

# The Empty Chair: How Patients Cope With the Death of Their Therapist

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Last summer, after the suicide of a Manhattan psychologist, 30 of her patients gathered to share their grief. They lauded her, they thanked her, but they also spoke of their extraordinary anger because she'd abandoned them. One patient wrote on a memorial Web site that after hearing the therapist had taken her life, "I contemplated taking my own." In Washington, D.C., therapist Deborah Watts suffered a fatal aneurysm while conducting a session. At her funeral, patients she'd been treating for abuse issues sat clutching teddy bears and other comfort items.

New York therapist Bill Stewart was able to tell patients he was dying from AIDS, so there was time to say goodbye. Still, patients were devastated. One of them, Andrew Hearn, says the therapist knew him better than anyone else in the world. "He saved my life. I thought, 'Oh my God, how will I go on?'" That's a common question after therapists die, and it's not always addressed. As therapists age -- almost 40% of the 85,000 members in the American Psychological Association are over age 55 -- few have contingency plans for their deaths. As a result, many patients suffer shattering setbacks.

## COPING STRATEGY

Pick a new therapist **who knew the former one**.

Expect a new therapist to be **different in approach**.

**It's OK to ask** about the new therapist's health.

**Don't blame yourself:** Therapists don't die from boredom.

"No one wants to talk about this. It's taboo," says Joan Beder, an associate professor at Yeshiva University's Wurzweiler School of Social Work in New York. She began studying the problem after inheriting two patients from a psychologist who died in a car accident.

When medical doctors die, they leave behind thick files for inheriting physicians, with details of a patient's check-ups, prescriptions and surgeries. But many therapists keep sketchy notes at best. Some say that's because they don't want sensitive information to be disclosed to patients' insurers, employers or families. But as a result, therapists who inherit patients often must start from scratch. They also find themselves contending with "the other shrink in the room," as patients judge them against the therapist who died.

Often, new therapy focuses on coping with the death of the old therapist. One patient Dr. Beder inherited had attended her late therapist's funeral, hoping to ease her grief. Instead, she felt like an outsider. Patients feel like disenfranchised grievors at funerals because they aren't relatives or friends, and some families consider it intrusive when they show up. Also, some patients feel envious seeing the therapist's "real family." (Even therapists, who are often in therapy themselves, have trouble coping when their counselor dies.)

It can be a challenge just to notify patients when a therapist passes away. Patients don't always tell their families they're in therapy, so it's not safe to call their homes. And some deceased therapists don't even leave behind client lists. After Los Angeles psychologist Stan Ziegler died suddenly in 1995, patients (including Olympic diver Greg Louganis) found out after coming for an appointment and finding a cryptic note on his office door. Dr. Ziegler had been helping Mr. Louganis find the courage to go public about having AIDS. When the diver finally revealed his secrets to the media, he tearfully said that he was keeping a promise to his therapist, who'd just died.

In the wake of a beloved therapist's death, many patients are reluctant to start therapy with someone new. Joe Rosenthal, a New York psychologist, died last December, and colleagues offered to take his patients. "Nobody went to them," says Dr. Rosenthal's wife, Dorothy Yang. "Many patients said to me, 'I want to stay with Joe a while longer.' "

Therapists who are dying struggle over whether to involve patients in the process. Jenilu Schoolman, a psychologist in Schenectady, N.Y., told patients she had breast cancer. The disclosure traumatized her patients. She later wrote in an online posting: "They grieved for all the losses of their lives, all the disappointments, all the loves that failed, all the abandonments. My illness seemed to evoke all sorts of unresolved griefs." She died in 1996.

Faith Tanney, a psychologist in Washington, D.C., plans to tell patients if she ever develops a terminal illness. "It's irresponsible not to," she says. "It would qualify as patient abandonment. They could sue your estate."

Florida is one of the few states that requires the heirs of deceased therapists to place newspaper ads saying the therapist has died, and where their files can be found. But in California, therapist Betty Berzon has arranged to have files on 2,000 past and present clients destroyed after her death. She believes it's necessary to protect patients' privacy. Therapists sometimes write patients into their wills. Kathryn Janus, a psychotherapist in New York, plans to have her jewelry divvied up among 25 patients "so they'll have a piece of me to keep." Ann Steiner, a psychotherapist near San Francisco, developed a system that helps therapists plan for unexpected absences, including death. She suggests that all therapists name an "emergency response team," and have letters and answering-machine messages written in advance. Sometimes, patients find their own paths toward closure. Mr. Hearn's daughter had a soccer game on the day of his therapist's memorial service. He went to the soccer game because he knew his therapist, Mr. Stewart, would have encouraged him to do so. Mr. Stewart had often waived Mr. Hearn's fees, knowing his patient had little money then. "Don't worry," the therapist said before he died. "I don't know how, but someday you'll repay me." Mr. Stewart's mother is now elderly and ill, and Mr. Hearn has volunteered to help care for her. Grateful for the opportunity, he often thinks of the message on his therapist's tombstone: "Your life has given us life."