

Nisus: Neurology and the Humanities

nī'sus, *n.* [L.] A step or tread; endeavor; ascent and flight; the course of the stars; the pain of giving birth.

Personal History | Michael Aptman, MD

One in a million?

The deaths we encounter in our professional lives as physicians usually result from disease or an accident. When we consider our personal lives, we tend to think along similar lines. The chance that a family member will be murdered seems remote: "one in a million." Yet in 1995, my daughter Melissa was murdered during a carjacking. Since then, my wife, Lynn, and I have been living every parent's worst nightmare. In the instant it took to fire one bullet, an act of unprovoked violence transformed my life from one I thought was perfect into one that will forever be tainted by her death.

My family was preparing to go to St. Louis for Melissa's graduation from Washington University when we received that terrible middle-of-the-night phone call. We were informed that Melissa and a friend had just left a Cinco de Mayo dinner celebration in a "very safe" neighborhood when they were abducted. Both young women were shot through the head. Melissa died. The other woman miraculously survived and recently graduated from law school. She helped convict the assailants.

Melissa was born when I was a neurology resident at the University of Rochester. She was every parent's dream child. We used to tease her that she came out of the womb perfect. She had the ability to be all things to all people. She made an enormous impact in her brief 22 years. She would have had an even greater impact in the years she should have lived.

Three days before her death, Melissa wrote, in a final examination, about violent acts against women that "attempt to break the human spirit and destroy the state of mind of those involved . . . In spite of the brutality imposed on them," she wrote, "women almost always find some source of strength." Since her death, we have been trying to locate that strength for ourselves.

When a child predeceases a parent, it creates a great abyss that can never be filled. The most haunting thing someone can say to me is "How many children do you have?" or "Tell me about your children." I believe my children are my legacy to society, and I consider myself blessed by my devotion to my family. I have recognized, as I have grown older, that a greater part of me lives through my children. With Melissa's murder, part of me has died and part of me is alive but does not want to be. I hate talking about her in the past tense, because I still cannot bear to



Melissa Aptman

think that I will never be with her again. I don't want to move on because I do not want to leave her behind. I know I will spend the rest of my life trying to cope with the loss.

From the outset, I have tried not to be too harsh on myself, and I have survived by taking life one day at a time. I have been told that, in time, I will again experience the joy from my 22 years with Melissa. Now, my grief and my joy are intertwined. For example, every family event is a time of turmoil that will forever be tainted by her death. I have always considered my role as a father and family man the essence of my existence. As a result, I have always been present at the important life events of all my children. I even went on field trips with Melissa's class. When she was in college, Melissa counseled me that I was too invested in my family. She often encouraged me to "get a life." Since I was always there for Melissa, I have no guilt about our relationship now that she is dead. My greatest joy remains being a father to my two surviving children. My life's experiences have taught me to cherish these memories even more now. After all, since that "one in a mil-

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lion” happened to me once, I know it can happen again.

I have been a practicing clinical neurologist for 25 years. I am now the managing partner of an eight-member neurology group and a professor of neurology on the voluntary faculty of the School of Medicine at the University of Miami. I was the one who was always asked to meet with families of difficult cases in the ICU because of my sensitivity to their issues. As a result of Melissa’s death, I am even more sensitive. I have become highly tuned in to the emotional and psychological effects of neurologic illness on the lives of my patients and their families. Previously, these emotions were beyond what I could have felt or imagined. Now they are part of my experiences. I find that sharing and empathizing with patients greatly enhances our relationship and promotes healing. I have a better understanding of how privileged we are to be able to practice as physicians. In retrospect, the signals were always there; I just needed to slow down and increase my awareness to the cues. Sad as it may sound, I have become a better person as a result of the death of my child.

During the initial mourning period, I had decided to retire. I soon realized, however, that all I would do was sit home and cry. I became aware of how much better I felt when I was caring for others, but I needed to make changes in my practice to accommodate my new realities. My partners graciously agreed to take my on-call rotation. I eliminated seeing hospital emergencies. I greatly expanded my interactions with patients and families in need.

My day now typically starts at 7:30 AM with morning prayers with my 92-year-old father at my side. I believe that through prayer and good deeds you bind up the soul of a loved one as a source of eternal blessing. I find that meditation helps cleanse my soul and allows me to feel closer to Melissa. I spend the rest of the day working the same hours as a neurologist. My personal time is much more devoted to pursuing activities that give me peace and bring comfort to others.

Every day since Melissa’s death, I have been the fortunate recipient of acts of kindness. It has made an enormous difference to me as I try to heal my wounds. Many well-intentioned people have given me advice, and I have tried to take and use whatever works for me, discarding, without malice, whatever does not. I have come to realize that we all grieve in our own way. Even my wife and I, who have been soul mates and best friends for over 30 years, are grieving very differently.

I guess I have learned to act as if life goes on in spite of such tragedy. After a while, one begins to believe and incorporate that idea, and it helps to camouflage the pain. (The title of a book about grief, *A Broken Heart Still Beats*, accurately describes my life now.¹)

I was mistaken to believe that I could live an isolated existence with my family and protect them from the world. No one can build walls high enough

or thick enough to keep out the evils of society. It would seem reasonable for a family like ours to hope that two generations of the family would be able to share at least 30 years together before a member of the older generation died. That is the natural order of things. Unfortunately, the likelihood that, during that time, a stranger will kill someone in that family approaches one in a hundred, not one in a million.

Violence is a blight on our society that has reached epidemic proportions. Figures from the Bureau of Justice Statistics of the US Department of Justice indicate that in 1999, the homicide rate in this country was 6.2 per 100,000. Although that rate is substantially lower than in 1995, the year Melissa was murdered, in our population of over 281 million there are still about 13,500 homicides each year. Forty-five percent of these killings are committed by a person known to have been acquainted with the victim; 15% are committed by someone known to have been a stranger. In the remaining 40% of cases the relationship between killer and victim is not known. If, in those cases, the same 3:1 ratio holds true, then a stranger commits one in every four homicides. The chance that, in a given year, an average household of 2.59 people will suffer the loss of a family member to murder by a stranger is slightly greater than 1 in 10,000. In the 30-year history of a household like ours, the odds rise accordingly. Moreover, in big cities, such as the one I live in and the one in which Melissa died, the rate is about three times the national average. Viewed in this way, our family’s story may not seem so remote and unlikely after all. Moreover, through a ripple effect, murder has become a common consideration in all of our lives.

Circumstances have altered my expected path in life. I am striving to make something positive come from all of the pain. I believe we are defined by how we respond to that kind of pain. Since Melissa’s murder, my road has been very clear. I must try to reframe tragedy into triumph. Since my daughter has been murdered, I must try to accomplish some of her goals in her stead.

In 1996, I helped establish the Melissa Institute for Violence Prevention and Treatment of its Victims.² Its mission is to bridge the gap between scientific investigation and the practical application of research findings. The institute initially worked with professionals in Miami and is now expanding nationally to New York and other cities. Past accomplishments include sponsoring annual conferences on aspects of violence prevention for professionals, supporting a Youth Conference on Bullying, training middle school faculty and students in a violence prevention curriculum, and providing annual scholarships to support doctoral students’ research dissertations in the field of violence prevention. Because some 85% of juvenile offenders are illiterate, the Institute is committed to improving student and family literacy through consultation, improvement of existing programs, and other initiatives.

I am sure the Melissa Institute would have Melissa's blessing. It reflects the concerns and interests she was developing as a young woman, when she wrote her college essay about violence. As it says on her gravestone, "Her memory lives on in each of our hearts."

It is my hope that, after reading this article, each day as you process the news you will become more sensitive to the many faces of violence in our society. I believe, from my experiences, that increased sensitivity will enhance your effectiveness in the care of your patients. I also hope that you will have a

greater understanding of the post-traumatic stress that secondary victims like me are living with daily. As a tribute to victims everywhere, we must transform their absence into a presence by conquering evil and performing acts of charity and kindness. Together we must make a difference.

Acknowledgment

The author thanks Dr. David Goldblatt, who invited and edited this contribution to *Nisus*. It would not have been written without his encouragement and support.

Editor's note. Volume 57/Number 5 of *Neurology* bears on its cover the date September 11, 2001—the date now known simply as 9/11. When I look back at that issue, which had been readied for publication on a day that, when it arrived, proved to be infamous, the closest I can find to anything bearing on its events is the article by B.L. Miller and others, on page 817, dealing with the "neuroanatomy of the self" and describing instances in which organic changes in the brain produce "dramatic changes in [the] self as defined by changes in political, social, or religious values." That article illustrates a way in which neurology relates to the world. Since then, all of us have become more strongly aware of our connection with the world, both as professionals concerned with the brain and as humans concerned about brain-mediated and brain-driven behavior.

In our exchanges through the process of preparing his story for publication, Michael expressed these thoughts: "I am excited that my article is appearing in the issue of *Neurology* that marks the anniversary of 9/11. Since then, all Americans have been living with post-traumatic stress, and I've been struggling: I have a very personal perspective about the effect of violence."

If you want to help with Michael's struggle to "make a difference," by supporting the Melissa Institute, by giving to victims of 9/11, or in any of the ways we all can find if we put our hearts to the task, he and his family will be grateful for your response.

David Goldblatt, MD

References

1. McCracken A, Semel M. A broken heart still beats. Center City, MN: Hazelden, 1998.
2. For more information, please go to <http://www.melissainstitute.org>.

AUTHOR QUERIES

AUTHOR PLEASE ANSWER ALL QUERIES

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