

Understanding Suicide: An Interview With Dr. Nancy Rappaport

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The following is an interview with Nancy Rappaport, M.D., conducted by Ruth Gerson, M.D., on the impact of suicide on families. Dr. Rappaport's memoir, In Her Wake: A Child Psychiatrist Explores the Mystery of her Mother's Suicide, describes her process of exploring and coming to terms with her mother's death. In this interview, Dr. Rappaport discusses this process and how it has impacted her clinical work. Dr. Rappaport is the Director of School-Based Programs and Mental Health Director of the Teen Health Center at Cambridge Health Alliance; she is also an Assistant Professor of Psychiatry at Harvard Medical School. Dr. Gerson is a second-year psychiatry resident at Cambridge Health Alliance.

Dr. Gerson: How did you decide to begin studying your mother's life and tragic death?

Dr. Rappaport: I don't think there was a moment when I decided this was what I wanted to do. But definitely, there was a process. I had a heightened awareness when my daughter Lila was born. I understood the tremendous love a mother has for a baby, and I realized that my mother loved me. And later, as I got older, I realized I would survive my mother. I began writing letters to her, which were very raw. Then I received a call from my stepmother, which I describe in the book, to let me know that she had a trunk of my mother's belongings, and I began reading her journals—her novel—which were very evocative of how much she wanted to be in our lives, her yearning to be our mother. It really took me 10 years to digest all of this.

Dr. Gerson: What has the process of searching and writing meant for you? How have you dealt with opposition from your father and other family members?

Dr. Rappaport: My family has been remarkably generous about the book. Suicide creates an enormous weight for a family, and as I say in the book, suicide demands to be explained, so people search for blame because the one person who can really explain it is dead. But in some way, my family has been brought closer by the process, by their generosity and willingness to talk about it. The one who has been magnanimous but also struggled is my father. It was really courageous of him not to have blocked it.

In terms of the process, it changed over

time, and there were several drafts, several versions of this book. I tried very hard to show the different perspectives, to take a balanced view. And it started as cathartic, but with the later drafts, I wanted people to be moved and to learn at the same time.

Dr. Gerson: Patients who are considering revisiting and working through particularly difficult or traumatizing times in their lives are often advised to wait until they are in a safe and supportive environment and equipped to cope with the tumultuous emotions that arise. What allowed you to begin studying your mother's life when you did?

Dr. Rappaport: I didn't always know it was the right time. There were times, reading my mother's journals, that I wasn't sure that I could handle it. But a few things made it possible. One was having a life to go back to: being a mother, a wife, a doctor, having those other roles and supportive relationships. Self-care and pacing myself was also important. I'm also a marathon runner, and in a way this too was a test of endurance. But what really kept me going was that I needed to tell this story, in a way that felt like a calling. I wanted to achieve a level of understanding that was larger than myself.

Dr. Gerson: Adolescents and young adults frequently struggle with anger and disappointment when they realize that their parents, who they have loved and idealized, are not perfect. What was it like to delve into your parents' complicated relationships and personal struggles?

Dr. Rappaport: We revisit our parents all the time; it's not a linear process. There's

a constant evolution of the way you see people, to be less conflicted about how you see them, a constant negotiation between closeness and distance. The thing that is amazing about adolescents is the tremendous loyalty they have to their parents, no matter what. Sometimes when therapists are starting out, they mistakenly think they can in some ways replace the parent, but really the goal is to help families be resources for each other.

Dr. Gerson: In your book you describe many parallels between your patients' struggles and those faced by members of your family. You also discuss how things might have been different had your mother's doctors had modern techniques and medications at their disposal. How did the experience of writing this book change your work with your patients?

Dr. Rappaport: I don't think I understood the relationship between impulsivity and suicide and how it crosses diagnoses. I pay much closer [attention] to impulsivity now when I'm doing risk assessments. And it's difficult because how do you tolerate working with someone who's suicidal, wanting to make a difference in their life but also knowing it's their choice to live? Surviving a family suicide helps you understand that you will try to keep someone alive, but eventually you are somewhat impotent. And when I am working with teenagers who are suicidal, rarely [do] I share my family history with the parents. I'm very careful to make sure it's about them and their child, but sometimes I say, "I want to do everything I can to keep your family from having to deal with that kind of loss."

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The other piece is [that] there is really no data collected about family members of people who commit suicide. I'm not sure why not; there are 33,000 suicides a year. I think we need to be more sensitive to the families and integrate families into treatment, to ask them, "How are you understanding what happened, how are you managing?"

Dr. Gerson: Do you have any advice for therapists or families of children or adults affected by suicide?

Dr. Rappaport: Suicide is going to have a different meaning in different family members' stages of life, at graduation or the birth of a child, etc. And it's an ambiguous loss, and people have ambivalent feelings about it. It's complicated by the fear of intergenerational transmission or fear that it's contagious. So it's important to open lines of communication between family members, between siblings, and encourage people to ask others' experiences.

There is also a tendency, I think, to overvalue the work of therapy, but there are many other avenues through grief—creating narratives, learning coping [skills]—so it's important to honor the ways individuals are managing, their different ways of dealing with things. As my son says to me in the book, "Just because you talk about how you lost your mother doesn't mean Papa doesn't have any feelings about losing his mother." It's important to respect the different ways that people connect with the dead person.

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