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The Suicidal and the Perversion of Virtues in David Foster Wallace's *Infinite Jest*

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> 'Listen', she said, 'Have you ever felt sick? I mean nauseous, like you knew you were going to throw up?'
> The doctor made a gesture like Well sure.
> 'But that's just in your stomach,' Kate Gompert said, 'it's a horrible feeling but it's just in your stomach…but imagine if you felt that way all over, inside. All through you. Like every cell and every atom or brain-cell or whatever was so nauseous it wanted to throw up, but it couldn't, and you felt that way all the time, and you're sure, you're positive the feeling will never go away, you're going to spend the rest of your natural life feeling like this' (Wallace 74).

David Foster Wallace's magnum opus, *Infinite Jest*, is a profound meditation on the state of late 20th century American society with its aspirations and addictions, and attempts to trace the fault lines that lie at the heart of its 'dream.' It employs a fractured narrative scheme that impersonally and non-linearly stitches together, often without clearly delineated intents or objectives, various dysfunctional points of view and contexts, resembling, in Wallace's words, "…a very pretty pane of glass that had been dropped off the twentieth story of a building" (Caro 57). It inhabits within its pages a multitude of characters who, although far removed from the normative, almost unintelligible or inhuman, are nevertheless profoundly human in all their failings and fractures. Wallace's voice resonates through drug addicts, terrorists, criminals, politicians, psychopaths, fame obsessed teenagers, through the neglected, the unwanted, the underappreciated, the misunderstood, the criminal, the twisted, the depressed, and the suicidal; these are people whose lives and voices, whose histories and narratives, are often left unacknowledged, forgotten. The stylistic complexities and semantic ambiguities within the novel, in keeping with certain of Wallace's notions regarding the nature and function of fiction,[1] are an attempt to unsettle its readers and get them to actively work to derive meaning and sense from the text, to wake them up to "how observant they already are" (Shechner 105).

Infinite Jest is a novel that is deeply concerned with suicide and with the factors that constitute and contribute to suicide ideation; in thinking about death and dying, it attempts to reflect upon life and living. Suicide is an act of dying that implicates human agency; to choose to

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[1]Wallace's take on the promise and function of fiction: "I guess a big part of serious fiction's purpose is to give the reader, who like all of us is sort of marooned in her own skull, to give her imaginative access to other selves. Since an ineluctable part of being a human self is suffering, part of what we humans come to art for is an experience of suffering, necessarily a vicarious experience, more like a sort of generalization of suffering" (McCaffery 21-22).

cause one's death raises questions of morality, ethicality, and rationality which confuse, complicate, determine, and inform assumptions and attitudes entertained (both by the suicidal and non-suicidal) regarding suicide. To ideate suicide is not merely to explicitly think about or plan towards one's suicide but it also involves (repetitive) forms or patterns of behaviour, thought, or action which stem from certain tendencies or (distorted) attitudes about oneself and the world around one (Shneidman 46-47). These attitudes or tendencies of the suicidal individual can cause her to increasingly believe suicide to be the only *viable* solution to the seemingly irresoluble problem of existence. In its concern with the aspect of suicide ideation, *Infinite Jest* may be understood to fall under the category of 'suicide narratives,' a group of 20th century literary narratives termed and defined as such by Andrew Bennett in *Suicide Century: Literature and Suicide from James Joyce to David Foster Wallace* (2017). Suicide narratives, briefly put, are largely concerned with how suicide is narrativized, represented, and made sense of; what sets (literary) suicide narratives apart from sociological, psychological, or medical literature (which are equally, albeit differently, concerned with explaining and/or making sense of suicide) is the former's deep concern with imagining and articulating the *experience* of suicide ideation, what it *feels* like (Bennett 4, 20).

Individual experiences of pain and suffering are acknowledged, narrativized, and thereby memorialised and validated, in and through these narratives; the medicalized, criminalized, and/or psychologized (suicidal) individual, reduced to her pathology or chained within her psyche, is allowed the possibility of agency through narrativizing her experiences of being reduced or chained thus. This is exemplified through the character of Kate Gompert in *Infinite Jest*. The reader first meets Kate Gompert lying immobile on a bed inside a psychiatry ward, hospitalized and under 'suicide watch' (where she is watched twenty four hours a day until the supervising doctor decides to call the watch off) after her latest suicide attempt; the excerpt at the start of this paper is from a conversation between Kate and her doctor where she is attempting to narrativise, to represent, and make intelligible, both to herself and to her doctor, the horror of her *experience* of clinical depression (Wallace 68-74). Kate Gompert is understood to come closest to being modelled on Wallace himself; her struggles with addiction and self-destructive behaviour, with feelings of disingenuity, with (estimations of) her agency, constantly oscillating between seizing and resigning her agency, her belief that nothing can offer her adequate relief from her suffering, and even the suicide watch she is placed under, mirror Wallace's life and views, his struggles, and suffering in certain ways (Lipsky 169, 170, 175).

Kate Gompert displays many of the signs often exhibited by the clinically depressed: she does not care much for her personal hygiene, struggles to maintain meaningful relations with people around her, and feels utterly incapable of breaking out of her near constant state of stasis, physical or mental. She feels incapable of reasoned thought or action when caught under the dark cloud of her depression and acts out in impulsive (self-destructive) ways or seeks refuge in the numbing effects of drugs. She is confrontational when questioned, and when finding herself incapable of functioning or expressing herself, of maintaining the mask of normality, she disconnects from the world around her and withdraws within herself. Her fatalistic tendency potentially stemming from her illness and compounded by her experiences of seemingly irremediable pain and suffering, by experiences of apathy, intolerance, and rejection causes her to believe that she cannot be helped. This 'narcissistic' tendency to see herself as 'uniquely' doomed, to read her life and her experiences as utterly beyond another's ability to conceptualize or comprehend, causes her to believe that her suffering beyond the limits of her agency, is

irremediable; this also causes her to become incapable of trusting another, to often be suspicious of those who convey to her a desire (in this case, by her doctor) to help her get better. (Shneidman 215) There is a general guardedness that characterises her responses to her doctor's queries; she mostly responds with sarcasm or through certain (annoyed) expressionless movements or gestures, which allow her to speak her mind without having to betray a need to do so, to seek, in some small degree, help from another without having to seem to be asking for it (Jamison 117), seeing as "…sarcasm and jokes were often the bottle in which clinical depressives sent out their most plangent screams for someone to care and help them" (Wallace 71). One can perhaps read into her actions a small degree of resistance to potentially being reduced to her illness, an almost wilful assertion of agency, even or especially at moments when she feels herself to be utterly incapable of it.

Contemporary notions around suicide stem predominantly from psychological, psychoanalytical, sociological, or medical points of view. The manner in which the condition of depression is perceived, represented, or made sense of, determines the attitudes, clinical or otherwise, towards it (and from which stem therapeutic/treatment protocols). Certain attitudes, on the one hand, perceive the condition of depression not as an illness but as a state of mind entirely contingent upon one's attitudes and opinions and upon one's perceptions regarding oneself and the world around one; this manner of a diagnosis points to the suffering individual as the cause and cure of her depression, a cure that may be accomplished through the reformulation or reorientations of some of her attitudes, opinion, notions or values, essentially by changing her way of thinking, responding, and living. (Rowe 12-13) Certain other attitudes, on the other hand, perceive the condition of depression as an illness that exists independently of the suffering individual's attitudes, opinions, responses, or states of mind; this manner of a diagnosis see the individual's perceptions or attitudes stemming from (and darkened by) her illness and not vice-versa (Shneidman 63), and suggest treatment protocols that combine (to varying degrees) medication with certain forms of psychotherapy. One significant roadblock that hinders a better understanding of suicidality or of the condition of depression is the problem of language. Language falls short in making possible an adequate representation of the condition or an adequate articulation of its experience.

William Styron is deeply aware of this problem when he expresses his displeasure at the inadequacy of the terms that are available with which to try and make sense of one's condition, to try and articulate or narrativize it; the term 'depression', in its bland tonality, utterly lacks the expressive power with which to convey or make sense of the horrific reality of the condition of clinical depression, described by one character in *Infinite Jest* as "…total horror. It was all horror everywhere, distilled and given form. It rose in me, out of me…It rose and grew larger and became engulfing and more horrible than I shall ever have the power to convey," and who went on to state that "there was no way death could feel as bad" (Wallace 649-650). The lack of adequate terms for expression causes one to unthinkingly bring together, under the rubric of one standard, bland, inadequate term that standardizes and homogenizes this condition, the various states or experiences of depression (Styron 32). Wallace is therefore at pains to carefully and forcefully mark out distinctions between "anhedonia, or simple melancholy," a disconcerting, deadened state where one loses the ability to feel simple pleasures, where people and things and activities of living "are stripped to their skeletons and reduced to abstract ideas," from clinical depression of the kind Kate Gompert describes which is not simply an absence of a feeling or a loss of the ability to feel but is in itself an active and pervasive feeling, an overwhelming and

actively felt sense of sheer terror and abject hopelessness, "…a level of psychic pain wholly incompatible with life as we know it" (692-695).

The condition of clinical depression is a state of near-constant, almost intolerable pain and suffering, pain and suffering that is often invisible or non-existent to those outside the sphere of its experience; the incapacity to sufficiently articulate and express the nature and degree of their pain and suffering, to make it a little less overwhelming by making it a little more intelligible, causes the suffering individual to feel increasingly alienated from herself and from those around her. The failure of language and the breakdown of conventional structures of sense and meaning making makes it nearly impossible for the suffering individual to determine, with any degree of certainty or assurance, the degree of rationality or irrationality of her logic. The reasoning employed by the clinically depressed to justify their decision to commit suicide takes a form that is incompatible with conventional logic, which perceives any act or thought that is not in accordance with its 'universal,' 'life-affirming' normative as inherently irrational, illogical, and harmful. In many cultures where the act of suicide is often perceived to perhaps be the worst possible sin or crime, where the suicidal and the suicides are often denounced as selfish or cowardly, it is inconceivable that conventional wisdom, often characterized by hostility and high-handedness towards the clinically depressed, could ever appreciate the reasoning Kate Gompert gives for attempting suicide; when asked why she continued to hurt herself, she clarifies in this manner: "I don't want *anything* except for the feeling to go away. Part of the feeling is like being willing to do anything to make it go away. Understand that. Anything…It's not wanting to hurt myself, it's wanting to not hurt" (Wallace 77-78).

The manner in which one understands, interprets, and even *experiences* oneself and one's world is determined by one's geographical and temporal positions, by the nature of the social, cultural, and epistemological framework one finds oneself in. The particular knowledge base of a particular time and place determines the particular responses evoked from those embedded within its particular socio-cultural frameworks. It is not possible to see one's notions of oneself, one's sense of a self or of an identity, even one's *experience* of oneself or of the world around one, as immune to one's geographical, temporal, social, cultural, and epistemological context. There is a tendency among many to see suicide as contingent on certain *universal* characteristics of what it means to be human, with its attendant universal (human) needs and desires; this causes one to generalise and universalise certain (narrow) western notions about what constitutes suicide, suicide ideation, and the suicidal subject. The suicidal individual herself formulates her sense of self, her notions of agency, and fashions her subjectivity through these notions. (Marsh 10-11) Ian Marsh cautions against this (reductive) tendency to generalise and universalise certain notions about suicide, and thereby simplify, standardise, and homogenise suicide and the suicidal subject/subjectivity.

Thomas Joiner states that the desire to commit suicide is one that exists alongside the desire to continue living, with the simultaneous existence of these contradictory desires within the individual contributing to a state of ambivalence (Joiner 81). The desire to die is not, as is generally understood, a desire for death itself but is rather a desire to not continue living in the manner one had been living so far, and thereby, to not continue suffering. The state of ambivalence causes the individual to experience a certain loss of control over herself, over her feelings, emotions, thoughts, or state of mind, and it fractures a secure sense of self, causing her to feel increasingly insecure and helpless. An acute sense of discomfort with herself, compounded by an inability to trust her intuitions and judgements, causes the depressed/suicidal

individual to abandon 'certainties' and become increasingly suspicious of the world and the people around her. The value of the decision to continue living is determined against the reality of her near constant state of pain and suffering this decision entails; quite often and not incorrectly they believe that to continue living and thereby to continue suffering is simply incompatible with a dignified form of existence. If the nature and magnitude of one's suffering be such that it cuts one off from all that which makes life worthwhile or meaningful, if it be such that it denies one the comfort of stable and meaningful human relationships and negates a sense of self-worth, then one may be justified in finding merit, even a small measure of virtue, in choosing to not continue on. Suffering is often accorded a redemptive potential, but this is suffering of the kind that allows for the possibility of human agency to be directed towards its overcoming. Suffering of the kind the clinically depressed are understood to undergo, suffering of a nature and magnitude that utterly strips the individual of her sense of self and of her agency, is simply dehumanising.

Thomas Joiner theorises that feelings of alienation and burdensomeness are (among) the most crucial elements of severe suicide ideation, and goes on to suggest that these feelings can cause a suicidal individual to sometimes attribute a virtue to, and thereby justify, the decision to commit suicide (91). Joiner, in reflecting on murder-suicides, theorises that murder-suicides occur when the perpetrator misunderstands and misapplies any one, or a combination, of any of the following four virtues: mercy, justice, duty, and glory (Joiner 8). The state of clinical depression causes a near intolerable state of mental and physical discomfort that reduces the individual's life and her world to the most immediate impulse, thought or desire; this manner of living, characterized by impulsivity and self-destructive behaviour, potentially stem from the individual's incapacity to not think of herself as uniquely condemned or to conceive of a possible or viable futurity (Pompili 18). Self-destructive behaviour is believed to offer a small degree of relief for the individual, to lend her agency by channelling her thoughts and activities, however temporarily, towards the realisation of the particular activity decided upon. The increasing tendency towards self-destructive behaviour, despite allowing for a small measure of relief (through enabling a regulation of emotions) and predictability (on account of the familiarity of its processes/mechanisms) in her life, nevertheless pushes the individual closer and closer to actually committing suicide by getting her to become increasingly tolerant to increasingly higher and more lethal levels of pain and injury (Joiner 41, 59). The constant struggle to maintain a semblance of normalcy and continue sustaining their lives in silence creates a deep sense of weariness that darkens their thoughts, actions, feelings, and desires, leading them to wish to simply end it all, to want out: "I (Kate Gompert) didn't want to especially hurt myself. Or like punish. I don't hate myself. I just wanted out. I didn't just want to play anymore is all" (Wallace 72).

One might then, reasonably enough, read such individuals as prone to employing the virtues of mercy and/or justice (mercy towards themselves and towards another through negating their pain and another's burden respectively, and justice in the sense of a certain balancing of the scales of fortune through a wilful assertion of agency against a condition that virtually paralyses it) to make sense of or explain their decision to commit suicide; this tendency is echoed in the reasoning offered by Kay Jamison for her suicide attempt, "I could not stand the pain any longer, could not abide the bone-weary and tiresome person I had become, and felt that I could not continue to be responsible for the turmoil I was inflicting upon my friends and family. In a perverse linking within my mind I thought that…I was doing the only fair thing for the people I

cared about; it was also the only sensible thing to do for myself" (115). The use of the word "perverse" to describe her reasoning for her suicide attempt ties in with Joiner's theory regarding the 'perverted' nature of the 'virtue' of suicide. He believes that by attributing a virtue to the reasoning that justifies suicide, the suicidal display not merely misplaced empathy in their perceptions of the needs of others (and in the belief that their absence would make things right or lead to another's betterment) but also a 'defect' in empathy, going on to state that this defect stems from "…a fervour for virtue without restraint, and without the leavening effects of emotional understanding of others' perspectives" (111). Often enough, however, it is not so much a defect of empathy as much as perhaps an incapacity for empathy, trapped as these individuals are within their experiences of intolerable pain and suffering, struggling to keep afloat:

> If a person in physical pain has a hard time attending to anything except that pain, a clinically depressed person cannot even perceive any other person or thing as independent of the universal pain that is digesting her cell by cell. Everything is part of the problem, and there is no solution. It is a hell for one (Wallace 696).

Wallace's insights on the nature of the suffering undergone by the clinically depressed finds its parallel in the suffering undergone by individuals crippled by severe forms of cancer; these individuals often lose their identity, their agency, and sometimes even their friends and family to their illness. The illness is so deeply personalized and interiorized that nothing exists for them apart from their illness, and nothing registers apart from the experience of being severely ill, of seeing themselves, and of being seen, as the 'diseased' (Mukherjee 169). An individual, caught in the throes of the virtually intolerable and inexpressible pain of clinical depression, finds herself in a "trance of supreme discomfort," a state of being where she feels herself incapable, on account of the "ferocious inwardness of the pain," of any manner of rational or coherent thought (Styron 12-15). The clinically depressed, in the (perceived) absence of their agency and their incapacity for self-determination, are therefore often seen (even by themselves) and treated as non-agential beings, incapable of reasoned thought or action. Any reasoning that stems from such a state of being or mind is treated as distorted, and any virtue attributed to the act that stems from this distorted reasoning is deemed perverted (Pompili 16). One must nevertheless caution against a reductive reading of all suicides as inherently irrational or perverted in order to avoid standardizing, and thereby simplifying and/or distorting, the diverse and complex forces that constitute and contribute to suicide ideation.

The act of suicide is understood to be a choice or a decision made by the suicidal individual, albeit (almost always) an irrational one, for 'to choose' suggests intent and the aspect of intent is crucial to differentiating suicide from accidental death. The individual attempting suicide is understood to be in full awareness of the likely consequences of her actions and to have committed to her course of action on account of that awareness. The phrasing, as a choice or a decision, in the conventional senses of the term, is understood to invest the individual with a (fair) degree of agency in making or following through on her decision. The reasoning that informs the intent (and which may translate into the act), however, (and especially in the instance of the clinically depressed) is deemed irrational on account of the magnitude of their suffering which is believed or understood to shut down or distort their capacity for reasoned thought or action. The preventive or therapeutic measures, in their general tendency to subscribe to the 'inherent' irrationality of, or the 'perverted' nature of virtue in, the suicidal individual's reasoning are more or less directed towards dismantling the structures of their logic and exposing

its 'flaws' before the individual herself; they are intended, therefore, at enabling her to begin to see her "too-real suicidal thoughts as products of a loss-wracked imagination," to see the option of suicide as merely one among other possibilities and not as "concrete maps of an immutable reality," and thereby reformulate and reorient her agency (Holmes 128).

As stated earlier, the phrasing 'to make the decision to' or 'to choose to', with regards suicide, is understood to invest the individual with a reasonable degree of agency and allows one to see the decision as stemming, not incorrectly, from the 'intent' to not continue living. Nevertheless, one wonders, especially with regards the clinically depressed, whether such individuals may truly be thought of to have *made* a decision or whether this ought to be seen or understood as a 'decision' in the first place. In a poignant and moving passage from *Infinite Jest*, Wallace attempts to articulate the experience and extent of suffering that clinical depression imposes upon the individual; this level of agony makes it virtually impossible for the suffering individual to distance herself sufficiently in order to be able to reflect upon or move beyond the immediacy of her experience, and this raises questions about the degree to which they are (or truly can be) deemed agential:

> The person in whom *Its* invisible agony reaches a certain unendurable level will kill herself the same way a trapped person will eventually jump from the window of a burning high-rise. Make no mistake about people who leap from burning windows. Their terror of falling from a great height is still just as great as it would be for you or me standing speculatively at the same window…the fear of falling remains a constant. The variable here is the other terror, the fire's flames: when the flames get close enough, falling to death becomes the slightly less of two terrors. It's not desiring the fall; it's terror of the flames. And yet nobody down on the sidewalk, looking up and yelling 'Don't', or 'Hang on!', can understand the jump (696).

Even as one (rightfully) attempts to question and problematise conventional yardsticks for valuations, one must nevertheless always be aware of the contingent nature of these (and of one's responses to these) notions, perceptions, and/or estimations. To 'expose' flaws (of reasoning) is not necessarily to bring to light 'inherent,' 'naturally existing' flaws but rather, in a certain sense, to 'convince' the individual of its existence, to dislocate her from one framework of reasoning and bring her under another, to replace one (manufactured, but seemingly illogical) framework of logic with another (equally manufactured but seemingly logical) one; the nature of these estimations is contingent upon the social, cultural, geographical, temporal, and epistemological nature of the context from where it stems, and such an awareness prevents one from (uncritically) making universalist or absolutist assumptions/interpretations (Marsh 7-8).

The depressed/suicidal individual often finds herself rather incapable of comprehending and/or articulating the nature of her experiences to herself or to another, for she is neither able to reconcile to the available, 'acceptable' interpretive frameworks (on account of finding them inadequate by which to explain or make intelligible the nature of her distress) nor does the limits of language allow her to satisfactorily formulate alternate, more adequate ones. The distress caused by this incapacity to comprehend or articulate is compounded by the responses such individuals are prone to receiving from those around them. They are silenced and their experiences are often articulated for them. These individuals often find themselves trapped within a climate of silence characterised by a general reluctance (sometimes, even hostility) to

entertain or engage in serious discussions or debates on issues pertaining to suicide ideation or mental distress/disorders in general (Asher 172). This reluctance to reflect on certain discomfiting questions or issues, the acknowledgement of which could possibly threaten the status quo and potentially fracture the social, cultural, or moral systems that serve as its base, results in the fostering and propagating of a myopic climate of wilful ignorance which distorts and misrepresents such individuals[2].

Wallace's voice, through the character of Kate Gompert, is one among the relative few that are not only profoundly concerned with articulating the experience of being trapped inside the burning room for those who are standing on the sidewalk, looking up, but also with trying to determine and examine the social, cultural, or epistemological conditions that have made it harder to acknowledge, comprehend, or articulate such experiences. To live without the possibility of human dignity is perhaps not a life worth living through and this state of affairs owes as much to the state of one's society as to the fact of a psychological and/or medical condition, and is as much a product of one's perceptions as the factors that form and inform these perceptions. A sympathetic understanding of clinical depression and of suicide lies as much in the manner in which it is formulated and made sense of as in the recognition of the near impossibility of arriving at 'definitive' solutions or finding a 'cure'; therefore to explain away the clinically depressed or the suicidal, to simply and simplistically tuck them away under the category of the essentially irrational or the inherently perverted, without ever attempting to imagine for oneself the "terror of the flames," displays a certain 'defect' in empathy and a 'perversion' of humanity.

[2]The late 20th century, however, saw an increase in the number of books and memoirs that attempted to narrativize individual struggles with depression and suicide ideation; this was during the late 1980s, around when SSRI (selective serotonin reuptake inhibitor) antidepressants were introduced. These narratives were more or less structured around a "drugs-saved-my-life" narrative, and were therefore, rather limited in their scope and/or critique (Cvetkovich 92-93).

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