RESIDENT'S COLUMN

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To Axis IV and Beyond: A Friend's Suicide

I turned off the radio, choosing to drive the last few miles to my house without further news updates or political commentary. As a few parting thoughts of the day's work wafted through my consciousness, I prepared for the transition from psychiatrist-in-training to husband and dad. I realized that I had forgotten to check my voicemail and dialed the number. As the recording announced one message, I felt a trace of anger that work could find me on such a peaceful stretch of road.

My wife's voice sounded shaken and unsure. "'Bob' committed suicide." She then paused, as if in disbelief of what she had said. "They found his body." And then more softly, "I… I just wanted you to know. Call me when you can."

The words were unnatural—they fit neither the context of the job I was leaving nor the home that awaited me. Bob had been a friend, a colleague and a confidant. Our relationship, with its subtle discreet feelings, was one of the many relationships that defined my place in the world. Our friendship was one slice of the warmth that I felt for people past and present. How could a person suddenly cease to exist? The news hung in front of my consciousness, defying attempts to bring the knowledge to my heart, where it belonged.

Bob was a prototypical surgeon, and he operated with a confidence that filled the operating room during the most frightening of cases. While some surgeons stooped to peer nervously at their work, Bob stood straight, understanding that posture was vital to his own attitude as well as the attitudes of his assistants, from whom he demanded excellence.

As I pondered his death, it was his smile that came to mind, which was actually more of a smirk, as if to avoid showing weakness in a full display of emotion. I pictured him making a sarcastic comment, for example, about those who were bound by emotions when there was so much work to be done. He had little patience for human frailty, particularly in regard to those he knew well, and perhaps particularly in regard to himself.

Over the next few weeks, armed with a superficial familiarity of the work of Elisabeth Kubler-Ross, M.D., I became angry, I bargained, and I cried. I felt guilty for missing signs that surely, I told myself, must have been obvious. And consistent with my role as a resident in psychiatry, I attempted to think diagnostically and place his death in a clinical context. But after a number of weeks, I was still unable to accept what had happened—to accept that my friend, through his own action, suddenly and irrevocably ceased to exist.

During a recent didactic session on psychiatric assessment, my resident class discussed the temptation to see *DSM* Axis I diagnoses as a goal of psychiatric evaluations. We discussed the need to direct attention to "lower axes," such as Axis IV. While Axis I provides the most succinct description of illness, Axis IV provides the depth of context and personal anguish. Axis I is emotionless, whereas Axis IV requires attempts at understanding and empathy. Axis I provides biologic propensi-

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ties, but Axis IV gets closer to the truth. As rumors of the circumstances of Bob's death coalesced into skewed understanding, I found myself comforted by clinical impressions of Axis I diagnoses and Axis IV stressors. "He must have been depressed," I surmised. "He must have had shame leading to loss of ego structure—or maybe fatal narcissistic injury, with injury to both work and personal domains." It all made sense, I thought.

But the relief from my unsettled feelings was short-lived, and acceptance of Bob's choice remained elusive. I suspected that my clinical approach, while logical, was also protecting my sense of security. I sensed that in protecting myself, I was missing something and, in a way, missing everything. Likewise, I could temporarily comfort myself with words of faith (he's in a better place), by rationalization (his death was the end result of a disease process) and even through nihilism (we all have to die sometime). However, none of these approaches fully sated the desire for rightness in my heart. None made sense against the memory of the vulnerability he shared with me, late one night, when discussing the surgery his infant son required. None could explain why the doctor I knew with the soup-bowl haircut, crooked grin and dark humor no longer existed.

I thought of the last time we spoke. Bob described his frustrations with modern medicine and talked of his dreams to leave the field and return to carpentry and furniture building, which he had enjoyed prior to medical school. "We should get together and talk one of these days," he said.

"Yes, we should," I had replied, and then I left, unconsciously assuming that there would always be time to talk.

In the battle for understanding in my heart, the feelings associated with memories win primacy over intellectualization, hands down. Perhaps even Axis IV had its limitations.

As I became more patient in my search for answers, I began to suspect that in my struggle for acceptance, I was asking the wrong questions. While I had been searching for explanations, I was actually trying to satisfy a primal need for reassurance, which was more feeling than words. Changing my approach, the closest question I could find wasn't "Why did he do it," or "Why was he able to do it"; it was simply, "Why?" I wanted to stand atop a mountain, shout the question and hear it echo for miles. I had been asking questions based on intellect, when the questions at the base of my emotional reaction, and at the core of my being, were terrifyingly existential.

Had Bob been my patient rather than my friend, it would have been even easier to remain safely in the world of intellect. I see now that while my medical bias causes me worry that a more emotional understanding interferes with accurate perception, it is also clear that a purely clinical, Axis-oriented approach misses the part of the picture that is the most human, and—in the heart of patients and their families—the most important. So I face a dilemma: Can one allow one's self to be moved and maintain objectivity at the same time? On the other hand, can one understand the world's truth armed only, or even primarily, with *DSM-IV*?

As doctors, and particularly as new doctors, we find comfort in answers and explanations. However, I see that in at least some cases, we are kidding ourselves by taking comfort in our formulations. I think of a day in my childhood, when I first tried to understand the infinite space beyond the blue sky. Again, I see Bob's face, and I hear his voice. "You take care, Bob," I whisper to myself.

"Thanks, Jeff. You take care too," he says, for once not pulling any emotional punches.

I realize that as I try to accept what has happened, I must understand that some things are not understandable. Perhaps that is an especially difficult thing for a training psychiatrist to accept.

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