


Invisibly Different

Category: Stories

written by Anonymous | September 12, 2023



I don't want
to be labeled
as fragile...

Editor's Note: This piece tied for first place in the Pulse writing contest, "On Being Different."

"That seems like a dumb way to die."

"Why would anyone choose to do that to themselves?"

I hear my medical-school classmates pose these questions as we learn about how an acetaminophen overdose can cause painful, fatal damage to the liver. How each metabolite can tear apart a liver cell. How it takes hours or even days for the full extent of the overdose to be felt.

I sit silently, uninterested in engaging in the conversation. My mind wanders back to the cold February night nearly fifteen years ago that brought me to my suburban emergency room.

I remember the taste of the charcoal paste in my mouth—smoky, like someone had fed me a steak that had been forgotten on the grill. I can still feel its graininess on my tongue and down my throat.

I was so relieved when the little white dots started appearing in my vomit: 5, 6...12, 13...18, 19...25, 26. Over the next several hours, I forcibly expelled nearly every Extra Strength Tylenol capsule that I'd intentionally consumed earlier that night.

As my student-doctor colleagues continue to debate the merits of acetaminophen as a suicide method, I'm overcome by the memory of my parents'

fearful voices just after being startled awake by their thirteen-year-old daughter, telling them through tears that she needs to be driven to the hospital. Once again, I see the panic in their eyes as I tell them what I have done.

I know that this conversation among my classmates is harmless. They're expressing concern for the medical catastrophe that an acetaminophen overdose can cause. And yet I still feel the shame that, until I was well into my twenties, would burn through my body every time suicide was mentioned. The shame isn't as intense as before, but every so often it still surfaces.

On this occasion, I don't speak up. I don't know how to ask my classmates to be more mindful of their words without also outing myself as a suicide-attempt survivor. I don't want to be labeled as fragile or treated as unstable. I'm not yet sure if I want them to know that I am different.

But I *am* different. I know why someone might want to choose to end their own life. And I know how incredible life can be when, after a suicide attempt, healing and recovery take place.

Once ingested, acetaminophen takes one of three metabolic pathways. Two of the pathways, followed when the drug is used at therapeutic doses, produce no harmful side effects. The third pathway, however, can cause permanent, potentially fatal damage. This is the pathway taken during an overdose.

Now, in my first year of medical school, I'm facing a crossroads that feels similarly hazardous: Do I disclose my suicide-attempt history to my teachers and classmates, or do I try to hide this part of my life? Which pathway do I choose?

Trying to decide means engaging in an exhausting inner push and pull between hope and fear.

In many ways, I was lucky. Soon after taking the pills, I changed my mind—and when the toothbrush I shoved down my throat did not produce the desired effect, I had the courage to climb the stairs, wake my parents and ask them to drive me to the hospital.

Many people who feel the way I felt that night, and who do what I did, don't have a chance to change their minds. Because I got a second chance, on one hand I feel a duty to become an outspoken advocate for suicide-attempt survivors and others who struggle with depression. On the other, I feel the burden of the stigma that these people bear. Maybe it's better to keep my head down, my mouth shut.

As a physician in training, I find the choice even more fraught. I'm not sure if the medical community has evolved to the point that they will welcome someone with a complicated mental-health history into their ranks. Disclosure could mean losing out on residency opportunities, because some program directors may fear that I won't have the mental strength to make it through. Disclosure could mean that the state medical board will worry about putting a prescription pad into my hands.

Disclosure to a patient, however, could lead to a deeper therapeutic relationship. Disclosure to a colleague could show someone who's suffering from depression that they're not alone. I could be a role model—living proof that things really can get better.

In truth, I already know that some in the medical community do welcome people like me. During the admissions process, I disclosed my history to one medical school—and received nothing but compassion from my interviewers. The school accepted me, and I ultimately matriculated there. This experience makes me feel hopeful that the tide is turning, and that people like me can be embraced by their future colleagues.

In classrooms and in the halls, however, I hear casual phrases like “This makes me want to kill myself” more often than I would like. Many classmates joke, flippantly, that our challenging curriculum is reason enough to contemplate suicide. This environment discourages me from openly sharing my experience.

Fortunately, I have close friends in whom I can confide. Silence is isolating, and I have chosen to disclose my suicide attempt to people I can trust not just to keep my confidence but to treat me the same after they know my story.

On the whole, I believe that progress is being made. I believe that the more people can speak up and speak out about their mental-health struggles, the better. But I don't know if I want to shoulder the burden of being a public spokesperson—of being the person everyone turns to when they have questions about the lived experience of suicide.

I'm not yet ready to let the world at large know of my past, but as I learn and grow, I'm finding little ways to actively advocate for survivors. In college, I spoke privately with a professor who used inappropriate language when discussing suicide, and I often call out friends or acquaintances for thoughtless comments about people with mental-health issues.

Maybe one day, when I'm an attending physician, when the climate around mental-health disclosures grows more accepting or when I have children of my own, I'll feel comfortable openly sharing my story—along with my name.

For now, I will remain invisibly different.