A Senior Clinician Recalls the Impact of a Patient's Suicide During Residency

I was in the 4th month of residency working with homeless and severely ill patients--alcoholic, schizophrenics, bipolar, and all else. A new admission arrived with the startling complaint that she was deeply depressed because she was unable to reconcile the notion of Freudian psychic determinism with that of an existential will. Apart from my inability to understand the problem, I could not help noticing that she was incredibly beautiful, refined, and well-spoken. My heart pounded as I learned more about her, her struggles with apathetic parents and an abusive boyfriend. As we worked together, I became delighted by her intelligence, her carefully constructed English, and the remarkable way she contorted her face while thinking. I adored her.

We talked and talked and I felt sure that I was the best person to provide the empathy and insight she deserved. I fantasized that we would work together in therapy for years. Though I had no erotic desire for her, I felt a strong need to be a vital force in her emotional growth.

Supervisors suggested that perhaps I was too inexperienced, that I should avoid seeing her because she had a Borderline Personality Disorder. I felt differently. We were progressing in our sessions on the in-patient unit and she valued my observations and interpretations. Her anxiety diminished. She had no apparent suicidal thinking and showed no evidence of psychosis. When discharge discussions began, she stated to the treatment team that she was unable to speak openly with other therapists and only wanted to speak with me. She stated she was able to laugh now, to enjoy her days more, and felt she could cultivate new relationships. The administration approved my continuing to work with her as an out-patient.

She was soon seeing me 3 times weekly, arriving punctually, showing livelier affect, and feeling less vulnerable to victimization. But one Saturday, after seeing me that week without trouble, she missed a session. She had never missed a session before. I called several times, left messages, and waited. Then I received a call from the police. I was asked to go to her apartment and identify her body. I was shaking, terrified, and devastated. I walked up the four flights and found her lying face down on the rug, an empty bottle of pills next to her. I was notified because the suicide note was to me, saying that the only reason she felt bad about killing herself was that it might cause me grief, and that pained her. But her hatred of her parents was so strong that even my kindness could not stop this. I returned home, shaky and whoozy. I also was terrified of facing her parents who were flying in from Ohio. My analyst coached me: speak caringly, avoid suggesting they were in any way to blame. Although her parents felt her loss, they were curiously indifferent. At the end of the session, they paused to ask one final question: Where did I think they might be able to sell her things to at the best price.

I nearly left the field as a result of my desolation. Eventually, I was able to acknowledge a deep feeling of love for her, perhaps something of chivalric purity and that I could reconcile with notions of "clinical detachment." I decided to memorialize her in my work with subsequent patients by holding true to empathy, insight, acceptance and warmth that were the hallmark of my work with her.

In my forty years of clinical work since that tragic event, she remains a reoccurring and sustaining presence. I have had no further patient suicides. . . not yet.