The future will either fulfil the desire for absence (completed suicide) or a renewed attempt to continue living. Both acts can only be achieved by having faith in the future, that the next moments in time will bring relief, rather than impasse. (Rushton 207, emphasis in original)

Having survived attempted suicide, Jude knows he can try again, yet he also wants to believe that life can get better, which is why he promises his friends to keep living, in hopes of a future that is better than the past.

After his first suicide attempt, Jude's life takes a different turn when he and Willem begin a romantic relationship which, despite its ups and downs, ultimately seems to be the end of suicidal thoughts for Jude until Willem dies in a car accident, and Jude's life is thrown out of balance. After Willem's death, Jude feels he "isn't so much living as he is merely existing" and he wonders how to live without Willem, and why he is not killing himself, since this time "no one would blame him" (719, 727). Harold, Jude's adoptive father, had made Jude promise not to attempt suicide again after his first try, a promise Jude does not want to break, since he feels that "this promise—this verbal

contract—was the only real deterrent to his trying again” (753-754). Nevertheless, Jude thinks about suicide almost daily, makes a plan, and updates his will. Willem’s death has brought back Jude’s suicidal ideations since, without Willem, he does not know what he is supposed to live for anymore.

Life after Willem’s death eventually becomes too much to bear for Jude, whose friends are still determined to keep him alive. Jude’s promise to Harold to not kill himself still deters him from actively attempting suicide, but it is with “guilt and regret, but also with a sense of inevitability, that he cheats on his promise” by starving himself to the point where he hopes to become so weak that he will injure himself in a way that is irremediable (781). Consequently, Jude’s friends stage an intervention and have him involuntarily committed and they force him to start eating again. Jude resists and tells Harold, “I’m going to kill myself no matter what you do, and you’re not going to be able to stop me” (790). Nevertheless, the unconditional support and love Jude receives from his friends and family despite his reluctance to treatment seems to prevail in the end when Jude accepts help and sees a psychiatrist in hopes of being “repaired” (793). Ultimately, though, Jude still commits suicide in the end.

Jude’s final months alive are told retrospectively from the perspective of Harold. Harold states that he tried everything to keep Jude alive, but “every month I could feel him receding [...] he was quieter [...] he spoke very little” (803). Furthermore, Harold sees that Jude is injured but he does not know whether the bruises are self-inflicted or accidents like Jude says, and Jude never makes any promises for the future, which suggests Jude’s mental health is very unstable. A year and five months after the intervention that had him involuntarily committed to the hospital, at the age of fifty-three, Jude commits suicide by injecting an artery with air, which causes a stroke; a method that “would have been agonizing” (811).

Jude’s suicidality and identity correspond with Durkheim’s theories about suicide; specifically, his attempts can be interpreted as the egoistic and anomic suicide types. The aftermath of Jude’s first attempt is that Jude tries to isolate himself from his friends while he is consumed by his trauma because he experiences a loss of identity, which indicates an egoistic suicide motive. Moreover, Jude’s second and final suicide attempts are brought on for Jude by the loss of Willem, which causes Jude to feel a lack of social direction. Jude does not know who he is or where he fits in in society, thus representing

the anomic suicide. Naturally, as suicide is a very complex issue, there is not a singular answer to a question and thus the categories are flexible and there is overlap.

Jude's lack of tether to the world, which Durkheim calls excessive individuation, is a central part of his identity. Jude is an "exceptionally talented" and "highly successful" individual in both his professional and personal life (Rushton 202). Even so, despite the fact that Jude has friends and family who love him, and he is respected and thrives as a lawyer, *A Little Life* shows "the tragic lack of a meaningful answer to the question of why [...] Jude need[s] to stay alive" (203). Furthermore, in a *Vulture* article about her writing process, Yanagihara stated that, in addition to being a story about friendship, she "intended it [*A Little Life*] as a portrait of loneliness". Accordingly, Jude does not feel he belongs in his community and Jude

feels, as he increasingly does, that his life is something that has happened to him, rather than something he has had any role in creating [...] If he knew how they had solved the proof, he thinks, he would know why to keep living. All he needs is one answer. All he needs is to be convinced once. The proof needn't be elegant; it need only be explicable. (Yanagihara 784)

Jude struggles to find a reason for why life is worth living, since he does not know where he belongs, and he does not feel as if he is in control of his own life.

Jude's sense of excessive individualism is established early on in the novel. In an interview with a judge Jude hopes to clerk for while in law school, Jude sings Mahler's lied "Ich bin der Welt abhanden gekommen":

I have become lost to the world / In which I otherwise wasted so much time [...] It means nothing to me / Whether the world believes me dead / I can hardly say anything to refute it / For truly, I am no longer a part of the world. (125-126)

Jude states that while he is not an artist, which the lied is about, he understands the "concept of losing, of losing oneself from the world, of disappearing into a different place, one of retreat and safety, of the twinned yearnings of escape and discovery" (125-126). The lyrics of the lied represent how Jude is unable to fully integrate himself into his community, and echo how, later, Jude feels when he decides to attempt suicide after his

relationship with Caleb; Jude feels relieved and only regrets not having considered suicide as a solution sooner.

Another important aspect of how Jude views himself and his identity, which is the basis of his suicidality, is the axiom of equality, which assumes that “if you have a conceptual thing named x , that it must always be equivalent to itself”; $x = x$ (385). Jude believes that his life proves the axiom, because the “person I was will always be the person I am [...] fundamentally, he [Jude] is the same person, a person who inspires disgust, a person meant to be hated” (386). Jude is unable to see himself in a positive light as he believes that what happened to him in his childhood is who he is now and always will be. Accordingly, Harold states that he and Willem attempted to get Jude to “abandon certain ideas about himself: about how he looked, and what he deserved, and what he was worth, and who he was”, but it was too difficult (398). Kellermann argues that the

clashing juxtaposition between the loving sentiments by Jude’s friends toward him on the one hand and his own sense of hatred and revulsion toward himself on the other makes fully manifest the damage that his past has done to him, a damage so profound that in the end no therapeutic means are able to heal him. (343)

Jude’s childhood abuse, which causes an extremely negative self-image for Jude, is so deeply ingrained in his identity that no one can convince him to see himself differently. Ultimately, Jude attempts suicide because his worst fears about himself are confirmed by how Caleb treats him and thus Jude decides that to fight back against his trauma is useless, since he cannot win.

Following his failed suicide attempt, the feelings of not fitting in in society are amplified for Jude, as he despairs how people will treat him differently upon finding out about his suicide attempt: “Now he really was a freak, a bigger freak than he’d been before. Now he would have to begin anew in his attempts to convince people he was normal” (463). Jude has spent his adult life in the belief that he is abnormal but that he has been able to hide his true self from even the people closest to him by not revealing his past to them. Yet now Jude is in a situation where his suicidality is exposed to the world, which emphasizes the alienation he feels in society.

After Willem’s death, Jude experiences a major upheaval of his life. As a result, the emotional state Jude is in leads to his suicide arguably being classified as anomic. The following days after the accident, Jude loses himself completely. Jude is not able to recall

having been placed on suicide watch, and he is “conscious only in flashes”; Jude “remembers learning things during those days, but he doesn’t remember how he learned them, because he doesn’t remember having any conversations” (722). Willem’s death impacts Jude so deeply because

Willem had been the first person who loved him, the first person who had seen him not as an object to be used or pitied but as something else, as a friend; he had been the second person who had always, always been kind to him. If he hadn’t had Willem, he wouldn’t have had any of them—he would never have been able to trust Harold if he hadn’t trusted Willem first. (726-727)

Willem has been a constant part of Jude’s life since they met as teenagers, and the reason why Jude has been able to form meaningful relationships with other people. Jude finds himself “unable to conceive of life without him, because Willem had so defined what his life was and could be” (727). Therefore, Jude is in a state that leads him to not know who he is and where he fits in in society, ultimately why his suicide is the anomic type.

When he looks back at his time in a romantic relationship with Willem, Jude says he was “someone else, someone happier, someone freer and braver” (755). However, after Willem’s death, Jude wonders how everything has gone “so wrong” and who he is without Willem:

How has he forgotten so completely who he was when he was with Willem? It is as if that person has died along with Willem, and what he is left with is his elemental self, someone he has never liked, someone so incapable of occupying the life he has, the life he has somehow made for himself, in spite of himself. (787)

Jude is back mentally where he was when he first attempted suicide, when he believed that his life was represented by the axiom of equality, $x = x$. The person he became after, someone who wanted to attempt to live again and who found love with Willem, is now lost to him. As a result, Jude is once again reduced to that feeling that he will always be the same person he was, “no matter what he does, or how many years he moves away from the monastery, from Brother Luke, no matter how much he earns or how hard he tries to forget” (386). Moreover, as Jude becomes increasingly convicted of his beliefs, he attempts to isolate himself from his friends and family; he has the “sense, once again,

that his life is moving backward, that it is becoming smaller and smaller” (764). Ultimately, without Willem, Jude is unable to be the person who he has become as an adult, and instead Jude regresses back to who he believes himself to have been as an abused child.

After Jude’s friends and family stage an intervention to stop Jude from starving himself to death, Jude decides to make a final attempt at life and thinks that perhaps he “can pretend one more time, and this last bout of pretending will change things for him, will make him into the person he might have been” (793). Jude has hope that to accept professional help will turn things around and help him find an identity that is not tied to his trauma. However, Durkheim argues, in regard to the anomic suicide type, that to

pursue a goal which is by definition unattainable is to condemn oneself to a state of perpetual unhappiness. Of course, man may hope contrary to all reason, and hope has its pleasures even when unreasonable. It may sustain him for a time; but it cannot survive the repeated disappointments of experience indefinitely. (209)

While Jude hopes to get better, Yanagihara states that Jude is a “very consistent character”, which is “part of what dooms him” (Kavanagh). Accordingly, Jude’s name itself suggests it is not possible for him to heal, since he is named after Saint Jude, the patron saint of lost causes. Willem buys Harold and Julia a statue of Saint Jude, which reminds Jude of how he sees his name: “how it seemed to announce him to the world [...] as a mockery; as a diagnosis; as a prediction” (Yanagihara 236). Consequently, the constant disappointment Jude no doubt faces after he accepts help and realizes he is beyond saving leads to him, this time successfully, committing suicide.

Throughout *A Little Life*, Jude’s suicidality comprises an intense need to self-harm to cope with his childhood trauma, and, when self-harming no longer is enough, he becomes actively suicidal and plans and realizes his suicide, despite attempts from his loved ones to stop him. Jude’s self-harm causes conflict in his interpersonal relationships due to the fact that his loved ones do not understand his reasonings for cutting himself, which leads Jude to take extreme measures to avoid being found out. Moreover, Jude self-harms because he assumes the identity of the sufferer in order to feel in control and thus avoid hurting the people he loves, and lets himself be abused as a way to accept twisted beliefs about his self-worth.

In line with sociologist Émile Durkheim's theories about suicide, Jude's suicide attempts can be categorized as the egoistic and anomic types. Firstly, Jude's relationship with Caleb, which ends in Jude's hospitalization, amplifies Jude's trauma and negative self-image to the point where he attempts suicide. Furthermore, Jude suffers from feeling isolated and disconnected; his identity is strongly tied to his trauma, which causes the reason for his first suicide attempt to fit in with the egoistic type. Secondly, after Jude's first attempt fails, he enters into a romantic relationship with Willem, which deters another suicide attempt. However, when Willem unexpectedly dies and as a result, Jude's sudden loss of Willem causes life to once again become unbearable for a disoriented Jude, which on the other hand fits in with Durkheim's description of the anomic suicide type.

3.2. Harold and Willem

Harold Stein, Jude's professor, and Jude meet in law school and the two become friends, which ultimately leads to Harold and his wife Julia adopting Jude as an adult. Harold is the first adult, apart from Jude's social worker as a teenager, to treat Jude with respect and accept him in spite of not knowing much about him. Arguably, Harold is the person who supports Jude most vehemently throughout his adult life, and his reactions to Jude's suicidality are crucial to understanding how the people who love Jude react to his mental state. Additionally, while most of *A Little Life* is told by a third person omniscient narrator either from Jude or Willem's perspective, three short sections of the novel comprise a first person narrative, which is revealed in the last chapter of the novel to be a letter to Willem from Harold, written six years after Willem's death and three years after Jude's death, which therefore provides first person insight into how Harold views Jude's suicidality.

In the first section from Harold's point of view, Harold tells Willem about how he knew Jude was for him and reflects over the loss of his son Jacob and when he taught Jude in law school. In the second section, Harold tells the full story of how Jacob got sick, his own divorce from his first wife after Jacob's death, Jude's adoption, the aftermath of finding Jude after Caleb had abused him, and the realization that Jude was self-harming.

In the final section, Harold tells Willem about Jude's final years and ultimate suicide after Willem's death.

Before Jude's death, the way Harold reacts to Jude's suicidality is mainly through self-deception. Harold admits that he and others in Jude's life "saw of him what we wanted, and allowed ourselves not to see anything else", as well as not knowing how to help Jude "because we lacked the imagination needed to diagnose the problems" (Yanagihara 407). Harold feels incapable of even fathoming the issues Jude has, and thus to turn a blind eye is the easiest path for Harold to take in order to lull himself into a sense of false security. Looking at the issue retrospectively, Harold admits that that line of thought is "making excuses" (407). Moreover, after Harold finds out that Jude self-harms, he recognizes that he did not intervene when he should have, which caused damage, and says: "I did something worse than accepting it: I tolerated it. I chose to forget he was doing this" (411). Harold admits that while he did try to reason with Jude, he only did it half-heartedly, knowing that what he was doing had no effect; he refused to use more extreme methods that could have worked since they may have pushed Jude away from him. Ultimately, to have Jude in his life is more important to Harold than to potentially damage their relationship by trying to solve Jude's problems and failing, and therefore Harold has to deceive himself into believing he has done everything he can for Jude.

After Willem's death, Jude attempts to starve himself to death, which causes his friends and family to intervene, and while he lets himself be rehabilitated, he has no actual will to live; Harold explains how he tried to get Jude to stay with him:

First you try logic (*You have so much to live for*), and then you try guilt (*You owe me*), and then you try anger, and threats, and pleading (*I'm old; don't do this to an old man*). But then, once they agree, it is necessary that you, the cajoler, move into the realm of self-deception, because you can see that is costing them, you can see how much they don't want to be here, you can see that the mere act of existing is depleting for them, and then you have to tell yourself every day: I am doing the right thing. (802, emphasis in original)

The situation is so dire it forces Harold to try new ways of convincing Jude to not kill himself. However, in the end, Harold falls back into the same tactic he employed before: to turn a blind eye to the obvious way Jude is suffering. As a result, the only way for Harold to be able to cope with Jude's suicidality is to convince himself that to force Jude

to stay alive against his will is the only option available. Rushton argues that “Harold’s self-deception does not save him or Jude from pain; if anything, it adds to both their suffering” (205). Ultimately, after Jude’s death, Harold can see something that he was not able to accept about himself before: that he selfishly just wanted Jude to stay alive, regardless of how much it caused him to suffer, and the way to get Jude to stay alive was to pretend he did not understand the toll it took on him.

The move from self-deception to acceptance of the reality of the situation, then, causes strong feelings of guilt and regret, which are a key part of how Jude’s friends and family, especially Harold, react to his death, and the question of how much influence others could have had in preventing Jude from self-harm and then suicide is a recurring theme in *A Little Life*. Harold describes Jude’s first suicide attempt as “the situation that we perhaps had been capable of preventing—perhaps not—but at any rate hadn’t” and at Jude’s funeral, Harold sums up how people feel: “all of us [...] shocked but not shocked, surprised only that we were so surprised, devastated and beaten and mostly, helpless. Had we missed something? Could we have done something different?” (Yanagihara 178, 811). Harold is aware of his limitations in preventing Jude’s suicide, yet he cannot help but wonder whether there could have been a chance of a different outcome.

Harold acknowledges that he did not know a lot about Jude when he adopted him and having told Jude that his past did not matter to him was naïve on Harold’s part. Given that the past is as part of a person as the present is, Harold regrets not having communicated to Jude that he would have accepted and wanted every part of him when he had the chance. Harold weighs the option that unequivocal acceptance potentially could have changed the outcome of Jude’s life, and the regret of not expressing it clearly makes him ask himself hypothetical questions about what could have been:

Later, I would wonder, incessantly, what it would have been like for him if I had found him twenty years before I did, when he was a baby. Or if not twenty, then ten, or even five. Who would he have been, and who would I have been? (397-398)

While it is impossible to change the past, Harold cannot help but imagine an alternate life in which he could have helped Jude. Jude’s presence has shaped Harold’s life, and he is desperate to know whether Jude could have been saved, and how both their lives would have been affected in the process.

Moreover, the feelings of guilt and regret at not being able to prevent Jude's suicide, or to make him see himself the way his loved ones saw him, causes Harold feelings of inadequacy as a person, friend, and father:

That he died so alone is more than I can think of; that he died thinking that he owed us an apology is worse; that he died still stubbornly believing everything he was taught about himself—after you, after me, after all of us who loved him—makes me think that my life has been a failure after all, that I have failed at the one thing that counted. (813)

Harold's love for Jude is not enough to keep him from killing himself, and that is enough to negate everything of worth in Harold's life, and its worth ultimately boils down to one crucial negligence. Harold's feelings reflect a study Rushton refers to by David A. Karp which shows that caregivers of people with mental illnesses know that their loved ones' issues are out of their control, yet they still experience "suicide attempts as a rejection of their love" (qtd. in Rushton 205). Consequently, Jude's suicide means that all the love and support Harold gave him was not accepted, which leaves Harold feeling a failure. The sense of failure and guilt that Harold feels manifests itself as anger toward himself, as Harold reveals he felt "the sort of rage that comes with the realization of one's gross inadequacy, of knowing for certain that you are at fault" (Yanagihara 407). Ultimately, the guilt affects Harold in many ways; he constantly second-guesses himself and feels negative emotions such as anger and regret.

Finally, Harold reacts to Jude's suicidality through the lens of fatherhood. When he thinks about Jude, Harold reflects on parenthood and the fear and protectiveness that comes with it. According to Harold, people want their children to be happy and healthy, but more importantly, they want their children to be better than them, which means people are "not equipped for the possibility that they might be worse" and if people knew that it was a possibility, if "we were all so specifically, vividly aware of what might go horribly wrong, we would none of us have children at all" (392). However, Jude is Harold's second child, since before he met Jude, Harold had a son named Jacob who died at the age of five from a rapidly debilitating illness. Consequently, Harold is aware of the worst-case scenario of a parent: the loss of their child.

While Jacob's death was out of Harold's control, Jude's problems are not something Harold is ready for; he feels a responsibility as a father, which once again

makes him feel like he is a failure for not being able to cope with Jude's suicidality and extremely negative self-image:

How can you call yourself a parent if your child feels this way about himself? That was something I would never be able to recalibrate. I suppose—having never parented an adult myself—that I had never known how much was actually involved. I didn't resent having to do it: I felt only stupid and inadequate that I hadn't realized it earlier. (399)

Harold never feels as if Jude is a burden to him, yet he feels guilty and lacking for not fulfilling his role as a father. Moreover, the loss of Jacob informs the way he thinks about Jude and parenthood: "You have never known fear until you have a child," Harold says, and he believes that that fear informs every decision you make, and all you want to do as a parent is to protect your child (186). The loss of his first child also means that that fear a parent feels according to Harold is well founded, and that there is a part of Harold that knows his child might be beyond saving. In the end, Harold says that Jude's suicide did not come as a surprise to him: "I knew he would leave me: despite all my hopes, and pleas, and insinuations, and threats, and magical thoughts, I knew" (810-811). As a father, Harold feels both a sense of inadequacy and acceptance for not having been enough to save Jude.

Willem Ragnarsson is Jude's oldest and dearest friend, as well as, eventually, lover. Willem and Jude's close bond means that Willem is one of the people others put the most faith in to prevent Jude's suicidality. After Jude's death, Harold poses the question that is presumably also on many readers' minds: "if you [Willem] were here, wouldn't he [Jude] still be as well?" (Yanagihara 812). All evidence suggest that that would have been the case; Willem's way of dealing with Jude's suicidality causes momentous changes in Jude up until Willem's death in a car accident, which then causes Jude to sink into a lifeless existence. Willem's reaction to Jude's suicidality differs from Harold's reaction because he realizes that the way he tries to support Jude does not work; Willem feels angry with Jude and dares to express this in a way Harold never does due to a fear of losing Jude.

Even without official confirmation, Willem has been aware of Jude's suicidality for many years; he receives his confirmation when he is confronted directly about it by Jude's doctor, Andy, a couple of years post-school when their friend group is living in

New York. Andy questions Willem whether, despite his denials, Jude had recently tried to kill himself: a question that awakens new concerns in Willem about what the responsibility of a good friend is when dealing with a loved one's suicidality. Up until the conversation with Andy, he has avoided the topic with Jude because

this was part of the deal when you were friends with Jude: he knew it, Andy knew it, they all knew it. You let things slide that your instincts told you not to, you scooted around the edges of your suspicions. You understood that proof of your friendship lay in keeping your distance, in accepting what was told you, in turning and walking away when the door was shut in your face instead of trying to force it open again. (84)

Jude has managed to cultivate a close friend group and a relationship with Harold and Julia without actually ever revealing anything too personal about himself, which means he suffers in silence despite having the potential to confide in his friends. As a result, the only person explicitly aware of Jude's self-harm is Andy, who believes Jude's friends are not doing enough to take care of him. Willem states that he liked Andy's "sense of outrage over Jude, even as he feared his disapproval and also thought it somewhat unfair" (80-81). Once again, Willem is conflicted as to what his role as a friend is; he knows that morally he should do more to help and is even told so by Andy, yet simultaneously he is aware that to pry about Jude's issues would be like betrayal to Jude, since their unspoken contract to remain friends forbids it.

Willem feels that Jude forcing him to not intervene is unfair. Willem "felt he had been hustled into a game of complicity, one he never intended to play", and he wonders how "can you help someone who won't be helped while realizing that if you *don't* try to help, then you're not being a friend at all?" (260, emphasis in original). Since Willem knows about Jude's suicidality, albeit only the bare minimum, he is caught in a moral dilemma of what the course of action for him, as a friend, should be. Additionally, Willem resents the fact that Jude has put him into a position where his inactivity can be interpreted as complicity, since while he does not know what exactly he should do, he knows that Jude self-harms and is possibly suicidal, which he does not agree with. Moreover, Willem tells himself that

a good friend would certainly have figured out a better way to deal with Jude, instead of telling himself, chantlike, that there simply was no better way to deal with Jude, and if there was, if someone (Andy? Harold? Anyone?) could figure out a plan, then he'd be happy to follow it. (257)

Like Harold, Willem tries to deceive himself. As a result, he deems the problems with Jude unsolvable and believes that he has done his best. Willem hopes someone else would assume responsibility, while he simultaneously is aware that “he was just making excuses for himself” (257).

Circumstances change after Jude attempts suicide, and Willem now sees Jude in a new light. Willem is described as having been “deeply rattled” by Jude’s attempt, which is a wake-up call for Willem, who thinks that he “had always known that Jude was troubled, but he was awestruck, almost, by how little he knew him, by the depths of his determination to harm himself” (490, 491). As a result, Willem feels guilty for his inadequacy in the situation and looks back on when he first had been confronted by Andy about Jude’s suicidality and how he had not had the strength to ask Jude difficult questions:

How might things have been different if he spoke only one sentence? And that sentence could have been “Jude, are you trying to kill yourself?” or “Jude, you need to tell me what’s going on,” or “Jude, why do you do this to yourself?” Any of those would have been acceptable; any of those would have led to a larger conversation that would have been reparative, or at the very least preventative. Wouldn’t it? (86-87)

Whether or not to confront Jude all those years ago would have helped Jude is impossible to tell for Willem, yet it does not stop him from feeling like a failure, and Willem is eager to right his wrongs.

Accordingly, Willem is convinced that the best course of action is to support Jude in a non-confrontational way; he gently tries to suggest alternatives to self-harm and has Jude’s back. After their friend JB does a cruel imitation of Jude, Willem cuts ties with JB, which JB is not surprised over because “when he reviewed their entire friendship, there was the evidence: time after time after time of Willem always taking Jude’s side” (300).

Willem being Jude's closest friend is evident to everyone around them; Willem even accepts that what he is to Harold and Julia is someone who takes care of Jude.

Supporting Jude becomes increasingly difficult for Willem due to the extent of Jude's self-harm, which is the topic of their "first truly awful fight" ever, and many fights after (553). Willem wants Jude to stop self-harming and voluntarily commit himself to a hospital, he even wishes he could commit Jude involuntarily, but Jude refuses either way. Yet, Jude and Willem's fights "had never ended in any conclusive way—there were no promises extracted, there were no ultimatums given" (559). In spite of their fights, Willem never considers leaving Jude. However, to stay with him is described by Willem as difficult, since he wants to support Jude by not trying to repair him, but "to solve someone is to *want* to repair them: to diagnose a problem and then not try to fix that problem seemed not only neglectful but immoral" (586). As a result, Willem struggles with aspects of Jude's suicidality; he wants Jude to not self-harm, but he is incapable of preventing it without disrespecting Jude's agency. Ultimately, Willem still has faith and believes that he can keep Jude from self-harming

through the intensity and the force and the determination of his love. He knew this was childish, but all stubborn acts are childish acts. Here, stubbornness was his only weapon. Patience; stubbornness; love: he had to believe these would be enough. He had to believe that they would be stronger than any habit of Jude's, no matter how long or diligently practiced. (589)

Willem sees his approach as simple and perhaps naïve, but he has to believe that the way he supports Jude is enough, otherwise he will have to face a more difficult reality in which his love for Jude is not enough and Jude's welfare is out of Willem's hands, making him feel like a failure.

Nevertheless, even Willem's support has its limits. Willem has been aware and somewhat sympathetic of Jude's suicidality and, specifically, self-harm for a long time; however, the last straw for Willem is when he finds out Jude's story about when he burned himself by accident while making fried plantain was, in fact, intentional and a ploy to self-harm without Willem's knowledge. The revelation makes Willem feel such a sense of unprecedented anger toward Jude, and himself, that "for the first time since he has known him, he wants to hit him", as he feels "so, so, so stupid" and "so gullible" (594). Like Harold, Willem has been in the belief that he has done the best for Jude, yet after he

finds out the truth about how far Jude has gone to obscure the truth, Willem is overcome by anger, both at Jude for what he is doing to himself and for what he is doing to Willem by lying.

Prior to finding out the truth about the burn, Willem had suggested different kinds of psychiatric treatment for Jude, which Jude had always rejected, but this time Willem vocalizes his feelings more harshly than ever before; he calls Jude “crazy” and tells him “You’re sick. You need to be hospitalized” (599). Jude does not react well to Willem’s reaction, and they have a massive fight about their relationship and what they mean to each other, which ultimately leads to Willem declaring to Jude that “You love the cutting more than you love me, anyway” (599). The remark comes from a place of a deep hatred of the act of self-harm itself, which Willem cannot understand the appeal of, and a sense of failure when he realizes that he has not successfully cured Jude just by loving him; it is said that “spouses often suffer additional guilt over a perceived failure of responsibility” (Jackson 22).

When Willem and Jude are apart after their explosive fight, Willem thinks about what has transpired:

His anger quickens and recedes by the mile: sometimes he sees Jude lying to him—he is always lying to him, he realizes—and the fury fills him like hot oil. And sometimes he thinks of what he said, and the way he behaved, and the entire situation, that the person he loves is so terrible to himself, and feels such a sense of remorse that he has to grip the steering wheel to make himself focus. (Yanagihara 601)

Willem feels conflicted. On the one hand, he is angry with Jude not only for lying about the burn, but also for never having been fully truthful in spite of Willem’s best efforts to coax him to open up to him about his feelings and experiences. On the other hand, Willem recognizes that he has added to Jude’s pain when he let out his own frustrations on him in a fit of rage, while he also thinks about how unbearable it is to see someone he loves more than anyone do something so awful to himself.

Willem is now acutely aware that something needs to be done, and he weighs three possible options: he will “never talk to Jude again; he will go back into the bathroom and hold him until he acquiesces, until he can heal him; he will [...] have Jude committed” (599-600). Willem’s fantasies of what he could do in the situation sum up how Jude’s

suicidality makes him feel: he wants to relinquish any responsibility over Jude because of how overwhelming the situation is; he wants his love for Jude be enough to cure him from evil thoughts; and he wants to do the rational and responsible thing by letting professionals solve the issue. Ultimately, Willem does none of the above, however, suddenly he gets an “image, one that felt like a premonition” that Jude has committed suicide in his absence, and he hurries back home (604).

When he finds Jude alive despite his fears, Willem apologizes to Jude for his behavior earlier, but he is now thinking clearly and has realized that the only way he and Jude can move forward is if Jude accepts help. Thus, Willem demands that Jude either voluntarily commits himself or agrees to see a psychiatrist weekly. Jude then asks if Willem will leave him if he does neither to which Willem responds: “I can’t condone this kind of behavior. I won’t be able to stick around and watch you do this to yourself if I thought you’d interpret my presence as some sort of tacit approval” (606). In the end, Willem does what Harold never could, which is give Jude an ultimatum, even if it could mean losing him.

Harold and Willem have similar reactions to Jude’s suicidality, yet there are differences in their approach to the issue. Both Harold and Willem feel a sense regret because they have willed themselves into believing Jude’s problems are unsolvable, and they feel guilty for not having done enough to prevent Jude from self-harming or committing suicide. On the one hand, Harold feels he has failed his responsibility as a father, on the other, Willem feels he has failed as a friend. Moreover, Willem spends a lot of time questioning what that responsibility is, unsure how to proceed in a way that is morally correct while also not offensive to Jude; his solution is to support Jude as much as he can. Ultimately, Willem cannot tolerate Jude’s behavior any longer and he is furious at Jude for lying to him about his suicidality, and unlike Harold, who is too afraid of losing Jude to confront him, Willem gives Jude an ultimatum: get help or our relationship is over.

4. *The Bell Jar*

Is anyone anywhere happy? No, not unless they are living in a dream or in an artifice that they or someone else has made.

—Sylvia Plath, *The Unabridged Journals of Sylvia Plath*

4.1. Esther Greenwood

Esther Greenwood, the protagonist of Sylvia Plath's *The Bell Jar*, is a young woman who becomes suicidal after a summer internship in New York when she returns home to Boston to find out she has been rejected from a writing course. Suddenly left without a purpose, Esther's mental health, which has become increasingly unstable during her time in New York, quickly deteriorates further. Esther, suffering from insomnia, the loss of ability to read and write, as well as a failed bout of electroshock therapy, decides to commit suicide. In this section, I will explore the reasons why Esther becomes suicidal, her suicide attempts and their aftermath, as well as connecting her suicidality with Durkheim's theories on the subject.

In New York, Esther experiences derealization and a sense of not being in control of her own life. Esther knows she should enjoy her time in New York, but instead she feels "very still and very empty" and lets her "first big chance [...] run through my fingers like so much water" (Plath 2, 4). Additionally, Esther becomes sad and tired when she wonders why she is incapable of going "the whole way" doing what she should or should not do, and instead she does nothing (27-28). Later, Esther thinks that maybe being married and having children "was like being brainwashed, and afterwards you went about numb as a slave in some private, totalitarian state" (81). She also describes the car that drives her to the suburbs as a "prison van" and the houses as "escape-proof" cages (110). Thus, Esther sees her life as something out of her control, which causes her to become unable to do what she desires to do with it.

Esther begins to have feelings of failure and consequently feels a loss of a sense of purpose during her time in New York, which continues upon her return home to Boston. Esther registers that

all the uncomfortable suspicions I had about myself were coming true, and I couldn't hide the truth much longer. After nineteen years of running after good marks and prizes and grants of one sort and another, I was letting up, slowing down, dropping clean out of the race. (27)

Esther feels “dreadfully inadequate” and realizes that the “trouble was, I had been inadequate all along, I simply hadn't thought about it” (72). The realization of her inadequacy causes Esther to lose her sense of purpose, which previously had been strongly tied to academic success, and with a rejection from the writing course she had taken for granted she would be accepted to, she suddenly is left without a plan or goal to strive for. After her rejection from the writing course, Esther thinks that she “couldn't see the point of getting up”, since she “had nothing to look forward to” (113). Moreover, Esther imagines her future as sitting under a fig-tree. In the metaphor, Esther is “starving to death, just because I couldn't make up my mind which of the figs I would choose. I wanted each and every one of them, but choosing one meant losing all the rest”, and ultimately, she loses all options due to her indecisiveness (73). Accordingly, de Villiers argues that the fig-tree metaphor “represents a loss of selfhood” (9).

Esther finds herself suffering from extreme insomnia, as well as losing her ability to read and write. Consequently, she no longer washes her clothes and hair, reasoning:

I saw the days of the year stretching ahead like a series of bright, white boxes, and separating one box from another was sleep, like a black shade. Only for me, the long perspective of shades that set off one box from the next had suddenly snapped up, and I could see day after day after day glaring ahead of me like a white, broad, infinitely desolate avenue. It seemed silly to wash one day when I would only have to wash again the next. It made me tired just to think of it. (123)

Since Esther no longer is able to sleep, she becomes aware of the monotony of routine. As a result, the thought of having to do the same thing over and over again becomes unbearable for Esther, who would rather “do everything once and for all and be through with it” (123). Moreover, Esther's refusal to wash her hair or clothes because of how pointless the tasks seem reflect her overall mental state and attitude towards life in general; her attempts to find a purpose again, such as getting a job, trying to learn shorthand, and writing a novel, all fail, which leads Esther to view life as meaningless.

Esther feels herself become more and more isolated and she does not feel understood by others. When she meets with a psychiatrist, Esther is disappointed because she immediately realizes that he will not understand her. She says she had “imagined a kind, ugly, intuitive man looking up and saying ‘Ah!’ in an encouraging way, as if he could see something I couldn’t, and then I would find words to tell him how I was so scared” and then he would solve her problems and help her be herself again (123). Instead, Esther is met by the “conceited” Doctor Gordon, who dismisses her experiences and asks irrelevant questions about her college (124). de Villiers argues that Doctor Gordon’s trivializing treatment of Esther reflects a “problematic view of women’s psyche” wherein the “implication is that madwomen are responsible for their own (in)sanity and could simply make the choice to become sane again—by conforming to societal norms of femininity” (6). The solution represented by Doctor Gordon is, of course, not what Esther imagines. Moreover, Doctor Gordon prescribes Esther electroshock therapy, which is administered incorrectly, causing it to be extremely painful. The disconnect between Esther and Doctor Gordon is further emphasized by Esther wondering “what terrible thing it was that I had done” to deserve the painful experience (Plath 138). Consequently, Esther feels she is being punished rather than helped by her psychiatrist.

Esther’s first explicit thoughts about death begin in New York, when her last night in the city feels like death. Esther looks out of her hotel room window and sees “the city doused its lights in sleep, its buildings blackened, as if for a funeral” (Plath 106). She then proceeds to throw all her clothes out of the window, “flutteringly, like a loved one’s ashes” (107). Metaphorically, the old Esther has died in New York that night, and the new version of Esther who returns home to Boston is without purpose and direction in life, which leads to Esther becoming suicidal. Many critics have recognized Esther as an example of the divided self, arguing that Esther is “illustrated as simultaneously dead and alive [...] her ‘true’ self seems to have died while the ‘false’ self or persona keeps on living” (de Villiers 8).

Furthermore, Esther begins to consider self-harm and suicide when she returns home. Esther thinks about a skiing accident where she broke her leg, which she first blames on her boyfriend Buddy, but she then corrects herself: “No, I broke it myself. I broke it on purpose to pay myself back for being such a heel” (Plath 82). Thus, Esther sees the incident as a case of punitive self-harm for her lack of moral character. Additionally, when Esther contemplates the skiing accident, she thinks about how her

inner voice was “nagging me not to be a fool” and save herself, yet the “thought that I might kill myself formed in my mind coolly as a tree or a flower” (92). Esther’s description of the potential death is free of negativity; suicide, to Esther, is something comparable, or part of, nature. Perloff contends that “Esther longs for the annihilation of death [...] Yet this suicidal leap earns Esther no more than a plaster cast” (520). Ultimately, the skiing accident is Esther’s first introduction to self-harm as a pathway to suicide.

After she receives wrongly administered electroshock therapy, Esther makes the definitive decision to commit suicide. However, she finds herself unable to succeed with several different methods; despite her determination to see her plan through, Esther expresses that she wishes she could change her mind, and the hesitation causes her attempts to be delayed. Perloff argues that “Esther’s diagnosis of her situation is totally devoid of self-pity or self-importance” (515). Hence, Esther’s thoughts on suicide are just her assessing herself in a way she views as objective. Furthermore, a time limit for committing suicide is a reason or excuse Esther uses several times, either to interrupt her attempts, because her mother returns home soon, or to put a deadline to when she must have it done before it is “too late” (Plath 162). For example, Esther states that the start of college and her brother’s return from Germany would prevent her from committing suicide, therefore she must succeed before then.

Esther imagines what would happen if she did not commit suicide, and she wonders if she “shouldn’t just give it up and turn myself over to the doctors” (153). However, she then remembers Doctor Gordon’s electroshock therapy, and the thought of being subjected to it again, as well as thoughts of her family suffering because her case is “incurable” are enough to persuade Esther to continue with her suicide plan, even if she wishes things could be different (153). In addition, Esther also considers religiousness to rid herself of her suicidality:

Lately I had considered going into the Catholic Church myself I knew that Catholics thought killing yourself was an awful sin. But perhaps, if this was so, they might have a good way to persuade me out of it. Of course, I didn’t believe in life after death or the virgin birth [...] or anything, but I didn’t have to let the priest see this, I could just concentrate on my sin, and he would help me repent. The only trouble was, Church, even the Catholic Church, didn’t take up the whole

of your life. No matter how much you knelt and prayed, you still had to eat three meals a day and have a job and live in the world. (158)

Esther dreams of being convinced to not kill herself, yet since she still sees herself as a lost cause; to not commit suicide would not help her because she would still have to participate in society for the rest of her life.

Esther's first suicide attempt is by hanging. After her mother leaves for work, Esther takes a silk cord and struggles a long time to tie a knot, after which she looks for somewhere to tie it from, yet finds none: "The trouble was, our house had the wrong kind of ceilings" (152). Subsequently, Esther tries to simply pull the cord tight around her neck while she sits down, but finds the fact that her body resists completing the action:

Then I saw that my body had all sorts of little tricks, such as making my hands go limp at the crucial second, which would save it, time and again, whereas if I had the whole say, I would be dead in a flash. I would simply have to ambush it with whatever sense I had left, or it would trap me in its stupid cage for fifty years without any sense at all. (153)

Esther is determined to commit suicide to avoid becoming trapped in her own body with no control of her mind for the rest of her life.

Esther's second attempt is by cutting herself. She describes having picked the method because when "they asked some old Roman philosopher or other how he wanted to die, he said he would open his veins in a warm bath" (142). Esther believes this method to be easy, however,

when it came right down to it, the skin of my wrist looked so white and defenceless that I couldn't do it. It was as if what I wanted to kill wasn't in that skin or the thin blue pulse that jumped under my thumb, but somewhere else, deeper, more secret, and a whole lot harder to get at. (142)

Esther takes a long time to gather up the courage to cut herself, yet all she amounts to is a singular practice cut on her calf. Having done so, she feels ready to get in the bathtub to finish the deed but realizes that "my dallying had used up the better part of the morning, and that my mother would probably come home and find me before I was done" (143).

Finally, the plan to use razors fails once again when Esther takes the bus into town but realizes that she “had the razors, but no warm bath” and that to rent a room would “create suspicion” (146).

Esther then contemplates other ways of committing suicide. Previously, she had asked the opinion of a male acquaintance how he would hypothetically commit suicide, who had answered that he would use a gun to kill himself, which disappoints Esther, since she has neither access to a gun nor any knowledge of how to use one. Consequently, Esther worries that she might survive but end up paralyzed and thus decides that the “risks of a gun seemed great” (150). Esther further considers drowning to be “the kindest way to die, and burning the worst”, and subsequently decides to drown herself by swimming so far out she will be too tired to swim back (151). However, when Esther stops swimming, she finds that she is “floating, without effort”, her attempts to dive just lead to her popping back up “like a cork” (154). As a result, Esther gives up and swims back to the beach.

For Esther’s final suicide attempt, she has come up with a solid plan. Esther has decided that “when there was no more money in my bank account I would do it, and that morning I’d spent the last of it” (160). As soon as her mother leaves home, Esther writes a note that says she is going for a walk to divert her mother from finding her too soon, and then she gets pills from her mother’s closet that were intended for Esther to take once a day. Instead, Esther shuts herself in the cellar of their house and starts taking the whole bottle of pills at once, until “red and blue lights began to flash before my eyes”, sending her to sleep (163). However, Esther is found many days later, and is not beyond saving, at least physically.

The methods Esther chooses up until her final attempt are particularly violent, and they all fail. Accordingly, Bennett argues that “in Plath suicide ideation and expression are violent, torn, unresolved” (146). In spite of this, Esther “describes her attempts in a methodical, matter-of-fact manner, almost as if she does not think they would bother the reader” (Marcarian and Wilkinson 15). Furthermore, Jafari et al. bring up Joiner’s 2005 Interpersonal theory of suicide in connection with *The Bell Jar*. Joiner’s theory states that acquired capability for suicide is achieved

through repeated experience with painful or provocative stimuli, especially (but not limited to) deliberate self-harm. As this occurs, people are able to engage in

more and more seriously injurious behavior, and may come to view death and related things in peculiarly positive ways. (qtd. in Jafari et al. 22)

Hence, Esther's repeated suicide attempts and thoughts of death are the reason why she succeeds to finish her final attempt.

Taking Durkheim's theories about suicide into account, Esther's attempts can be categorized as mainly egoistic, but also anomic, and she has some thoughts which could possibly be classified as fatalistic, the category Durkheim believed only to exist theoretically. As mentioned before, suicide is a complex issue and therefore there is bound to be an overlap in categories, and not every aspect of every category will apply.

The egoistic suicide type can cause depression, feelings of meaninglessness, and apathy, all of which Esther experiences. Moreover, Esther feels a sense of not belonging, which is one of the reasons she later attempts suicide. Esther's own awareness of her isolation is apparent when she says she feels herself "shrinking to a small dot [...] getting smaller and smaller and lonelier and lonelier" (Plath 15). Esther feels left out and as if she is becoming invisible and thus no longer in contact with others. Additionally, while in the hospital post-suicide attempt, Esther's lack of connection with others is emphasized when she acts irritable to hospital staff and lashes out at a doctor she believes "just wanted to see what a girl who was crazy enough to kill herself looked like" (167). Esther does not feel seen by the doctor, instead she sees him only as someone who exhibits morbid curiosity toward her condition.

Esther's suicidality can also be categorized as, at least partly, anomic and fatalistic. When Esther is rejected from a writing course, she is suddenly left without a plan for the rest of the summer, which lunges her into a state which could be described as anomic. "*Doesn't your work interest you, Esther? You know, Esther, you've got the perfect set-up of a true neurotic. You'll never get anywhere like that, you'll never get anywhere like that, you'll never get anywhere like that,*" Esther thinks to herself when she contemplates suicide, summarizing her negative vision of the future (141, italics in original). As a result, Esther finds herself with a lack of social direction, a trait of the anomic suicide type. Furthermore, Esther's thoughts on marriage and children making women "brainwashed", and that her body being out of her control, seeing it "trap me in its stupid cage for fifty years without any sense at all" if she does not commit suicide on time, can be seen as thoughts that would lead to a fatalistic suicide (81, 153). However,

since Esther attempts suicide before getting married, having children, or growing old, the fatalistic suicide type is only a possibility of what could have happened in her future.

Esther is found after her final suicide attempt and hospitalized, yet she is still suicidal; “Esther’s body is recalled to life fairly easily, but the self that emerges from her suicide attempt is hopelessly disembodied” (Perloff 511). Esther spends her time in the hospital ward being uncooperative, and after some time she is moved to another hospital, which she likes even less and convinces her mother to move her somewhere else. Realizing she will not be able to commit suicide while hospitalized, Esther decides to throw herself over a bridge they pass in the car on their way to a private hospital Esther is being moved to, courtesy of Philomena Guinea, Esther’s college scholarship sponsor. However, when the car reaches the bridge and Esther readies herself, her brother and mother reach for the car handles and prevent her from making a move.

Later, in her new room, which is so low off the ground that to jump would not hurt her, Esther feels “unnerved” about the car ride: “I had missed a perfectly good chance. The river water passed me by like an untouched drink. I suspected that even if my mother and brother had not been there I would have made no move to jump” (Plath 179). Once again, Esther finds herself unable to control her own actions, a disconnect between body and mind, similar to when she was not able to drown herself, which bothers her, as she is worried that she will not commit suicide before her mind has “gone” (153).

Esther threatens the staff at the hospital with suicide if she is administered electroshock therapy again, yet her new doctor, Doctor Nolan, builds trust with her and administers the electroshock therapy correctly. Suddenly, all “the heat and fear had purged itself” and Esther feels “surprisingly at peace” (206). Nevertheless, while no longer seemingly suicidal, Esther does feel unsure whether she will forever feel the way she does at the time; she wonders whether “the bell jar, with its stifling distortions, wouldn’t descend again?” (230). The uncertainty follows Esther on her final day in the hospital: “I had hoped, at my departure, I would feel sure and knowledgeable about everything that lay ahead – after all, I had been ‘analyzed’. Instead, all I could see were question marks” (233).

Esther’s future, and whether she has overcome her suicidality, remain unclear. *The Bell Jar* ends as Esther enters a room of medical professionals who will decide whether she will be discharged, thus her fate is ultimately never revealed. Nonetheless,

Esther is presumably released from the hospital, but who has she become? de Villiers argues that

while Esther has metaphorically been reborn, she does not emerge from madness as a new being but as one who has recovered from physical trauma, bearing the scars of her journey. Her experience with madness is therefore presented as a painful struggle. (9)

Esther thinks, in line with de Villiers, that perhaps “forgetfulness, like a kind snow, should numb and cover them [her memories]. But they were part of me. They were my landscape” (Plath 227). Esther has survived her suicide attempts, but her suicidality, which has been violent and resistant, is still a part of her. Moreover, Perloff argues that “At the end of *The Bell Jar*, her [Esther’s] external situation has not appreciably changed [...] but now she can view that situation differently. Having passed through death, she learns [...] to forge a new identity” (521). Moreover, the isolation Esther has felt is “paradoxically the result of negating one’s own separateness”, thus the only way she can be rid of it is simply to be herself (Perloff 521). Ultimately, surviving her suicidality has taught Esther how to become someone who can exist in the world, yet she remembers her past and thus knows that her new identity might not last forever.

Esther’s suicidality is caused by many different factors. Firstly, Esther begins to have feelings of not being in control of her own life and future when she does not enjoy her time in New York and has a negative vision for the future. Secondly, Esther has feelings of failure and loss of a sense of purpose due to academic rejection, which causes her to view life as meaningless. Lastly, Esther feels isolated and misunderstood by the people around her, especially her first psychiatrist, whose methods cause her to finally decide to commit suicide. Subsequently, Esther fails to attempt suicide many times, but succeeds on her last try when she takes pills. Her methods are violent, although Esther discusses them in a very inconsequential way. Relating Durkheim’s theories to Esther’s suicidality, her suicide attempts can mainly be categorized as egoistic. Ultimately, after her suicide attempt, Esther recovers in the hospital with the help of correctly administered electroshock therapy and is ready to face the world, yet whether or not Esther’s suicidal thoughts will return in the future is not known.

4.2. Esther's mother

The Bell Jar is told entirely from Esther's perspective; thus, all the supporting characters are subjectively described. Bennett argues that in Plath, "suicide is figured as internalized aggression towards, and a shaming or accusation of, other people and directed specifically, unrelentingly at her mother" (134). As a result, Esther's mother is prominently featured in relation to her relationship with Esther and her reaction to Esther's suicidality.

Esther's mother, who remains unnamed throughout the novel, is adamant on social conformity, and thus wants Esther to prescribe to ideals about marriage. Esther thinks about an article her mother had mailed her, which discouraged pre-marital sex and her mother "said this was something a girl didn't know about till it was too late, so she had to take the advice of people who were already experts, like a married woman" (Plath 76-77). From her own experience, Esther's mother had "never had a minute's peace" in her marriage with Esther's father due to her husband having been married before (81). Consequently, Esther and her mother are at odds with each other in their views about relationships and marriage, which further emphasizes the lack of sympathy Esther's mother has for her.

Esther's mother harbors resentment for her late husband, Esther's father. Esther's father died when she was young and her mother "had taught shorthand and typing to support us ever since my father died, and secretly she hated it and hated him for dying and leaving no money because he didn't trust life insurance salesmen" (36). Esther is affected by the way her mother has reacted to her father's death and realizes later that she had not cried over her father's death and that

My mother hadn't cried either. She had just smiled and said what a merciful thing it was for him he had died, because if he had lived he would have been crippled and an invalid for life, and he couldn't have stood that, he would rather have died than had that happen. (161)

Esther's mother expresses an interesting view on how death can be the better option over a low quality of life, yet her opinion seems to only extend for physical injuries, since the way she views Esther's suicidality is very different.

When Esther's symptoms begin, and she is unable to sleep for many days, her mother is dismissive, telling her she "must have slept, it was impossible not to sleep in all that time" (122). Perloff argues that Esther's mother is a "terrifying presence in the novel":

The image is one of a hopelessly rigid, strong-willed, loveless person who has survived the battle of life only by reducing it to neat little proverbs and formulas. When her daughter becomes so overtly psychotic that she can neither eat, sleep, nor wash herself, this mother reasons with her sweetly and blandly. (513)

Esther receives no concrete support from her mother despite the fact that Esther's immense struggles. Esther has to visit the family doctor by herself to be prescribed sleeping pills, and when they do not work, her doctor gives her a referral to a psychiatrist. Subsequently, at the psychiatrist, Doctor Gordon tells Esther her mother has told him she is "upset" (Plath 123). When Esther is not cured after one session with Doctor Gordon, her mother sighs, unhappy with the cost of the treatment. Ultimately, she reduces her own daughter's beginnings of suicidality to simply her being troubled, which is an unworthy issue to spend money on, and thus Esther's mother trivializes the serious problems Esther experiences.

Esther's lack of improvement disappoints her mother. Upon finding out Doctor Gordon has prescribed her electroshock therapy, Esther accuses her mother of lying, to which the latter responds: "Don't I *always* tell you the truth?" and "burst[s] into tears" (130, emphasis in original). Esther's suicidality causes her mother to constantly be crying, yet seemingly the reason for her distress is not Esther's pain, but the image she projects of their family by being mentally ill. Consequently, when Esther lies that she's gotten better to avoid further shock treatments her mother responds in a telling way:

My mother smiled. 'I knew my baby wasn't like that.'

I looked at her. 'Like what?'

'Like those awful people. Those awful dead people at that hospital.' She paused.

'I knew you'd decide to be all right again.' (140)

Esther's mother's way of separating her daughter from the other patients at the hospital is very indicative of how she views mental illness and mentally ill people. Esther's mother

is “unable to face the truth that her daughter’s illness will not disappear by willing it to stop” (Perloff 519-520). As a result, Esther’s mother sees mentally ill people as the other, something bad, something not even alive, and thus something her daughter decidedly is not.

After Esther’s electroshock therapy, Esther’s mother’s attitude toward her daughter’s suicidality remains very dismissive of the deeper issue. Esther’s mother arranges for Esther to get out of the house so “I wouldn’t sit around in my room all day with the shades drawn”, which could be helpful for lesser problems, however, what Esther suffers from requires professional help (149). Additionally, Esther’s mother convinces Esther to volunteer at a hospital because she believes “the cure for thinking too much about yourself was helping somebody who was worse off than you” (155). Yet again, Esther’s mother reduces Esther’s suicidality into something less important than it is and expresses the opinion that to think about yourself is egotistical, since other people have it worse.

After Esther’s suicide attempt, Esther describes her mother looking “loving and reproachful” and on the verge of tears, which indicates that while she wants to support her daughter after a major trauma, she is also judgmental of the action Esther has taken (166). Moreover, Esther’s mother disapproves of Esther’s behavior in the hospital. When Esther is moved to another hospital and she complains about it, her mother responds:

My mother’s mouth tightened. ‘You should have behaved better, then.’

‘What?’

‘You shouldn’t have broken that mirror. Then maybe they’d have let you stay.’

But of course I knew the mirror had nothing to do with it. (169)

Esther’s mother is more concerned with her daughter behaving in an unseemly manner than the question of why Esther acts the way she does. In addition, Esther’s mother, who previously had told her she is always truthful, now conceals her real feelings from Esther: she is angry at her daughter for not conforming to social standards and for not being able to get better. Furthermore, when Esther tries to voice her concerns that the doctors are not helpful to her mother, she becomes frustrated and tells her: “Oh, Esther, I wish you would co-operate. They say you don’t co-operate. They say you won’t talk to any of the doctors or make anything in Occupational Therapy” (173). Consequently, Esther’s mother places

blame on Esther for her lack of co-operation with doctors instead of listening to Esther's own perspective.

In addition to being seen as socially ostracizing their family for her suicidality, Esther is also seen by her mother as a financial burden. Her mother tells Esther she should be grateful for Philomena Guinea's financial support since she "said I had used up almost all her money, and if it weren't for Mrs Guinea she didn't know where I'd be" (178). Resultingly, Esther's mother views the money spent on Esther's treatment as something Esther has taken from her and used for something unnecessary, and since her health is not improving, she has to spend someone else's money, as well. Furthermore, if there were no Mrs Guinea to financially support Esther's treatment, Esther would bring even more shame upon her family by being admitted to a state hospital, which is the worst-case scenario for her mother, who is very worried about social appearances.

During visitation, Esther's mother bothers Esther in the hospital. Certain she has not done anything to cause Esther's suicidality, but influenced by questions by doctors, Esther's mother is "the worst":

She never scolded me, but kept begging me, with a sorrowful face, to tell her what she had done wrong. She said she was sure the doctors thought she had done something wrong because they asked her a lot of questions about my toilet training, and I had been perfectly trained at a very early age and given her no trouble whatsoever. (195)

Esther's mother is determined to figure out the cause of Esther's suicidality, if only to selfishly absolve herself of blame, not to actually get to the root of Esther's problems. As a result, Esther's suicidality is only important to her mother because of how it reflects on her as a mother.

Esther's suicidality is something that has caused anguish for her mother and Esther feels as if she needs to be forgiven for her condition. "A daughter in an asylum! I had done that to her. Still, she had obviously decided to forgive me," Esther thinks at the end of the novel (227). Ultimately, Esther's mother's dismissive views on Esther's suicidality have not changed by the end of the novel when her mother, with a "sweet, martyr's smile" declares they will "take up where we left off" and "act as if all this were a bad dream" (227). Her mother paints herself the victim in the situation and wants to

forget her daughter's suicidality; she is eager to ignore everything that has happened to simply live in ignorant bliss instead of supporting Esther in her journey to rehabilitation.

Esther's mother's reaction to her daughter's suicidality is an unsympathetic one. Esther's father's death has caused her mother to push ideas about social conformity on Esther and not let Esther grieve her father due to her mother's anger towards him. Moreover, Esther's mother is dismissive of her problems and offers little to no support; she has a negative view of mentally ill people and believes that Esther can be cured by a decision to do so. After Esther attempts suicide, Esther's mother wants her to behave in a socially acceptable way at the hospital and disregards Esther's concerns and mental health. In the end, Esther's mother consistently holds the same beliefs about Esther's suicidality throughout *The Bell Jar*: she victimizes only herself and wants to forget about everything that has passed.

5. Comparison

The protagonists of *A Little Life* and *The Bell Jar* have led very different lives and when they reach the decision to commit suicide, they are at different stages in their lives: Jude is well into adulthood, while Esther is still in college; yet their experience of suicidality has many similarities in addition to their differences. At the core of these novels, Jude and Esther are lost; they do not know who they are, and it is that sense of confusion that leads them to isolation.

Both Esther and Jude find themselves depressed and disconnected from the rest of the world, which confuses them, because they both believe they should feel differently. Esther reflects on how “I was supposed to be having the time of my life. I was supposed to be the envy of thousands of other college girls just like me all over America”, yet she does not feel happy or content (Plath 2); Jude believes that he “has been lucky beyond measure; he has an adulthood that people dream about” but still he lets his past control his life (Yanagihara 522). Moreover, Jude interprets Mahler’s lied as “I have become lost to the world”, which arguably is what Esther experiences, as well, when she becomes increasingly detached from other people; what Durkheim calls “excessive individuation” (125).

Esther and Jude fear not being in control of themselves. Esther alludes to having to commit suicide within a certain timeframe; before it is “too late” (Plath 162). Jude also realizes that he is “losing himself; this had to stop. He couldn’t keep running forever” (Yanagihara 442). Both protagonists feel a sense of urgency to commit suicide in order to not lose control of themselves. Furthermore, Esther and Jude use self-harm as a form of punishment for not being in control of themselves. While Esther does not self-harm as a habit as Jude does, she asserts that she broke her leg in the skiing accident on purpose, for “being such a heel”, meaning she is an unscrupulous person (Plath 82). Jude frequently self-harms as a form of control but also as punishment, since he sees himself as a dishonest person for not being upfront about his past, hiding what he believes to be his true self from his friends and family.

Both Jude and Esther view death as a relief, a way to escape an unbearable situation. Jude frequently thinks about how self-harm gives him peace and the knowledge “that he didn’t have to keep going was a solace to him” (Yanagihara 443). Similarly, in *The Bell Jar*, Esther repeatedly attributes positive connotations to death, such as likening the “soothing hand” of a summer calm to death (Plath 109). In their final moments before

becoming unconscious during their respective suicide attempts, both Jude and Esther are filled with relief. After he cuts himself in the shower, Jude sees a house he will reach when he dies: “inside, there was a bed where he could rest, where he could lie down and sleep after his long run, where he would, for the first time in his life, be safe” (Yanagihara 446). Jude longs for the peace death will bring him who has suffered so immensely his whole life. Similarly, Esther thinks about how the “earth seemed friendly under my bare feet” in her hiding place where she takes pills to commit suicide, and that all her troubles seem to be washed away “in one sweeping tide” when she is finished (Plath 162, 163).

Jude and Esther experience similar feelings of burdening their families and friends with their suicidality, but they also feel frustrated at not being understood when they are not improving mentally. Jude believes himself to be an “extravagant collection of problems, nothing more” for his loved ones (Yanagihara 444). Subsequently, Jude tells Harold:

I feel like all I do is disappoint you, and I'm sorry for that, I'm sorry for all of it. But I'm really trying. I'm doing the best I can. I'm sorry if it's not good enough [...] This is who I am. This is it, Harold. I'm sorry I'm such a problem for you. I'm sorry I'm ruining your retirement. I'm sorry I'm not happier. I'm sorry I'm not over Willem. I'm sorry I have a job you don't respect. I'm sorry I'm such a nothing of a person. (762)

Jude tries to express to Harold that he feels guilty that his suicidality causes distress for him, explaining that he is not doing it on purpose. At the same time, Jude's apologies become increasingly hostile due to the fact that Jude feels that Harold is not considerate of his perspective. Moreover, Esther thinks about a future in which she is confined to a psychiatric hospital, how her family and friends would visit her every day, but then “their visits would slacken off, and they would give up hope [...] They would be poor, too. They would want me to have the best of care” (Plath 153). As a result, Esther realizes she would cause mental and financial distress for her family if she does not commit suicide. Later, Esther treats her mother unkindly in the hospital; she rejects roses she has been given by her mother and tells her to “Save them for my funeral”, through with her mother's unsympathetic attitude toward her suicidality (195).

After their suicide attempts, Jude and Esther are aware they will be treated differently than before. For Jude, who is insistent on normalcy, being seen as a “freak” is

harrowing, and makes recovery particularly difficult (Yanagihara 463). Similarly, Esther is told by her psychiatrist Doctor Nolan that “Everybody would know about me, of course [...] a lot of people would treat me gingerly, or even avoid me, like a leper with a warning bell” (Plath 226-227). Jude and Esther find that suicidality carries a stigma that can be hard to ignore.

In addition to their similarities, Jude and Esther differ from each other in many ways, as well. Perhaps the most significant difference between the two protagonists is that Jude has suffered with his suicidality for essentially his whole life due to childhood trauma, while Esther only begins to develop suicidal thoughts while in college. However, Esther does recognize that she “was only purely happy until I was nine years old”, up until her father passed away (Plath 71). Consequently, Esther’s struggles are set over the course of one summer, while Jude suffers during a much longer period.

Esther and Jude receive different levels of support from friends, family, and medical professionals. While Jude’s friends and family are extremely concerned, endlessly debating what they can do to support their loved one, Esther’s mother is occupied with her own image, rather than her daughter’s well-being. Additionally, unlike Jude whose friends are extremely important to him, Marcarian and Wilkinson point out, Esther “does not mention good long-term friends either before or during her time at college” (15). Furthermore, Jude and Esther have different experiences with psychiatrists. Esther has a negative experience at first but manages to build trust with her second psychiatrist, who is sympathetic to her plight and helps her become ready to start her journey of rehabilitation during her stay at the hospital. On the other hand, Jude refuses help from mental health professionals despite his loved ones begging him to talk to someone; Willem knows that Jude “hated going to the therapist; after the first few sessions he had come home so quiet, so withdrawn”, meaning “therapy would be of limited use to Jude” (Yanagihara 645, 647). Ultimately, after Willem’s death, Jude agrees to talk to a psychiatrist, however, he commits suicide not long after, which indicates that, unlike Esther, he could not be saved, not even with professional help.

Another contrast between *The Bell Jar* and *A Little Life* is the historical context of the novels. Esther is a young woman in the 1950’s, and as de Villiers points out, “historically, more women have been diagnosed with some form of madness than men – especially the kind of madness that seems inexplicable or irrational” (2). Thus, Esther is met with attitudes to mental illness that differ from treatment that would be administered

today. While the timeline of when *A Little Life* is set is unclear, one can assume based on mentions of portable computers and phones that the novel is set in modern times, hence Jude's suicidality is treated differently for that reason alone.

Furthermore, the methods Jude and Esther choose for committing suicide differ from each other. Jude is accustomed to pain as a result of years of self-harm, and once he makes the decision to commit suicide, he chooses violent methods he knows will not fail, and the only reason his first attempt fails is outside intervention. On the other hand, Esther is unsure of her methods and lets hesitation overcome her on several occasions; sitting on the beach, Esther waits, "as if the sea could make my decision for me. A second wave collapsed over my feet [...] and the chill gripped my ankles with a mortal ache. My flesh winced, in cowardice, from such a death" (Plath 147). Esther fears pain and thus finds it hard to choose a method of suicide. Ultimately, Esther decides on the most non-violent method she can think of, sleeping pills, whereas Jude firstly attempts to cut himself deeply, and finally injects an artery with air.

As they plan their suicides, Jude and Esther approach the aftermath differently in regard to the suicide note. The first time Jude attempts suicide, he writes letters for his family and closest friends, although what he writes in them is not revealed. Nevertheless, when Jude successfully commits suicide, he has left Harold and Julia a letter in which he reveals the full story of his life, which he ends with "Please forgive me. I never meant to deceive you" (Yanagihara 813). Consequently, Jude uses his suicide note as an apology for withholding information about himself from his family, and perhaps as an explanation as to why he felt compelled to kill himself in the end.

By contrast, Esther only leaves her mother a note that is meant to keep her from discovery and thus interruption of her suicide attempt. While Esther can barely write at the time of attempting suicide which further explains her choice, Esther's lack of a note is not unusual, as only "one in four or five people who commit suicide leave a note" (Jackson 14). However, Esther also expresses that she feels her thoughts would be incomprehensible; she states that to tell her mother about her feelings "seemed so involved and wearisome that I didn't say anything" (175-176). Perhaps Esther believes in, as Philippe Besson writes in his novel *Lie with Me* about the lack of a suicide note, the "fundamental truth: that in the end, death is only a matter between you and yourself" (133). Ultimately, Jude and Esther feel different obligations about the aftermath of their suicides; Jude is apologetic, while Esther does not reflect on it extensively.

A Little Life's Jude and *The Bell Jar*'s Esther are two very different people, connected by both of them dealing with their suicidality. Their similarities include that both Jude and Esther's suicide attempts can be classified as egoistic, they become depressed from their suicidality keeping them from leading the lives they want, as well as the fear that their suicidality is taking control over them, which leads to the urgency to commit suicide. Additionally, both Jude and Esther feel consolation in that death will bring them serenity but feel frustrated and guilty that their loved ones do not understand their suicidality. Lastly, Jude and Esther acknowledge that their suicidality means they will be treated differently than people who have not attempted suicide.

On the other hand, differences between the two protagonists' experiences include that Jude has suffered from his suicidality for a long time, whereas Esther only realizes her feelings suddenly, as well as the differences in how they are supported by family, friends, and medical professionals. Furthermore, Jude also selects violent but infallible methods for committing suicide, while Esther takes a less painful route. Finally, Jude considers the aftermath of his suicide more than Esther by leaving a suicide note.

6. Conclusion

The aim of this thesis has been to examine how suicidality is depicted in Hanya Yanagihara's *A Little Life* and Sylvia Plath's *The Bell Jar* by analyzing how the protagonists and their friends and families react to it, respectively. This thesis has used the theoretical framework supplied by Bennett to define suicide in literature and that described by Durkheim for categorizing the different suicide types into which the novels' protagonists fall.

This thesis has aimed to answer why Jude and Esther are suicidal and how their suicide attempts are depicted, and whether they can overcome their suicidality at the end. Firstly, *A Little Life*'s Jude's suicidality is caused by childhood sexual and physical abuse, which haunts his adult life and relationships. Using self-harm to cope, Jude only becomes actively suicidal after a romantic relationship culminates in abuse. Jude's first suicide attempt, then, is caused by the trauma unearthed and added by the relationship; Jude believes himself to be beyond saving and thus decides to commit suicide by cutting himself deeply. Despite the fact that he survives his first attempt, the loss of a loved one causes Jude to be incapable of overcoming his suicidality and ultimately, he commits suicide by injecting an artery with air. Secondly, *The Bell Jar*'s Esther's suicidality is caused by a sudden realization of her inadequacy, which disorients her, and causes negative emotions and detachedness from society. Upon her return home from New York, Esther develops insomnia, losing the ability to read and write, which then leads her to becoming suicidal. Esther fails to attempt suicide several times before she finally decides to overdose on sleeping pills.

Moreover, this thesis has also explored the reactions of Jude and Esther's friends and family, and how they respond to their suicidality. In *A Little Life*, Jude's adoptive father, and Willem, his best friend and lover, have been analyzed. Both Harold and Willem react similarly to Jude's suicidality: they feel guilt and regret at their lack of effective support. However, they differ by Willem's willingness to confront Jude about his issues that Harold does not share; Willem risks losing Jude by demanding him to seek professional help, whereas Harold lets himself be deceived into the belief he has done all he could to prevent Jude's self-harm and suicide. In *The Bell Jar*, Esther's mother has been examined. Esther's mother is an unsympathetic figure, a contingency which causes Esther to distance herself from her. Additionally, Esther's mother views her daughter's

suicidality as something that could be willed away and concerns herself mostly with maintaining social status.

Finally, this thesis has compared the two novels and found many similarities but also differences between Jude and Esther's situations. Jude and Esther both fall into the egoistic and anomic suicide types, they feel the need for the control suicide will grant them, and they wish their friends and family would understand their suicidality. Conversely, differences between Jude and Esther are also plenty. Jude and Esther are in different stages of their lives, and they have suffered from their suicidality for differing amounts of time, they experience medical professionals' helpfulness differently, and their methods of committing suicide and preparation for its aftermath differ from each other.

The study of the depiction of suicide and suicidality in literature has been lacking despite the fact that there are plenty of suicide narratives to be found throughout literary history. This thesis has focused on motives and reactions but further research into both *A Little Life* and *The Bell Jar* in regard to suicidality is needed; outside the scope of this thesis, the depiction of psychiatrists and other medical professionals in suicide narratives is a topic that could be expanded on, as well as the interesting topic of suicide notes, which was only briefly touched upon. Ultimately, suicide remains a topical issue, and the hopefully research into literary suicide will become more common.

Summary in Swedish – Svensk sammanfattning

”Jag har gått förlorad för världen”: Skildringen av suicidalitet i *The Bell Jar* av Sylvia Plath och *A Little Life* av Hanya Yanagihara

Suicid är ett känsligt och kontroversiellt ämne som påverkar hundratusentals människor årligen. Det går inte brist på skildring av suicid i skönlitteratur men trots detta finns det en forskningslucka inom studier av suicid. Enligt Andrew Bennett har suicidprevention länge setts som det enda moraliskt rätta sättet att undersöka suicid, men skildringen av suicid i skönlitteratur kan utvidga hur suicid ses i och med att fiktiva berättelser inte är begränsade till beskrivningar av återhämtning (18). Stigmat kvarstår dock för sådana berättelser där suicid begås; *A Little Life* har setts som oroande på grund av att berättelsen skildrar suicid som rationellt (Rushton 196).

Jag har valt *A Little Life* av Hanya Yanagihara och *The Bell Jar* av Sylvia Plath för analys i denna avhandling på grund av att båda romanerna har en huvudkaraktär som kämpar med suicidalitet. *A Little Life* handlar om fyra vänner och deras liv från ungdomar till vuxna, men fokus ligger på Jude, en man vars upplevelse av fysisk och sexuell misshandel som barn har haft en betydande påverkan på hans liv och tvingar honom att ta till självska debeteenden och suicid för att stå ut med sitt förflutna. *The Bell Jar* handlar om Esther, en ung kvinna som blir suicidbenägen när hon återvänder hem efter en omtumlande sommarpraktik i New York och blir utsatt för elbehandling, vilket övertygar henne om att hon inte kan bli bättre och därmed måste begå suicid.

Forskningsfrågorna i denna avhandling är: varför är Jude i *A Little Life* samt Esther i *The Bell Jar* suicidbenägna och hur påverkar deras suicidalitet dem? Hur skildras deras suicidförsök? Hur hanterar Jude och Esthers vänner samt familjer deras suicidalitet?

För att svara på dessa frågor används som hjälp teori om suicid i skönlitteratur av Bennett samt sociologen Durkheims teori om hur man kan klassificera suicid i kategorier bestående av olika sociala skäl. I den här avhandlingen avses med *suicid* akten att ta sitt eget liv; Bennett förtydligar definitionen med bland annat att akten ska vara avsiktlig, individen har bestämt sig att dö, individen har kontroll över sig själv, och att döden kunde förhindrats i stunden den sker (3-4). I linje med The American Psychological Associations definition, avses *suicidalitet* i denna avhandling som en term som omfattar suicida tankar, planer, handlingar, försök samt fullbordat suicid.

Denna avhandling har analyserat huvudkaraktärerna och deras familjer samt vänner från *A Little Life* och *The Bell Jar* först åtskilt och sedan i jämförelse med varandra. Jude St. Francis är huvudkaraktären i *A Little Life*, vars suicidalitet består främst av självskadebeteenden som han idkat sedan sin barndom, men håller hemligt från sina vänner. Judes suicidalitet orsakar konflikt inom hans förhållanden på grund av att han vägrar att diskutera att han blivit allvarligt misshandlad som barn, vilket är det underliggande problemet för hans självskadebeteenden. När Jude som vuxen blir utsatt för våld i en när relation eskaleras hans mentala hälsa och Jude planerar att begå suicid på grund av att han inte kan finna sinnesro. Slutligen, efter två misslyckade suicidförsök och försök till återhämtning, dör Jude av suicid.

Judes adoptivpappa Harold samt Judes bästa vän och partner Willem reagerar på Judes suicidalitet på både liknande och olika sätt. Både Harold och Willem har starka skuld känslor på grund av att de känner att de inte gjort tillräckligt för att hjälpa Jude och att förhindra honom från att skada sig själv. Jude vägrar att ta emot hjälp och Harold, som inte vill förlora sin relation med Jude, bedrar därmed sig själv genom att låta sig tro att han inte kan lösa Judes problem. Däremot fattar Willem det hårda beslutet att ge Jude ultimatumet att söka professionell hjälp eller att avsluta deras relation, vilket slutligen får Jude att gå med på att ta emot hjälp.

Esther Greenwood i *The Bell Jar* blir suicidbenägen när hon känner att hon förlorat kontrollen över sitt liv; Esther njuter inte av sin tid i New York trots att hon är medveten om att möjligheten hon blivit given är något hon borde vara tacksam för. Esthers suicidalitet beror även på att hon känner sig misslyckad samt att hennes liv känns meningslöst då hon inte har akademisk framgång. Ytterligare känner Esther sig isolerad från sin familj och missförstådd av sin psykiater och bestämmer därför att begå suicid. Esther gör flera suicidförsök men lyckas slutligen inte på grund av att hon blir funnen innan hon hunnit avlida. Esther får elbehandling som slutligen orsakar att hon inte längre vill begå suicid, men det förblir oklart om denna känsla kommer att hålla sig i framtiden.

Esthers mamma visar inte mycket sympati för sin dotter. Esthers mamma är mest upptagen med sociala normer samt avfärdar Esthers bekymmer. Till följd av detta har Esthers mamma en negativ syn på mental ohälsa och tror därmed att Esther själv bestämt sig för att inte återhämta sig, vilket gör henne besviken. Esthers mamma behåller samma negativa syn på Esthers suicidalitet genom hela romanen och vill låtsas att inget hänt när Esther återvänder hem från sin vistelse på mentalsjukhus.

Jude och Esther är väldigt olika personer i olika skeden av sina liv men att de båda kämpar med suicidalitet gör att de även har likheter. Både Jude och Esther kan klassificeras i Durkheims egoistiska suicid-kategori, vilket innebär att deras suicidförsök beror på en känsla av att inte känna samhörighet i samhället eller i sin gemenskap, som sedan leder till känslor av depression och apati. Därtill känner både Jude och Esther att det enda sättet att styra deras liv är genom att begå suicid, samt att de är tillfreds med sina beslut även om de vet att deras nära och kära inte förstår varför de ser suicid som den enda utvägen. Å andra sidan skiljer sig Jude och Esther från varandra genom att Jude har kämpat med sin suicidalitet nästan hela sitt liv, medan Esther blir suicidbenägen först som ung vuxen. Jude får även mer stöd av sina vänner och familj än Esther, medan Esther tar emot den professionella hjälp som Jude vägrar. Slutligen skiljer sig även metoderna Jude och Esther väljer för att begå suicid från varandra; Jude väljer mer våldsamma metoder vilket betyder en mindre chans att misslyckas, medan Esther i slutändan väljer att överdosera på medicin i hoppet om ett lugnt slut.

References

Primary sources

Plath, Sylvia. *The Bell Jar*. Faber and Faber, 2013.

Yanagihara, Hanya. *A Little Life*. Anchor Books, 2016.

Secondary sources

Adams, Tim. "Hanya Yanagihara: 'I wanted everything turned up a little too high.'" *The Guardian*, 26 Jul. 2015,

The Guardian, 26 Jul. 2015,

<https://www.theguardian.com/books/2015/jul/26/hanya-yanagihara-i-wanted-everything-turned-up-a-little-too-high-interview-a-little-life>.

Bennett, Andrew. *Suicide Century: Literature and Suicide from James Joyce to David Foster Wallace*. Cambridge University Press, 2017.

Besson, Philippe. *Lie with Me*. Translated by Molly Ringwald, Penguin Books, 2019.

Brockes, Emma. "Hanya Yanagihara: Influential Magazine Editor by Day, Best-Selling Author by Night." *The Guardian*, 22 Apr. 2018,

<https://www.theguardian.com/books/2018/apr/22/hanya-yanagihara-new-york-times-magazine-editor-and-best-selling-novelist>.

de Villiers, Stephanie. "Metaphors of Madness: Sylvia Plath's Rejection of Patriarchal Language in *The Bell Jar*." *English Studies in Africa*, vol. 62, no. 2, 2019, pp. 1–11, <https://doi.org/10.1080/00138398.2019.1685200>.

Durkheim, Émile. *Suicide: A Study in Sociology*. Translated by John A. Spaulding and George Simpson, edited by George Simpson, Routledge, 2005.

Hall, Caroline King Barnard. *Sylvia Plath, Revised*. Twayne Publishers, 1998.

Jackson, Jeffrey. *SOS: A Handbook for Survivors of Suicide*. American Association of Suicidology, 2003.

Jafari, Sepideh, et al. "The Acquired Capability for Lethal Self Injury: Case Studies of Plath's *The Bell Jar* and Eugenides' *The Virgin Suicides*." *International Journal of Applied Linguistics & English Literature*, vol. 6, no. 5, 2017, p. 21–26, <https://doi.org/10.7575/aiac.ijalel.v.6n.5p.21>.

Kavanagh, Adalena. "An Interview with Hanya Yanagihara." *Electric Literature*, 21 May 2015, <https://electricliterature.com/a-stubborn-lack-of-redemption-an-interview-with-hanya-yanagihara-author-of-a-little-life/>.

Kellermann, Jonas. "Witnessing Trauma in Hanya Yanagihara's *A Little Life*." *Critique*:

- Studies in Contemporary Fiction*, vol. 62, no. 3, 2021, pp. 334–346,
<https://doi.org/10.1080/00111619.2020.1858750>.
- Marcarian, Hannah, and Paul O. Wilkinson. “Sylvia Plath’s Bell Jar of Depression: Descent and Recovery.” *British Journal of Psychiatry*, vol. 210, no. 1, 2017, p. 15, <https://doi.org/10.1192/bjp.bp.116.189068>.
- Masad, Ilana. “‘I Wouldn’tve Had a Biography at All’: The Millions Interviews Hanya Yanagihara.” *The Millions*, 5 Aug. 2015, <https://themillions.com/2015/08/i-wouldntve-had-a-biography-at-all-the-millions-interviews-hanya-yanagihara.html>.
- Perloff, Marjorie G. “‘A Ritual for Being Born Twice’: Sylvia Plath’s *The Bell Jar*.” *Contemporary Literature*, vol. 13, no. 4, 1972, pp. 507–522, <https://doi.org/10.2307/1207445>.
- Rushton, Amy. “A Bubble in the Vein: Suicide, Community, and the Rejection of Neoliberalism in Hanya Yanagihara’s *A Little Life* and Miriam Toews’s *All My Puny Sorrows*.” *World Literature, Neoliberalism, and the Culture of Discontent*, edited by Sharae Deckard and Stephen Shapiro, Palgrave Macmillan, 2019, pp. 195–213.
- Sarıkaya-Şen, Merve. “The Masochistic Self Quest of the Harassed Hero in Hanya Yanagihara’s *A Little Life*.” *The Wounded Hero in Contemporary Fiction: A Paradoxical Quest*, edited by Jean-Michel Ganteau and Susana Onega, Taylor and Francis, 2018, pp. 156–177.
- “Suicide statistics” *SAVE*, <https://save.org/about-suicide/suicide-statistics/>. Accessed 6 Sep 2023.
- “suicidality.” *APA Dictionary of Psychology*, American Psychological Association, <https://dictionary.apa.org/suicidality>. Accessed 24 October 2022.
- “suicide, *n. 1*.” *OED Online*, Oxford University Press, 2022, www.oed.com/view/Entry/193692. Accessed 24 October 2022.
- Yanagihara, Hanya. “How I Wrote My Novel: Hanya Yanagihara’s *A Little Life*.” *Vulture*, 28. Apr. 2015, <https://www.vulture.com/2015/04/how-hanya-yanagihara-wrote-a-little-life.html>.