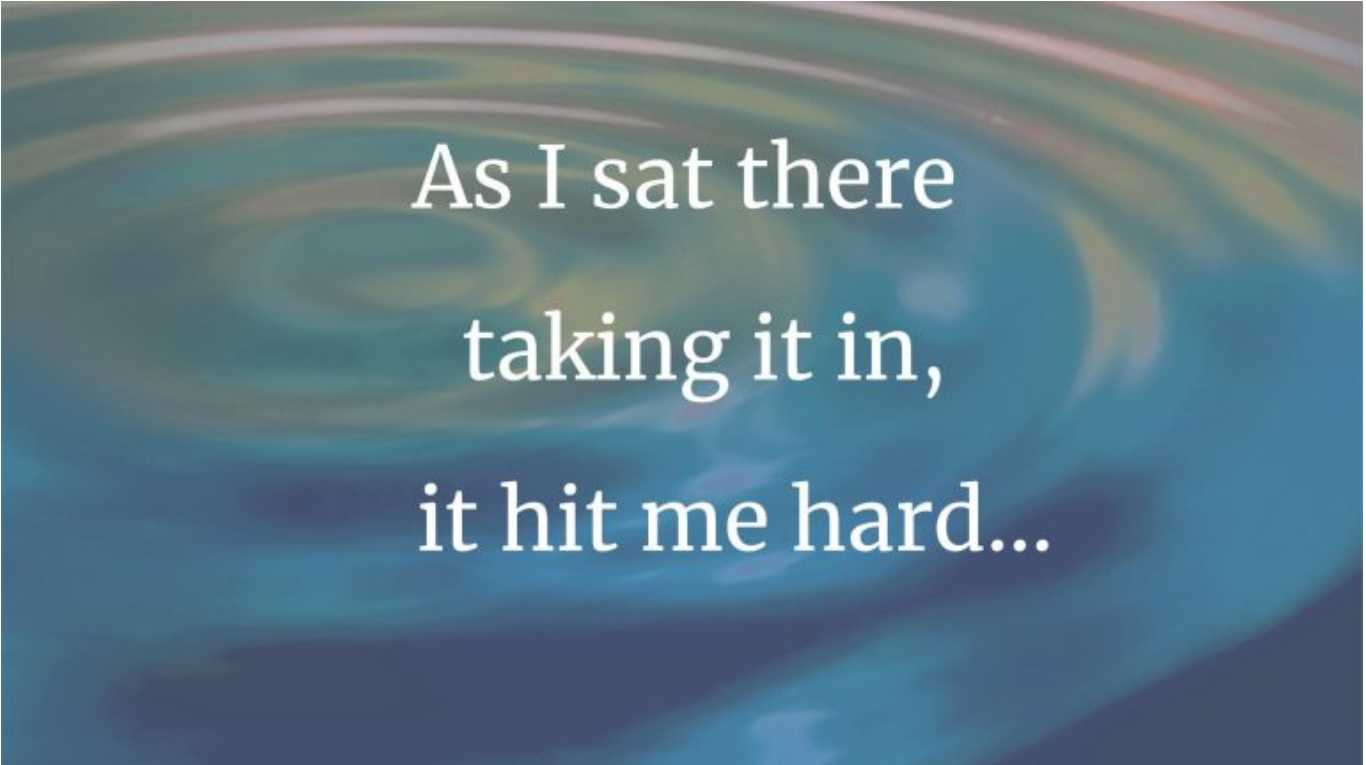


Finding Freedom in Difference

Category: Stories

written by Wendy Alexandra Smethurst | October 3, 2023



As I sat there
taking it in,
it hit me hard...

Editor's Note: This piece was awarded third place in the Pulse writing contest, "On Being Different."

It was 3:00 am on my third night shift out of five, in a busy inner-city hospital in Sydney.

Having just reviewed six suicidal patients back to back, I felt tired and frustrated.

If I have to see another suicidal patient tonight...Why don't they go and be suicidal somewhere else? I wondered wearily, then felt ashamed at the adversarial division I'd created: patient vs. doctor, them against me.

I was the only psychiatrist covering the hospital's wards and accident and emergency (A&E) service. As the patient assessments mounted, tensions rose; I felt pressure from the A&E staff to "get them out."

To cope, I'd found myself mustering up a self-protective inner emotional armor—and, sadly, I'd also become somewhat hardened to the staff's judgmental language about mental-health patients: "It's just behavioral"... "They didn't even do anything serious to try and harm themselves."

Two hours later, I was called to see Alan.

He sat next to his sobbing wife, Linda. In painful, interrupted heaves, she described coming home to an empty house, expecting Alan to be there. After her phone calls went unanswered, recent changes in Alan's mood and behavior

flashed through her mind. Panicked, she staggered outside to the garage, where she found him unresponsive in the car, the engine running and a hose connected from the exhaust to the driver's window.

Now, hours later, here they were—Alan looking subdued, and medically cleared to leave, but awaiting psychiatric assessment; Linda in shock, horrified.

As I sat there taking it in, it hit me hard. My inner armor fell away, and later, writing my notes, I turned to a colleague and blurted: "He nearly died; she found him."

It's hard to explain, but somehow suicide hadn't felt real to me till now. I'd gone along, magical thinking in place, hoping that the worst would never happen. Now I saw—and felt—the full impact of the tragedy that might have been.

I tried to rally myself: *Come on, Wendy! It's sad, but it's not happening to you. And it wouldn't, right?*

These are the kinds of things we tell ourselves to guard against horrors. But I wasn't safe from suicide; no one is.

Five days later, I found my wife, dead to suicide, in our home.

In that instant, I was rendered powerless and utterly broken—with no narrative, no understanding, no idea of who or what to trust. Any protective distance I might have felt due to my work disappeared. I didn't know who I was anymore: My whole identity crumbled, including my doctor identity, which I'd held onto so strongly.

I couldn't contemplate returning to work; I couldn't even face going back to my house. I had to go home to the UK to arrange the funeral and repatriate my wife.

Three weeks later, having completed the administrative details in Sydney, I flew to the UK on New Year's Eve, with a coffin in cargo.

Just before I left, one of my former bosses—either trying to comfort me or just being brutally honest—said, "When I heard what happened, I thought it was game over for your career."

That comment haunted me. In those first moments after I'd found my wife's body, life *had* felt over for me, and so had my work. In addition to internally replaying the endless what-ifs and *I'm to blame* narratives, I was left wondering what this tragedy must look like to others, given that I was a psychiatrist. *Should I have known this was going to happen? Maybe it really is game over for my career...*

As the plane took off, I started writing and didn't stop for hours. I couldn't talk, but written words poured out of me—an emotional release, and a conversation with my dead wife, giving voice to all that was unspoken.

And so began a long process of trying to heal.

During that first year, I lived at home with my parents, not working. The trauma disconnected me from my work and my social network just when I needed connection most: I felt a deep isolation, along with a need to be seen and heard that mental-health jargon dismisses as “attention-seeking.”

Throughout this time, my psychotherapist back in Australia was an invaluable support. Desperate to feel safe, to feel better, I also sought trauma therapy (Eye Movement Desensitization and Reprocessing).

I tried suicide-bereavement support groups, but struggled not to fall into my “doctor” role, helping others rather than accepting my vulnerable “patient” role. I felt different—a member of a club that I’d in no way wanted to join, in a world that I’d encountered but hadn’t wanted to fully experience.

I continued to write, pain and confusion pouring out of me. It was both therapeutic and a way of creating community: I shared posts on my social media, started a suicide-bereavement social-media page and connected with others who’d suffered similar losses.

I’d felt like I was the only person who’d ever gone through this; suddenly I was hearing from friends who’d lost siblings to suicide, colleagues who’d lost parents, doctors who were struggling with their own suicidal thoughts. Suicide was everywhere, but in a way that brought some comfort and allowed me to feel less alone. I started to collate my writings, dreaming (without much confidence) of one day writing a book about my experiences.

After a year or so, desperate to regain a sense of routine and an identity outside of suicide loss, I returned to work.

But I didn’t know how to act. I felt I was wearing an invisible label—“Comes with suicide”—and must prove that I wouldn’t lose anyone else.

Fearing that my colleagues would think I wasn’t up to the job anymore, I worked harder than ever, seeing suicidal patients and pushing through the emotional triggers and inner pain, even when guttural screams threatened to erupt from inside. The return to work stifled my creativity: I questioned whether my writing was meaningful, given how I was feeling.

Depressed and re-traumatized, I found myself dreaming of leaving the field. I kept mentally revisiting moments in my medical training—traumatic deaths, life-changing diagnoses. The one thing these had in common, I realized, was the expectation that I would dust myself off and keep on going, as if they hadn’t happened. Each trauma had brought a tougher layer of emotional armor, and more confirmation that to survive in medicine, I needed to “just get over it”—to be the doctor, not the patient. But now, the harder I tried to keep my personal demons at bay, the more they threatened to engulf me.

Maybe it just isn’t possible to work in psychiatry after a loss like mine, I thought. How can I find compassion for myself in a system that celebrates those who continue even to the point of collapse—or suicide?

In 2021, desperate to find a community that understood how I felt, to get reassurance that it was okay *not* to be okay, I applied to become an

ambassador for You Okay, Doc?, a charity founded by and for doctors seeking support for mental-health struggles.

In this forum, I found room for my pain. I realized that I *couldn't* "just get over it." I needed to create space for my feelings and to validate the brutality of my loss, complicated by my work, or my suffering would continue.

Gradually, I began to feel less alone—to realize that, as we open up and share our vulnerabilities, healing can happen both for ourselves and for others. I began to feel that it was okay to be different. That I wasn't "less than" for needing adjustments and extra support. That I didn't have to "just get on with it."

Maybe it doesn't have to be game over, I reflected. Perhaps I can use my experiences to aid my practice, rather than waiting to be exposed as a damaged imposter.

I began seeking ways to unearth my writing voice and feel creative again. Recently, I took a short memoir-writing course that encouraged me to share my experiences more widely.

It's been nearly five years since my wife's death. Gradually, with support from my mentors and colleagues, therapist, fellow suicide-loss survivors and loved ones, I've felt a new protective armor forming inside. It's made of lots of strong new parts, but also makes room for vulnerability.

For so long, I clung to the idea that I needed to become a "strong" doctor again, healed (at least to outward appearances). I see it differently now.

I can't do the same things I used to, and I don't have to. I need to press "pause" often and apply tenderness to the broken areas in myself. I am making friends with my demons by offering them space and compassion, and by giving a voice to what so often feels unspeakable.

And with this, I am coming back to myself and my patients.