REFLECTION

Hope

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ABSTRACT

A young woman in my care had 4 siblings diagnosed with mental illness. The story describes how, along normative family-cycle situations, she struggles to define and keep her sanity. I reflect on the shared anxiety of both the doctor and the patient of her losing her mind. As a family physician practicing in a small rural community, I believe that psychiatric, social, and family issues are also family medicine concerns.

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When I first heard the names of Hope's siblings, I assumed she came from a well-to-do family—educated and with a deep historical connection. The truth was quite different. In a dusty village on the way to Safed, in a meager house, lived a father, a mother, and their 7 children: Hope, Sarah, Maria, Claire, Matthew, Rachel, and Joseph.

I imagined an evangelistic family gathered every evening in prayer and good deeds. Instead, Hope told me of a family with socioeconomic struggles, headed by an unemployed father with faded dreams. The children raised each other to the best of their ability, lacking the guidance of their parents in navigating the challenges of life.

Hope, a young and elegant woman, married Andy, from a neighboring village, and built her home in a young settlement on a hill with a clear view. Andy was an avid reader with a curious mind, yet also a bit impulsive and childlike. He was undoubtedly attracted to Hope's slender figure, smooth skin, and doe-like eyes that flashed in their green-brown beauty through long thick lashes. She was soft-spoken with a gentle singsong voice. She had the look of a smart girl that would make her timeless even in old age.

I met Hope when she was already a mother whose children were undergoing the usual crises of adolescence, yet these normal developmental stages instilled uncontrollable anxiety within her.

For Hope had a terrible secret: 4 of her 6 siblings had full-blown schizophrenia, with a long history dating back to their childhood and youth, including violent outbursts and severe hallucinations. Those in the small home in which she was raised witnessed how each of them began speaking with entities that did not exist, combatting hidden voices, beating and scratching themselves, losing touch with reality. Hope remembered when she was a young girl and Matthew lost touch, withdrew, and was hospitalized, returning home to resume his incomprehensible monologues for hours on end, sitting alone on the rusty metal chair thrown in the yard, incommunicative and unable to be rehabilitated. Later, Hope learned to anticipate the recurrent visits of the nurse that came to take one or another of her siblings for psychiatric hospitalization.

The next to get hit was her closest sister, Sarah. She was always a bit strange, dreamy, but she was a good sister with whom she would share her small treasures, pulling her bed close to whisper secrets at night about imaginary suitors, their parents, and brothers. It seemed as if beloved Sarah tried to "live fast" before her mental illness overcame her: she married quickly and had a child shortly afterwards. Her first psychotic epi-

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sode occurred immediately after giving birth. At first Hope believed, for she had already read professional literature and heard a thing or two about psychology in her studies at college, that it was merely a case of postpartum depression, and that with Hope's support and love, Sarah would overcome the crisis and become her gentle, trustworthy, and beloved sister once more. Sarah's hospitalization, however, was the first of a long line of prolonged hospitalizations and treatments that would inevitably fail, leaving her devoid of her vivaciousness, a depressed shadow of her former self. Every Friday, Hope would bake a cake and visit her soulless sister Sarah. They would exchange a few murmured greetings, sometimes briefly embracing, before Hope hurried back home to receive her children arriving back from school.

Claire and Rachel were not spared the cruel family gene. They too found themselves caught in the endless cycle of the chronically mentally ill: treatment, hospitalization, release, rehabilitation—until the next episode. Joseph, while still a young boy, already showed signs, lacking the initiative, desire, and motivation typical of his age. Even though he had not yet had a psychotic episode, Hope feared it might happen to him as well.

Yet her greatest fear remained for her own growing children, as well as for herself. With each passing year the gnawing fear only increased. She was aware the statistics were against her, and at times it struck her with paralyzing terror.

Hope was the main caretaker of her 5 children. She had clear and firm ideas as to how to raise and educate them: the exact opposite from her own boundaryless experience. She kept her children close and well protected, providing them with stimulation and experiences to enrich their world, both intellectually and emotionally. She studied social work, but never left home to work. She devoted all of her energy, skills, and attention toward her family. They seemed like a regular family from all external appearances. Yet Hope carefully created a fortress for her family, as if she could protect them from her past, as well as her fears of the future, by sheer will. She kept everything neat and under control.

Had I not known her family history, I would have never found any sign of mental illness. She could be a bit melancholic, but her distress was never in the psychotic spectrum. Her thinking and behavior appropriately matched her external experiences. She complained that her husband lacked seriousness and was not focused enough, which was a constant source of tension between them. Andy held his most valuable cards close to his chest: his knowledge about her family. He treated her like a young child, allocating an allowance for the household expenses and accompanying her for larger shopping sprees to buy clothes, furniture, and electrical appliances. She did not work by choice. He was the provider and she was the homemaker. She never owned a checkbook or a credit card or had keys to the car.

Hope came to me for help with her anxiety and depression—very self-conscious, aware of the potential dangers lying ahead. She went from psychiatrist to psychologist, from the family doctor to the social worker to the nurse. She talked extensively, using allegories and metaphors in a rich, coherent language. She always had a precise treatment plan: she was unwilling to consider any antidepressant or anxiolytic medication. She determined the time frame and the conditions of her treatment. If a therapist suggested something that did not match her proposed agenda, however, she would quickly leave that therapist's care.

"What is the purpose of treatment, in your opinion?" I asked her, after she rejected almost all of my suggestions and yet continued coming for office visits. She did not want to talk about her family of origin. She refused to discuss the reasons for her melancholy or anxiety. She also did not want anyone telling her what to do. During our long drawn-out conversations, she offered one explanation, only to later contradict herself. She requested double appointments at the clinic to talk, as long as she determined the topic and suggested the solution. Eventually I assumed she merely needed me to affirm her sanity: "You're fine Hope, you're managing your life wisely. You have ups and downs, through which you are steering your life quite well. Good enough." The only real consolation I could offer was, "At your age, it is highly unlikely you will become mentally ill."

I read about it while browsing the inner pages of the newspaper *The Southern Voice*: "A mentally ill patient from the local mental health center, mother of one, while being taken for treatment at the hospital, jumped to her death from one of the upper floors. The family claims negligence. The police are investigating."

An unsettled feeling crept into my heart. The next day, the clinic nurse confirmed my fear: Sarah, Hope's sister, committed suicide. Hope's family, or at least those not in a psychiatric institution of one kind or another, sat mourning in their small home where all of their mental illness began.

Hope herself never told me how her sister died. "She suffered and was very ill. G-d bless her." She never told her children, either. Only Andy knew, and he used this against her during their marital conflicts, and at times when he also came in to the clinic to complain: "I don't understand her or her crazy family."

I wasn't surprised when Hope came to the clinic one day and urgently asked to meet me. She sat before

me and quietly confessed: "Yesterday while arguing with Andy, I slapped him. You can report me, to whomever you need to report, or you can hospitalize me. That's it. I've lost control." I replied to her: "Telling you, even in the midst of a heated argument, that you're like your 'crazy family' is also like a slap in the face and a loss of control." I was guessing this content, hinting to her that I understood what could have caused her extreme and uncharacteristic response. "Don't let this be a self-fulfilling prophecy," I continued, "You are not losing your mind. You should go to couple's therapy." Andy refused. "There's only one crazy person in the family. Only crazy people need treatment. Even she admits to that. After all, she is already 'in treatment.'"

Throughout the years, any difficulties her children experienced—whether shyness, provocative behavior, or isolation—instilled an unsettling anxiety in Hope, for fear these were initial signs of a mental illness. She would urgently bring them in to my office for reassurance that there was nothing really out of the ordinary. Hope has 5 children with their normative crises lying ahead: with spouses, perhaps a new baby, children leaving home, perhaps one of them will keep bad company, perhaps divorce, financial concerns….

I wondered why Hope continued to see me and what could be the possible benefit for her from our sessions. In reflecting on my relationship with Hope, I realized that as her family physician I had an intimate knowledge of her family, her history, the environment in which she was raised, and many other details she shared with me that endowed me with a broad perspective of her life. I believe Hope feels secure in the relationship we have developed over the years. Together we have created a secure base she can return to when the storms within and without become turbulent.

Perhaps this is enough—for a patient to come in to her family physician, to know that this physician knows all of her darkest secrets and painful past, and accepts her for who she is, remaining available and nonjudgmental. Perhaps there is a consolation for her that she need not hold her past alone. This remedy may be the greatest I can offer her.

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