

# What The Dark Could Not Keep

*a conversation about suicide*



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## 4 The road to an increasing risk of suicide

As discussed in the previous chapters, suicide does not happen unexpectedly. It is more common that the path to a higher suicide risk develops slowly, characterised by evolving thought patterns, emotional states, and life experiences that accumulate over time. So it is important to detect and understand this progress and to intervene as the psychological distress can intensify rapidly.

Worrying is often one of the first feelings people experience on this road. It involves a chain of thoughts mixed with negative feelings, usually centred around potential future threats. Worry tends to steer our minds toward imagined dangers, losses, or failures. While it is entirely normal to worry from time to time, Borkovec et al. (1983) found that persistent worry can become a cycle of anxiety, making the future feel more overwhelming and beyond our control. Worry starts first in all its innocence. As worry deepens, it can lead to rumination. Rumination can be characterised by repetitive negative thoughts and emotions focused on depressive symptoms and their perceived consequences, according to Nolen-Hoeksema (1991). Individuals who ruminate tend to fixate on difficulties and distressing memories, repeatedly replay past events, and become absorbed with unresolved problems. Although

rumination is often learned as a coping mechanism or problem-solving strategy, it often comes back like a boomerang, and the emotional pain starts to increase instead of being eased. It will also strengthen feelings of self-blame and helplessness.

A deep sense of anguish can even establish if ongoing worry and rumination develop over time. This kind of suffering goes beyond just physical pain; it deeply impacts a person's emotional and mental state. It can show up in various forms, such as intense grief, lingering remorse, or a constant feeling of despair that seems impossible to escape. Anguish does not stay limited to just sadness. What anguish can do is take over your thoughts and emotions. Not even your body is safe. It acts like a tsunami, with brutal force, destroying everything in its path. Physically, you might notice lingering pain, tenderness, heaviness, constant crying, slowed movement, reduced energy, or a strong urge to sleep. At an emotional and psychological level, it may prompt you to question who you are, your core beliefs, your purpose, or your place in the world. Sometimes, deeper existential worries surface, leaving you feeling more disconnected and lacking a sense of meaning.

To understand what anguish visually would look like, Munch's (1893) painting called "*The Scream*" gives you a good idea. It has often been described as a soul laid bare and a painting of the inner psychological landscape and suffering, where his own suicidal thoughts and despair are portrayed.

When emotional distress lasts a long time, especially if you are dealing with a chronic illness or ongoing mental health struggles, it can affect

more than just how you feel inside. Your quality of life might take a hit as physical abilities decline and social ties weaken. Often, social connections do not notice at first that their social contact is declining.

When a person in crisis thinks that pulling away from loved ones and activities is the best thing they can do, it hurts their self-esteem and sense of worth even more, making them feel like a burden or like they are nobody's value.

If this situation continues, it might become even more overwhelming, especially given the person in crisis's isolation. Feelings of deep sorrow or grief can linger, along with a sense of hopelessness or despair that does not go away. Physical pain might float to the surface and is more prominent along with emotional pain, leading to feelings of exhaustion and being drained. As these feelings grow, people may notice themselves withdrawing more from others and struggling with daily tasks that once felt manageable.

At this point, the risk of suicide may become more apparent or grow stronger. This is the immediate danger zone. Feelings of wanting to escape from their world, find relief, or end the pain might start to feel and sound more like a solution, especially when the future seems empty, all hope is gone, and only despair remains, and the current situation feels and stays overwhelming. In the end, suicide is not caused by just one thing, as mentioned earlier, but usually results from ongoing suffering, limited ability to think, and feeling like there are no options left.

Recognising the signs that someone is heading toward increased risk gives us a chance to step in early before despair takes hold. By easing worries, breaking rumination patterns, acknowledging feelings of anguish, and helping rebuild connection and purpose, not only with the help of caregivers or gatekeepers but also loved ones, family, friends, and even colleagues at work can change this course. Understanding these signs is not about predicting what will happen, but about catching suffering early and responding with compassion, support, and hope to show the people in despair that there is a way out.

For what a person can handle in a crisis, each person has a different tolerance window. Understanding the window can foster empathy, according to Siegel (1999). When people operate within this window, they can handle the difficulties and challenges of life with greater resilience. But if they step outside of those boundaries, they might feel overwhelmed or numb. This is especially applicable to people who are struggling with past trauma or ongoing stress. For individuals who consider committing suicide, this window can be so narrowed that everyday tasks or experiences, like getting out of bed or rejection, become unbearable. It is important to view these reactions not as deliberate choices but as responses to a nervous system overwhelmed beyond its capacity.

#### **4.1 Attachment and its relationship to suicidal behaviour**

Attachment is defined by Bowlby (1969) as: “the emotional bonds formed with primary caregivers early in life, which shape internal working models of self-worth, emotional regulation, and expectations of support from others.” Insecure attachment styles, particularly

anxious and avoidant attachment, are associated with an increased risk of suicidal ideation and behaviour. It was found by Mikulincer and Shaver (2012) that, on one hand, individuals with anxious attachment may experience intense fear of abandonment, heightened emotional distress, and dependency, which can amplify feelings of hopelessness during interpersonal crises, on the other hand, those with avoidant attachment often suppress emotional needs, avoid seeking help, and experience profound isolation, all of which are significant risk factors for suicidal behaviour. In the research of Adam et al. (1996), it became clear that insecure attachment is also linked to impaired emotion regulation, negative self-concept, and difficulty forming supportive relationships, reducing protective factors against suicide. The research of Sheftall et al. (2014) suggests that secure attachment is associated with better coping strategies, stronger social support, and lower suicide risk, highlighting the importance of relational safety and emotional connectedness in suicide prevention efforts.

#### **4.2 Suicide ideation among Generation Z and Generation Alpha**

Suicide ideation has existed for generations. Unfortunately, Witt et al. (2025) found that there is a noticeable increase in suicide ideation among both Generation Z and Alpha. But what is causing this?

First, it is important to understand the characteristics of both generations. Katz et al. (2021) explain that Generation Z, people born between 1997 and 2012, is the first generation to have never known a world without Wi-Fi, the internet, cell phones, and social media. They often self-educate and are influenced by prevailing trends in the digital world. Generation Alpha, people born between 2012 and

mid-2020, are growing up in an even more interconnected world in which artificial intelligence is increasingly prevalent. In many Western countries, Generation Alpha is projected to be the most racially and ethnically diverse generation to date, including diversity in family structure (single parents, blended families, same-sex parents). This normalises pluralism and inclusion as default social conditions rather than emerging social shifts.

Even though these generations prioritise a work-life balance, value inclusivity, diversity, social justice and are open about mental health challenges, they are more vulnerable to a mental health crisis. Academic pressure and competitive labour markets, economic uncertainty, political polarisation, climate change, wars, and the COVID-19 pandemic have caused and continue to take a toll on these generations. The COVID-19 pandemic, in particular, disrupted social interactions during adolescence. This caused an increase in persistent sadness and hopelessness among high school students. They also felt lonelier, which is one of the strongest predictors of depression and suicide ideation. Twenge et al. (2018) found correlations between heavy social media use and depressive symptoms, particularly among girls. Cyberbullying, social comparison, body image pressure and exposure to self-harm content increase the risk as well. The role of influencers can not be underestimated either.

Witt et al. (2025) note that the heightened exposure to suicide in peers or family, online content showing self-harm, and witnessing violence appear to be stronger predictors in younger cohorts than some traditional risk factors seen in older generations. Preliminary data

indicate that more than one-quarter of Gen Alpha teens report having had a mental health problem, and that many value open discussion of mental health, which could influence help-seeking behaviours (Springtide, 2025).