Some thoughts on reading “The Mystifying Rise in Child Suicide “ by Andrew Solomon in the New Yorker.

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Reading Andrew Solomon’s recent article on childhood suicide I am impressed with his fluid writing style that pulls the reader into the sweep of the narrative. Halfway into the article revealing Trevor Matthews’ family I was also impressed with what I thought was his exploitation of the pain of families in which a child suicides. Exploitation likely adds to someone’s suffering and sometimes holds the hope of a offering some solution. When a child dies by suicide it can reverberate through a family for generations creating a complex emotional toll that is often painfully enduring and private. Perhaps we are in an era of exploitation as the Ukraine war and genocide is on national television every day without any hope of a foreseeable solution. While Solomon’s exploitation is problematic it is not the only problem with this article.

As a lecturer in Psychiatry this Solomon’s clinical wisdom appears lacking. In its place is a slick white wash of the problems beneath the surface of the two child suicides. Psychiatrists and psychotherapists are not exposed for their ineptitude.

While training in Psychiatry has mostly eviscerated learning psychotherapy simultaneously prescription writing has gained terrific momentum. In addition, there are no courses focused on treating suicidal

patients let alone suicidal children. Most practitioners are left to their own devices doing therapy or as one said; “ I don't take actively suicidal patients.” Psychiatric treatment appears as giving the children medication designed for adults and then returning them to the environment that enabled the suicidality. One result, as one patient told me; is “ …when I was in High School I thought about suicide every day. Now on medication it’s three or four times a week.“

I also wondered whether Mr. Solomon really had to fly to Louisville to find an Afro-American family that suffered a suicidal loss of a child? I think there is likely more to that particular choice of Tami Charles. And where Trevor ‘s history takes up the bulk of the article we learn little about Seven Charles developmental history. Solomon hangs his explanation of Seven suiciding at 10 years old on racism. I believe the situation is more complex. For example transmission of trauma across generations is not unique to the Holocaust. Slavery is best considered a national trauma with long lasting psychic effects on succeeding generations of survivors. In addition, the increasing violence in our country likely directly impacts Afro-American children. Among other issues ignored is the reluctance of people from certain communities to find, trust and use adequate mental health resources. One out of three Afro- Americans in need of mental health services receives them. It is unclear whether that is medication or talk therapy? Racism is a powerful force

in the country and I wish Solomon had taken the time to explore its impact on the development of "identity."

Mr. Solomon has deftly crafted the latest chapter to his next book. Given his close proximity to one of the premier psychiatry departments in New York City any reasonable person would have expected a sharper and more critical gaze at this human hazard and the role of mental health practitioners.

And so I went back and examined again Solomon's " Far from the Tree "and found similar deliberate histories of individual psychic illness. That led to my considering the use of the " case study " report that most professionals in the helping professions are familiar with. Having "taught" Freud's cases led to awareness that his "case" was really an attempted justification of an aspect of Freud's theoretical efforts. Like other research strategies, its design includes posed questions or propositions, elements of a new or significant dynamic, the logic linking the data to the questions or propositions, and then interpretations. Usually absent is recognition of a dissenting opinion and therapeutic outcome. Implicit in Solomon's "Case studi is that the mental health system, regardless of class and opportunity of the suffering person, proved to be as helpless as Trevor and Seven. Perhaps he obscures that suicide is something he cannot explain, that it does not fit within either his literary style or psychiatric education.

There are complex ethical and dynamic problems inherent in presenting clinical material within our field that revolve, in part, around soliciting written consent to publish. For those of us that work from an analytic perspective asking permission to write about a patient will directly influence the transference dynamics. In addition, ethical questions exist concerning how specific a request is necessary. Is it necessary to be specific to the patient about what dynamic you are writing? Obviously such an informed request will change the dynamics of treatment. If the request is ambiguous the resulting uncertainty will also create a change in the treatment process.

Then there is the question of what to do if the treatment is ended. I wrote a paper some time after the end of an intriguing case. I man claimed he had killed someone as a child and could not remember the event. He wanted to remember the event. It was never clear whether the event actually happened. The editorial board of a prestigious journal doubted the authenticity of his narrative believing instead that I was influencing the patient and it was a false memory. I believed I had maintained neutrality and made no interpretation of any motive. The editorial board requested I "contact" the patient and have him read the paper and agree to its publication. I found the patient and he eventually read the paper and corrected my attempts to hide his identity and agreed to its accuracy. He then renewed his promise to visit his hometown and find the newspaper reports of the inquest. Some weeks later he sent me

copies of the past newspaper reports that revealed different versions of the accidental shooting. Following reading the last newspaper archive he drove through a red light at a highway intersection and was saved from a fatal car accident by a passenger's scream and his quick turn off the highway. That journal never published the article although it appeared in another.

Less dramatically I published an article on disruption of mutual vision in a psychology journal. I described, " head turning" or disrupted gaze in therapy when strong emotions appeared in three patients. Some years later I introduced a medical doctor into a therapy group. In an early group session she revealed that she read some of my papers on line and identified one of the patients I described as being in the group. I did not confirm her accurate assessment.

At an earlier time at a conference in North London a well-known analyst was complaining about being sued by a patient he described without any disguise in a paper he published on line. I asked him a question concerning his desire to publish and he turned his back to me and continued complaining.

In conclusion therapists struggle with the issues of ethics in reports. Freud, in the Schreber debacle, sought to 'analyze" a patient who had publically written about his own mental illness without ever seeing him. Writer's now reveal the painful history of people and receive financial compensation for their efforts. Television brings us fragments of people's personal conflicts with possible treatment or referral. Is it time for a review of

ethics in the age of television and Internet. Oh, how about a course on suicide?

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