# Suicides of Several of My Patients

by Peter Olsson, M.D.

In my forty-three years of psychiatric practice I can recall two patients who were in active psychotherapy with me when they chose to commit suicide. I had several other patients who I learned later had committed suicide at various time periods after they ended treatment with me.

During the six years I worked as a psychiatrist on a community mental health center's team for the treatment of severely and chronically mentally ill patients, we had several patients who committed suicide. After our patient's suicides; our attending their funerals; our work with the grieving families; our own grief-work as a mental health team was moving and important for everyone.

In the two suicides of the patients in my private practice, I was unable to attend either of these talented young men's funerals, which were held in distant locations. However, I had lengthy phone conversations with both of their mothers. These contacts were very important for the patients' mothers and for me. In both cases what seemed very important for these grieving mothers was to be reassured in an authentic way that they or their husbands were not 'the cause' of their son's suicide.

In both instances there had been difficult relationships with their fathers, but that had not been the immediate cause of their suicides. I was impressed with the importance of the candor of our discussions about the difficult father-son relationships, but also the detailed discussion of how complex was the causality of their suicides. In one instance, it became very important for the mother to pay me for one of two final sessions her son had scheduled with me, but not the last session, which was scheduled for after the day of her son's suicide. The mother's comment was, "Dr. Olsson, I wish my son had kept that appointment with you,

because I can tell you were really trying to help him. Fred told me that the last time we talked over the phone."

I had no indication that her son was contemplating suicide beyond a dawning awareness about Fred's vague delusions about his worthlessness. I was shocked when I learned that her son, my patient, had been found hanging from a windmill out on a deserted stretch of a rural Texas highway.

During the several months I knew Fred, I had finally begun to learn about the depth of his schizoid personality structure and self-loathing. It involved amorphous religious delusional perceptions. I had begun to wonder if he was not taking the antipsychotic medication that I had prescribed. Fred had assured me that he was taking the medication. After I listened at length to Fred's mother, I assured her during our phone conversation that she and her husband were not the cause of their son's suicide.

After both suicides, I found comfort and support from my weekly peer supervision. In the second case, I also got help from a clergyperson who listened in detail about some of the complicated religious and ethical issues with which the other of my deceased patients had been struggling.

John was a talented 40-year-old divorced surgeon in a busy subspecialty practice. I had been his supervisor on his inpatient rotation during his medical school rotation in psychiatry. He sought me out for psychotherapy when his marriage broke up.

He was in turmoil when he "Came-out" into a gay lifestyle. After six months in therapy, he had become less frenetic and impulsive in his homosexual relationships. However, he developed mild symptoms of ARC, and turned HIV positive. Though John of course was anxious, he was only mildly depressed. There were no psychotic disturbances of thought. He trusted me with his careful plan to commit suicide. He was a

very dedicated physician and had operated upon the local rich and famous, including famous medical colleagues.

John anticipated the lawsuits, the anxiety, and the devaluing rumors that would arise around his name and reputation if his AIDS became known. At age 40, he preferred to carefully commit suicide in the rural area of his birth, rather than drag hundreds of his patients and colleagues through the anxiety and fear that would occur if "The Public" knew of his AIDS.

I tried to explore the neurotic aspects of this preoccupation. I all but threatened to commit John to a local facility or the state hospital. I consulted with two trusted colleagues who both urged me to 'listen to my patient, and not the textbook'.

I offered more frequent appointments and hospitalization to John who expressed disappointment in me because I did not grasp his perspective or 'ultimate concerns'. At the final session with John, I knew at a conative level that he would commit suicide that weekend, and that I would never see him again. When I expressed that intuition to John, he smiled, hugged me, and calmly left my office.

The next week I got the call from his mother about the death of her beloved and worshipped son. I sensed she subconsciously knew that it was a suicide. The local coroner, who was John's childhood mentor and their family doctor, told her it was 'death from a heart attack". I helped John's mother to understand the complicated medical circumstances that John faced before his death. I was candid with my opinion that though John and his father had conflicts in their relationship ever since John's divorce, John's

pressures and death were not related to the father-son disputes. She thanked me for our talk.

I expressed my doubts and fears about my 'clinical judgment and decision-making' with colleagues and a priest I trusted. The prayer offered to God by me and the priest at the end of my time with this clergyperson was very important to me. It has helped me to never look back in further doubt, guilt or shame.

I have found one excellent journal article and an important book about a patient's suicide.

Neil S. Kaye MD, and Stephen M. Soreff MD have written a cogent, clear, comprehensive, and helpful article entitled, "The Psychiatrist's Role, Responses, and Responsibilities When a Patient Commits Suicide". It is in the American Journal of Psychiatry, June 1991, Vol148: 6, pp739-743. I will not summarize this article but regard it as a must-read for all psychiatrists.

Finally, I want to mention Doctor Sue Chance's powerfully important book, STRONGER THAN DEATH: When Suicide Touches Your Life. (1992), W.W. Norton & Company. Dr. Chance shares the poignant array of feelings she experienced after the suicide of her son. The courage, candor/catharsis, and compassion expressed through her book is of such value that it can be of benefit to therapists and can be recommended for patients and their families to read. Dr, Chance is a gifted writer. She courageously tackles the issue of anger at the deceased in the surviving loved ones of the suicide. Her love never wavered toward her dead son, but she is honest about how strong her anger was at him.