

PART II

WHEN A PATIENT DIES

There are things that happen everyone says
Could not be helped, there was nothing
Anyone could do. I am trying to believe that.
I try not to say every morning when the line
Of trees sharpens the bedroom window: If only.
If only I would have, he might have.

—“Trying To,” Wendy Barker

EVERY TREATMENT begins with the knowledge, whether conscious or unconscious, that this is a relationship that is bound to end. At the same time, it often begins with the “fantasy of forever” (Robert Winer, personal communication). These interwoven themes form the backdrop and can influence the course of treatment, although one may not know how, until the end. For both patient and therapist, anticipating this future loss becomes part of the process and may be alternately avoided, denied, or minimized. The intersection between how patient and therapist contend with loss lies at the heart of the treatment and ultimately affects the course of the termination.

The death of a patient brings into relief the unique and highly complex quality of the therapeutic bond. The private nature of this work requires that the relationship remain set apart from our day-to-day lives, both for patient and therapist alike, yet at the same time, the intimacy of treatment makes the relationship an essential and meaningful one. When a patient dies, we

may ask ourselves whether it is appropriate to attend the funeral or express our condolences to family members who often do not know us or, sometimes, even know of our existence. We often tell our colleagues that we have lost a patient, yet our mourning process unfolds largely in the shadows. As a profession, we have no customs or rituals to mark such a death. We may be inhibited by feelings of shame, as though having strong feelings for our patients is taboo. We feel bereft, but unlike with any other loss, the world may not recognize that we are mourning. The following four chapters bring us into the consulting room to share our authors' experiences at the time of their patients' death.

Anne Adelman movingly describes the painful and complicated mourning following a patient's unexpected and sudden death. She brings us through the process of coming to know and then, sadly, having to lose her patient. In this chapter, Adelman describes how, over the course of treatment, her patient Irina had discovered the wish to hold on to old suffering, "preserving the history of her pain" through artifacts and relics. Together they understood that this was Irina's way to preserve the integrity and validity of her experience: "I am here. This happened to me." In a similar way, in the aftermath of this patient's death, Adelman discovers in herself a parallel wish, the wish to hold on to a relic, a book that her patient had loaned her. She writes of "a secret sense of pleasure in still having the book with me, along with a pang of guilt: I wanted to hold onto something of hers, claim a part of her for myself, but I worried, as well, that having it was a subtle crossing of an analytic boundary." In this way, Adelman illustrates how patient and therapist form a bond that becomes increasingly meaningful and vital to each of them. She further points out that in the face of a patient's death the therapist lacks access to ordinary customs that mark and help to contain the loss. She writes, "The universal rituals surrounding death could serve the function of making her [Irina's] death real and begin to dissipate the feeling I had had in my office, that she was there one day and then, not the next." Thus, she highlights the unique and solitary nature of mourning the loss of a patient.

In the following chapter, Arlene Richards poignantly describes the grief she experienced following the death of a child patient whose parent had prematurely terminated her son's therapy the year before. Richards was haunted by her feelings of helplessness, which interfered with her ability to mourn and reawakened memories of earlier and painful losses. She suggests that "rather than viewing mourning as a process of moving through the

defined stages of denial, rage, sadness, and acceptance, all of these emotions are experienced in doses, separated by periods of functioning in the world.” Richards examines a number of defenses that protect an individual from feeling overwhelmed in the face of loss. Like all of our authors, she emphasizes that mourning is made bearable by the ability to share it with others.

In “When a Patient Dies,” Sybil Houlding describes a five-year period in which three of her patients died. She examines the effect of these losses in light of her personal and professional development as well as in terms of the phase of the treatment each patient was in when they died. In each case, she struggles with alternating feelings of grief and anger. At the time of the third death, she begins to feel a dearth of psychic energy, almost as though she could not access the resilience that had sustained her through the earlier losses. A letter of thanks that she receives from a family member highlights her wish to feel “acknowledged as someone who had sustained a loss,” a role each clinician struggles with in the face of a patient’s death. Houlding also brings to light how a death in one’s practice evokes earlier experiences of loss and informs how the therapist works through the grieving process.

The complexity of the therapist’s response to a patient’s suicide is discussed in Catherine Anderson’s chapter, “When What We Have to Offer Isn’t Enough.” Here we read about how a close-knit community of colleagues provided the essential support to help weather a patient’s suicide—or, in one case, a rash of suicides. Anderson explores the range of feelings the therapist may encounter, including isolation, shame, fear, and guilt. She writes, “We likely search, often obsessively, for any signs that we could have missed, feeling numbed with shock. Perhaps we rage against our helplessness—as well as the patient who caused it—and feel deep, isolating professional and personal shame.”

In this section, each author traverses the middle-distance, lingering with the painful question of whether they could have done more, even somehow prevented the death. As therapists, we recognize our own wish to “have enough” for our patients—to ward off fate and protect them from mortality. We are repeatedly confronted with our limitations and fallibility in the face of inevitable loss, yet at the same time we are bolstered by the gains and growth that our patients may ultimately achieve.

CHAPTER 4

THE HAND OF FATE

On Mourning the Death of a Patient

ANNE J. ADELMAN

Death Speaks: There was a merchant in Baghdad who sent his servant to market to buy provisions and in a little while the servant came back, white and trembling, and said, "Master, just now when I was in the marketplace I was jostled by a woman in the crowd and when I turned I saw it was Death that jostled me. She looked at me and made a threatening gesture. Now, lend me your horse, and I will ride away from this city and avoid my fate. I will go to Samarra and there Death will not find me." The merchant lent him his horse, and the servant mounted it, and he dug his spurs in its flanks and as fast as the horse could gallop he went. Then the merchant went down to the marketplace and he saw me standing in the crowd and he came to me and said, "Why did you make a threatening gesture to my servant when you saw him this morning?" "That was not a threatening gesture," I said, "it was only a start of surprise. I was astonished to see him in Bagdad, for I had an appointment with him tonight in Samarra."

—"Appointment at Samarra," retold by W. Somerset Maugham (1933)

IRINA'S' GHOST has settled into the chair across from mine, in the exact spot that Irina occupied, three times a week, for nearly three years. I glance up and see her deep eyes dance at me; her smile is wry and sad. "You see," I hear her say, "it's just as I told you—if there's only a 1 percent chance that something bad will happen, it will happen to me." Her thick hair cascades around her. With an intense gaze, she wills me to undo the spell cast by her abrupt death and restore her to life.