

# A STORY FOR MARCIE

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## ABSTRACT

*Psychotherapists who work with abuse survivors are continually confronted with basic questions about human existence. Every day we must ponder what makes life worth living; how people can go on after the most horrifying experiences; when and whether the pain is ever so great that it is OK for a human being to take his own life; and the question of good and evil. It is the author's experience that therapists do not often write about their struggle with these questions. They are shared in private quiet moments with closely valued colleagues and family. What follows is one therapist's struggle to cope with these questions, set off by a particularly difficult set of clinical and personal experiences.*

She wasn't in the waiting room when I left the ten o'clock meeting. It was unusual enough that I noticed immediately. She was *always* there, sitting in the same place, on the same couch. Always started sessions on time. Always tried to end them on time no matter what pain she was in. Sometimes I had to encourage her to stay for a few minutes, till she really *was* feeling OK enough to leave.

I was frightened immediately, something stirring in my gut. In over a year of work together, she had never missed a session, never even been late. One cancellation, to do something social with an old friend, which I considered a victory. Something was definitely wrong. Just *not* her style.

I sat at the desk in the business office, doing "make work" paperwork, one eye constantly on the door. Expecting her any minute. The Christmas shopping rush had started early, the parking lots crowded with shoppers even this Tuesday before Thanksgiving. She must have just gotten stuck in traffic or had trouble finding a parking spot. That had to be it. But it was ten after eleven – and then a quarter after. No show. No call.

I got flustered. Sure, patients sometimes do things out of pattern, especially around holidays. But this just didn't

feel right.

Rewind my mental tape. Check out our last session, last Thursday. Was there a danger sign there? Some hint beyond the chronic level of intense pain she always lived with? A warning? Something I missed or passed over? Nothing clicks, but I know something's wrong.

11:20. Agitated, I call the city police first, to see if maybe they'll go check on her. I deal all day with chronically suicidal people. Yet I'm thrown off and shaken by what's going on with Marcie. So much so that I've called the police without checking the address, or which jurisdiction she lives in. Just as the nice sergeant comes on the phone I realize I've probably called the wrong police department. I fumble and stumble finding the address. I must sound like an idiot to the guy on the other end. The information I give him from memory makes no sense to him. He never heard of the farm where she lives. Can't help me. My secretary helps locate the address on the computer. Looks like it's in a different town from the one I called. That's what happens when you live in the country with 20 different town police departments. Still, I shoulda thought of checking out where she was *first*. I'm just too anxious. *What the heck has happened to my cognitive apparatus, dammit?* Apologize to the officer for confusing him. Hang up.

OK, I know how to do this. Close eyes. Three slow, deep breaths. Then count slowly to ten, along with my breathing. Mind blank. Feel the shoulders let go and come down. That's better. NOW, call the right police department.

Check the phone book. Call Mutual Aid, the central dispatching system for a lot of the towns. Guy answering the phone says "Jeez, I'm not sure we've *got* anyone up there today." Great. She lives in the only town without a working police department. Guy from mutual aid says maybe he can have someone from there call me back. Now all I can do is wait.

Ten minutes or so later, one of the incoming phone calls is for me – the Chief of Police of the town Marcie lives in. I tell him what's going on, and that Marcie'd made some pretty lethal suicide attempts in the past – as recently as August, in fact – and will he go check her place out. We struggle again over where it is. The Chief finally connects when I mention the name of her ex-boyfriend, well known locally. OK, he knows the place, he's on his way.

My next appointment is here. Another person who's having a really hard time right now. As a matter of fact, she's coming in for an extra appointment during what would have been my lunch time. Need to pull it together and go in with her. Marcie in the back of my mind, but I work hard and think I do well to focus on my current client. She deserves my attention too.

Phone in the office rings 40 minutes into the next session. I DO NOT take calls during someone's session. The staff knows that well. Either something's wrong with one of my kids or it's the Chief of Police.

I interrupt my client and apologize, saying I have to take this call. She asks if she should leave, and, too casually, I say no, it'll probably just be a minute.

It IS the Chief. His voice is awkward and official sounding. Uh-oh.

"Well, Doctor, I'm at Marcie's, I found her." Initial relief. "Uhh, uh, hhh, hmmm, well I think she's expired. Well, uh, hhh, hhhh, I know she's expired."

In my mind, "OH, SHIT!"

"I'm just waiting for the medical examiner now. I found her lying in her bed. Lots of prescription bottles around. I'm sure she's gone."

"Thanks Chief. I'm in with a patient now. Could you please give me a call back when you know more? Thanks."

Somehow, return to my session. Try to hide how stricken, how ashen white I am. It was a mistake to take the call with my other patient in the room, and she does not need to know about this, especially with her own suicidal feelings at a high ebb. Stumble through the last 10 minutes of my session. Make another appointment, on automatic, just tighten up and get through it.

Walk out through the waiting room, dazed, to the business office. Sally and Jennifer both in there. Close the door behind me and whisper "She's dead." Sally immediately at my side hugging. Jennifer too, after she asks if it's OK. I'm just shattered. They're full of questions. I tell them what I know, that I expect the medical examiner and the Chief to call back. I'll let them know when and if I know more.

It's supposed to be my long day. I'm supposed to be here until almost 10 p.m. tonight. How am I gonna do that? Look at my book. A lot of hurting people. Many of them having very hard times about the holidays fast approaching. I just can't cancel them out.

Gotta make it through the day. Maybe could re-schedule my last patient. Ask Sally to do that. Colleagues wander into the office, hearing one by one. Hugs, condolences, looks of shock. One of my partners had a similar situation the other day and I suggested she not send the police. Turned out the client was mixed up about the day of her appointment. She comes in, hasn't heard yet, asks me what happened with my person. When I tell her Marcie's dead, she's completely shocked.

The Chief calls. "No, No, I really don't know who her

next of kin are. Her parents, I suppose, but they're not around here – in South Carolina, I think. Her ex-boyfriend would know." They can't find him, or Marcie's parents' address, or a suicide note. "Do I know of any other relatives?" I think her brother's somewhere in Vermont. Some big help I am. Medical examiner still not there.

It's getting harder and harder to write this. The more I write the more real it becomes again, and the thin scar tissue tears away. But I feel it's an important story to tell...

I do not want to see patients this afternoon. I want to grieve, cry, demand *WHY?* But my next patient is one of my multiples, acutely sensitive to disturbances in the relationship, the time schedule, needing the security of her predictable appointments. I just have to see her. Somehow, I do, and though I'm sure she detects how far away I am, and I know I'll pay for it later, at least I try to be there for her the best I can.

Medical examiner calls back. Looking for a suicide note. Lots of prescriptions around. Ordered toxicology tests. Won't have detailed information for some weeks. Preliminary results can be gotten locally. More sophisticated analyses have to be sent away to the State lab. "Takes time," he says.

I am just trying to get through my day. Suck up my gut and make it through. In reality, my mind is filled with questions. Why did she do it? How come she didn't call? She'd called *before*. What did I miss? The last session, she was again talking about how much she ached that she did not have children and a family. Again talking about how she was not sure whether her inability to bear children was connected to the violent rapes she reported experiencing at the hands of her riding instructor, to the implements he viciously inserted, scarring her uterus. Her emptiness about not having children was profound. Was it more than "usual?" Could I have seen that it would lead to this? *WHY* hadn't she called? Somewhere, she had a profound connection with the idea of death. It lay underneath everything. As if she had made an internal pact that if the pain was over some line, death would be a comfort. Did I miss seeing the line?

Yet, her therapy was going "so well." We had successfully blended two of the personalities in a way that had "taken" for weeks. The part which used to act out horribly was now aiding her recovery. She was thrilled with the development, proud. When she talked about it, her smile lit up her otherwise lined and careworn face, and a beautiful light came over her. Her "little girl" was telling the stories of the earlier abuse, but in a measured way, not too much, not too fast. "Sharing" her memories. The male overseer/persecutor was growing increasingly curious about the blended piece, called "Mars," and was really beginning to trust it, to work in cooperation. Marcie felt she was going to be ready for further integration soon, and she and I were both pleased. What did I miss? What went wrong? How can I run this entire train of thought and still listen to my patients? Am I closer to my multiples than I would like to believe? How can I go on help-

ing others? How have I learned to put my own reactions so far away?

At some point I call my wife, who's really there for me. It surprises me that she rearranges her day, and our best friend offers to take our children, so my wife can come have dinner with me before my evening patients. I am so bad about asking for support that I'm surprised when it's just offered. Feels really good to be with her. All she can really do is hold my hand, but the contact is so important, reconnecting me to people, to someone who loves me, and breaking the swirl of thoughts. And, as if the energy flows from her hand to mine, I find myself able to see at least one of my evening patients.

The next days are a blur. For me, nature softens losses by making the memories less vivid. The next thing that stands out is Marcie's ex-boyfriend calling, asking me to attend a memorial service, maybe even to speak. It is so complicated. In one way, I am furious with the guy. Marcie was doing very well and getting better, one of Kluff's "fast track" patients, apparently (Kluff, 1993). Marcie felt that as soon as she really began to get better, this guy told her he'd had enough and was going to move out. As if he was waiting for her to be well enough so he could leave her. And she felt shamed and defective because of his leaving. On the other hand, he had really been through miserable times with her – multiple suicide attempts, repeated episodes of her giving up drinking and then falling back, middle of the night threats to inject herself with medications which were kept on the farm for the animals, or to shoot herself. Who am I to really say when someone's had enough? Yet I do know how much she reported that his moving out left her feeling bereft and alone. For her, I decide to go.

I am surprised to see how many people are there, surprised to see the level of grief and pain of neighbors and friends. She had always felt so friendless and alone! If she had known how deeply these people cared for her, would she still be here today? There are many people there from her former workplace. Some of them had been very supportive, some not at all. I am confused to see one of her ex-supervisors there in particular, even more surprised when he is one of the speakers. She was in the mental health field, but was laid off as her problems increased. And this was appropriate to protect her clients. But she told me that this particular man had assured her that when she was doing better, there would again be a job for her – and then had not returned her phone calls for months. She again felt abandoned, lost, lied to. Part of me wants to punch him in his hypocritical nose. The least he could have done was to honestly tell her he didn't think she was going to be able to do it. How dare he speak now?

What is it that keeps up the veil of politeness as we sit with these powerful feelings? What makes *me* keep these things to myself? Is it only politeness that prevents fistfights breaking out at times like this?

It is my turn to speak. I am surprised at what I say. I find a way to speak to Marcie's courage and her hard work in therapy, and to the smile which would break out on her face when she really felt heard and known. Afterwards, a couple of other therapists come up to me to compliment me on how I was able to handle this, saying that they had never had to face such an experience in their professional lives. I am flattered, and do not tell them that for me, too, it is a first. In twenty years in the field, very often working with highly suicidal people, Marcie is the first patient with whom I've worked so closely who has died. Maybe it's over-involvement. Maybe in relationships there really is hope (Kinsler, 1992).

At the funeral, the ex-boyfriend is saying that Marcie died from natural causes. I have a sense of knowing what is meant by "spin merchants," people whose job it is to put a certain interpretation on ambiguous political events. Yet, no suicide note is found, and there are writings found which do talk to how "up" she was feeling about the trial integration. Is this the final irony, that she is to die just when psychologically she is doing *better*? At some point I talk to her physician, who was also a major support person for Marcie. He is shocked, unclear if he missed something too. Was what we interpreted as anxiety attacks really cardiac symptoms? Was her history of anorexia and alcohol catching up with her physically? Was she just despondent over the upcoming, child- and family-less holidays? Did she gamble with death through pills and booze, as so many others do, and lose? My friend and colleague Roger Peterson sums it up best in one of those two minute hallway consultations for which I so treasure my colleagues. He says that for some people, life and death are always a gray area (R. Peterson, personal communication, November 1993). For Marcie that seems right.

Later, I go to my own physician, and run into the fellow who's the medical examiner in the hall. We pull Marcie's chart very quickly, look over the results from the State lab. There was booze in there, and Mellaril, and Zolof – and these were all things she was also taking. He is clearly in a rush, and I find myself too embarrassed to quiz him about concentration levels, as if this is a proof of my overinvolvement. For him, it is clearly old news. What really happened is just not clear, nor will it ever be. I am left feeling and believing that she gambled and lost. That the feeling of one more childless holiday was more than she could bear – and that the shame of her continued drinking was more than she could tell me.

I want to find the riding instructor who scarred her and wring his neck. I *do* call her parents, partly out of courtesy, partly to protect myself, and am shocked at the level of coldness and detachment. Marcie's mother, within one sentence of my calling to discuss her daughter's death, is telling me that it had to happen, that she had problems for so long. There is absolutely no emotion in the voice, no connection of any kind. Marcie's father, the one who kept sending her revealing little black dresses even into her forties, doesn't



even choose to come to the phone. It seems she was right about her mother – the connection just wasn't there. It was just too important to look good on the outside to acknowledge what was happening to her daughter. And Marcie felt that her mother hated her because of the incestuous relationship with her father, as well as because of the real closeness between them. Daughter as dangerous rival to mother, object of narcissistic extension to Dad.

I cannot get over the feeling that she did it to herself or let it happen to herself. Ignoring physical warning signs, perhaps. Just deciding that she'd had enough. Talking to her family I have a better sense of how bereft and alone she was. I used to teach that one good relationship in childhood was all it took to give someone a solid enough foundation to survive. Talking to the parents I feel like she just didn't have this, and all the therapy in the world wasn't going to help fill the hole. As David Calof has repeatedly said, abuse is just not something that you can be compensated for (Calof, 1994).

For me, it again raises those basic questions I have struggled with for so long, the questions that originally drew me to this field. What is it that really makes life worth going on? How can people survive incredibly horrid events, like the Holocaust, or like an entire childhood of abuse? What is really important in life and what is superficial crap?

The questions are pounded home over the next six months as I have continual confrontations with death. In January, the forty-one year old husband of my partner Barbara is diagnosed with cancer. And five weeks later he is dead, leaving behind four children ages three to sixteen. In February, the forty-year-old husband of my Antioch colleague, Susan, dies of brain cancer. I am too stunned even to acknowledge his death. I feel surrounded and unable to cope.

I am embarrassed to write what comes next. I spend the next six months in something of a frantic panic, sure that I am the next to go. That I got my grandfather's heart, the one who died young. That I will not live to see my children grow up and that they will forget me.

I feel compelled to do something for them beyond whatever I have already done. For some time, I have been contemplating taking up woodworking again as a hobby. I tell myself that it will help me relax, give me something concrete to do which is not so interpersonal and vague as psychotherapy. So I take some money out of savings, and buy myself a pretty well equipped wood shop.

But I do not do it in a relaxed way. I am driven, as if chased by death, to create the most beautiful jewelry boxes I can at my level of talent, for my daughters. Sometimes I find myself working at two o'clock in the morning. Every spare minute is filled. It is as if being surrounded by death, I have decided that I cannot afford to relax for even one minute, like life must be so full that if I should die tomorrow I would not have missed anything. Starting out believing that I am going to indulge myself, give myself more pleasure, instead I make myself more driven and pressured.

There is a literature about therapists' reactions to clients'

suicides, recently reviewed by Horn (1994). Among the major emotional responses cited are shock, disbelief, confusion, denial, anger, shame, guilt, and depression. Intrusive thoughts are also common, as well as doubts about professional competence. And, eventually, the therapist confronts both the power and the limits of what he/she can do for and with another person, and reaches a phase of "emotional acceptance and resolution" (Horn, 1994, p. 191).

It is now the end of July, 1994. I am still in process of searching for this acceptance and resolution. The major questions generated by Marcie's death have not yet been resolved in a peaceful way for me. Her death has provoked me and my wife to examine our lives and try to determine what exactly is important. Does the big house really matter? The pool? Why are we working so hard rather than enjoying ourselves more? How much time do any of us have left? What's the best way to spend that time? Would I be happier as a writer than a therapist? Can I do it and make a living? Is it a better way to help stop abuse, reaching a wider audience?

What about being on the Board of Psychology? I worked for years to put myself in position to make a constructive contribution. And it has been really important to break the ice-jam of legal cases paralyzing the prior Board. And to respond effectively to citizen complaints that surprisingly bring tears to my eyes. But it's almost a half-time job with no pay and my children tell me they hate my doing it. What of that? What would it cost to my pride and ego and reputation to give it up when my colleagues have again asked me to be Chair?

The questions churn. Somewhere beyond the horizon I feel the beginnings of an answer in writing more, spending less, having more peaceful times with my wife and my children now, before they are grown and gone.

And though I am not a spiritual person, I find myself fervently hoping that Marcie has found peace beyond this terribly troubled life. ■

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