



After Suicide, a Window on a Patient's Other Self

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April 17, 2007, The death report was asking the wrong questions — whether the patient had drunk four to eight glasses of water daily, whether his diet was low in saturated fats and salt. Death had not been a result of junk food; it had been a result of suicide.

When it is your patient who has died, there is a fugitive quality to it: someone has fled, and you were unable to capture or return him alive. Diet and fluids are the least of the problem.

My patient had been an educated man, full of yearning. He wanted a mate and a job. Schizophrenia made both hard to find. I knew about his voices, and sometimes knew what his voices told him, but had come to believe that voices and patient coexisted in a delicate yet stable ecosystem. It was a false belief.

No one is immune from contemplating suicide. Demographic studies show that the population most at risk is single, urban, substance-abusing older white men with physical illness, few supports and low incomes.

We memorize the characteristics in residency training and recall them in evaluations to figure out how frightened we ought to be. The criteria are so specific it's like putting pins in a war map. By these criteria, my patient could not be found on the map (though psychosis is also a high risk factor).

He could, however, be found on MySpace.com. In our last meeting, before he stopped coming to appointments, he told me that he had joined the site to meet friends. Finding him there during life seemed illicit; peeking into his bedroom window. Finding him there after death seemed imperative.

I typed his name into MySpace, feeling covert and slightly criminal. There was a photo of him on one side of the screen, handsome and poised, with his astrological sign, educational background and a description of his ideal mate.

On the opposite side of the screen, there were scrolls of e-mail messages that other MySpace members had sent him: friendly, uncapitalized, hallucination-free greetings. Some voiced hopes of meeting one day, some had comments about other correspondents on the site, some sent good wishes on relevant holidays.

The messages had this in common: They were all written to a correspondent who led an unquestionably normal life. They were not written to a haunted self, or someone who had failed trials of antipsychotic drugs, or someone who had been hospitalized again and again under duress. Nor, apparently, was that unseen self writing back.

I read all the messages. They were an introduction to a man I had not properly known. I had thought of him as struggling under the constant hold of hallucinations. But he had ignored his hallucinations long enough to write of a different yet equally true self here, and he had found friends who identified him not by psychiatric symptoms but by astrological sign. In this world, he was a Pisces, not a schizophrenic.

The last dozen messages on the screen were exactly the same. I had gone on the site only a day after his death, but his cyberobituary must have traveled faster. R.I.P., each message said. By now, of course, the messages had no recipient, and the friends my patient had made were writing to one another.

The unquestionably normal person, whose photograph still looked as though it were reading its e-mail messages from the opposite side of the Web page, had already fled — to find peace, or reconciliation or relief, I don't know.

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