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Il Living: Hemingway’s Writing and My Father’s Death

by

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Abstract

Ernest Hemingway was a successful author, a father, and a husband. However, his writing seems to portray a different side to him. His themes of risk-taking behaviors, mental illness, and suicide suggest that he was afflicted with his own struggles with mental illness and wanted answers about his father’s suicide. The loss of his father impacted him throughout his life and his battle with mental illness and the contemplation of suicide lead to a lifetime of struggle. His literary works symbolize the difficulty he had grieving his father’s suicide and coping with his own mental illness and idealization of suicide.

My life story is similar to that of Hemingway. I had no idea that my father struggled with depression and bi-polar disorder throughout my entire childhood. It wasn’t until 2004 that I became aware of how serious his struggle with mental illness was. On March 25th, 2004, he killed himself. I was thirteen at the time. I was in shock. Over ten years later, I am still hurt and baffled by his decision. At times, I feel that I will never understand how and why he chose to end his life. However, I am trying to.

For over a decade, I too struggled with my own depression and risk-taking behaviors. It was not until the past year that I sought the professional help that I needed and was diagnosed with bi-polar disorder. I have learned how to healthily cope with my depression and mental illness. I only wish that others, like my father or Hemingway, could have also sought the help that could have prevented their suicides.

Thousands of people attempt and commit suicide each year and many people are affected by both suicidal tendencies and mental illness. Yet, there is still such a negative
stigma surrounding the two. This thesis strives to understand and come to terms with suicide and mental illness through close analysis of suicide and mental illness in Hemingway’s life and works as well as close analysis of my own experiences with suicide and mental illness.
Dear Dad,

I’m not really sure where to start. It’s been 11 years and I’m still a mess. I don’t understand why you did what you’ve done. I don’t think I will ever understand. I don’t think I’ll be able to ever forgive you. I’m so angry with you. At times, I hate you. You’re a coward. How could you turn your back on Mom, on Kelsie, on me? You chose to end your life; you chose not to be a part of ours. And yet you are still very much a part of all of our lives. I think about you everyday. Sometimes I hate you. Sometimes I wish I had someone to talk to. It was always you and I, and now it’s just me. I miss you so much; I hate to admit that. You were such a great Dad. You never forgot to ask how my day was. You helped me with homework. You encouraged me to succeed and try new things. You supported me even when I failed. You taught me to care for others. I guess that’s why it’s so hard to understand why you’d do this.

I know you made mistakes, but I thought you’d come around. I thought our destroyed relationship would eventually get better. I wanted to forgive you. But you didn’t give me the chance. I wouldn’t have cared if you needed help. I wouldn’t have judged you for being sick. I would’ve helped you. We all would’ve helped you. But you didn’t let us. You didn’t want anyone’s help. I really miss having you around. Kel didn’t even get the chance to know you. She was only four. How could you do that to her? I will never forgive you for that. She doesn’t remember anything about you. I try to make sure that she knows how much you loved her. You spent so much time with her; then you were gone. Mom is okay. She thinks about you a lot. You had two children with the most incredible woman. Your suicide destroyed her, but she stayed strong for all of us. She is truly resilient. Somehow she still feels guilty. I think we all do. I don’t think I will ever
forgive you for what you’ve done. We didn’t get to do anything together. Who’s supposed to walk me down the aisle? You won’t even meet my children someday. You were supposed to be here for that stuff. You’re incredibly selfish. You completely ripped our family apart. We were the ones left to clean up your mess. We had to face the ridicule and judgment. You just turned your back on us.

It’s exhausting racking my brain for answers about your death. You stabbed me in the back and here I am trying to find a reason to forgive you. Your choice has made me strong enough to keep living, but I feel myself slowly losing control. I’m sinking. Your sickness has somehow found itself inside me. I’ve started hating life. I can’t remember why I’m here. Or why it all matters. I ignore the feelings of anger, guilt, and sadness. Sometimes they seem to take over, but it’ll pass. It always does. I want to die, but I won’t leave the way you left. I will be stronger than it; I will never be like you.

-Your daughter

On March 25th 2004, my father committed suicide. He went to a quiet place, just off the walking path in a wooded area, lay down, and overdosed on hydrocodone. I was thirteen years old. For over a decade, my father had struggled with bipolar disorder and depression. He had been on hundreds of medications, was in and out of psychiatric hospitals, had tried to kill himself four times, and even received electroshock therapy. The treatments and support from family did not save him. At 36 years old, he gave up. Although it has been 11 years, I am still trying to understand his reasoning. I have read countless psychiatric articles and textbooks, analyzed the works of psychologists and authors, read and reread personal accounts of survivors of suicide, put myself in the shoes
of the most depressed authors, but I cannot find the answer for which I’m looking. It’s impossible to really understand why and how my father could choose to end his life. Al Alvarez, a well-known author, is famous for his studies of suicide. After losing his close friend, Sylvia Plath to suicide, he became intrigued about her reasoning for self-murder. Because his most famous book, The Savage God, was published in 1971, some of his views are considered outdated. I feel that his work was extremely influential in that he opened the public’s eyes to mental illness and suicide during a time when not enough recognition and understanding were being given to the two. His ideas are outdated in that so much biological and psychological research has been done since 1971; however, his emotional connection to Plath allows us to see the true decline of her mental health leading up to her suicide. Alvarez was extremely pained by her choice to commit suicide and truly wanted to understand her reasoning. As a result, his writing is extremely honest and often painful to read. Some of his ideas have allowed me to consider the ways that my father may have been feeling and thinking during his struggle with his mental illness. Alvarez explains that each suicide has its own “inner logic and despair” and that “suicide means different things for different people at different times” (Alvarez, The Savage God: A Study of Suicide). There is no universal reasoning for killing oneself. A suicidal individual may have similar manic-depressive symptoms, experience the same depression, use the same form of substance abuse, but an individual commits suicide. The individual I hope to understand and forgive is my father.

During my undergrad years at the University at Albany, I registered for a class devoted to Fitzgerald and Hemingway. As Professor Jeff Berman spoke about the backgrounds of both Fitzgerald and Hemingway, I learned that both Hemingway and his
father had both committed suicide. Jeff proposed many questions about Hemingway and his writing: Is Hemingway’s suicide foreshadowed within his work? Can we see signs of suicide and/or depression within Hemingway’s characters? I immediately became fascinated by these ideas. I wanted to understand Hemingway, his pain, and the effect his father’s suicide had on him. Did he spend his life trying to understand his father’s suicide? Was he ever able to accept his father’s decision and/or forgive him? I wanted to get inside Hemingway’s mind. I began combing through every sentence, looking for a reason why his father, any father, my father would choose death over life. I was using Hemingway’s suicide and his father suicide as a way to understand my own loss. Not only was I trying to understand my father’s mental illness and suicide, but I was also dealing with my own darkness: depression, substance-abuse, and my own suicidal thoughts. I wanted answers.

About a year and a half later, I went to Jeff to gain some insight on what I could study for my thesis. I knew that I wanted to focus on either Fitzgerald or Hemingway, but I wasn’t sure what direction to go in. I told Jeff that I was considering writing about suicide and mental illness with Hemingway’s work. Jeff liked this idea and told me that I would have a lot of material to work with. Then Jeff suggested something frightening: why not make this thesis personal? He proposed that I talk about my own loss; he said it would not only be a great topic, but also therapeutic. Writing has always been a way to escape the murkiness of my thoughts about loss, pain, and overwhelming sadness. At first, I was scared. Was this something that I should share with the public? Colleagues, friends, family, and teachers would be reading this. Do they really care about my pity story? What will they think of my father? What will they think of me? Jeff asked that I
consider it, but not feel pressured. I went home with a million thoughts passing through my mind.

After my first conversation with Jeff about my thesis topic, I began thinking about Hemingway and his personal struggles. I wondered if his alcohol abuse and tortured characters had something to do with his own depression. Did he too feel guilty for his father’s suicide? Was his writing an outlet for his darkest emotions and remorse? The next time I met with Jeff, I told him that I liked his idea. I wanted to analyze Ernest Hemingway’s work and question whether or not his battle with suicide and/or mental illness influenced him to write the way that he did and what effect, if any, his father’s suicide had on him and his writing. Based on my personal experience with my own father’s battle with mental illness and suicide, I hoped to find some understanding, closure, and forgiveness. I think that no matter how someone dies, we never truly stop grieving. When someone dies of sickness, old age, or accidentally there is a bit more closure than when the person you love chooses to end his or her life. I will never comprehend why my father chose to overdose and leave his family behind, but I hope that I can gain insight to how his own mental illness affected him and perhaps be more sympathetic to his choice. I’m not sure I will be able to forgive him, but I’d like to try.

I will also be referencing Kay Jamison, famous for her work with mood disorders and suicide, throughout this paper. Her work has allowed many people to become educated about the facts surrounding mental illness, mood disorders, and suicide. Her personal experiences allow us to take a closer look into a mentally ill person’s life, but also teach us that an individual can overcome his or her struggle with symptoms of mental illness. Although she often contemplated suicide, experienced numerous
symptoms of mental illness, and even tried to kill herself, Jamison overcame her personal struggle. She demonstrated that it is not easy coping with a mental illness, but it is possible. I only wish that others, such as Hemingway and my father, could have chosen to seek the help that Jamison so bravely sought.

It’s impossible to know exactly when and where the idea of suicide began. Who was the first individual to consider harming him or herself? From where or whom did depression originate? We will never know. Research can only begin with the numerous accounts of self-murder and psychological distress that have come forth from civilizations all over the world. These first accounts offer insight not only into the evolution of suicide, but also to society’s first views and reactions towards the act of self-murder and mental illness. As the number of suicides grew, the stigma of mental illness and suicide expanded. From very early times, many Christians (particularly in the Catholic Church) strongly believed that suicide was a sin as it broke God’s sixth commandment (“Thou shall not kill”). In some religious sanctions, including the Catholic Church, proper burial was denied to those who committed suicide. In other cultures, like Greece, suicide was more accepted and seen as a way for the individual to decide when it was his or her time to die. Overall, there are two opposing sides to the view of suicide: it is either accepted and/or encouraged or it is never justifiable and/or a sin.

It is crucial to understand how the views of mental illness have transpired within society. In society, an individual either acts normally or abnormally. There is no in-between. As suicide became more prevalent, society began to question why people were practicing self-harm and/or self-murder. Hundreds of years ago, mental illness was undefined. There was no concept of psychiatry. Those who suffered from mental illness,
manic-depressive disorders, and/or suicidal tendencies were not helped, but incorrectly diagnosed, given the wrong treatment, and sometimes even punished. In her text, *Abnormal Psychology*, Susan Nolen-Hoeksema explains that there are three theories that illustrate the beliefs about abnormal behaviors throughout history. These are the biological, supernatural, and psychological theories. Ultimately, these theories not only characterized mental illness and suicide, but also influenced how those who behaved abnormally would be regarded in society (Nolen-Hoeksema, *Abnormal Psychology*).

Many ancient theories about suicide and abnormal behaviors stressed that the people affected were possessed by an evil force, involved with witchcraft, or inflicted with a kind of biological sickness. It was not until the late nineteenth century that more realistic knowledge began coming forth about the human anatomy, physiology, and neurology. Once the basic knowledge of the human body advanced, then more focus was placed on the biological causes of “abnormal” behavior.

As the knowledge about the biology of the body became more established, more physicians and theorists began to focus on psychology. In the later nineteenth century and early twentieth century, a great deal of work was done with psychoanalysis, behaviorism, and cognition. Society wanted to gain insight into the way that the human mind worked, how it operated, and why some individuals seemed plagued with forms of psychosis. Soon, psychological theories and approaches and psychopathology began to become a prominent topic in the world of psychology. Throughout history and well into the early twentieth century, the mentally ill and suicidal were mistreated. Those considered abnormal were often kept in prisonlike conditions, ignored, and tortured within asylums. The maltreatment of mentally ill patients sparked a great deal of controversy within
society. People were outraged to see unstable and psychologically distressed individuals being treated like animals and criminals.

In the eighteenth, nineteenth, and twentieth centuries, treatments within mental health facilities began to improve slightly. This time-frame is known as the Moral Treatment movement. Activists such as Philippe Pinel, Quaker William Tuke, and Dorothea Dix all worked diligently to ensure the quality care of the mentally ill. Today, there is a more accurate understanding of abnormal behaviors, mental illness, and suicide. The mentally ill and/or suicidal do not face the mistreatments and injustices they did well into the twentieth century. There are a multitude of different therapies available to the public, and there are laws that even protect the rights of those with mental health issues. However, there is still a stigma attached to those with “abnormal behaviors.”

David Whalen, author of the article “The Stigma Associated with Mental Illness,” writes,

Typically, stigma takes the form of stereotyping, distrust, fear, or avoidance and can negatively impact pursuit of treatment, employment and income, self-worth, and families. Individuals with mental illness are commonly labeled as a result of their appearance, behavior, treatment, socioeconomic status, and also due to the negative depiction of mental illness so prevalent in the media. Individuals with mental illness are stereotyped as dangerous, unpredictable, and as weak willed. Along with the stigma faced by the individual, associative stigma can impact the family and friends of that person (1).
There is an immense amount of negativity associated with mental illness. As mental illness and suicide are so closely related, suicide has many of the same stigmas as mental illness. Being a part of society, an affected individual infinitely is aware of this stigmatization. As a result, individuals dealing with bi-polarity, depression, suicidal thoughts and/or urges, are going to hesitate to reach out for help. I have been fighting depression since I was thirteen. At thirteen, instead of confiding in someone, I began practicing self-mutilation and alcohol abuse. I did not want anyone to have the slightest inkling that I hated my life or that I considered ending it. Not until I was twenty-four years old, over a decade later, did I finally decide to get myself help. It all became too much; I felt myself losing control. I was scared. But I was also still afraid and ashamed of admitting that I had symptoms of depression and bi-polar disorder. I hid it from everyone. Only the closest people became aware of my mood swings, states of depression, and binge drinking. Not only did I feel embarrassed because I was experiencing these symptoms, but I knew everyone would compare me to my father. I did not get help for over ten years because of the stigma attached to mental illness and/or suicide.

A. Alvarez, author of the book *A Study of Suicide*, calls attention to Emile Durkheim’s sociological and scientific classification of suicide. This is one of Alvarez’s most valuable ideas brought up in his book. Durkheim, considered to be one of the founders of sociology, believed society had a powerful influence on the individual. He wanted to determine what truly held society together and how. Durkheim believed that there were three general types of suicide (anomic, altruistic, and egoistic) and that each one of these types was a “product of a specific social situation” (*Alvarez, A Study of Suicide*). Both the egoistic and altruistic suicides are especially “related to the degree to
which the individual is integrated into his society too little or too much.” The theory states that the “egoistic suicide occurs when the individual is not properly integrated into society but is, instead, thrown on to his own resources. (113) The altruistic suicide “occurs when an individual is so completely absorbed in the group that its goals and its identity become his.” (114) Durkheim’s egoistic and altruistic suicides are a result of an individual’s connection with society. Again we arrive at society’s influence on suicide; does this stem from the stigma of suicide? Durkheim claimed that suicide had social causes, and he also proposed the need for social integration. If people in a society are able to coexist peacefully and see one another as human beings, people would be more sympathetic and accepting of suicide and mental illness.

When I returned to middle school a few weeks after my father committed suicide, I was ashamed. I felt like I was the girl with the “crazy” father who killed himself. I couldn’t imagine what they thought of me, my family, and especially my father’s mental health. Did they think I was “crazy,” too? I was back in school for a few months, and I remember a boy complaining about his awful test score. He said something like, “This makes me want to kill myself” and laughed. I felt like I’d been stabbed right in the stomach. He realized what he said, who I was, what my father did, and immediately apologized. I was embarrassed. I was angry for getting upset about such a frivolous comment and angry that my father had been such a coward and offed himself. I always talk about how the stigma surrounding suicide and mental illness is detrimental to society, but it has also been damaging to me. I am ashamed that my father killed himself. I hate the look people give me when I explain my situation; I hate when they apologize for my misfortune. I know I would receive a completely different reaction if I told people
my father died of cancer. In both scenarios, I’ve lost a parent. However, society sees two different people in these scenarios: a sick individual and a disturbed individual. My father was a great person; he was not a monster.

My father was a major influence in my life for twelve years. When he died, I was thirteen. Even at this age, I was consumed by the opinions of my community. I feel guilty to admit that I, at times, agree with the awful connotations associated with suicide’s stigma. Some of the more common characteristics of suicide’s stigma are cowardice, weakness, and selfishness. When I am angry with my father, I see him as a selfish coward. When he wasn’t standing in the audience at my high school graduation, I was maddened by his self-centeredness. Every year my little sister’s birthday passes, and I catch myself wondering how he could allow his weakness to make him miss it. When you lose someone close to you by self-murder, there are many emotions running through you. Anger and resentment were the strongest emotions I felt. How could one not feel these emotions? Sometimes, I feel that the stigmatization of suicide and/or mental illness prevails because whether the stereotype is true or not, those people immediately affected by another’s suicide and mental illness commonly experience the emotions associated with the stigma. Besides that, people looking in on the situation have no personal connection to the individual. They cannot sympathize with what the inflicted person was or is experiencing. I not only feel remorse for thinking so negatively about my Dad, but I also feel responsible for amplifying suicide’s stigma. How could I get so caught up in this stigma? Not only was I affected by the associative stigma—and still am—by the associative stigma David Whalen mentions, but I was also allowing my father to be defined by the stigma.
Did Hemingway feel similarly to me? I wonder whether or not he, too, was at times ashamed of his father’s decision to kill himself and if he was, too, denying his own mental issues in fear of being compared to his father. It was not until Hemingway was in his late 50s that he finally got psychiatric help. Why did he wait so long? Hemingway had a multitude of resentful and angry feelings towards his father. He commented on his father’s suicide saying,

My father was a coward. He shot himself without necessity.
At least I thought so. I had gone through it myself and figured it in my head. I knew what it was to be a coward and what it was to cease being a coward. Now, truly, in actual danger I felt a clean feeling as in a shower. Of course it was easy now. That was because I no longer cared what happened. I knew it was better to live it so that if you had died you had done everything that you could do about your work and your enjoyment in life up to that minute, reconciling the two, which is very difficult. (Jamison, Touched with Fire)

Hemingway’s commentary on his father’s suicide is bitter. It’s obvious that there is some resentment and anger within him. He also makes an effort to separate himself from his father; Hemingway is choosing to live. He also makes it seem that this situation is either black or white: his father chose to kill himself; thus, he’s a coward. Ironically, Hemingway eventually killed himself and suffered from many abnormal behaviors and symptoms. Was he in denial? Or was he ashamed of his genetic predisposition and similarities to his father?
Jeffrey Meyers comments on Hemingway’s psyche, saying, “In addition to all of his physical diseases, Hemingway suffered from obsessions, delusions, paranoid fears of poverty and persecution, extreme depression, inability to work, and suicidal impulses” (Meyers, Hemingway). According to Meyers, this ultimately led to a serious mental breakdown in November of 1960. Hemingway and his father definitely had similar behaviors and symptoms, whether he wanted to admit it or not. Hemingway and I both seem to have similar opposing and apprehensive feelings towards our fathers. When you are just a child, it’s impossible to understand why your parent would choose death over you. When one reaches adulthood and begins to face the mental adversity that one once scorned, how does one react? In this way, the scenario is truly black or white; you either get the help you need, or your sickness takes over you and your life. Whether an individual has had a personal experience with suicide and/or mental illness or is just peering in from the outside, assumptions are going to be made. Stigmatization is everlasting. Opinions will always be formed and judgments will always be made. It is this judgment that Hemingway and I both feared. The stigma revolving around mental illness and suicide is real and has the potential to harm a person’s choice to acknowledge his or her misery and get help.

Nearly everything (sickness, death, race, gender, clothing) can be stigmatized. Society will always have an opinion about specific topics; this is how stigmas are created. The stigma associated with suicide and mental illness is important because it has a negative impact on those experiencing psychopathology, which can ultimately result in suicide. If someone is experiencing symptoms related to bipolar disorder or has been rationalizing the thought of suicide, he or she is likely to feel ashamed about these
symptoms. What would someone think if you told him or her you wanted to kill yourself?
What would your friends and family think if you were diagnosed with bipolar disorder?
Texts that recapture personal experiences with mental illness and/or suicide seem to all
point to a similar negative association with mental illness, suicide, and abnormal
behaviors. The individual feels ashamed and pathetic. The majority of accounts by
individuals who have dealt with mental illness or attempted suicide openly discuss their
feelings of embarrassment. Many times, these people are ashamed to admit that they’re
having suicidal thoughts, practicing self-harm, feeling depressed, etc. As a result, people
are not getting help when needed. Why is shame associated with mental illness and
suicide?

Recall the original three theories of abnormal behaviors (biological, supernatural,
and psychological). Some of the original ideas formed with these theories have added to
the negative association with mental illness and suicidal tendencies that we perceive
today. These ideas have been deeply rooted in most societies and still have a negative
influence on society’s perspective on mental illness and suicide. For thousands of years,
negative connotations regarding abnormal behaviors have existed. People have been
executed, beaten, forced to undergo traumatic surgeries, and overall mistreated by
society. Why would an individual willingly come forward and announce his or her
struggle with mental illness and/or suicide when so many people in history have suffered
from doing so? Today, someone with a manic-depressive disorder may not be forced into
a psych ward where he or she will be starved and beaten, but he or she will face
adversity.
Kay Redfield Jamison, known for her writing and studies about mood disorders and suicide, has experienced this adversity firsthand. As a woman who struggled with depression for years and eventually attempted suicide, she has experienced personally the negativity associated with suicide and mental illness. Throughout her books and her personal accounts, Jamison talks about an overwhelming feeling of shame. In, An Unquiet Mind, she recalls how she felt when she first made an appointment with a psychiatrist. She writes, “I was not only very ill when I first called for an appointment, I was also terrified and deeply embarrassed” (Jamison, An Unquiet Mind). She claims that she simply had no choice but to reach out and get help. She was so ill that she believed that without help she would lose nearly everything: her marriage, job, and her life. Jamison saw this psychiatrist throughout her life; she claims he saved her life over a thousand times. At her worst, he often tried to persuade her to go into a psychiatric hospital, but she refused. She was “horrified at the thought of being locked up,” but she was “mostly concerned that if it became public knowledge that she’d been hospitalized, she would lose all of her credentials at her current place of employment” (89-91). This thought alone deterred her from getting the help she needed.

One of the major reasons that Jamison was so hesitant to get professional help and open up to the public about her mood disorder was because she was a professor of psychology. She feared the risk of being scrutinized as she embodied the symptoms and abnormal behaviors that she was teaching others about. She did not want her disorder to negatively influence the name she had made for herself within the psychology department at her university. She worked so hard to build her reputation as an educated professional. She was also worried that her patients would lose trust in her. She did not want her title
and character to be subjected to any ridicule because of her own struggles with mental illness. This depicts how much of an influence the stigma surrounding mental illness can have on those who need professional help when dealing with symptoms related to mental illness.

When I read Kay Redfield Jamison’s, *An Unquiet Mind*, I was shocked at how similarly I felt when she was at her worst. I didn’t think that other people felt like I did. I felt abnormal and alone. Jamison made me feel as if I might have a chance at normalcy. Not only was she, too, genetically predisposed to mania, but it was also her father who experienced the symptoms of bi-polar. She openly talked about her extreme highs and lows, her consuming depression, and her negative outlook on life. We were even around the same age when we began struggling with our respective disorders and suicidal thoughts. Jamison’s work was honest and it scared me that we were so much alike. She writes,

> But then as night inevitably goes after the day, my mood would crash, and my mind again would grind to a halt. I lost all interest in my schoolwork, friends, reading, wandering, or daydreaming. I had no idea what was happening to me, and I would wake up in the morning with a profound sense of dread that I was going to have to somehow make it through another entire day… On occasion, these periods of total despair would be made even worse by terrible agitation. My mind would race from subject to subject, but instead of being filled with the exuberant and cosmic thoughts that had been associated with earlier periods of rapid thinking, it would be drenched in awful sounds and images of decay and
dying… During these agitated periods I became exceedingly restless, angry, and irritable… I had no idea what was going on, and I felt totally unable to ask anyone for help. It never occurred to me that I was ill; my brain just didn’t put it in those terms. Eventually, the depression went away of its own accord, but only long enough for it to regroup and mobilize for the next attack. (Jamison, 44-45)

I remember just stopping after I read this. I was in shock. I had no idea that anyone felt as awful as I did, or as similarly as I did. Jamison writes about both the highs and lows of mania. For me, the highs are when I’m happiest, stress-free, and confident. It is the lows that slowly eat away at me. Jamison’s depiction of the lows associated with mania opened my eyes: I may be bi-polar. I knew exactly what she was talking about: the highs and lows, the constant struggle to remain “normal,” the fear of being stigmatized and judged, the inability to sleep, the constant reoccurring thoughts of suicide, and the false hope that somehow these feelings would eventually just disappear. I opened her book to try to diagnose my father, Hemingway, and Hemingway’s characters. I didn’t intend to learn anything about myself. In my eyes, I was hopeless. I had no reason to live, except to take care of the people I loved. Jamison’s autobiography gave me hope, but in a few days I had cracked another bottle and was denying the signs in front of me. I didn’t pick up one of her books for months.

For over a decade, I’ve dealt with depression. Throughout high school, I drank excessively and cut myself. I often contemplated killing myself, but vowed I would never put my family through what my father had put me through. I went through a brief moment of sobriety around 17-18, but soon began drinking heavily again after I
graduated from high school. I also began practicing self-harm again. When I was about eighteen or nineteen I started experiencing symptoms of mania. At this point in my life, I was still able to balance everything and somehow appear “normal.” My coping mechanisms included keeping extremely busy (at one point I was in school full time and working three jobs), binge drinking, and self-mutilation. It was only when I came home to an empty apartment that I would succumb to my depression and drink myself into oblivion and cut myself. I was not happy with anything in my life. Working twelve-hour days and pulling all-nighters to maintain good grades in college allowed me to avoid my depression. I was exhausted and numb. When I wasn’t busy, alcohol filled the void and allowed me to stay numb. In my early twenties, my depression seemed to worsen. My moods became interchangeable, and I went from highs to lows regularly. I hated being around others unless I was buzzed. I could barely get myself out of bed; all I wanted to do was sleep. The past year has been the worst battle I’ve experienced with depression. I stopped caring about my job, my schoolwork, and began treating those closest to me awfully. My drinking was spiraling out of control; I was drinking a 1.5 L bottle of wine a day and barely getting buzzed. I began smoking marijuana in hopes of coping with my low moods and anxiety. The alcohol and drug abuse became a daily occurrence. I’d drink throughout the day and smoke at least twice. I felt like I was losing the battle against my manic symptoms and that I was slowly giving up.

The term “nature versus nurture” is a common debate often used to determine what most influences human psychological development, behavior, and personality. Some psychologists and authors give credit to both nature (heredity) and nurture (environment), while others strongly believe in either nature or nurture. It is frequently
brought up in the discussion of mental illness and suicide. In her book, *On the Edge of Darkness*, Kathy Cronkite addresses the nature and nurture debate. She believes that depression can be both biological and psychological. She defends her ideas, saying, “The brain is the organ of the mind. So the mind is the psychology, the brain is the biology, and whenever one goes bad, the other goes bad, so all depressions are biological and psychological” (Cronkite, On the Edge of Darkness 31-32). Cronkite has a valid point: nature and nurture have the ability to influence one another. I agree that heredity and environment both play an important role on an individual’s psyche and often work together. I hope to look at both nurture and nature both separately and together to demonstrate how the two can each affect an individual’s psychological response to the world around him or her.

“Manic depressive illness is a genetic disease, running strongly, not to say persuasively, in some families while absent in most.” (Touched With Fire, 192) Jamison acknowledges the connection between genetics and mania, melancholia, and suicide. In fact, in all three of her books (*An Unquiet Mind*, *Touched with Fire*, and *Night Falls Fast*), she cites evidence supporting the connection between genetics and mental illness and suicide. Jamison also supports the idea that there is a connection between genetics and mental illness on a scientific and a personal level. She openly acknowledges the correlation between her own struggles with mania and her father’s comparable symptoms. Jamison not only recognizes her own genetic connections within her immediate family, but also calls attention to a number of families that suggest mania and depression are genetic. In *Touched With Fire*, she discusses Hemingway’s familial background. She writes about the mental illnesses found throughout the family and calls
attention to the alarming number of suicides within a few generations. Because Jamison believes that nature is influential in determining mental illness, she is also interested in creating a genetic basis for suicide. This brings us to a crucially important question: Is suicide hereditable? This is another debate often defined by nature and nurture. Jamison suggests that this idea is possible, but that there are many factors that must be considered. Jamison questions whether it is suicide that is hereditable or if suicide stems from inheritable genes. She addresses that alcoholism, depression, manic-depression, schizophrenia and/or genes associated with temperament (aggression, impulsivity, etc.) are all inheritable genes that can influence suicide. (Night Falls Fast, 168).

My father and I are similar. Although he’s been gone for over ten years, our personalities are alike. Behaviors can definitely be learned; however, there are similarities between my father and me that cannot be learned. For over ten years, I have tried to avoid the signs. I was embarrassed and angry that I was anything like my father. I did not want to be burdened or labeled with some “diagnosis.” I didn’t want to be labeled as crazy. For me, the stigma surrounding mental illness and suicide definitely exists. Now, at twenty-four, I have begun to accept that I may have a similar mental illness to that of my father. It is not the same; his was far more complicated and life altering than mine. He attempted suicide numerous times, claimed to hear voices that told him to kill himself, and eventually allowed his mental illness to destroy him. His mental illness, in my opinion, had much more severe and life inhibiting symptoms than mine. However, it is not just a coincidence that both my doctor and psychiatrist believe that I may have bi-polar disorder. In fact, my doctor has flat-out told me that she believes I may be bi-polar. Not only do I meet the criteria for the disorder, but I am also genetically predisposed to it.
I have not yet been “officially” diagnosed as bi-polar, but I do experience the symptoms of mania (depression, irritability, anxiety, distractibility, etc.) on a daily basis. I am taking medication for bi-polar symptoms, depression, and anxiety.

Jamison spends a lot of time describing her father’s mood swings, personality, and behaviors while she was growing up. She talks about the blackness of his depression and how his depression seemed to immobilize him. She recalls feeling helpless to affect his moods. She writes, “I waited and waited for the return of laughter and high moods and awesome enthusiasms, but except for rare appearances, they had given away to anger, despair, and bleak emotional withdrawal” (Jamison, 34). Jamison’s father also began drinking heavily when his symptoms worsened. This environment definitely had a negative influence on Jamison, but it was not just nurture that created her madness.

Hemingway and his siblings had similar experiences with their father. Although their father was not diagnosed with a mental illness, he still experienced many symptoms similar to bi-polar disorder. Hemingway’s older sister, Marceline, recalls her father’s manic symptoms:

Thirty-four years after Dr. Hemingway took his father’s ancient Smith & Wesson revolver from a drawer of his desk and fired a bullet into his head, his oldest daughter was still unwilling to talk about the possibility that for as long as she had known him he had been struggling with some form of manic-depressive illness— that his convulsive rages, feverish enthusiasms, and sporadic nervous collapses (which twice required “rest cures”) were the contrasting parts of a pattern. He was not at ease with himself, this burly doctor and probably never had been. (Lynn)
Like Jamison, Hemingway and his siblings experienced first hand the effects of mania and its symptoms. Not only did the entire environment at home disintegrate, but also the marital relationship was bound to deteriorate. Jamison recalls that she and her mother were scared of her father’s anger and moods. They were no longer comfortable around him. She remembers this uneasiness, saying, “My mother was as bewildered and frightened as I was, and both of us increasingly sought escape through work and friends.” (Jamison, 35)

Hemingway seemed to interpret his parents’ relationship and his father’s symptoms differently. Many believe that Hemingway blamed his mother, Grace, for his father’s suicide and suggest that his hatred towards his mother is evident in his work. There is even documentation that shows Hemingway despised his mother; he wrote it himself. In a letter to his editor and publisher, Charles Scribner, Hemingway writes,

But I hate her guts and she hates mine. She forced my father to suicide, and one time, later, when I ordered her to sell certain worthless properties that were eating her up with taxes, she wrote, “Never threaten me with that to do. Your father tried that once when we were first married and lived to regret it.” I answered, my dear mother, I am a very different man from my father and I never threaten anyone. I only make promises. (Selected Letters, 670)

There are many reasons why Hemingway may have felt angry with his mother. First and foremost, Hemingway was grief-stricken when his father shot himself. As with any suicide loss, the family is left with unanswered questions, confusion, and anger. Hemingway needed a scapegoat in order to move on. However, blaming his mother for
his father’s death would not bring him the closure for which he was looking.

Hemingway’s response to his mother is also interesting. He makes a point to distinguish himself from his father, saying that he is a “very different man.” Of course, this response could be interpreted in a few ways. It seems that the underlying meaning of it is that he is not going to end up like his father and commit suicide. Another way of looking at his response is that he would not interact with his mother the way that his father had. He would stand up to her; he’d be a “very different man.” It is known that Grace was often authoritarian in the home and within her marriage. As his father’s mind deteriorated, he became more and more withdrawn from others, especially his family. As a result, Grace became more of a dominant figure within the home. This change of dynamics definitely had an impact on the way Hemingway viewed his parents, their marriage, and possibly future intimate relationships.

Hemingway’s family was filled with depression, mania, and suicide. In just two generations, four family members committed suicide, including Ernest and his father, Clarence and one of Hemingway’s granddaughters. Many accounts suggest that both Ernest and Clarence experienced similar symptoms of depression and mania. Ernest’s sons also had numerous bouts with mental illness. In fact, Gregory openly discussed his nervous breakdowns and received ninety-seven electroshock treatments. Patrick, another son of Hemingway’s, also received electroshock therapy supposedly triggered by a head injury. Hemingway’s mother, Grace, also suffered from undiagnosed manic tendencies and was said to have had a major nervous breakdown. Kay Redfield Jamison believes that manic-depressive illness is a genetic disease that has the ability to run strongly in families. In her book, *Touched with Fire*, Jamison devotes an entire chapter to the
connection between different artists, composers, and writers who were affected by their “taint of blood” (Jamison, *Touched with Fire*). Jamison writes,

> The family histories of these creative individuals histories of melancholia, mania, and suicide not only provide diagnostic and psychological insights into the writers, artists, and composers under discussion, but they bring sharply into focus the implications that the genetic basis of manic-depressive illness has in the understanding of the disease, its treatment, and its role in society. (195)

In order to attempt to understand depression, mania, and suicide it is crucial to understand the biology behind it all. The biological aspect seems to be a key factor of depression, mania, and suicide.

Although Hemingway is famous for his novels, he also wrote a number of short stories. *In Our Time* was one of the first collections of short stories completed by Hemingway. In a few of these stories, Hemingway introduces a family that is very similar to his own. This family consists of Dr. Adams, his wife, and their son, Nick. Although his real immediate family consisted of brothers and sisters, it is believed that this familial context is a portrayal of the interactions between Hemingway and his parents. Some of the obvious similarities between the characters and Hemingway and his parents are that both paternal figures are doctors appearing confident, but burdened by cowardice; both maternal figures are overbearing and condescending; and both Nick and Hemingway are young boys who experience tremendous life events at a young age: suicide, death, and depression. The portrayal of the Adams family is similar to that of many other characters
Hemingway has created: moody men and bitchy women. These are qualities that Hemingway often described his own parents as having. By studying the characters within his work, we are able to better understand how his relationship with his parents and their actions as adults and spouses influenced Hemingway later in his life. By doing this, we are taking a look at how nurture affected Hemingway.

“Indian Camp” is one of the first stories within “In Our Time.” In Indian Camp, Dr. Adams and his son visit an Indian Camp to perform a caesarian on a pregnant woman. It is an extremely stressful, bloody, and painful experience. Although under pressure, Dr. Adams remains calm and successfully delivers the child. After the child is delivered, Dr. Adams checks on the husband who had been lying on the top bunk, above his pregnant wife. As he pulls back the blanket he discovers that the man had taken his own life. “The Indian lay with his face toward the wall. His throat had been cut from ear to ear. The blood had flowed down into a pool where his body sagged the bunk. His head rested on his left arm. The open razor lay, edge up, in the blankets.” (Hemingway, The Short Stories of Ernest Hemingway) To this day, it is unknown what exactly the Indian’s motive was behind his suicide. It is a disturbing contrast that Hemingway brings to the story: a beautiful life brought into the world and a violent and unnecessary death. The Indian’s suicide affects every character in the story. The wife has lost her husband; the newborn has lost its father, and the entire camp is left to wonder why the Indian chose to kill himself. Dr. Adams is left to explain to Nick why the event occurred and Nick, young and innocent, is subjected to a horrific and unexplainable death. Hemingway shows suicide can harm everyone connected to the suicide.
The body language between Nick and his father before and after the suicide is interesting. In the beginning of the story, “Nick lay back with his father’s arms around him” as they rode in the rowboat to the campsite. This is childlike and typical of a young child sitting with their parent. However, shortly after they’ve learned of the man’s suicide and they are heading back home, Nick instead is sitting at the opposite side of the boat from his father. Nick seems to have lost his innocence after being exposed to such violence. He has matured in that he has seen how abruptly and violently one can end their life. He no longer lies between his parents’ arms, but sits alone, exemplifying his abrupt introduction to both reality and adulthood. Nick also asks his father why the man killed himself. Dr. Adam’s responds saying, “I don’t know, Nick. He couldn’t stand things I guess” (103). Dr. Adams’s response is simple but insightful. We can never get inside an individual’s mind and truly understand why he or she chooses to kill him or herself, but it is often the brewing of something burdensome either internally or externally that eventually completely overwhelms the person. The Indian could have committed suicide for a number of reasons: adultery, fear of fatherhood, mental illness, etc. But just as it is in life, we are unable to truly know the reasoning behind the suicidal.

In a subsequent story of In Our Time, we gain a closer glimpse of Hemingway’s parents’ relationship and a different depiction of Dr. Adams. In “Indian Camp,” Dr. Adams seems confident, assertive, and masculine. He is calm and collected under a stressful situation and seems to know exactly what to say when his son questions him about such serious topics as death and suicide. However, in “The Doctor and the Doctor’s Wife,” Dr. Adams appears differently. As he speaks to Dick Boulton, a man hired to cut up logs by Dr. Adams himself, an argument breaks out between the two men. Instead of
paying the debt owed to Dr. Adams, Boulton proceeds to accuse him of stealing the logs. Rightfully so, Dr. Adams becomes agitated and threatens Boulton, saying, “If you call me Doc once again, I’ll knock your eye teeth down your throat.” Boulton responds, “Oh, no, you won’t, Doc.” After a brief stare down between the two men, Dr. Adams turns and walks away. “They could see from his back how angry he was. They all watched him walk up the hill and go inside the cottage” (101). Dr. Adams no longer seems confident and strong, but instead weak and cowardly. He is both humiliated and infuriated as he walks away. In Indian Camp, Dr. Adams is gentle and composed, while in this story he quickly loses his temper. Hemingway’s own father could be “gentle and evasive; sometimes overcome by depression and sometimes by fits of rage” (Laing). The two seem to have similar personalities. It is plausible that Hemingway witnessed his father’s behaviors and illustrated them through the creation of Dr. Adams.

Shortly after, Dr. Adams has to face his wife who does not make him feel any better. She, too, humiliates and emasculates him. Her continuous use of the term “dear” seems to have a numbing effect on the grown man. Mrs. Adams questions the validity of her husband’s story, and we can see her blatant doubt in him. His short responses to her show his annoyance and frustration with her lack of respect for him as a man and husband. He even overrides her request to send their son, Nick, to see her. There does not seem to be mutual respect in their marriage; their relationship is unbalanced. It is also odd how Dr. Adams cleans and loads his shotgun during the conversation with his wife. He gives this object all of his attention. The shotgun, although an extremely violent object, seems to be able to sooth Dr. Adams in this stressful moment. “The doctor wiped his gun carefully with a rag. He pushed the shells back in against the spring of the magazine. He
sat with the gun on his knees. He was very fond of it. Then he heard his wife’s voice from the darkened room” (102). This brief moment of peacefulness is interrupted by his wife and he is instantly brought back to reality. Instead of unloading the gun, Dr. Adams escapes the stressful environment by stepping outside into nature and away from civilization. It’s as if he needs to be alone. Dr. Adams seems vacant as he listens to his wife, cleans his gun, and finally goes to step outside to escape those surrounding him. His emptiness embodies the symptoms of depression: he is emotionally unavailable and he wants to get away from civilization. It is also ironic that the shotgun, an object associated with violence, offers a calming effect for him.

Some people may experience psychological trauma after experiencing something negative in their surrounding environment. A psychological example of this is Post-Traumatic Stress Disorder. “Post-Traumatic Stress Disorder (PTSD) is an anxiety disorder that may develop after exposure to a terrifying event or ordeal in which severe physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or unnatural disasters, accidents, or military combat.” (Psychology Today) Examples of PTSD and the environment affecting one’s psychological stability can be seen in Hemingway’s novel The Sun Also Rises. Although the characters within The Sun Also Rises are not blatantly diagnosed, it seems that they are all suffering from PTSD on some kind of level. All of the characters are part of the “lost generation” that Hemingway wrote about after the end of World War I. Nearly all of the characters in the novel are battered, lost souls who aimlessly travel through Europe, drinking heavily. It’s as if these young adults have been stripped of their potential and innocence due to the negative effect the war has had on them. Two of the main
protagonists of the novel, Jake and Brett, are both physically and emotionally scarred by the war. Jake is impotent because of a war-related injury and Brett, one of the heaviest drinkers in the text, is depressed and grieving a loved one she lost to the War. Both of these traumatic events have triggered negative psychological consequences stemming from the interactions of both nature and nurture. WWI represents the nurture aspect as the war created an environment that triggered psychological issues within Brett and Jake.

There is no doubt that the war affected Hemingway in numerous ways. War and its negative impact on the individual is often a major theme throughout many of his texts. Hemingway enlisted in the army, but was rejected due to his poor vision. As a result, he volunteered as a Red Cross ambulance driver. Hemingway was soon shipped out to Europe where he spent the majority of his time in Italy. Jeffrey Meyers, author of the biography Hemingway, writes, “Though he was close to the front, Hemingway was a noncombatant with a rather inglorious job” (Meyers, 29). Hemingway enjoyed being in the midst of war and wanted to prove his heroism and soon volunteered to work in the supply centers where he distributed goods to the troops. Hemingway did not glorify his “noncombatant” duties but was glad to help. He dispensed letters, chocolate, cigarettes, and other goods to both the wounded and active soldiers. In his short story, “In a Way You’ll Never Be,” we see the return of Nick Adams, a character similar to Hemingway himself. Like Hemingway, Nick is responsible for handing out goods to the soldiers during the war. Nick’s role is arguably autobiographical when he says, “I should have a musette full of chocolate. These I should distribute with a kind word and a pat on the back. But there weren’t any cigarettes and postcards and no chocolate. So they said to circulate around anyway.” (Hemingway, 406)
Nick Adams and Hemingway have a lot more in common than just responsibilities in this short story. As we know, Hemingway is famous for writing about the war’s impact on the individual. In this story, Nick is both physically and psychologically damaged due to the war. Like Nick, Hemingway was injured during the war. Meyers writes, “Hemingway was seriously wounded at midnight on July, 8, 1918, at Fossalta di Piave. This wound was a major turning point of his life. His objective, subjective, and fictional versions of what actually happened illuminate the full significance of this event” (Meyers, 30). Hemingway was wounded by an explosion of a shell that landed approximately three feet from him, killing a soldier near him and wounding a number of others. Although he was badly hurt, Hemingway acted heroically and after regaining consciousness tried to save the Italian soldiers who had been injured. He recalls that the Italian soldier he carried back to the dugout was already dead (Meyers, 31).

This experience had a tremendous impact on Hemingway both physically and psychologically, very much like Nick Adams. In “In a Way You’ll Never Be,” Nick is not only inflicted with a head wound, but he also suffers from post-traumatic stress disorder. Throughout the text he is taken back to the terrifying event that resulted in his injury. During one of his episodes, Nick recalls the scarring event:

He shut his eyes, and in place of the man with the beard who looked at him over the sights of the rifle, quite calmly before squeezing it off, the white flash and club-like impact, on his knees, hot-sweet choking, coughing it onto the rock while they went past him, he saw a long, yellow
house with a low stable and the river much wider than it was and stiller.

“Christ,” he said, “I might as well go. (Hemingway, 414)

Nick is another character plagued by the results of war. Again, it’s evident that nurture plays a large role in one’s psyche. Hemingway is famous for descriptions of his characters’ descriptive and physical war injuries; however, in this text he also calls attention to the psychological results of the war. Because Nick Adams is an autobiographical character, it is evident that Hemingway not only recognized the paralyzing effects of war on both the mind and body but also acknowledged his own psychological demise due to the war. Perhaps he was even noting his own symptoms of post-traumatic stress disorder.

Although Kay Jamison believes that mental illness mainly derives from one’s genetics, she still gives credit to environmental stimuli. Life stressors can be immensely influential on an individual. Jamison states,

> There are many reasons to believe that stressful events might bring on or worsen a psychiatric illness. If the underlying psychiatric illness or biological predisposition is severe enough, such events may well play a role in suicide as well… People, when manic or depressed, not only are influenced by the events in their lives, they also have strong reciprocal influence on the world and people around them: they often alienate others with their anger, withdrawal, or violence… (Jamison, 87)

A life event (divorce, unemployment, death, etc.) has the potential to harm any individual. Stress is something that occurs in everyone’s life, but the more stable a person is the better he or she is able to cope with the stress. A suicidal or depressed individual is
more likely to have trouble coping with life stressors because he or she is already experiencing psychological symptoms of mental illness. Often, their first reaction is to find a temporary fix.

Risk-taking behaviors have an overwhelming correlation with mental illness and suicide. Those suffering from mental illness and/or suicidal tendencies often practice risk-taking behaviors in hopes of achieving a goal whether the outcome is positive or negative. In his book, The Psychology of Risk Taking Behavior, R.M. Trimpop defines risk taking as “any consciously, or non-consciously controlled behavior with a perceived uncertainty about its outcome, and/or about its possible benefits or costs for the physical, economic, or psycho-social well-being of oneself or others” (Trimpop). Trimpop discusses risk taking behavior and the chance for survival. When a person encounters changes in the environment, he or she is exposed to a level of uncertainty and risk. In response, the individual may take part in risk-taking behaviors in order to increase one’s chance for surviving. However, what if an individual did not want to survive? What if the changes in the surrounding environment were too much for the person? What if this triggered depression or suicidal thoughts? Instead of wanting to survive as Trimpop suggests, perhaps the individual would do just the opposite: try to end their life.

In her book, Night Falls Fast, Kay Jamison calls attention to the connection between risk-taking behaviors and suicide. She writes,

Risk-taking behaviors, while important, almost always involve considerable speculation about underlying intent. They may involve either immediate risk, such as skydiving, or more remote risk, such as smoking or reckless driving. These indirect, or “sub intentional,” deaths… have
come to include, depending on the clinician or researcher, everything from chronic alcohol or drug abuse or involvement in high-risk sports, to a variety of other activities, such as having unprotected sex with partners…Often people want both to live and die; ambivalence saturates the suicidal act. Some wish to escape, but only for a while. (34-39)

Mental illness and/or suicidal thoughts are not easy obstacles to overcome. Mood-swings, depression, hallucinations, despair, and lack of motivation are only a few of many life-altering symptoms that burden afflicted people on a daily basis. Every day is a struggle. There are positive ways to overcome these symptoms, such as medication or therapy. However, getting the right treatment is a result of acknowledging you have a problem. This can also be the hardest step, especially when mental illness and suicide are surrounded by such negatively “defined” stigma. Even being on prescribed medications and partaking of therapy are beneficial, but the daily coping with the symptoms can be exhausting and discouraging. It is no wonder those struggling with symptoms of mental illness and/or suicidal tendencies may want to feel the numbing effect of risk-taking behaviors. As Jamison said, they wish to escape for a short while.

Jamison also discusses an intriguing theory that examines suicide’s “contagious aspect.” She writes that suicide has an “indisputable appeal as the solution of last resort.” (Jamison, 12) Human beings learn through imitation. As humans, we are constantly taking in information and modifying our behaviors. Many of our behaviors are learned and many are imitated. Suicide has the potential to be contagious. If individuals are suffering, they want to end their suffering. Suicide is often a long-term result of internal and/or mental anguish. Suicide is also a result of physical pain and/or suffering. Those
who deal with the daily misery of either mental or physical discomfort are ultimately looking for a way out. The suffering becomes unbearable; the short-term “fixes” become few and far between, and death seems to be the only answer. If a suffering person sees another end one’s anguish through suicide, the individual is likely to consider ending his or her own life. Everyone thinks about death; it is inevitable. But are those who have personally experienced suicide and/or mental illness more likely to consider or act on suicidal thoughts? Some regard social imitation as a “survival strategy” (Willer). Suicide, imitated or learned, is the sufferer’s only true, long-term solution. Ironically, suicide can be seen as a suffering individual’s way of surviving. The only way to beat the depression, mania, and suffering is to end it all. Risk-taking behaviors are common for those conflicted with symptoms of mental illness and suicidal thoughts. They offer a way to consciously or unconsciously risk one’s life. Basically, one is gambling with life and death by taking part in dangerous behaviors.

In my early twenties, my drinking became out of hand and it took a lot for me to feel the effects of it. I remember becoming annoyed and agitated that I had to drink an entire bottle of wine or half a bottle of liquor to be buzzed. I missed the days when a couple shots would do the trick. I began looking for a new way to feel “numb.” It was then that I bought my first gram of weed. I loved being high. I finally felt happy and mixing it with alcohol brought me to a new level of numbness. I was not in a good place. My use of marijuana continued for a couple years. Not only was I now drinking huge amounts of alcohol everyday, but I was also getting high. For about three years, I coped this way. There were times that I would fill my water bottle with vodka or spike my coffees just to “make it through” a course at school. I began drinking and getting high on
the job. I drove drunk all the time. I started getting high every night before bed so that I could get some sleep. What was the point of living? We are all going to die eventually. I wanted to die, but would not kill myself like my father. I figured I’d just work myself into my grave, drink, get high, and ignore my depression.

My body soon felt like it was becoming immune to my routine. At one point, I thought to myself, “Weed and booze are not numbing me anymore. What else can I use? I should try cocaine.” I remember stopping and thinking, “cocaine?” What had happened to me? I was so focused on being numb that I was losing sight of the true issues at hand. I was slowly ruining my life. I didn’t care about myself anymore. I wanted to die, but I didn’t want to intentionally kill myself. I actually rationalized the idea that dying by addiction wouldn’t hurt my family as much as committing suicide. At this point, I realized I needed to step back. So I tried to cutback on the smoking and drinking. The next few days seemed unbearable. I was unable to sleep. When I did fall asleep, I didn’t want to get out of bed. I hated everything. Everyone was getting on my nerves. I verbally attacked everyone, including the ones I loved most. I thought about drinking and getting high constantly. I wanted to feel numb again. I remember thinking to myself: “This is why you have to get high. This is why you have to get drunk. You have to stay numb. It’s the only way to feel better.” But I was trying to remain sober. I wanted to stop my need for numbness, but it felt like my symptoms were taking over my mind. I was not thinking clearly. My mind would not stop racing; my thoughts were all over the place. That was when the suicidal thoughts came back, worse than ever. A few days later, I had a nervous breakdown. I was alone. I couldn’t stop crying. I wanted to cut myself so badly that I had gotten a steak knife and laid it beside me. Just the sight of its blade comforted me. I
wanted to drink and smoke marijuana so badly, but I was trying to remain strong. But it
didn’t seem like anything would calm me down. As I sat alone, crying, I started justifying
suicide. I told myself I was going to die eventually; I didn’t want to keep feeling this
way. I started thinking about what pills I had in my bathroom cabinet; would they be
enough to overdose? I could drink all the alcohol I had left in my apartment and then take
all of the pills. I didn’t want to slit my wrists; it was too messy and painful. I couldn’t
believe I was thinking this way. I was still crying. I started thinking about my sister, my
mom, and my boyfriend. Would they care? Life goes on, right? I’ve made it this far after
Dad killed himself. I was scared; I was going to do something irrational. I did what I
absolutely did not want to do: I called my mom. I’ve never told her about my use of my
marijuana; she’d probably kill me. But she has been well aware of my drinking for years.
When I told her how awful I was feeling, she immediately scheduled an appointment
with my doctor and found me a psychotherapist. She saved my life.

My father really wasn’t a risk-taker. He barely drank and he didn’t do drugs. It
wasn’t until he left my mom, moved out, and stopped following through with his
treatments that he began using marijuana. I’m not sure why he stopped his treatments. All
I can imagine is that he was tired of taking his medication and feeling the same way
eyeveryday. He was giving up. Because there was little to no contact between my family
and my father, we really don’t know how much he was smoking, how regularly, and if he
was using marijuana to cope with his symptoms of bi-polar disorder and depression. I
believe that he probably was using marijuana to cope. I know that smoking helped me to
cope with my symptoms, but it wasn’t a long-term solution. His autopsy stated that he
had enough marijuana in his system for thirty-seven people. This leads me to believe that
he had been using over a span of time and probably had been high when he decided to overdose with hydrocodone. Obviously, I don’t know for sure what my father was thinking or if he was using any other kinds of drugs. I do know that he was not mentally stable and was slowly deteriorating; the use of marijuana did not help his manic and depressive states.

Risk-taking behaviors are dangerous for any person, but the intention of the behavior is what makes it detrimental. Whether it be intentionally or unintentionally, an individual suffering from symptoms of depression and mania is more likely to want the end result to be death. Jamison’s discussion about the ambivalence associated with death by suicide is a great point to expand on. People who have truly considered taking their own life have probably weighed the pros and cons of following through with suicide. I know I have. Because I know firsthand how painful it is to lose someone to suicide, I am ambivalent about killing myself. I do not want to be defined by my father’s choice, and I don’t want to be compared to him. I don’t want to be stigmatized as crazy, cowardly, or weak. But most importantly, I don’t want to put my family through the pain of losing another person to suicide. I don’t want to make anyone feel the way I have as a result of my father’s suicide. This is why I chose to cope with my symptoms of mania and depression through risk-taking behaviors. Risk-taking behaviors had become an everyday norm for me. The most common behavior I practiced was excessive alcohol consumption. I would like to spend some time discussing this specific risk-taking behavior, as it is something that I struggled with, Hemingway struggled with, and Hemingway’s characters struggle with.
Andrew Soloman, author of *The Noonday Demon*, discusses the connection between suicide and alcohol abuse. He writes,

Approximately one-third of all completed suicides and one-quarter of all attempts are committed by alcoholics. Those suicide attempters who are drunk or on drugs at the time of their attempts are much more likely to succeed in killing themselves than are those who are sober. Fifteen percent of serious alcoholics take their own lives. Karl Menninger has called alcoholism “a form of self-destruction used to avert a greater self-destruction.” For some, it is the self-destructiveness that enables self-destruction. (Soloman)

Both Menninger and Soloman’s commentary on self-destruction is important. Alcohol is the “numbness” that allows a suicidal person to temporarily avoid suicide. However, when under the influence, some may be more enabled to end their own lives. For Hemingway, alcohol seemed to be a constant detachment from reality where his mental state, symptoms of depression and/or mania, and grief could be avoided. This is exactly why I drank excessively. I was avoiding my issues and hoping that they would disappear as they often did for a short while. Unfortunately, this impermanent disguise does not allow a person to truly acknowledge his or her issues or get help.

Alcohol, like many substances, offers a brief moment of pleasure for those affected by symptoms of mental illness. For a moment, the feelings of anxiety, sadness, and hopelessness disappear. In her book, *The Trip to Echo Spring*, Olivia Laing describes alcohol’s effect on the body. She writes,
Alcohol activates the pleasure-reward pathways by way of dopamine and serotonin. In psychological terms this effect is known as positive reinforcement, since continuing to ingest the substance leads to pleasure…the sedative effects are what make alcohol so adept at reducing tension and anxiety… The realization that alcohol is capable of alleviating anxiety means that for susceptible individuals it can quickly become the preferred method of managing stress. (Laing)

Why wouldn’t a person experiencing symptoms of depression or mania want to use alcohol? Alcohol offers temporary pleasure, sedation, and a way to reduce anxiety and manage stress. Although not every afflicted person reaches for a bottle, many do. Hemingway was one of them. Laing also writes about Hemingway’s alarming use of alcohol throughout his life. She refers to his tolerance of alcohol as “legendary.” She writes about Hemingway, saying, “What he didn’t know, at least back then, is that tolerance is one of the defining symptoms of alcoholism, and that high tolerance tends to be accompanied by profound physical dependence” (92).

In 1956, Hemingway was diagnosed with inflammation of the liver. Today, we know that inflammation of the liver can be a direct result of alcoholism. As a result of his diagnosis, Hemingway’s doctor put him on a low-alcohol diet. Hemingway was not pleased with this. In a letter to a friend, dated 1957, he expresses his discontent with the doctor’s orders and his acknowledgment of his addiction to alcohol:

On the corporal front the last examinations didn’t turn out as we’d hoped after cutting all consumption to two glasses of light red wine per lunch and dinner… So am now cut to one wine glass with the evening meal. Must
cut it out entirely it seems but they do not want to treat the nervous system too violently. After all I’d been drinking wine with meals since I was 17 or before. Anyway let’s not talk about it… The good thing is that if I go through with it (haven’t had a real drink for four months when we reach July 4th) and use no wine at all for three more then I will be able to drink wine again and test along to see how much can drink without damage… Trouble was all my life when things were really bad I could always take a drink and right away they were much better. (Selected Letters 1917-1961, 877)

In this letter, Hemingway openly admits his addiction to alcohol and his dependency on it. He complains that he will not be able to drink as much as he’d like and also talks about not having a “real drink” for months. His addiction is not only shown through his dependency, but also on his admission that he has used alcohol to cope with difficulties throughout his life. All of these points make it evident that Hemingway was an alcoholic coping through a risk-taking behavior. However, what stood out to me was that he was mainly concerned with when he could begin to start drinking excessively again. This is a true alcoholic. He does not express concern about his health; he is more concerned with the amount of alcohol he can consume and when it can be increased. He was not drinking for enjoyment; he was drinking to cope and to escape.

Was there a connection between Hemingway’s risk-taking behavior and his contemplation of suicide? Although Hemingway was not diagnosed with any mental illness during the first half of life, there is still evidence that suggests that he was suffering from symptoms of depression and/or mania. He admits in his letter that he’s
been drinking since he was seventeen years old and that drinking makes things “much better.” He also goes through a number of marriages where he claims to have loved the women, but treated them awfully. Lashing out in anger at others and withdrawal are two symptoms of manic people who are responding to life stressors. For Hemingway, maintaining his appearance and fame were no doubt two major life stressors. He portrayed himself as a well-educated, masculine, and dignified man. However, underneath the surface he was falling apart. On top of everything, Hemingway never truly grieved his father’s suicide. It is evident that he didn’t get closure or forgive his father in numerous ways: his alcoholism, denial of his mania and depression, and his writing. My own contemplation about suicide is constantly resurfacing as I rack my brain for answers behind my father’s death and my own struggles. I have a feeling Hemingway felt similarly. Suicide has become a driving force behind my depression and my need for both knowledge and forgiveness towards my father. In his novels, Hemingway creates characters with risk-taking behaviors, depressive characteristics, and symptoms of depression. Suicide, death, loss of innocence, and the scrutiny of life’s meaning are reoccurring themes within his work. His incessant focus on these topics suggests that he was looking for answers about suicide, depression, and the point of life.

Hemingway’s novel *The Sun Also Rises* is a perfect example of Hemingway’s search for answers. This is a novel filled with destructive behaviors, mental illness, and the questioning of life’s validity. Hemingway often writes about the idea of the “lost generation.” Many Americans went into the First World War with a certain perspective about life, and after the war ended, the values and morals of these people were no longer the same. The War had changed them. This made many people of this generation
reconsider the validity of life and change the way they ultimately lived life. Almost all of the characters in the novel are part of this “lost generation.” They have been negatively impacted by the War and are wandering aimlessly through life. Most of the time, they are too intoxicated to set any real goals. One of the protagonists in the story, Brett, is a perfect example of the lost generation. Throughout the book, we see Brett date multiple men while she is still awaiting a divorce. She is promiscuous and is able to charm many men at the same time. World War I devastated Brett in that her true loved died as a result of the war. It seems that Brett is now searching for her true love by dating numerous men. Brett’s directionless search for love symbolizes the lost generation’s newfound discontent with the prewar morals and values surrounding romantic and monogamous love.

Could Hemingway’s ideas about the lost generation be related to his depression? We know that Hemingway was affected by the First World War and changed his outlook on life. What suggests that his ideas are stemming from depression is that death is inescapable. It almost seems like there is no positive side to life for Hemingway unless you are partying or living vicariously. For Hemingway, one must live life to the fullest because death could happen at any time. Even the most successful characters are still not happy. For example, Robert Cohn is a successful and wealthy writer. He graduated from Princeton, is a talented boxer, and was married. Although he has accomplished so much and reached society’s expectations, he is still an outsider. (This is partly due to the fact that he is Jewish.) He pursues Brett even though she makes it quite obvious that there is no emotional connection between them. He is ultimately searching for something that doesn’t exist. What is ironic about this is that he is the only male character within the group who is not a war veteran and has not been directly impacted by the war. This
suggests that he still grasps onto the prewar morals and values in which the rest of the characters no longer believe. Perhaps this is Hemingway’s way of ridiculing the prewar beliefs. Cohn’s character disappears before the book even ends. Here, Hemingway suggests that no matter what you accomplish in life, you will eventually no longer exist. Death is unavoidable.

Risk-taking behaviors are prevalent throughout The Sun Also Rises. The main destructive behavior within the novel is alcohol abuse. The majority of the characters are always drinking, becoming blatantly intoxicated, and seem to be trying to escape something. Drinking excessively, just as in real life, allows the characters to avoid their problems. However, it’s obvious that the excessive alcohol use only worsens their mental and emotional states. There are a few sections where the characters even talk about how they use alcohol to cope. Jake compares his and Bill’s meal to the dinners he had during the war. He says, “There was much wine, ignored tension, and a feeling of things coming that you could not prevent happening. Under the wine I lost the disgusted feeling and was happy” (150). Literally, Jake is using alcohol to change his emotional and mental state. He is drinking a lot, feeling uneasy, and using wine to feel happier. Brett openly admits, while she’s drunk, that she drinks to feel better. “Let’s have one more drink of that… My nerves are rotten” (186). Mike also admits to preferring to be drunk than to deal with his breakup with Brett. Mike says, “I’m rather drunk… I think I’ll stay rather drunk. This is awfully amusing, but it’s not too pleasant. It’s not too pleasant for me” (207). In order to cope with his loss and sadness, Mike chooses to remain intoxicated.

One of the characters whose emotional state changes the most is Mike Campbell. He is not a particularly nice person when sober, but when he drinks excessively, he
becomes angry and condescending. Towards the end of the novel, Mike is coping with the rejection by Brett, who has decided to date Pedro Romero instead of him. An intoxicated Mike attacks Cohn: “Mike stood shakily and leaned against the table. ‘I’m not clever. But I do know when I’m not wanted. Why don’t you see when you’re not wanted, Cohn? Go away. Go away, for God’s sake. Take that sad Jewish face away. Don’t you think I’m right?’” (181) His drinking has clearly affected his mood and his thinking. His rage seems to stem from a deeper emotion: sadness. Alcohol does not help any of the characters within the novel. Nothing good ever comes from their partying lifestyle. Everyday is spent becoming intoxicated, and when they wake up the next morning, everything remains the same. It’s as if the alcohol has created this unhealthy cycle that cannot be broken. The alcohol allows the characters to scapegoat their poor decisions, become temporarily distracted from reality and temporarily improve their mood, and it allows them to avoid their true ambivalence towards life as the lost generation.

Hemingway knew first hand the result of intoxication. Perhaps this is why he captures Mike’s drunkenness so well. His lifestyle was similar to that of Brett, Jake, and Mike. He drank excessively everyday without considering the consequences. Why did he want to be intoxicated all of the time? Was his reasoning similar to the characters within the novel? Hemingway was dealing with his own depression and grief. He was literally part of the lost generation. Hemingway used his writing to portray his thoughts and feelings. He, like his characters, questioned life’s meaning and abused alcohol. Hemingway is comparable to many of his characters. Jake seems to be the most similar to Hemingway in this novel. The two are alike in that they both are alcoholics, part of the lost generation, but they were also both injured in the genitals due to the war. Unlike
Hemingway, Jake is impotent. Hemingway and Jake also both have very conflicted feelings towards their religious background. Hemingway was known for feeling uncertain towards Christianity; “he hated his Christian name” (Meyers, Hemingway). Jake claims that he is a Catholic; however, he does not seem confident in his faith. He even expresses that he’s ashamed of being a “rotten Catholic” (103). These similarities suggest that Jake and Hemingway have something even larger in common: symptoms of depression and mania.

Mental illness is present throughout The Sun Also Rises. It’s evident that Jake is suffering from depression based on his excessive drinking and pointless lifestyle, but Jake also suffers from mania. At a few different times, he describes moments when he experiences manic symptoms such as racing thoughts, insomnia, and anxiety. Jake describes one episode, saying:

I lay awake thinking and my mind jumping around. Then I couldn’t keep away from it, and I started to think about Brett and all of the rest of it went away. I was thinking about Brett and my mind stopped jumping around and started to go in sort of smooth waves. Then all of a sudden I started to cry. Then after a while it was better and I lay in bed and listened to the heavy trams go by and way down the street, and then I went to sleep. (39)

Here, Jake is unable to sleep because his mind is all over the place. He is experiencing a manic episode. He finally comes back down from this high point of the mania, but it takes time. He goes from a high point to a low, depressive point. This is also a symptom of mania or bi-polar disorder where the individual goes from one emotion to another very quickly. Later on in the book, Jake has trouble sleeping again. “I turned off the light and
tried to get to sleep… I could shut my eyes without getting the wheeling sensation. But I could not sleep” (151). Like Jake, Hemingway often suffered from insomnia. Christopher D. Martin writes about Hemingway’s insomnia and his other symptoms associated with mania. Martin writes, “His biographies contain numerous examples of episodes in which Hemingway experienced unusually elevated moods and periods of excessive energy. As a youth, he was prone to stay awake into the early morning, drinking wine and reading aloud from volumes of poetry” (Martin).

Jake’s character is depressed throughout the story. It’s as if he has already given up on his life. Being impotent destroys Jake. He is physically scarred and mentally affected by his injury. He cannot have sexual intercourse anymore; he cannot share sexual intimacy with someone he loves; he is unable to have children, and he is emasculated. These expectations of the prewar morals and values have been taken away from him. Now, Jake is left to determine what he is supposed to do with his life. Brett is a constant reminder of what Jake cannot have. Even the other characters pick up on Jake’s depression. Bill says to him, “Get over your damn depression” (227). Bill is telling Jake to suck it up and move on with his life; Jake is unable to do this. His symptoms of depression and mania have taken over his life. Jamison describes it perfectly when she says, “In its severe forms, depression paralyzes all of the otherwise vital forces that make us human, leaving instead a bleak, despairing, desperate, and deadened state” (Night Falls Fast, 104).

Hemingway also suffered from depressive states that would take place when he was not experiencing manic symptoms. In some of his personal letters, he openly talks about his experience with depression. In a letter to his friend, Dos Passas, he writes, “I
felt that gigantic bloody emptiness and nothingness, like couldn’t ever fuck, fight, write
and was all for death” (Mellow). This is just like Jake’s outlook on life. Both Jake and
Hemingway feel as if everything they do is ultimately for death.

In Hemingway’s *For Whom the Bell Tolls*, the main protagonist is also similar to
Hemingway. The two family backgrounds are astonishingly alike. Jordan’s father
committed suicide by shooting himself. We first learn of this when Jordan is speaking to
Pilar. She asks, “Can one ask how he died?” Jordan responds, “He shot himself.” She
continues, “To avoid being tortured?” Jordan says, “Yes…To avoid being tortured” (66-
67). Both Jordan and Hemingway’s fathers were tortured, but it was not physical torture.
It was the torture of the mind. Both men truly must have been mentally unstable to decide
to kill themselves. At one point in the text, Jordan claims that he understands his father’s
choice to kill himself but still condemns it. He acts as though he firmly believes this and
leads us to believe that he would never kill himself. However, later on Hemingway
describes a scene where Jordan is given the gun that his father used to kill himself.
Strangely, Jordan is not able to keep the gun. Instead,

…Chub held the two horses and he climbed out on a rock and leaned over
and saw his face in the still water, and saw himself holding the gun, and
then he dropped it, holding it by the muzzle, and saw it go down making
bubbles until it was just as big as a watch charm in that clear water, and
then it was out of sight…. “I know why you did that with the old gun,
Bob,” Chub said. “Well then we don’t have to talk about it, he had said.
(337)
Jordan went out of his way to get rid of the gun. It seems that although he condemns suicide, he still is tempted by it. This reminds me a lot of Hemingway. He went his entire life claiming to be different from his father and promising never to die the way that he had. Hemingway’s mother actually gave the gun that Clarence had shot himself with to Hemingway. Ironically, he never got rid of the gun. Yet, he eventually killed himself with another firearm.

Hemingway, like Jordan, seems almost infatuated with suicide. As we have seen, it is found throughout Hemingway’s work and we see Jordan return to the topic multiple times. Berman also notes Hemingway’s ironic focus on self-murder. Berman writes, “In no other major American writer do we see a stronger ambivalence toward suicide, a subject that haunted Hemingway and his fictional characters. His protagonists are among the most suicideophobic in literature, and while they do not all succumb to this fear, many initiate events leading to predictable deaths” (*Surviving Literary Suicide*, 101). Berman uses the term “suicideophobic,” a term created by one of his students, to describe what he believes to be Hemingway’s phobia of suicide. Hemingway definitely seemed to be working out his personal ambivalence towards suicide and his personal vendetta against his father’s suicide throughout his work. I feel that because he went so long without truly grieving the loss of his father and continued through life without addressing his own depression and symptoms of mental illness, he eventually did become obsessed with suicide and feared that he was ending up just like his father.

Hemingway must have felt intense guilt and anger towards his father. I know that I still have days where I feel angered and guilty because of my father’s suicide. Like Hemingway and me, Jordan also feels conflicted about his father’s death. At one point in
the novel, Jordan begins to think about his family history. He talks fondly of his grandfather, but does not seem to have anything positive to say about his parents. This is also similar to Hemingway’s feelings towards his own parents. In the following passage, Jordan thinks honestly about is family.

… He realized that if there were any such thing as meeting, both he and his grandfather would be acutely embarrassed by the presence of his father. Anyone has a right to do it, he thought. But it isn’t a good thing to do. I understand it, but I don’t approve of it… He was just a coward and that was the worst luck any man could have. Because if he wasn’t a coward he would have stood up to that woman and not let her bully him. I wonder what I would have been like if he had married a different woman? … Then thinking of his father had thrown him off. He understood his father and he forgave him everything and he pitied him but he was ashamed of him. (338-340)

This section truly feels as if Hemingway is working out his feelings about the loss of his father. Jordan goes on about how his father is a coward, which we know Hemingway called his own father. Then Jordan goes onto question why his Dad wasn’t more authoritative or stood up to his mother. This sounds just like Hemingway; he had the same view of his parents’ marriage and blamed his mother for his father’s defeat and suicide. Jordan’s opinion of his father is perplexing. On one hand, he’s embarrassed and ashamed of his father’s cowardice. On the other hand, he pities him and forgives him for killing himself. Because suicide is such a complicated death that one can never fully understand, those left to grieve are continuously questioning the dead’s decision.
Hemingway may not gain complete closure through his writing, but his portrayal of Jordan’s thought process allows us to gain insight into Hemingway’s own feelings about his loss. I am constantly going back and forth about my father’s suicide. I want so badly to understand his reasoning, but it doesn’t make it easy to forgive him. Like Jordan and Hemingway, there are times that I am ashamed of his decision, but I also feel bad for him because I know that he struggled with mental illness.

At the end of the book, we see Jordan struggling with the decision to kill himself. He is in an immense amount of pain and beginning to think irrationally. His mind seems to slip into a manic state as he questions whether or not to commit suicide:

*His leg was hurting very badly now. The pain had started suddenly with the swelling after he moved and said, maybe I’ll just do it now. I guess I’m awfully good at pain. Listen, if I do that now you wouldn’t misunderstand, would you? Who are you talking to? Nobody, he said. Grandfather, I guess. No. Nobody. Oh bloody it, I wish that they would come.* (469)

Jordan, although he has gone the entire novel condemning suicide, now is rationalizing it. As a result of his pain, Jordan now understands why someone would consider committing suicide. This is similar to Hemingway in that he went his entire life bad-mouthing his father’s decision to kill himself, yet, when he began to face similar symptoms of mania and depression, he understood why he would want to end his life. Jordan does not end up killing himself and comes off as extremely strong and brave. Is this what Hemingway wanted for himself? Did he want to overcome the mental pain he was experiencing and be strong enough to not commit suicide? Unlike Jordan, Hemingway was not able to fight
his urge to self-murder. It seems that Hemingway liked Jordan’s character a lot; he wanted to embody his qualities in real life. He wanted to be a strong man: physically and psychologically.

Suicide and mental illness are prevalent throughout Hemingway’s writing. In both his short stories and his novels, there is evidence that he wanted answers about his father’s suicide and his own struggles with depression and bi-polar disorder. However, at times, his ideas about suicide, depression, and risk-taking behaviors seem romanticized. Those who have lost someone close to suicide often romanticize the death of the loved one. I, many times, have placed my father on a pedestal where I’ve viewed him as a very sick, scared, and hopeless man. However, the reality is that he had a mental illness that he very well could have been treated for. Alvarez wrote about his good friend, Sylvia Plath, and her struggle with mental illness and suicide. He, too, romanticized his close friend’s death by suggesting that she could not be saved. Although Hemingway claimed that his father was a coward, his personal writing depicts suicide and depression in a different light. He, too, romanticizes death, suicide, and living carelessly. Hemingway claimed to understand his father’s struggles with mental illness. Perhaps it was Hemingway’s own struggles with mania, depression, and suicidal thinking that lead to his tolerance of his father’s suicide. In 1936 he wrote to a friend, “Had never had the real old melancholia before and am glad to have had it so I know what people go through. It makes me more tolerant of what happened to my father” (Selected Letters 435-436). Unfortunately, we never got to see Hemingway come to terms with about his father’s suicide.

Writing about my father’s mental illness and suicide has been a struggle. When I first began reading and researching the countless accounts and diagnostics of mental
illness, I was eager to figure out why my father had killed himself. I was ready. For years, I racked my brain and came up with my own reasons why someone would choose self-murder over their children. I needed answers. Even in college, I became intrigued by the multiple symptoms related to depression, Freud’s strange theories, and the human mind. I began enrolling in numerous psychology courses. I thought if I could correctly diagnose my Dad, I’d know why he did what he did. As a young adult, I knew that I had my own symptoms of depression and alcoholism; however, I thought they’d eventually fade. As I began researching my thesis, I did not think I’d be able to relate to these symptoms and people diagnosed with mood disorders. One of the first books I picked up as I began this paper was an old psychology textbook; I wanted to refresh my memory of the symptoms of some mental illnesses. As I scanned the chapters related to mental illness, my stomach dropped. I could relate to the majority of the symptoms listed in a chart titled “Criteria for Manic Episode.” I read on, “The moods of people who are manic can be elated, but that elation is often mixed with irritation and agitation… in order to be diagnosed with mania, an individual must show an elevated, or irritable mood for at least 1 week, as well as at least three of the other symptoms listed in Table 7.3. These symptoms must impair the individual’s functioning” (Nolen-Hoeksema, Susan. Abnormal Psychology 187). This was the table I had been able to so easily relate to. I sat there for a moment, considering the possibility that I could be bi-polar or manic. I felt anxious and ignored the coincidence. I decided to go pour myself a glass of wine.

In the next couple of days, I began reading Kay Jamison’s autobiography. Her personal account of her manic episodes and symptoms frightened me. I did not want to read her book. I was afraid to continue reading and convinced that I was losing my mind.
I could not allow myself to relate to what I was reading. I was supposed to be examining it and diagnosing my father. Instead, I was diagnosing myself. I didn’t work on my thesis for a good four months. Every time I began reading something related to risk-taking behaviors, depression, mania, etc., I became anxious, irritated, and withdrawn. When these feeling occurred, I’d cope by drinking and getting high. By the time I became numb, I didn’t care to do my thesis. What good would it do? I began to not care about school anymore. I wanted to just give up. Being drunk and high all the time had this way of making me care even less. It was not a good cycle.

Not working on my thesis stressed me out. I was disappointed in myself. I felt like a disappointment and this made me feel even worse when I was at my lowest. Deep down, I didn’t really want to give up; I wanted to finish what I had started. I was going to face what scared me the most: my own mental illness. Truthfully, it was not until I had the breakdown and received help from my medical doctor and psychotherapist, that I was able to focus on my work. A few days after I had called my mother, I had an appointment at the doctor’s office. I cried the entire way to the doctor’s. I cried as I checked in with reception. I cried as the nurse took my blood pressure and checked my pulse. I had finally calmed down when the doctor entered the room, but soon burst into when she asked, “What brings you in today?” Through tears, I finally admitted how awful I had been feeling. I admitted that I wanted to kill myself and I was scared. She listened to me, asked questions, and assured me she could help.

I soon began a strict regime of taking lamotrigine and escitalopram. Lamotrigine is a mood stabilizer used in treating bi-polar disorder and clinical depression. Escitalopram is a medicine prescribed to treat depression and anxiety disorders. Within
two months, I felt better than I had in years. I no longer felt the highs and lows of my mood disorder. I felt motivated and rejuvenated. Along with my prescriptions, I was also seeing a psychotherapist every week. She listened to me talk about some of my biggest fears, doubts, and grief. It was such a relief to get all of my mixed emotions off my chest. I felt like a new person. She also gave me advice on ways to cope with life stressors instead of drinking and smoking. Her guidance played a large role in my recovery. I still see her, but now once every two weeks. As I started feeling better, I began to act differently. I got up early for work, planned ahead, worked on my thesis, ate healthily and exercised, and even lost forty pounds. I had gotten my confidence back. I could not believe that I had no interest in drinking or getting high. I no longer had a reason to numb myself; I felt great without the substances in my system. Most importantly, the thoughts of suicide had diminished. I’d be lying if I said the thoughts about killing myself are completely gone, but I am so much better than I was before I began this paper. If Professor Berman had not encouraged me to pursue this difficult topic, I wonder when and if I would have acknowledged my true issues. I have come a long way since I first opened that psychology textbook to begin this thesis. I now am okay acknowledging my mood disorder and will continue to get the professional help I need to live a healthy and happy life.

Dear Dad,

Growing up, you were the best father in the entire world. You were tall, strong, and a hard worker. I was proud to call you my Dad. You were a gentle mannered man whose actions spoke louder than words. You taught me so much. You played with me for
hours, read me all my favorite stories, and loved me unconditionally. Some of my favorite memories are with you. As a child, I saw you as my protector. I thought you would always be there for me. I was wrong. You hid your sickness well; I had no idea that you were slowly deteriorating. It was not until that darkness consumed you that you became someone I didn’t know. I didn’t understand why you left, why you stopped coming to our “visits,” why you became increasingly distant, or why you killed yourself. I was just hurt. You were my Dad. You were supposed to be here for me.

At this point in my life, I need you more than ever. I now know what you struggled with. It’s made me understand why you did what you did, but I don’t condone it. The feelings of despair and sadness are paralyzing. I should’ve told Mom a long time ago that I was feeling like this, but I was afraid she’d think I was like you. I was afraid she’d think I’d do what you did. But I’m not going to. I’ve been getting help. My doctor and psychotherapist seem to think I’m a lot like you. They’re right; I am a lot like you. I’m beginning to accept that. I’m not ashamed anymore. I have finally acknowledged that I need to make changes in my life. I cannot continue to ignore the signs; I cannot continue to cope with drugs and alcohol. It’s taking time to adjust to the medication and therapy, but I’m taking the right steps. I just wish you would have too. We had so much more time to spend together.

I now know that your suicide had nothing to do with weakness or self-centeredness. You were bi-polar, depressed, and suicidal. Your suffering was private; I couldn’t have prevented your death. You are the only one who could have prevented it. Today, there are so many options for people suffering with bi-polar disorder and depression. If you had stuck around, things would’ve gotten better. I’m sure you regret
your decision. As devastating as your death was, it has made me stronger. I am not sure if I can forgive you for killing yourself, but I am trying to. Even though you made a really awful decision, you’re still my Dad. I will always love you.

Love,

Jennifer
Works Cited


