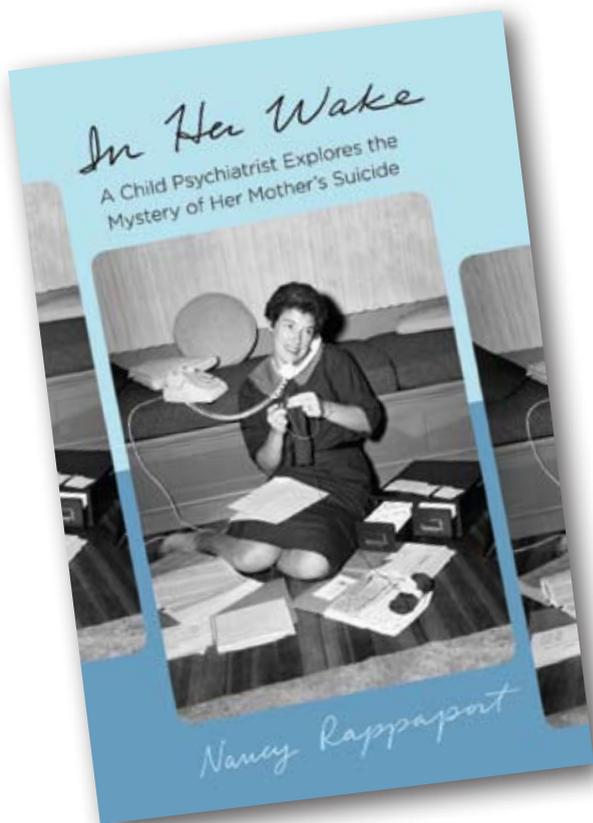


AACAP News

In Her Wake: A Child and Adolescent Psychiatrist Explores the Mystery of Her Mother's Suicide



■ Nancy Rappaport, M.D.

Losing my mother to suicide when I was four years old cannot be sugarcoated. I needed her, and there were times that I felt alone and abandoned. I will always want a mother and want to understand the mystery of her suicide. As I was so young when she died, the youngest of six children, I still carry a small child's wish to make it all right, to fix things. Perhaps that is why I became a psychiatrist specializing in at-risk teenagers: I know what a difference having a safe harbor, and someone who openly listens, can make in our lives. However, I am also cautious: I never want my patients to worry that they need to take care of me or that I am trying to save them because I couldn't save my mother. The reality is that I am invested in caring for them, in keeping them alive, in treating their debilitating depression, because I value who they are.



In my memoir, *In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide*, I explore my mother's death from the perspective of a daughter seeking answers, desperate to know something of her mother, and as a very

continued on page 66

Inside...

Required Reading: An Argument for the New AACAP Code of Ethics, *page 71*

Ten Ways to Inspire the Future Child and Adolescent Psychiatrist, *page 80*

Review of Laws to Help Parents Raising a Child With Autism, *page 84*

The 'Black Box Warning' and the 2003 Media Frenzy: How Many Needless Deaths?, *page 88*

Parental Alienation, DSM-V, and You!, *page 91*

Life Members Share Wisdom and Our History: The Ongoing Story of Project Future, *page 93*

present mother of three children, now teenagers, and, finally, as a doctor working with teens confronted with deeply disturbing challenges. Having lived through this loss with its sense of betrayal, and ultimately healing, I have studied and worked with understanding how children make sense of a complicated world. I have learned that every life is valuable, that no one is expendable, and that each of us is loved. Although I have rarely mentioned my effort to understand my mother's suicide to my patients, it has informed my practice as a therapist. The act of examining the loss has given me the energy to sustain my compassion so that I do not flinch as I did in my earlier days.

In his essay, "Why I Write," Orwell lamented that a writer's motives are often a deep mystery. He said, "Writing a book is a horrible, exhausting struggle, like a long bout of some painful illness. One would never undertake such a thing if one were not driven on by some demon whom one can neither resist nor understand" (Orwell 1946). My mother's suicide was the north star of my existence, and my driving demon in writing my memoir. The necessity of self-reflection in a psychiatrist's work is essential—we make ourselves more available to our patients through understanding ourselves and how our past affects us. After all, we cannot ask more of our patients than we ask of ourselves. I understand my patients' trepidation at times to ask questions while afraid of knowing the answers. Of course, many of us choose not to reveal ourselves in such a public way as writing a book. Kay Redfield Jamison, Ph.D., in her memoir, *An Unquiet Mind: A Memoir of Moods and Madness*, took this risk in the hopes of destigmatizing mental illness and providing hope (Jamison 1995). On my writing journey, I sought to take a personal tragedy, my own, and humanize psychiatry by showcasing the ways that therapy and self reflection aided me in navigating my grief and the ways in which I strive to help vulnerable children and build on their strengths.

When I was in seventh grade I attended an all-girls school and was getting into a fair amount of trouble. I found the rules of the school to be tedious and so resisted them as best I could, determined that this school could not define me. Maybe my behavior was an effort to be noticed by someone—anyone—who might pay attention to the fact that I was one pissed-off, frightened kid. I was rude and disrespectful to teachers and it was getting worse. I started to steal things. When I ran away from home and spent the night in the school auditorium—whereabouts unknown for a whole night—that was the last straw. My father and stepmother arranged for me to see a therapist, and it was Dr. Walter who helped me get back on track.

It was only in the sanctuary of Dr. Walter's office that I began to feel safe enough to find the words for my grief and confusion over losing my mother to suicide. His voice was calming, and he chose his words precisely. It was a relief to talk openly with someone who would listen to my dread and my memories. Soon I was seeing him twice a week and continued to make the trek to his office where, curled up in his black leather chair, I shifted nervously.

Dr. Walter and I talked about a recurring dream that left me forlorn. In this terrifying dream, I am the one who discovers that my mother is dead. Heavy floral drapes dim the light. There is stillness as I open the bathroom door. Multicolored cologne bottles line the windowsill, breaking light into colored pieces. In the reflection of the medicine cabinet, the door left ajar, there is a bottle of pills spilled open on the shelf, capsules red and grey, ten or twenty. I see my mother on the bed. It is hard to tell if she is breathing, but I don't tell anyone, and I don't try to wake her.

I was afraid that my therapist would see my dream as evidence that my mother's death was my fault. If only I had recognized that my mother was unconscious, I might have gotten help to revive her.

Gently, Dr. Walter reassured me that nothing I did or thought had caused my mother's suicide. He helped me to see that my mother's suicide was tragic, unfair, and probably unexplainable. He listened more than anyone had ever listened to me before about what mattered most to me. His unconditional acceptance restored my confidence.

Revealing my secret and being exonerated of my guilt was liberating. Dr. Walter helped me understand that 4-year-old children often feel omnipotent and rely on "magical thinking" to make sense of the world around them. They see themselves as central to all events, and this can become a set-up for self-blame. By clinging to the idea that I could have saved my mother, I protected myself from a terrifying sense of helplessness. He helped me to understand the process I was going through.

Although I spent 18 years writing this memoir in an effort to understand the "why" of my mother's suicide, how people kill themselves is just as urgent an issue. My mother overdosed on barbiturates at a time when they were prescribed fairly cavalierly. Suicide is also about access. Just one percent of suicide attempts are caused by guns, but make up 65 percent of completed suicides. I use this fact as an opportunity to warn my readers and listeners that if they have relatives or friends who are angry, impulsive, or depressed to make sure that they do not have access to guns (or to at least separate the bullets from the gun).

I also explain that because I never interviewed my mother, I do not feel capable to diagnose her. There are suggestions in her writings and level of activity that she may have had periods of manic activity and plummeting depression. If this is true, I emphasize that Lithium can be lifesaving to those suffering with bipolar disorder and that people are eight times less likely to kill themselves than if they are on a placebo (Baldessarini et al. 2006).

Often I'm asked how my exploration on my mother's life and suicide changed me as a clinician. The answer is a complicated one. As a writer I was motivated by a desire to show my process of healing and to make sense of a complicated situation, but I realize that my memoir and my profession together form a powerful vehicle to reach people affected by suicide or who may be suicidal. For my message to reach someone—even one person—is profound and gratifying.

The e-mails and stories I receive from readers who have been affected by suicide are gut wrenching, but reinforce my investment in suicide prevention and forging a community of healing. "I am attaching a photo of our three daughters taken six months before the one in the middle died by suicide," one woman wrote to me. "We had no

warning. She left behind two little girls, ages almost 4- and 5-year-olds. We are struggling every day. It has now been six months since she died. Reading about you and how you have succeeded in life gives me some hope for her children and a reason to carry on."

The message I want to offer is one of hope: as child and adolescent psychiatrists, we are always trying to build a meaningful narrative with our patients as life-lines of understanding and convey that they are not alone. Because I've integrated my personal history with my career as a doctor, some of my colleagues like to joke that I am "out of the closet," but I like to think of it as a way of showing we are all human, we are always learning, and out of the darkest trauma there is hope, the future is possible; together we are able to find our way to a rewarding life. ■

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Dr. Rappaport is assistant professor of psychiatry at Harvard Medical School. She is attending child and adolescent psychiatrist at Harvard teaching affiliate Cambridge Health Alliance, where she is also Director of School Based- programs with a focus on servicing youths, families and staff in public schools. She is the author of In Her Wake: A Child Psychiatrist Explores the Mystery of Her Mother's Suicide (Basic Books, September 2009 www.inherwake.com).

2010 CATCHERS IN THE RYE AWARDS

The AACAP recognizes and promotes advocacy for children. To better recognize outstanding advocacy efforts, the AACAP established three advocacy awards to:

- Recognize an **individual** who advocates for children (*must be an AACAP member*)
- Recognize an **AACAP component** that best advocates for children
- Recognize a **regional organization** of child and adolescent psychiatry whose activities best highlight the contributions of AACAP regional organizations on behalf of children.

The award title was taken from Dr. John Schowalter's Presidential Address in which he alluded to J. D. Salinger's book and Holden Caulfield's response to what he wanted to be when he grew up . . .

"I keep picturing all these little kids playing some game in this big field of rye and all. Thousands of little kids, and nobody's around — nobody big, I mean — except me. And I am standing on the edge of some crazy cliff. What I have to do, I have to catch everybody if they start to go over the cliff . . ."

Nominations should include a brief paragraph describing the nominee's work. The Assembly Executive Committee serves as the selection body. Awards will be presented at the Assembly meeting during the AACAP Annual Meeting in October 2010 in New York. Please forward your nominations to: Earl Magee, AACAP, 3615 Wisconsin Avenue, N.W., Washington, DC 20016, or e-mail to emagee@aacap.org.

The deadline for nominations is June 30, 2010.

