

Choosing a dignified ending

Thoughts, experiments, and notes on choosing suicide by hanging

A few experiments in choosing a dignified, and painless conclusion to one's life.

This work is the result of the author's own experiences and efforts, and is intended as a record for the author's own reference. It is not intended to aid or direct any person towards suicide or self harm. If it is presented to the public, it is for the purpose of review and medical critique.

CONSIDERATION OF THE INEVITABLE

There was an episode of M*A*S*H called "Hawkeye", where Peirce gets into a jeep accident while alone and is afraid he has a concussion.

He finds the home of a Korean family and tries his best to stay awake and busy by talking to himself and joking about life. He's alone in this because the Korean family doesn't speak English.

Some much of what he said was worth noting, but the best part was where he was juggling a few objects, and said that we often make up a world for ourselves in our to prop up certain illusions, including those that are based around the idea that we are in control, or that we are loved.

Our world is really based on comfortable guesses and whitewashing over the harsher facts of life and the future. Then, I thought, "why do we tolerate the myths? Why don't we build happier lives?"

I already knew the answer; we don't make the world. We just quasi-inherit a part of it, and are often excluded from the rest. It's not a true inheritance because it's not ours. We can't change the world to fit our minds, rather it's the static world that changes our dynamic minds to fit it. What lot we get in life is often unfair. Maybe we're born unto parents who don't love us, or even hate us. Maybe we are born into a war zone, into poverty, into sickness, or into the wrong era of history. Life is unfair, and it hurts to accept that truth, but the truth exists whether we accept it or not.

From the day we are born, unto the day we pass, our brain and our inner selves are built in layers made of all the experiences, thoughts, happenings, and emotions which we come across over time. Those layers form the foundation of the self, and sometimes the foundation cannot support the load placed upon it.

We are under the illusion of control for so many things. We might think we will always be under a safe roof, until the mortgage rate jumps up or we lose our income. We may think that our doctor is our friend, until we realize that we can't afford our medicine and the doctor lined his pocket by prescribing a specific type. Life is unfair, and there's not much we can do about it other than bury ourselves in our illusions.

But there are some choices that are within our control. There is at least one choice that I can make that is mine, and mine alone. That choice is to dismiss the world. Perhaps because I am done with it, or perhaps because there is nothing left for me.

I am going to die, and that's a happy thing if you consider it.

Our beginning and our end are the only two certainties we get, they are our only permanent rocks in the sea we get dropped into.

After much thought on the matter, years now, and a few non-scientific attempts, I have come to the conclusion that my best possible choice is to pass by my own will.

I don't want to grow so old that I soil myself, or that I wake up to find that my own home has become like a prison. I don't want to exist in a world without possibilities or to be surrounded by fake smiles and paper thin illusions.

It's grim. It's freeing. It's the truth. It's the last act of total freedom of choice.

I can't project my own life or thoughts onto anyone. Someone's reasons are their own. I am not a mind reader, and don't pretend to be. All I can offer is my own research and findings, which, if done with much forethought and consideration, can help one ease into a peaceful, painless act of freedom.

From a statistical point of view the most common cases of suicide are amongst the elderly and, increasingly, the younger adults/teenagers. Minority young people are especially prone. It's not hard to see why;

The elderly are often alone, with the weight of so much loss and hurt, both physical and emotional, from seeing the world they grew up and matured in get transformed into a strange, unfeeling and relentless machine where they have gone from being free and capable people to being reduced to adult-infants or living ATMs for the medical industry and ungrateful relatives. Dependant upon others, no longer allowed to do things once considered simply normal in their younger days due to a government that doesn't care whether they live or die, they are often strangers in their own homes.

My experience with the majority of previous suicide attempts was when I was young. (Picture ages 12-17) I can see reasons clear as day; school and home.

The greater details are parental abuse; living in a house of constant ridicule and hatred, coldness and assault. The educational system kills creativity and free thinking, kills the soul and butchers the mind. Descent is not permitted, and conformity is enforced under threat of doom and future homelessness. The powers that be, teachers and higher ups, are either happy cogs in the machine or are too cowardly to speak up against it, lest they endanger their taxpayer funded pensions. It's a system designed to create obedient employees, not to create strong minds. The educational system expects some suicides, as it knows it is corrupt and destructive, and is proud of that fact.

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INTRODUCTORY, PREMISE AND QUESTIONS TO BE ANSWERED

Suicide is a deeply personal act. It's perhaps the most personal act someone has in their life, and it should remain as such. Society has warped itself under a multitude of factors, and had gone from a caring community of people, to a cruel and uncaring system of expectations and greed. Suicide is the apex of rejection of that society. There is no reason it cannot be comfortable, done in the home in a dignified manner, with careful thought and consideration beforehand. We hold our lives in our hands, and one ends it when, or if, they see fit.

I did a little informal experiment last night that bloomed into this wider project. The goal was to satisfy a bit of curiosity; can one replicate the very fast passing out of a sleeper hold, the same used in wrestling, without another's aid? Can one complete their life in a dignified, comfortable, and simple manner with minimal fuss, and with modest means?

My gold standard, the goal to achieve, is an artificial state of the 'sleeper hold' used by wrestlers, which according to youtube videos, acts as a pathway to an unconscious state in 4-7 seconds. the two words of the day are 'speed' and 'comfort'. This artificial hold is to be found by way of minimal pressure, applied in just the right spot, using materials that would be available to anyone - even the bedridden.

This question raised more questions, as the human body is a complex thing, and personal standards of dignity are taken into account. Such questions included, but were not limited to;

- how much must the neck be compressed by, expressed as a percentage of compressed neck circumference relative to resting?
- Is there a different experience overall between the standing, sitting, leaning positions?
- Can the effects of the "passout game" help the process?
- Does the non-hanging tourniquet method offer a different experience? how is it done?
- What physical sensations are experienced?
- does knot position matter [with the throat being 12 o'clock]?
- Does padding or neck wrapping help in terms of comfort?
- Do blockettes or pads help concentrate force onto the vessels?
- Does location of the ligature on any particular area of the neck help?
- What causes, and reduces the symptoms of trachea (windpipe) irritation, and the resulting desire to swallow, or cough?
 - is tightening the ligature at all necessary, or is localized pressure enough?

PRE-SUICIDE CONSIDERATIONS

The last step is a big step, and it's important that it be done right in every way possible. There is no such thing as over thinking the end of one's life. It's your end, why would you cheat yourself out of the parts that can either bring you to the point of reconsideration or to points of great final relief? So take your time, you have your entire life to die.

Let's look at some of the things, displayed as bullet points, that must be considered before we take our last breath. It's the responsible thing to do, and can bring peace of mind.

- Funeral arrangements; Do you hate funerals? I do, and I wrote such notes down. I've explained and researched the ways funeral homes, a vulture-industry, can nickel and dime (building to a few thousand bucks) someone into the poor house so that a corpse can decompose in splendor. The corpse looks human, but it's only a lifeless shell, and that cannot be overstated. The person is gone. The resemblance to a human is only a cruel trick of the mind that the living must endure. That's not suicide's fault, it's only an inevitability of death in general. Plan your funeral, or lack thereof on paper. Place it in a folder, and put that folder in a singular, noticeable, and evident place to be seen - not just stumbled upon or found.
- Peace of mind; The author is agnostic and of the faith of Reconstructive Judaism, and sees everyone as agnostic in de-facto status. No one really knows for certain if there is, or isn't, a God. Even if we have a faith, and love our notions, we cannot know for sure. To claim otherwise is intellectually dishonest. But for what it's worth, faith can be a great comfort. No one should be thought less of or ridiculed for believing what makes their life, or their last moments, happier. So, convert if you wish. (Do know that some religious groups, such as the Orthodox branch of Judaism, take years. Some religions like Protestant Christianity take a matter of minutes.) Pray if it makes you feel at peace.
- Property; in some jurisdictions a last will and testament is a wish list, and not a formally binding contract. A county executor or the next of kinship, or an appointed party thereof, acts as the dispensing and disposing judge for any property the deceased has left on this plane. It's still a good idea to tell people in clear and evident writing, who get's what, if there are to be any charity donations of goods of money made, if only to do the living a favor and remove infighting. The author's grandfather's death brought people to the point of showing their true colors. By the time the author arrived, a fifth of his grandfather's estate had been sold to strangers for pocket change. Don't allow that to happen. A detailed list kept with one's thought-packet or suicide note is quite courteous.
- Organ donation; there is a word in Judaism, roughly meaning a good deed and a commandment - mitzvah - and in the Orthodox tradition, the washing and the burying of the dead is the greatest mitzvah. For it is selfless. The dead can never repay you for the kindness, and eventually you will not be able to repay another. There is another way to perform a similar act; organ donation. There is a massive shortage of donated tissues to

those in desperate need. Do consider calling 911 before the act, as organs are only good for a very limited time after brain death.

- Personal notes, letters, and thought documentation (aka the “thought packet”); one of the greatest pains to one’s loved ones are the collective mysteries of cause, and what one was going /has gone through. Please make a record of your thoughts for a few days and list causes, intents, missed goals, and general daily thoughts. Especially valuable is a long recollection of memories into life events that has lead to the choice of suicide. The author has written a 50k word record of thoughts, experiences, etc, and keeps this in an inexpensive paper folder, clearly labeled, and which will be placed in plain sight for before death. This way there will be the curtailing presumed blame. No one without blame will presume blame or missed chances.
- Financial considerations; Having one’s banking information accessible to a trusted person is important, as it listing what you wish done with that money. I am opting for both simple, bare-bones direct cremation, as well as a directive for a charitable donation, and a personal request. All that information is ready to go and in the thought packet.
- Pet care; who will care for them after? Some people will abusively opt to “set them free.” This translates to “let them get hit by a car.” Pets aren’t just slack that people pick up. They can’t feed themselves or change their own liter. They need someone to care for them. Without someone to do that, they will starve, dehydrate, and suffer. One may wish to ask a friend or neighbor to water and feed the animals - but this can also lead to the discovery of the human remains. There is section toward the end of this work dedicated to that happening.

MEDICAL TRUTHS AND MYTHS;

At no two points along the neck are the cross sections identical in form or measure, internal or external. There is a constant flow of bone, muscle, vessels, fat, glands and structures that appear, disappear, shift, and morph. The neck’s basic 3D shape of a cylinder is very misleading. Blood circulates around the circle of Willis, and thus a build up of dark, low-oxygen blood in the face. Post mortem the blood would create a mild speckled look in the white of the eye, but gravity would cause most of the facial ghouliness to flow down to the neck and chin. It’s still an open casket affair.

Here’s the thing; the method of death, being real death/ brain death, is the same for virtually every human being who has ever lived and died - lack of oxygen rich blood to the brain. If this is cut off, then the remainder of the oxygen supply in the brain at the time is what determines how long the person is conscious for.

What is happening is the two major blood vessels in the neck, the jugular vein and the carotid arteries - one of each are on either side of the neck- are closed off with very little force. About 5 lbs for the draining veins, and about 15-30 pounds for the ingoing arteries. Once these are closed against the spine, which is at the core of the neck, not the back, or against the hyoid bone, muscles, etc., the brain has about 3-20 seconds of oxygen left before the person blacks out.

In a strict sense, one could apply a rapid, and uniform pressure across the circumference of the neck via a zip tie, or other ligature, but that's not our goal here. The goal is comfort and dignity with death. A zip tie is not dignified, and is probably frightening in the moment.

There is no neck breaking during hanging - it's a myth. The connective tissue in the spine, and the fact that about a third of your neck is tough muscle means that your entire neck would be torn apart before the spinal column would become compromised. There is occasionally some warping of the discs, but there is no internal decapitation. The off kilter tilt of a hanging body is due to the jaw shifting and softer tissues at the side of the neck compressing under the weight of the body. Decapitation was a more of a problem than anything as far as judicial hangings go. The only practical way of snapping a spine is to hit the spine in a very direct way, such as with a baseball bat.

Some people think that shear force of the knocking on the carotid sinus causes a right off black-out, but that is unproven in an execution scenario. This is very much evidenced by the martial art technique of a carotid-tap, but whether this sporting knock out is due to the rush and jumble of blood under extra pressure, to the rapid shift in pressure at the Circle of Willis, or to due to the carotid sinus stimulation is unknown to me.

The infamous dancing and twitching and struggling is while the person is totally out, and is the body/brain link firing off its last, randomized commands. It is not a conscious effort. The old west horror stories of hanging lasting for minutes to hours are total fabrications and are medically impossible. Also, no one actually choked to death in a hanging - the circulatory system would be cut off long before the respiratory would react.

Another misconception of hanging is that it involves literal hanging, meaning a full gallows-type suspension. This image of hanging has been ground into the minds of Americans since the dawn of the country, and especially so since the 1950s. Virtually all Americans born from the post-war baby boom grew up with westerns in some context, and the image of the justice at the end of a rope type of hanging, with its sadistic crowds and unfeeling judges, gruesome display and bible thumping morality of an eye for an eye, are far from the reality.

PRE-SETS AND KNOWN INFORMATION

The physical basis of the experiment;

I did this alone, but the structures of my body are the same as any other, albeit with different sizes. The circumference of my neck is 14.25 inches at the top of the trachea, right around where the underside of the jaw, being the jowls, meets the throat, and 15 inches at the base, right around where the trapezius muscle acts as a visual cut off when look at someone head on. I have a BMI of 25%.

At no two points along the neck are the cross sections identical in form or measure, internal or external. There is a constant flow of bone, muscle, vessels, fat, glands and structures that appear, disappear, shift, and morph. The neck's basic 3D shape of a cylinder is very misleading. I have moderate hypertension, ranging from 85-90 over 120-135, this may have been a contributing factor to the discoloration, and the difficulty in closing the arteries.

A RESTATEMENT OF GOALS AND DETAIL OF FORMAT

The goal of our experiment is achieve a painless state of unconsciousness, which will lead to death. Ideally this will replicate the experience of a “sleeper hold” used by wrestlers, which is simple pressure against the carotid artery, and to a lesser extent the jugular vein.

It is through experimentation and test various criteria within a suicide via hanging that we can peel apart false notions, and ideas which may seem productive at the time, but will lead to pain in actual practise.

To clarify, pain would be defined as an negative, alarming bit of hurt, and the threshold between pain and discomfort has to be seen with a realistic mind.

The physical feeling of the ligature tightening upon the neck is not painful unless pinching occurs. Still, despite the absence of pain, there is still a basic instinct to release pressure. There is still the knowing and the sensation of a tightening rope. Sadly, this is inescapable, for we cannot turn our nervous system on and off to accommodate fears and worries. There is no pain, although there is some exertion, it lasts only for a short moment which seems longer than it really is.

THE TOOLS: THE LIGATURE

My ligature is a 550lb test paracord, using three different and well accepted mechanisms; the simple running/slipknot, the gothic and morbid hangman's noose, and a substitute for a knot altogether; a metal keychain ring.

The chord is adhered to a ceiling beam.

The standard/universal trial ligature was a length of paracord with a key ring on one end. All data and experiences concerning knots will be mentioned and detailed later on, as the ring is the safest option for this experiment. The ring allows an instant gliding in the reverse direction of a hanging, thus allowing the experiment to continue.

- can sewing thread, yarn or fishing line do as a ligature?

Yes, but not if they are simply in a loose hanging bunch. Because the tensile strength of thread is very low compared to more substantial materials, like rope, multiple strands have be used, and even then force does tend to be exerted on the outermost strands because it is very difficult to get all the strands to the same length when they are in a bunch. This internal imbalance of stress leaves the core strands with very little applied force. Eventually the outer strands will break, and force will be transferred to other strands to pick up the slack. Thread can work, but parts of the stout bunch must be separated into sub-groups, and the subgroups must be braided together as a lanyard. Fishing line is better than simple thread due to it's much higher tensile strength, but braiding is still a must.

THE BEAM

The beam is what we affix our ligature to. It might be a bedpost, a tree branch, a literal ceiling beam, or a doorknob - with the ligature tied or looped to the doorknob, the length of the ligature draped over the top of the door, and the person standing on the opposite side of the door.

There have been cases of people using coat hooks on the wall, and chairs [when in a prone/lying down position].

It is important that we do not use ceiling fans or lighting fixtures, as these often have very little strength and cannot support much weight other than their own.

ON KNOTS

There is no magic knot. A few knots were tried before and after the fact of the experiment.

Namely, the simple sliding slip knot, the butcher's knot, the 7 and 13 rung hangman's noose, the barrel knot, and the constrictor.

Most of them we unnecessarily complex, slippage on the surface of the neck was horrible, and the amount of input required to get the same result as the metal ring was just not worth the

trouble due to friction and internal binding.

The hangman's noose of western fame was especially poor. The long, heavy sleeve that acts as a sliding surface only increase surface contact area, and slowed down movement, and was equally difficult to undo. In historical practise the hanging rope was waxed or oiled beforehand, but we should not be expected to go through so much trouble. It's place is in the historical records of cruelty and superstition, not in a dignified death.

There was no faster constriction, no magical instant blackout, no perfect experience from any knot. The closest thing that comes to the ideal knot is a pre-tightened ligature affixed with either a metal ring or a simple slip knot.

The smooth surface of the metal ring also makes for an easy cancellation of the act via standing, as the ring will not bind as rope will to it's own surface.

EXPERIMENT FORMULAE; a blending of potential scenarios and situations.

The way this experiment is planned out is not by way of a singular fluid and complete hanging, but by testing each small criteria of a hanging, and through better judgement and reason, to construct a complete list of criteria that can help assemble the entire picture that best suites their own situation. The goal is to find universal truths, ball park figures for guidance, and to dispel myths and presumptions.

TEST AND EXPERIMENTS TO BE CONDUCTED

the preliminary knot/neck position test
the o'clock orientation test
the single vs multi loop comfort test
the wide vs narrow test
the body position test
the gravity vs tourniquet test
the effect of the 'passout game'.
final notes

THE EXPERIMENTS

THE PRELIMINARY KNOT/NECK POSITION TEST :

Goal;

find how many seconds until passout is achieved, and note sensations during.

Method;

This was done using hand pressure on each end of the ligature, with the ligature laid on the back of the neck, and crossed of the ligature in front of the throat. It is with hand pressure that we can apply a steady, yet small amount of force. Enough that we can get an idea of how little it takes in certain areas of the neck, without applying the certain weight of the entire torso, as would be the case in the real act.

Ligature positions tested;

- at top of neck / just over the larynx ring;

With prior inhale = 20+ seconds. The ligature, when in contact with the throat, produces a strong desire to swallow, or cough. Without a prior inhale the time frame is longer, and the over stimulation remains. It cannot be recommended.

- at base of neck/ one inch above collar bone gullet;

With prior inhale approx 10-20 seconds. This position resulted in mild pressure build up, but did not cause throat irritation.

- just under larynx ring;

With prior inhale = 15-20 seconds. This location resulted in slight pressure build up pressure build up, but no throat irritation.

I have found that despite there being a crossing over on the throat area, that the overstimulation found on certain areas of the neck is based not on location of the knot or crossing, but by the ligatures position relative to the larynx. Placement above and on top of the larynx results in irritation, whereas placement below, with muscles to cushion the compression, results in a much more comfortable experience.

Out of thoroughness, a second attempt was made to verify the relatively comfortable position of the ligature at the based of the neck, but this time with the crossing point being at the back of the neck and with an inhale. The swimming sensation was met within 20 seconds, with no throat stimulation and with no pinching.

It is of my opinion that the best position for the ligature is at the base of the neck, not the stereotypical top.

THE O'CLOCK ORIENTATION TEST

Goal;

This test was done in order to find out if there was undue pain or irritation, or any notable sensation from having the contact area of the ligature at direct locations on the neck. Relative efficiency and comfort were noted, and judged based on the position of the ligature relative to the throat.

Method;

This test was conducted with both a non-sliding loop and a regular sliding metal ring. This test was done standing, and sitting, with similar results found for both, meaning that body position did not affect relative comfort. The position of the ligature was at the base of the neck, as other experiments have proven that this is indeed the most comfortable position.

The throat was deemed to be 12 o'clock as a point of reference, with the knot or ring of the ligature placed over that point.

12 o'clock;

The ligature over the neck at this point was very slow working, rubbed uncomfortably on the sides of the neck when the pull point was high above the head. This brought about a strong amount of chafing to the sides of the neck. Because the vessels which need to be contracted are not at the true sides, but are approx. at 10:30 and 1:30, the force of pressure is scantily upon them at all. It took 30 uncomfortable, almost painful seconds before lightheadedness began to evident. Although successful hangings have been done in this manner, it cannot be recommended.

3 o'clock and 9'clock;

This position torques the muscles in either side of the neck, resulting in an immediate soreness, and a very long time to pass out, of one does so at all. The author did not experience light headedness in this method. Because we have a set of vessels on each side of our neck, and because blood flows in the head through the Circle of Willis, which is a vessel loop above the neck, it is imperative to close off both vessels at once, and this position simply cannot do that efficiently.

6 o'clock;

This is the most common, almost universal position used for private passings, and rightfully so. The pressure generated by gravity is greatest on the blood vessels we must compress when the ligature is here.

notes on 6 o'clock;

Two position of the ligature were tested here; one with the length of the ligature being almost parallel with the ground when pulled taut, and one with the ligature being almost perpendicular

to the ground, or at a 90 degree angle. The angle did matter a bit.

When the ligature was parallel with the ground, there was more of a feeling of steady pressure, and not the chaffing that the vertical position resulted in.

Notes;

If the throat, being the front of the neck is at 12 o'clock, then there is excessive rubbing of the ligature at the sides of the neck, and pressure over the carotid and jugular are reduced, as they are closer to the front than the direct sides of the neck.

At 12 o'clock, the pressure of the ligature over the vessels is at its maximum, but this doesn't automatically equal a faster pass out, as the speed of compression is only helped along by this factor. Speed of pass out can be helped along by the use of a separate ligature, or possibly the pass out game.

THE SINGLE VS MULTIPLE LOOP COMFORT AND SPEED TEST

Goal;

To find out if one single loop offers any benefits or drawbacks compared to the notion of multiple loops?

Method;

A ligature of paracord, pulled with only hand pressure, was looped once in a first attempt, and three times in a second attempt.

Result;

The single loop is preferable. The presence of multiple loops did spread the force across a wider area of the neck, greatly increasing the amount of input pressure, and the area of potential pain to be felt, either through a previous medical condition or due to irritation of the throat. A single loop, preferably about a quarter inch thick, is quite preferable.

THE WIDE VS NARROW LIGATURE TEST

Goal;

to see if the width of the ligature results in discomfort, a change in speed, or other different sensations.

Method;

With a simple standing, bend at knees position for all materials, assumed equal pressure was applied across the base of the neck with all test materials. Three different ligatures were chosen for this test:

- the standard 550lb test paracord
- a standard cotton shoe lace
- a folded pillow case, resulting in two final widths; a half inch, and one full inch.
- a leather belt
- a nylon dog leash with a width of one inch.

Does width matter?

Yes, indeed. A narrow ligature enables the input force, be it through one's hands, a tourniquet, or gravity, to be focused on a small area of the neck. A wider ligature creates a greater spreading out of that force, which in turn necessitates a much greater input pressure than one might be able to achieve while constricting the vessels in a quick manner. A wide ligature will function, but it will not be as easy or as fast.

Does stiffness affect the matter of width?

Not much. Width is width, despite there being stiff or flexible. With the stiffness of the leather belt there was a tendency for throat pressing and shifting, which gave the impression one's larynx was under extreme duress.

A softer and wider ligature, such as a folded pillow case, does tend to bend as a narrow ligature would, but it is not a full comparison.

THE BODY POSITION TEST

standing;

The standard position. This position offers the greatest single benefit in terms of mechanical advantage, as almost the entire body is acting against the ligature. As with the other positions, it will be noted, the best option is to place the ligature at the base of the neck, and to pre-tighten with one's hands.

Two forms of pressure application were tried; leaning forward, like the Tin Man did while dancing on the yellow brick road, or dropping down. The leaning form applies the greatest measure of pressure, as the carotid and jugular are quite close to the front of the neck.

sitting;

this position was conducted sitting in a chair, and sitting against wall without a chair - relying on balance and leg force to simulate a seated position.

The sitting position, when using a chair, offers a challenge; the body weight which works against the ligature is very limited, as instead of the entire body, you have only the arms, upper torso, and head offering pressure. The legs make up a large part of our body weight, and without that extra weight, it takes longer for the hanging to happen. The time frame is about 20-30 seconds. On the positive side, this can be a very comfortable position. Pre-hanging neck constriction, via hand power, is recommended.

The sitting position without a chair, is virtually identical to hanging while standing, but it is more comfortable; I suspect this is a mental illusion, as having a low center of gravity in this way can lead to feeling more in control and stable.

prone and kneeling;

This position is quite useful for those of limited mobility, and is quite easy when prone, but a bit of an instinctual puzzle when kneeling.

When kneeling on one knee, one must fall to the side, using a pre-tightened ligature at the base of the neck. Because this position is so stable, and one is so low to the ground anyway, it is hard to lower one's self any more. One cannot compress their already bent leg, and therefore must fall to one side. It's quite awkward.

The prone position, which is not truly prone, but is in a japanese bow, stretching out to a semi-prone, face down form, is not as challenging as the one-knee kneeling position.

One simply applies the ligature while in this japanese tea table position, and leans forward. This position is more mechanically efficient than the one-knee kneel because one is exerting pressure vertically against the neck, and not to the side.

THE GRAVITY VS TOURNIQUET TEST

Goal;

Examine the differences and similarities of these methods.

Result.

It is almost impossible to honestly compare these two due to sheer difference.

Really, either is a matter of preference, but for the most part the tourniquet method will be employed by those unable to stand, or those who would simply prefer to die in their own bed, rather than to be seen hanging.

The main method in use, hanging is faster, but also possibly more mentally nerve racking. The tourniquet method is somewhat slower, but is potentially gentler. My experiment has lead me to see the ultimate shortcoming of this method; pinching under the knot.

The author at first tried to wrap the neck in a long, thin cloth. A pillow case with the bulk hanging down as a bandana, a sock, and even a strip of denim were all tried to see if the layer would help prevent binding.

They just bound along with the skin. So, another solution was to be found; a planchette.

Any bit of chipboard, cardboard, a few playing cards, a folded used up book of matches - any bit of stiff paper slid under the knot can prevent binding. The knot can't easily put the hard, stiff surface into itself, thus more force is allocated towards constriction, rather than crushing.

Each major world empire has had a famous, almost trademarked method of execution; The English had hanging. The French had mechanical beheading. The Ottomans had the hand operated version. The Americans had the electric chair, and sadly still have lethal injection. The Spanish, however, used a particular method to them - the garotte.

It's basically a chair, set against a tall post by it's back. On that post is a metal collar afixed to a screw handle. Screwing the handle draws the collar closer to the pole, and any poor person subject to the will of the empire is thus executed by hanging while being seated. This device was quite infamous in the Philippines.

The tourniquet is a cousin to the garrote, but rather than a tool of the state, it is a tool of our own freedom. The tourniquet method is simple, and is as follows;

- one lays down in bed, and relaxes
- one wraps a soft, thin, flexible cloth around the neck
- a ligature is looped around the neck
- a square knot is tightly done
- a small bit of cardboard or chipboard, such as from a cereal box, is worked under the knot.

The greatly reduces binding.

- a pencil, pen, or other such shaft like tool is placed over the knots, and another knot, or two, is tied over it to secure it.

- the tool is rotated, and in doing so the ligature is pulled tighter, and special care is taken to tell the shaft rest in a place where it will not spring up and come undone.

- one keeps turning until about 20% of the total circumference of the neck is reduced from the resting state. Negotiating a turning rod around the shoulders and ears can be a chore. Once constriction is achieved, the rod is tucked somewhere secure to prevent loosening.

EXPERIMENTAL RESULTS AND EXPERIENCES; QUESTIONS AND ANSWERS

QUESTIONS AND ANSWERS

- how much must the neck be compressed by, expressed as a percentage of compressed neck circumference relative to resting?

The rope, when pulled tight, was reduced by 2-3 inches, which rounds out to about 15-20% of the total circumference of the neck being taken down. I think that in a successful case with loss of consciousness this would have to be at least 20% to be an effective hanging.

- how long does each method take?

Although it is impossible to say for certain down to the second, as each person in an individual, it is known from these experiments that from a standing position, with a manual pull at base of neck; 10-20 seconds.

From a standing, manual pull at top of neck [above the larynx/adam's apple] = 20 seconds at least! Applying the ligature to the base of the neck is quite preferable.

- Is there a different experience overall between the standing, sitting, bedside, or leaning positions?

The primary differences between the major positions are in terms of speed, ease of set up, and preferences. Overall, a standing position offers the greatest mechanical advantage, and the seated position offers more immediate comfort, but is a slower method due to less weight allowed against the ligature. The only suitable method at the bedside, being for those of limited mobility, would be the prone position, or the tourniquet method, with a separate section dedicated to the second of those.

- Can the effects of the "passout game" help the sitting or standing process?

In the standing position, yes, provided one is fretful about the initial pressure of the ligature. With the prone or sitting position, this is less of an aid, as the rapid effects of gravity are reduced without the help of a rapid jump up from a low position.

- What physical sensations are experienced?

An ideal death via ligature is not painful, but there is knowable and evident contact and mild pressure for a short moment, which is unavoidable in this effort. This feeling of contact can be disheartening, but this sheds light on our constant option to stop. There is no expectation of nausea, change in body temperature, or other negative affects while conscious.

- does knot position matter [with the throat being 12 o'clock]?

Yes, 12 o'clock offers the best comfort, the greatest mechanical advantage, and the least amount of chaffing on the neck. There will be strain, and pressure, but no hard pain as long as the ligature is pulled tight against the neck before the major pressure is applied via body weight.

- Does padding or neck wrapping help in terms of comfort?

In the case of the tourniquet method, partially yes. There may be three causes of discomfort for hanging in general as chafing the throat, setting the ligature too high, and binding skin within the tourniquet. A wrapping can help binding, but the key is to use a wrap as well as a patch of cardboard under the turning area. Wrapping while hanging can shift and be bothersome if the ligature is not pre-tightened against the neck.

- Do blockettes or pads help concentrate force onto the vessels?

This was a tricky question to answer. If there is a pre-cut form, such as a carved wooden brace in front of the throat that focuses pressure on the carotid arteries and jugular veins, then these can be of help. But, because such a setup is far outside of the mechanical capabilities of most people, and offers only slight benefit, one could be without it and be just the same.

- Does location of the ligature on any particular area of the neck help speed or slow the process?

Yes. The stout muscles of the base of the neck help the act of compressing the blood vessels, whereas the thinner, less stocky upper area of the neck offers no helping structures and no recourse against throat irritation.

- What causes, and reduces, the symptoms of trachea (windpipe) irritation, and the resulting desire to swallow, or cough?

The cause of trachea stimulation is contact and shifting. This can be remedied by simply avoiding the trachea, and applying the ligature to the more efficient base of the neck.

- does the material, and width of the ligature matter?

Yes. A narrow ligature is preferable over a wider one, as a wide one will spread any input force over a wider area, meaning one must put more pressure into the act to finish in the same time frame as what the experiments have indicated.

NOTES ON EXPERIMENTS AND TESTS

It has occurred to me that the greatest influence of the success of hanging is a combined factor of;

- inhalation before pressure is applied
- ligature position at the base of the neck, just an inch or so under the dip of the larynx.
- a minimum of 20% reduction of overall circumference.

NOTES ON THE TOP OF THE NECK

The idea of the noose being universally at the top of the neck, under the jaw, is an illusion of hollywood, and of gravity. The grim legal hangings of not long enough ago were largely the ritualistic murder of a poor soul by the state. But if there is one light in that bleak reality it is that they did not suffer. The hangman's noose, with it's multiple coils of non-elastic rope, is not prone to easy sliding, even with oiling or waxing to reduce friction. There is so much surface contact area that it is almost a fixed loop in practise. What rendered the noose almost painless is that the long drop, and sudden impact of gravity's pull, concentrated so much force against the blood vessels and the carotid sinus, that the effect would be like a knock out from a heavy weight champ.

The appearance of so many remains of people who have choose an early end, for whatever reasons they may have had, is that of the ligature being around the top of the neck. This is partially due to honest placement, and sometimes due to the pull of gravity upon the body.

THE PASS OUT MANEUVER

the passout method is a two step practise that involved intentional hyperventilation, being quick, short, shallow breaths. This builds up waste air in the lungs, and forces on to black out due to lack of oxygen in a painless, easy, and undetectable manner.

The most common and effective way this is done is by kneeling or sitting indian style on the floor without crossing one's legs. One then takes rapid, shallow fast breaths in order to build up low oxygen waste air in the lungs. It is common for some spittle to be produced, and as this is commonly done with an open mouth, it's advisable to put a paper towel or handkerchief in one's hand, and hold it over one's mouth. This short breathing is carried on for at least 30 seconds, but 40 is more efficient.

One then stands up rapidly, so that the blood in the legs and torso is semi-captive in it's lower state, and all at once, without a second's delay, blows very hard against their thumb, with the lips tightly around it - or otherwise against the palm of their hand. In about 5 to 10 seconds one will become very light headed and pass out. This enables one to have the ligature on and to pass out without the emotional drama or distress of a willful pull - if one is so inclined.

For people who might be bound to a wheelchair, or for whom standing has become difficult, there is the option of choosing the pass out maneuver while in a seated position, albeit it does take longer, sometimes over 40 seconds to over a minute of preparatory short breathing, and even then it has displayed limited success.

One would do just as well with hand pressure on a separate ligature. It would be faster, and less of a bother overall.

NOTES ON THE TOURNIQUET

The surgical tourniquet is a tool specifically designed to stop blood flow to a limb but it can be devised to serve as a helper to those who are otherwise bedfast, immobile, or whom are afflicted with obesity, for whom more force might be necessary than can be garnered easily through the conventional process.

A simple device, the tourniquet is only a strip of fabric with two knots and a stick or rod.

The strip is looped around the limb, and tied in a simple knot, with the rod laid on the knot, and then a knot tied over the rod. The knots hold the rod in place and help transfer the binding force to the strip, tightening it.

The strip of fabric can be easily substituted by shoelace, multiple (perhaps 20 to 30) long strands of dental floss knotted in the middle and at both ends to serve as a single rope, or even a scarf. The only major stipulation is that the strip be narrow, and that it is of enough strength to tolerate the stresses upon it.

From our medical notes, we know that the arteries which supply blood to the brain, and whose closure will result in passing, are closed with about 15 pounds of pressure. Our strip must tolerate these stresses and then some.

We aren't just closing these vessels, but we are compressing the entire neck in the process. It's not hard, but it is slower than a gravity supplied lowering.

Calculating the exact force necessary to close the vessels is almost impossible with certainty, as each person is unique, but we can use the author's experiment herein as a rule of thumb;

The strip used is the same material as the previous ligatures, a length of 550lb test paracord, but with the addition of a simple mechanical pencil to act as our rod.

To get a rough idea of how much force we can exert with this, we can use the mechanical advantage [MA] formula of a simple machine; the wheel and axle.

The neck serves as our axle, and our wheel is twice the length of our pencil which acts as the tourniquet handle. The proper formula for the MA of the wheel and axle is; $\frac{[\text{radius of axle}]}{[\text{radius of wheel}]}$.

Because the point of pivoting is the joint of the rod and knotted strip, and our pencil will make a wide arc around that point, twice the length of the pencil will be the diameter or width of our figurative wheel.

This is not an idea equivalent to the tourniquet in practice, as the strip will be semi-elastic in most circumstances, and our wheel is at a constantly fluxuating angle to our axle when tightening.

The author's neck has a front width of 4.75 inches (12 centimeters). And a side width of 4.25 inches (10.8 centimeters). This gives us an average diameter [full width] 4.5 inches (11.4 centimeters).

This is halved to a radius of 2.25 inches (5.7 centimeters).

Our mechanical pencil, whose pocket clip serves well to help hold the ligature has a usable length of 5 inches (12.7 centimeters).

So, we can divide the neck average and pencil length, as we get a MA of 2.2

This means that under ideal conditions, for each pound of pressure put into our device, we will get 2.2 times that amount back.

Of course, because the strip is flexible, and because we cannot get to a perfect 90 degree angle of the axle to the wheel. We could increase the length of the rod in order to get more MA, but this would be on a case by case basis.

FULL VS PARTIAL HANGING

We often picture the common home hanging as involving jumping off a ladder or chair and dangling in mid-air while gasping away. As we see in the medical myths section, this is a falsehood except for a small handful of cases.

To hang with one's feet off the ground is a "full" hanging, and to have one's in contact with the ground is a "partial" hanging. The end result is the same, but the partial hanging is much more common according to government statistics. This form also enables one to feel much more comfortable, as the experience of suspension can be quite jarring.

NOTES ON SEDATIVES

Sedatives need not be chemical. Familiar music and careful preparation of one's last wishes, notes, and thoughts are often great comforts, as these are often what we worry over the most, and bringing a close to these things helps bring a sense of closure to one's life.

Chemical sedatives can be used, if desired, but there is the potential for mistakes to be made which can result in pain or discomfort.

NOTES ON HANG STRANGULATION

This is highly recommended. An attempt was made to test the relative comfort of the ligature at various positions on the neck, and a discovery was made; one, using the power of one's arms and hands, can self induce an unconscious state, which can be used to ease one into a light headed and care-free state of drowse, which lets gravity do the rest.

Human hands are poorly suited to hand-to-neck self-strangulation, as our wrists and arms just don't bend with enough dexterity, and the muscles in our hands and wrists are often not strong enough to apply enough pressure to result in vessel compression.

However, using a short ligature, only a rope without any knots, looped around at the base of the neck, with the cross point at the back of the neck, one can pull on either end of the ligature with great ease. The larger tricep muscles in the upper arms do the work that the smaller forearm and wrist muscles cannot. By inhaling before pressure is applied, one can negate the urge to swallow or inhale until after unconsciousness.

NOTES ON OTHER METHODS COMPARED TO HANGING

The author has attempted suicide with four chemical means before;

1. the ingestion of 50ml of malathion termite poison.
2. the ingestion of 1 gram of sodium nitrate powder dissolved in 50ml water
3. the ingestion of an unknown, albeit very high dose of aspirin.
4. injection of half cup of machine oil

Through my experience, it can be said that lethal chemicals which result in a painless passing, which can be had with ease and low cost, are almost impossible to find. The remaining options for medication based overdoses [ei. over the counter dollar store medicine] are often extremely painful ways to die, such as the thousands of cases of painkiller overdoses which result in liver failure, leaving the poor person to linger in constant agony for days or weeks with no hope of recovery. Stories of screaming and dying patients from that unnamed bottle of pills are infamous in hospital wards.

Aspirin may work painlessly in high enough doses, but to complete the act one must take almost a third of the large economy sized bottles - and even this is not a guarantee. Still, one should avoid overdoses if possible.

The lethality of drugs is judged as the LD50, meaning a test is done to find the average dose wherein at least 50 test subjects die. These tests are mostly done on mice, and are very hard to equate to humans. Even then, because there is so much variation between weight, age, general constitution, pre-existing conditions, etc., that it often quite hard to nail down a dose which will kill, and not simply leave one as a pain wracked mess.

With the topic of firearms, they can certainly get the job done, but one must use a powerful enough gun [not a .25acp caliber gun or a .22 pistol], and aim for the right spot, which is either the heart, which can be reached with a .22 rifle.

Shotguns and larger rifles can destroy the heart, resulting in a pass out in about 20 seconds, but will also totally disfigure the head - if they kill at all. Holding the gun at the wrong angle can erase one's jaw or face, or simply lobotomize.

A long gun, being either a rifle or shotgun, should be used for the heart. Whereas handguns, with an absolute bare minimum caliber of .32 inches / 7.62mm, can be used on the brain. The gun must be held either in the mouth, aiming straight back, or straight back and slightly upward, or above the ear.

Do not place the gun against the temple or under the jaw, as these positions just mutilate the face or lobotomize the brain.

The author has also found that the most stress-free, and indeed almost self completing method is to hold the gun backwards in one's hand; with the thumb through the trigger guard, and to

place the barrel directly over one's ear, about an inch, or slightly higher at two inches and angled down a bit. The weight of the gun takes a great deal of the energy needed to pull the trigger away, and shaking and fretting is nil.

With a shot to the heart, one can expect a large deal of pain, and to be aware for about 15-20 seconds. With a shot to the brain, the force of the brain being jarred renders one senseless and out within one-quarter to two seconds with rare survivors mostly recalling no pain at all.

A shot to the brain, with the bullet placed one to two inches above the ear, angled slightly downward, is the author's first choice of methods (not hanging, oddly enough). But shooting do leave a mess, so one must make a note of priorities.

As a bit of mental reassurance, one may wish to wear ear plugs- if only for some degree of mental comfort.

ON THE SUBJECT OF COURTESY NOTES

Eventually the remains will be found, and although there is no choice as to who would find the remains, finding a body is a shocking, and often sickening experience - even if that body is not damaged or in any visible state of decomposition.

Finding a body is akin to seeing remains in a casket; the image, even if we don't willingly dwell on it, is one of the few mental pictures which will change very little as time goes by. We may still recall the bad makeup, the stiff pose, the thinned nose, the sullen cheeks and eyes, and the general artificial misgivings of the embalming process. It's an image that, although it isn't horrifying given the nature of a funeral, is still potent.

It would be an act of courtesy to try and stifle these effects before they can begin. Humans tend to ascribe human aspects to unhuman things; such as favorite clothes, stuffed animals, and even brand names. The most readily humanizing hook we latch onto is the appearance of a face, primarily the presence or simulation of eyes.

You can slap a pair of drawn-on eyes, or a mouth, and make a cartoon character out of almost anything. Reddy Kilowatt is an example of humanizing a lightbulb. The author has heard people who have come across bodies, of both people and animals, say that they were thankful that the eyes were closed upon discovery.

Rather than subject others to the stark image, it might be kind to wear some form of eye covering, or obscuring thing. Not necessarily a grim hood, but a pair of tinted glasses, sunglasses, or even a veil or just regular reading glasses. Anything that breaks up the image or otherwise obscures the eyes is a kindness to others.

From the aspect of body revival, it is another kindness to post a sign on a locked door as a warning of the occurrence therein, listing the time of event, and a tip to unlock said door. The time is to assist in organ/tissue donation. Time is a sensitive thing when dealing with tissue donation. For trivia; hearts tend to be transferred within 4 hours, the pancreas in 12, the liver in 24, and kidneys in 48.

For one's own dignity, do use the commode beforehand, as a mess will happen due to biology.

AN IDEAL SITUATION

An ideal hanging is not a complex affair involving a ladder or pain or drama.

An ideal death is fast, with loss of consciousness occurring in about 10-20 seconds, and a completion of death in 5 to 7 minutes, which of course is not felt. By the authors plan, it is as such;

- using a metal ring, or to a lesser extend a simple slip knot, one readies the ligature, and, if one thinks necessary based on known data, a separate ligature to apply hand pressure for a pre-hanging pass out.
- a thought packet, composed of financial information, separate enveloped notes addressed to individuals, a list of phone numbers of people to be alerted, a thought journal, and funeral requests or rejections are placed inside a clearly labeled and organized paper folder, with a separate sheet of paper detailing the contents placed either to the side or to the direct front of the folder. Arranged on a table, to make it's importance noticeable.
- a clearly written, simple, and short note is taped securely to the front door, near eye level and above the door knob. This note details the time of death, and the location of remains.
- through some means, such as a 911 phone call, or such, the presence of a body is alerted.
- one will use the toilet and dress in clean clothes.
- one may wish to pray if one is so inclined.
- one applies the ligature to the base of the neck, and tightens it to prevent mispositioning.
- a deep inhale is taken, and hand powered pressure is applied to the separate ligature if desired.
- one relaxes the knees, allowing pressure to be applied to the front of the neck, and counts backwards from 30.
- et fin.