Chapter 3: Post-Methodology

3.1 Bricolage: The Theoretical Method Guiding the Study

'Researcher as bricoleur', a phrase coined by Denzin and Lincoln (1994), fits well for this project. Denzin and Lincoln (2003, p.5) refer to a researcher as a bricoleur 'as a maker of quilts, or, as in filmmaking, a person who assembles images into montages'. It is a methodology for the employment of multiple methodologies. Bricolage, speaks to me of freedom, fluidity, temporality, superimposing and multidimensionality. It lends itself to creativity and resonates with psychology as art rather than psychology as science. In this approach 'the researcher is seen as making use of different research tools and techniques in so far as their application contributes to the achievement of insight and understanding. There is no fixed method' (McLeod & Balamoutsou 2001, p.4). West (2001, p.130), referring to bricolage, says 'This perspective is a response to a realisation that human reality cannot be objectively known, but only be represented'. The meaning Levi-Strauss (1966) has for bricolage is that of a type of handy person, or do-it-yourself craft person who pieces together all manner of materials that may come to hand in order to serve the requirements of a task. For me, the word conjures up images of market stalls that sell 'bric-a-brac' and of making beautiful artworks – dense collages with many layers. This research embraces the post-methodological era that we now appear to be in, an era where research methods have a pragmatic quality (Boucher, 1995). An era where qualitative research is seen as an 'interdisciplinary, transdisciplinary and sometimes counterdisciplinary field' (Denzin & Lincoln 2000, p.11). In adopting the bricolage method, I can choose aspects from a wide variety of methodologies if they have appeal, yet without having to be rigid about any aspect of the methodology in particular. I am able to make use of the many paradigms and methodologies that I have an affinity and an experience with. Narrative is one of the methodological approaches that I have strength in. This bricolage method has as its centre piece a narrative inquiry methodology (Clandinin & Connelly, 2000) but I have also drawn upon other methods. The bricolage method does not demand a certainty and the goal of this research is not certainty.

3.2 Bricolage Methodology and the Broader Context of Qualitative Research

Denzin & Lincoln (2000), who write from North America, say that qualitative research has 'seven moments'. These moments are:

'the traditional period (1900-1950); the modernist of golden age (1950-1970); blurred genres (1970-1986); the crises of representation (1986–1990); the post-modern, a period of experimental and new ethnographies (1990–1995); postexperimental inquiry (1995-2000); and the future, which is now (2000 -   )' (Denzin & Lincoln, 2000, p.3).

The bricolage methodology fits into this broader context in the phases of 'postexperimental' and 'the future'. However, Denzin & Lincoln (2000, p. 3) suggest that the moments 'overlap and simultaneously operate in the present'. The 'future moment' is described as being about moral discourse and asks that 'the social sciences and the humanities become sites for critical conversations about democracy, race, gender, class, nation-states, globalization, freedom and community' (Denzin & Lincoln, 2000, p.3).

3.3 The Attraction of Bricolage Methodology for this Qualitative Research

There were several reasons why bricolage, as a theoretical method, was preferred for this study:

(i)   The bricolage method is attractive because it has the ability to incorporate different types of qualitative research methods. This study has incorporated aspects of: *narrative inquiry, heuristics, phenomenology, hermeneutics, semiotics, reflexivity, participatory research, grounded theory and case study methods* into the bricolage methodology. The incorporated aspects shall be discussed later. Adopting the bricolage method means that the study is not purist but has borrowed insights from a variety of methodologies where these insights have resonance.

(ii)   The bricolage method is attractive because it is flexible in its application across all areas of the research. For example, it allowed the interviews to be constructed and the data displayed in a variety of ways. Mostly, the

data have been placed in a poeticized form. The bricolage method enabled creativity to be applied to the data analysis.

(iii)   The bricolage method opens the door to researcher reflexivity (Etherington, 2001) and 'researcher embodied writing' (Clandinin & Connelly, 2000). Where possible, researcher transparency is part of this study and 'disembodied speech statements' have been avoided (White, 1997, p.99). Researcher reflexivity has been included throughout the research.

Research using the bricolage method is about choosing research practices that relate to context and temporality, what is available in this context and time. For me, my context is my understandings and knowledges – I cannot know what I do not know, I cannot think outside of what I know. My knowing is limited to my personal humanity, my social setting, my place in time and space, my personal history and the economic and global context. The choices I make are within the constraints of various forms of social, cultural and political domination (Myers, 1997).

The bricolage method does not demand rigidity to any particular qualitative research method, but does deserve an explanation of how the variety of methods have been applied. I will now outline what the bricolage method has put together, how this was done and the contribution this research method hopes to make.

3.4   The Bricolage Method: Qualitative Research Methods that have been Incorporated into the Study

Narrative inquiry, heuristics, phenomenology, hermeneutics, semiotics, reflexivity, participatory research, grounded theory and case study methods are some of the qualitative methods that have been adapted and blended for this research.

3.4.1   Narrative Inquiry

Clandinin & Connelly (2000) note that narrative is both a phenomenon and a method. Narrative as a methodology has been incorporated into the bricolage method. Narrative as a phenomenon is part of the subject of the study. Sometimes the two blur making the subtleties difficult to notice. The narrative method has not attempted to convey objective knowledge or reality. The

approach is a story of stories and hopes to shed light upon the acting and the thinking of others in their specific context and temporality as they live out their stories. The stories are like narrative chunks, shown as smaller stories, taken from larger ones, and displayed in the form of poems. Each poem is like a mini-narrative or mini-story and carries a story line, plot or theme. I have added an introduction at the beginning of each chapter, a reflection after each poem and a conclusion at the end of each chapter. The mini-stories or poems, when placed together, could synthesize into a book, perhaps the book could be entitled 'Narrative Ways of Being and Working with People who are in a Suicidal Context', or something like that. This research is about local practice; knowledges and experiences of a particular issue in a specific setting and in a context of time; experiences and knowledges that may have widespread appeal and application.

The poeticized transcript pieces (the data of this study) are like mini-narratives. They attempt to give some coherence and meaning to the flux of therapy experience. They use metaphor, sizing and rhythm. They outline some purpose and intention to the randomness of life, suicide and their relationship with narrative informed therapy. The poems are a way of 'showing', as well as 'telling', about narrative informed practices in relation to suicidality. The pieces are like small windows for the reader to look out of, windows which shine light on to possibilities. Just like looking out of a window there is a knowing that there is much more beyond the window. The reader or audience can actively have a look in and perhaps catch a glimpse of possibilities for the future, a snapshot of the past, as well as relate with the text in the present moment.

As narratives are an act of censorship, it is like we only have windows – researchers, authors, readers, listeners and story tellers can only see, hear and say so much from the perspective of their window. In this research, it is hoped that the integrity of the narratives is protected and respected. The poems or mini-narratives are one part of the interpretation and the reader can experience them in passing and/or make their own meanings. Sometimes the narratives may only exist in the exchange between the teller and the listener or the writer and the reader, in the liminal space.

Narrative methodology has influenced the presentation and writing of the results and discussion chapters. This methodology calls for writing in ways that are not imposing, and that are embodied (Clandinin & Connelly, 2000). I have therefore shied away from imposing my ideas, the ideas of others and from analyzing the results in the more positivist traditional way. As a research colleague, my voice, thoughts, wonderings and questionings are reflected in the discussion. Narrative methodology and analyses invites the struggle of staying with my own experiences without imposing them on to others, of bringing my voice into the conversation without obliterating something. There is not a neutral way to do this, therefore values are expressed by way of opening up conversation, using questioning and wondering. A tentative style has been used so that there is a fit with the ambitions of narrative methodology. The work is showing and telling.

3.4.2 Heuristic Methodology

Some of the methods used in heuristics have been chosen for this study. Heuristics seeks to arrive at 'qualitative depictions that are at the heart and depths of a person's experience, depictions of situations, events, conversations, relationships, feelings, thoughts, values and beliefs' (Moustakas, 1990). This study has attempted to live up to this. Kleining & Witt (2000) suggest four 'rules' when using an heuristic approach. To an extent and not in a constraining way, these 'rules' have assisted in guiding the bricolage method. The four rules are:

> '(1) The research person should be open to new concepts and change his/her preconceptions if the data are not in agreement with them. (2) The topic of research is preliminary and may change during the research process. (3) Data should be collected under the paradigm of maximum structural variation of perspectives. (4) The analysis is directed toward discovery of similiarities.' (Kleining & Witt, 2000, p.2-3).

Further, from the outset I was guided by Moustakas' (1990) six phases to heuristic research: *initial engagement, immersion, incubation, illumination, explication and creative synthesis.*

3.4.3   The 'Hermeneutic Circle' and Phenomenology

In this research hermeneutics and phenomenology (Gadamer, 1976) have been applied loosely. Sometimes, in the analysis, there is a back and forth flow from each piece of text to the whole of the text/texts. Perhaps, each poeticized piece of transcript or 'poem' can be likened to a piece of patchwork quilt. The piece can be considered on its own or as part of a larger whole. When I think of 'quilt', what comes forth for me is the AIDS quilt, a huge artwork where each piece of the quilt represents the life of a person who has died and tells a story of their life. The pieces synthesized together, weave a whole story about community and culture. It speaks to me of life, death, collaboration, celebration, politics, unity and pain, simultaneously beautiful and sad, evoking a myriad of emotions and words. I remember seeing it in the early stages in an Anglican Church in Kings Cross. I know people who worked on pieces and I remember the lives of people known to me who once lived with AIDS and HIV. I wonder where the quilt is now – I will chase this thought up because I would like to see the quilt again.

I have also taken, from phenomenology, the idea that phenomena are apodictic, and in some ways have allowed the data to be as it is and to speak for itself (Gadamer, 1976). This seems to resonate with the hope of protecting the integrity of the data and allows the reader to make their own meaning and sense of the patterns and collections of the work. However, I have not bracketed my assumptions or put aside my biases. After most of the poems but not all, I have written a reflection trying to be mindful that the reflection has integrity with the overall data and that the reflection be located within my personal experience. One bias I hold is that it is impossible to suspend beliefs especially when the subject is something that holds a lot of meaning. The topic suicide can evoke strong emotions and feelings, many people have been touched by it. I think, a topic like suicide deserves to be spoken about from a position of subjectivity, transparency, integrity and reflexivity.

3.4.4   Participatory Research

As I was not suspending my own judgements, biases, and prejudices, I decided to borrow some of the ideas that fit with the methodology of participatory research (Etherington, 2001). I view myself as a research colleague in the research as I am a narrative informed therapist and work with people who are engaging with ideas to end their lives. The 'insider perspective' (West, 2001) is able to make use of the knowledges that I can bring to the two topics, suicidality and narrative therapy. It also assists in the engagement with the research colleagues and helps to get to the heart and depth of the subject easily. There is passion, compassion and insight for the subject and this has assisted in driving the project forward. Taking on the 'insider perspective' and putting it into the bricolage method has enabled me to discuss this perspective when reflecting and discussing the results. The tension is in getting an appropriate balance between the research colleague's voice and my own.

There were many occasions during the interviews when I followed Weingarten (1998, p.4). She states:

> 'the post-modern narrative therapist is present in the interview in a very different way than is the modernist therapist. ... I consistently share my thinking about what I am thinking and I situate my responses to the "events" of the session, or the events that are reported, as coming from my own experience. This makes us all privy to much the same working "material"'.

For example, one research colleague told me a story about one of the people she works with and their relationship to music. I then shared a story about a person I had worked with and that person's relationship to music and politics. I was also able to take back some of the ideas given by the research colleagues to my own therapeutic work with people who are in a suicidal context.

3.4.5   Reflexivity

'The stories we bring as researchers are also set within the institutions within which we work, the social narratives of which we are a part, the landscape on which we live (Clandinin & Connelly, 2000, p.64). In joining with heuristics and the seventh moment, the bricolage method attempts to be reflexive, have an openness and a transparency. Being reflexive means I have attempted to bring

to the surface meanings I make of my experience of race, gender, class, cultural and intellectual pre-understandings, and more (Etherington, 2001). In keeping with reflexivity I am aware of the multiple-sense that I make of myself. For example, I hold identities which I have chosen or which have been placed upon me, like, woman, feminist, mother, white, narrative informed therapist, dual diagnosis counsellor, psychologist, student, parent, teacher, friend, partner, wife, daughter, sister, working class, middle class etc. I have also attempted to make transparent my own moral position, at this point in time, on suicidality and the feelings and emotions the subject evokes for me. There is no doubt that my humanity has influenced the research. The tricky part is unpacking this to make meanings about what parts of my humanity influence what parts of the research. As with most things, there is no certainty. However, to not put my subject being, or humanity 'out there' would take away from the depth of the research, and not align neatly with the methodological approach chosen.

A further point, in relation to reflexivity, McLeod and Balamoutsou (2001, p.5) state that they have found that 'the integration of researcher reflexivity into research reports remains problematic. In Doctoral dissertations, we have found that there is enough space to allow a full and authentic use of reflexive material'. Within this research, I have placed some reflexive material throughout the chapters and some in the final chapter, in the hope that this adds value and authenticity to the work.

3.4.6 Case Study Methods

Aspects of case study methodology have been applied to the data (Yin, 1994). In some ways, this research reflects one large case study. The colleagues are a homogenous group and form a purposive sample (Patton, 1990). As they are so similar, I have sometimes thought of them all as one whole, or six parts of one whole. The research is like a large case study because they are similar and so like 'one whole'. The stories (or data) from each colleague also make up one case study, that is six case studies. Further, within the stories, the colleagues describe case studies of people they have worked with.

3.4.7　Grounded Theory

To begin with, before I decided on embracing the bricolage method, I thought that I would adopt a grounded theory approach and perhaps work towards 'saturation' (Glaser & Strauss, 1967). As I went on with the research, I kept discovering more and more about qualitative research. It became apparent that the research best fitted the bricolage method because I was using many methods to get the job practically done. However, in organising the data, in the beginning, in line with grounded theory (Glaser & Strauss,1967) I coded all the transcripts, I numbered all the lines and all the themes. I pulled everything apart and placed similar ideas together, both within and between each transcript. There were 86 themes. The importance of an idea was initially weighted by its frequency. The ideas that were most congruent with the research questions and most important to the research colleagues played the strongest parts in the results and discussion of this research. As the interviews progressed, fewer themes were arising, for example the first interview had 40 themes and the last had six themes. Perhaps this is a reflection of the homogeneity of the six narrative informed therapists. Perhaps, it is more about the natural process of coding and analysis whereby, over time, it is easier to identify larger core themes more clearly and quickly. Unlike the first interviews, where there is a greater need to break it down it little categories.

3.4.8　Semiotics

The grounded theory moved in the direction of semiotics. I began focusing on the language that the research colleagues used to describe ideas. As mentioned, in seeking out the themes, patterns and regularities were selected out of the text. The assumption is that meaning is formed in the exchange between the research colleague, researcher and the reader of the selected texts. Inferences have been made from the patterns and regularities and these inferences also made up the themes. Yet, there has also been a focus on language in the form of regular metaphors and allegory, hence the stanzas and poems (Myers, 1997). Where language patterns, conversation styles and metaphors appeared frequently within the selected themes, they also played strong parts in the results and discussion section of this research.

3.5 The Bricolage Method: Practising, Poeticizing, Reflecting and back again

The words practising, poeticizing and reflecting summarise the doing of the bricolage. The practising is the practice knowledges and experiences of the research colleagues, the poeticizing is the forming and presenting of the practice knowledges and experiences, the reflecting is the reflections that I added. As already mentioned, six in-depth interviews were conducted with highly experienced practising narrative informed therapists by myself, also an experienced practising narrative informed therapist. We all have experience in working with people in the context of suicide, participation research (Etherington, 2001) and insider perspective (West, 2001). From the interviews about the practising, narrative transcripts were formed. These transcripts were taken apart according to themes (Moustakas, 1990), the most frequent occurring themes were selected out (Moustakas, 1990) and poeticized (McLeod & Balamoutsou 2001). Overarching themes were named, like: connecting, questions, multidimensions, suicide, intentions, and narrative therapy. An inference was made and each section was selected to go under one of the overarching themes where it seemed to fit best. Reflecting then took place from the 'insider perspective' (West, 2001). That is, some reflective text, carrying 'my signature' (Clandinin & Connelly, 2000) was placed after each poem (the details of how I went about writing this text is explained more fully below). After the reflecting, the poeticized sections were quilted together, similar sections were sometimes placed before or after similar sections, sometimes dissimilar sections were placed together.

3.6 Sample choice

I chose to use a purposive sample (Patton, 1990). The research colleagues were personally chosen from therapists known to me. They were chosen because of their depth of experience and years of experience in both narrative therapy and in working with people who may be engaging with ideas to end their life. The research colleagues were people I met at narrative therapy conferences (two research colleagues), or met during workshops or courses on narrative therapy (four research colleagues). They appeared reasonably representative of the experienced Sydney narrative therapist population. I chose a purposive sample for the intensity and depth it can provide. Information rich data was sought so that the two topics, narrative therapy and suicide, could be more intensely and richly described. The

purposive sample was also chosen for homogeneity, so that the subject matter could be brought into sharper focus and the analysis simplified.

3.7 Research colleagues who participated in the study

Irene Pepperberg, through researching parrots, studies the formation of language (Pepperberg, 2000). She does not call her parrots, subjects, participants or informants. She calls them colleagues. I have borrowed her terminology. I think research colleague is the most appropriate, respectful and best fitting name for the therapists who gave their stories for this research. They are colleagues. Conversational interviews took placed with therapists who work from a narrative informed position and who have had experience working with people who have been suicidal. This is a purposive sample (discussed below).

3.8 Experience level of the research colleagues

All six therapists have over 10 years counselling experience each. Including myself, altogether there is, conservatively, a total of 70 years counselling experience. Three of the research colleagues had training in social work and three were trained as psychologists, this was not my intention. I have been trained as a psychologist, we are all members of our respective professional bodies. They have all been practising narrative informed therapy since the 1990's. None of the research colleagues said that they were purist narrative therapists.

3.9 Research colleagues' workplaces

All the therapists worked in Sydney based agencies. The settings are both government and non-government. Due to the experience level of the colleagues, they have all worked in a variety of contexts and have all practised in or are currently involved in their own private practice work. All have experience as trainers and supervisors in narrative informed therapy.

3.10 Gender of the research colleagues

All the research colleagues were female.

3.11 Place of Interviews

All interviews took place where it was convenient for the colleagues. As it happened, all the interviews took place in the home of each research colleague, except for one who preferred to meet with me in my own home.

3.12 The Interview Process

Each narrative interview began with the question: 'When you think of suicidality and narrative therapy what does that bring forward for you or conjure up for you?' The two themes or signifiers were narrative therapy and suicidality. Narrative therapy was something that the colleagues practised regularly and had done so for many years. Suicidality is a slightly provocative word in that it is psychological and perhaps pathologising. It was my intention to try and elicit some stories to encourage some passionate talking. The idea of divergence seemed a possible way to proceed. One research colleague's response captured this idea and I think it was at this point that I more fully understood my intention behind the question.

'J:When you hear the words suicidality and narrative therapy what does that conjure up for you.

Therapist: In some ways they seem opposed to each other, or I mean they don't sit well together and I suppose then I think about it being a more exciting and intense conversation.

J: because they don't sit well together

Therapist: because they don't sit well together and also because one speaks to me as more medicalised and the other one speaks to me of conversation. When I think of narrative ways being applied to people who are suicidal I think of it more as an intense lively conversation because of the state they are in. Does that make sense?

J: yes, I think so, like

Therapist: I can see them going together, they are not mutually exclusive

J: others have said they don't go together, one participant actually said that she thought Julie-Anne must have lost the plot because of putting the two words together

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Therapist: well it is not a bad word, people know what you mean when you say it but narrative therapy then allows you to explore actually how that fits for that person which is, you know, like opens the door.'

As mentioned above all the conversations began with the same question. However, sometimes I would ask questions that related to what other research colleagues may have said for example:

'J: What another participant said, in answering this question, she said that it is really important that people were taught a framework around what they are doing, that people can't just go into this work, knowing a bit of this and a bit of that, people need a framework and she was basically saying I don't care what the framework is as a long as they have one?

Therapist: I think you need to know, rather than calling it a framework, to me, it is about having as much knowledge as possible about the range of discourse and languages that are alive to the different frameworks. I mean that to me is helpful to know.'

The question guide, was used to prompt the interviews, and was formed with six ideas in mind:

- Meanings of suicidality and narrative therapy.
- Exploring, naming and making visible some of the ways in which therapists work with people who are holding ideas and or engaging in practices that may support them to end their life.
- Exploring, naming and making visible any discoveries of what has been effective in lessening the ideas and practices that are supporting suicidal notions
- Training ideas for therapists engaging with this edge of the work
- Discoveries made from the conversation.
- How to take therapeutic discovery beyond the therapy room.

3.12.1   The Question Guide

When you stop and think about suicidality and narrative therapy – does it conjure up anything in particular, bring anything forward?

Is there a way of speaking about this area of the work that you prefer – that feels comfortable for you?

What comes to mind when you consider the therapy in this area of work?

What are some of the intentions you are bringing to the therapy?

What are you most interested in exploring/discovering?

Could you tell me some of the ways you have worked with this? For example what are some of the steps you have taken, questions asked?

In your experience, what have you discovered that assists or contributes or is influential to people becoming less suicidal?

Can you describe a specific case which involved suicidality and how you worked with it. What were the outcomes?

How do you sustain yourself when doing this type of work?

What do you think a person who sometimes presents in this way to therapy contributes to your life?

What do you imagine you contribute to their life?

How do you think therapists should be trained so that they can work effectively with this area of the work?

What advice might you give new therapists?

Can you tell me what this conversation has been like for you? Have you made any discoveries about yourself or about this issue that are new?

3.13 Tape recording and transcripts

Each interview was tape recorded, with the full permission of the research colleagues, and typed up fully, as soon as was practically possible after each interview. Each transcript was sent to the colleagues and their feedback obtained via a telephone call. All said that their transcripts were an authentic representation of the conversation. One said there was a part that she would like taken out, or at least not published, where she talked personally about her own struggles – these struggles did not relate to engaging with ideas of ending her life. That part of the conversation was taken out of that particular transcript.

3.14 Mode of Analysis: The Poeticizing and Reflecting

The analysis of the transcripts follows the bricolage methodology (as outlined above). The mode of analysis and presentation of the data was inspired by the work of McLeod and Balamoutsou (2001), who presented a way in which to qualitatively analyse psychotherapy transcripts: firstly, typing up, reading and

immersion into the transcripts, identification of patterns, regularities, topics or themes; secondly, selecting these out and numbering/coding them, then putting each transcript's theme alongside each other, themes that occurred within and between each transcript. (In the end the numbering and coding served little purpose. I thought it might help me to manage the data and find where I was up to if needed. It was actually time consuming, though it helped with the 'immersion' into the data). Thirdly, I identified extracts relating to key themes and formed them into poems or mini-narratives. I put in as many of these as I felt I possibly could; there was very little transcript left over. How did I choose what to put in? I put in what I found to be most interesting and what I could see through the lenses of suicidality and narrative therapy, particularly in relation to the research question and the components of the research question (as outlined in Chapter 1).

After considering McLeod and Balamoutsou (2001), I constructed the poems by focusing on the language that the research colleagues used to describe their ideas, knowledges and experiences. Without adding any words to their voice, I broke the text apart where patterns occurred. For example, I sometimes cut the text when the same word kept appearing and I sometimes used the white space around the words to illustrate ideas. I never added words but occasionally deleted what I considered superfluous words so long as meaning and context was not lost. On a few occasions my voice has been included in a poem, where this is done, it is clearly labelled, otherwise all the words and questions are those spoken by the research colleagues. There has also been a focus on regular metaphors and allegory. As mentioned, where language patterns, conversation styles and metaphors appeared frequently within the selected themes, they were likely to be deemed interesting and therefore be selected to be part of the results and discussion. Yet, even if a section was without metaphor, it was most likely still selected for its content alone. I looked for metaphors in each 'poem' and I used them for the title of each 'poem'. I then added some reflective discussion between the poems. In writing the reflective discussion I kept in mind the seven following points:

(i)   Content that resonated for me and linked with a narrative informed perspective on therapy, suicidality, connection, intention and multidimensionality.

(ii)   Content that resonated with my own life and work experiences and practices.

(iii)   Content that stirred my imagination, curiosity, and had me wondering.

(iv)   Content that struck me and evoked emotion.

(v)   Embodied writing, that is, I attempted to embody the reflection within my own personal experience and tried to avoid making statements that placed me in an expert position (White, 1997).

(vi)   The tension between voice, signature and audience (Clandinin & Connelly, 2000). That is, I tried to protect the voice of the research colleagues by taking care not to have too much of 'me' in the text that 'charges of solipsism could be attributed' (Clandinin & Connelly, 2000, p.150). I placed physical boundaries around the extracts from the research colleagues transcripts, that is black lines. I did this because I thought it fitted with the idea of looking into or out of a window, seeing something but knowing that there is still so much more beyond the window. In relation to the audience/readers I sometimes gave invitations and questions for them to engage with in the written reflection and discussion. Sometimes I simply paraphrased the poem, occasionally I let the poem stand alone and wrote nothing.

(vii)   Denzin & Lincoln's 'seventh moment'. As I have reflected upon each windowed text; I have attempted to keep in my mind the now and the future phase that qualitative research is supposedly in and do what the seventh moment asks: 'The seventh moment asks that the social sciences and the humanities become sites for critical conversations about democracy, race, gender, class, nation-states, globalization, freedom and community' (Denzin & Lincoln, 2000, p.3).

Several steps were taken to reduce the complexity of the research data and to present it in an authentic way. Kirkman (2002, p.34) speaks of validity in qualitative research in this way: 'The validity of narrative research depends on whether readers find the analysis to be plausible and credible.' The transcripts and summary representation of the results were shown to each narrative informed therapist to check if they felt the work was 'plausible and credible'. Colleagues felt the work was an authentic summary representation of their 'voice'.

Throughout the transcripts were stories or case studies about people whom therapists had worked with who had presented as suicidal. McLeod and Balamoutsou (2001, p.18) state:

'It seems to us that much qualitative research, quite rightly, includes lengthy descriptive passages and also fairly discursive interpretive writing. These forms of writing are part of a humanistic tradition of scholarship of which qualitative research forms one strand.'

I think that the method I chose of presenting the key descriptions of the ways in which narrative informed therapists work with people who are suicidal gives the work a flowing movement, not unlike the actual conversations. However, I have tried where possible to give the research a polished feel. In adopting the bricolage methodology I have not wanted the research to be in a position of being too discursive.

3.15 Weaknesses in the methodological approach adopted

Considering the weaknesses or limitations of the bricoleur approach is difficult because it depends what is chosen to measure the approach against. It seems ridiculous to measure it against the empiricist quantitative approach to research, when in many ways one is chalk and one is cheese. Qualitative and quantitative approaches, in many ways, have different purposes. Kirkman (2002, p.34) says:

'it is disconcerting to find in so much qualitative research literature, the disclaimer that the results are only preliminary findings, as though the real research will be done with random samples, standardised instruments, statistical tests, and precisely calculated levels of significance.'

So, I don't want to say anything like that or apologise for this work.

However, it is fair to say that a weakness of the bricolage approach for this qualitative research, is that I am not an expert, or fully immersed in all the different types of theoretical methodologies that I have chosen to cobble together. Some I

have been privileged to be more immersed in than others. As noted elsewhere, my strength is in a narrative approach. Yet, the metaphor of a bricoleur, is a person who draws on what tools and materials he or she has around them. I guess the materials and tools are the knowledges I hold, some are weighted more than others. Perhaps the danger for scholarly research is that the end product may be only superficially constructed. I imagine when a bricoleur sets to building something, he or she is not aiming for the something to be perfect, but for the something to be good enough and to serve its purpose.

Is the length of the work a weakness? I wonder about the effect on the reader as they read page after page of text on suicidality and narrative therapy.

McLeod and Balamoutsou (2001, p.5), talk about working with lengthy transcripts in a team setting with co-researchers in the hope of discovering alternative readings that can bring about richer descriptions. They cite Runyan (1980, p.5) who suggests 'that the relative absence of alternative interpretations is a weakness'. Apart from the task of collecting the interviews, I have been a 'sole bricoleur'. This does not fit well with my narrative aspirations or the seventh moment aspirations about collaboration, co-creating and community. The interviews reflect a collaborative approach and mostly appear conversational and in some places very much like therapy transcripts. I would have loved nothing more than to have been part of a research team working together, embracing the bricolage methodology, narrative and the seventh moment. The reflections would inevitably have been much thicker and richer.

Another weakness is that some of the context is inevitably lost and missing in the way the results have been displayed. However, the overall context is the conversation about narrative therapy and suicidality and the reader can be mindful of this.

A disappointment I have with the research, is that I would have loved to have created a space for the research colleagues to have come together and reflected upon and analysed the data, similar to a 'reflecting team' (White, 1997). This would have been like a 'telling' and a 're-telling' (Morgan, 2000). The research

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colleagues 'voice' could have made up the analysis and I think the material would have then been more richly described and I could have become less at the centre (White, 1997). Although time constraints, pregnancy and two new born babies, got in the way for this to happen, the research colleagues were willing and it is planned to happen in the future. Another plan is to gather some people (clients) who have struggled with suicidal thinking, to reflect upon the poems, and further thicken the storying around suicidality and narrative therapy. Anyway, there is a pathway for something more to come, in the future, perhaps.

3.16 The Structure and Ordering of the following Chapters

Chapter 4, titled *Meanings, Life and the Suicidal Context,* is placed as the first results and discussion chapter, based on the following thoughts. Language is an important feature of narrative therapy; chronologically, questions about meaning came first in the conversations with the research colleagues; and, it was felt that this can position the reader around the meaning of 'suicidality at the beginning. Chapter 5, titled *Case Studies* appears next for the following reason. I thought it could assist the reader to see the way the research question was beginning to pan out. That is: *What stories do narrative informed therapist hold about actual ways of working with people who are engaging with ideas of ending their life?* This focus can proceed against the backdrop of the previous chapter about meanings. From the case studies, the theme of connecting can be noticed, so the following chapter, Chapter 6, *Connecting in the Context of Suicidality,* seemed to fit nicely. Following from this, Chapter 7, *Intentions and Questions when working Narratively in the Context of Suicidality* further develops the other components of the research question. Chapter 8, titled *Training* is a gathering of ideas around training in relation to aspects of ways of actually working as highlighted in the previous chapters.

All the chapters have a small introduction and a conclusion. Some chapters have headings to assist with structure, all the poems have headings. The final chapter, Chapter 9, is a conclusion, seeking to pull the research together, embedded within this is researcher reflexivity and discussion about the research journey.

Chapter 4: Meanings, Living Life and the Suicidal Context

Language and Meaning

Narrative therapy, being a post-structuralist therapy, sides with the idea that meaning can never be settled, meaning is always constructed and therefore can be deconstructed, negotiated and re-negotiated (Bird, 2000). Without the negotiating of meaning, meanings may conflate. For example, one may arrive at a meaning of suicidality for a particular moment and context but it may change for another time and place. Viewing meaning as not settled opens up possibilities, concluding on a meaning can close down possibilities. The opening up of possibility is appealing and can bring forth opportunities for change, for connecting, or for things to be different. It seemed important, given that the research methodology centred around narrative inquiry, that research colleagues were given an opportunity to reflect upon and speak about what narrative therapy and suicidality means to them, rather than assuming what it might mean or giving definitions. This chapter focuses on the meanings the research colleagues have about narrative therapy, about life and particularly about suicidality.

Words

> **'Suicide-Informed Actions'**
>
> *Suicidality*
> Well it sounds like a psychology term to me,
> *it is not a word that I would use.*
> It is more something you would read in a text.
>
> I suppose I have always been *curious* about
> that notion of
> suicidality and how
> it potentially links to a pathology
> around peoples lives or actions
> that might be suicide-informed actions.
>
> *Therapist 5*

In this poem, the research colleague appears to be separating herself from psychology. Is she saying the psychologising of suicide may get in the way of

understanding suicide-informed actions? And, that 'potential links to pathology' are not helpful when working with people who are engaging with ideas of ending their lives? For me, the word 'suicidality' does obscure more than it reveals. Asking questions like, 'what does acting in a suicide-informed way mean? What is informing suicide?' could bring forth an abundance of stories for further exploring. I like this research colleague's use of the words: 'suicide-informed actions'. It has influenced my thinking in relation to my work with people who are in a suicidal context. I have used her language in this research as well. The theory of narrative therapy is active in studying language and its effect on the lives of people, especially language that might be prescriptive or pathologising (Freeman & Combs, 1996).

A word with weight

When I would say
that someone is suicidal
or that they have
a high risk of harming themselves
I would say
that at that moment in time
that it is something quite large looming in their life
and that in some ways it takes over themselves more
than it would at other times.
I don't actually see it as a
totally totalising word
I suppose that is because of being trained as a narrative therapist
you take a word with its
weight
and I suppose that word gives it a certain
weight
it would prepare me
and give me an idea that the conversations
will be intense
and that they will be brave.
It doesn't make me think that there is nothing else about that person.
I suppose I would be looking for other things.
It doesn't scare me,
for me it is not a big word
and it is not a totalising word
when I think about it with a narrative focus.

Therapist 6

What comes forward for me in this poem, is the way the research colleague, takes the word suicidality, as a 'word with weight'. I tend to try not to use dichotomizing language in my life and in my work. Therapist 6 has reminded me of this. Can 'having a narrative focus' provide a space that can take into account a distancing from pathologising language without dichotomizing language into, for example, 'good-bad', 'right-wrong', 'pathologising-non-pathologising', and even 'structuralist-non-structuralist' or 'qualitative and quantitative'? And, can this 'narrative focus' provide helpful ways of working with people who are in a suicidal context? So, for this research colleague it is not about whether a person is suicidal or not, but that courage and bravery will be present, perhaps in different degrees at different times or simultaneously.

Struggling

When I think about
people who I have worked with
who have struggled with thoughts about
not living
I tend to use those sorts of words.
Words more about
that particular struggle

Therapist 5

Deciding whether to choose to live or die would be an experience of struggle, I imagine. It seems that speaking about the struggle a person (client) is experiencing might be a helpful way to proceed. Again, struggling might mean that courage is required. I like thinking of suicidality using the idea of an experience of struggle, it suggests more of a fluidity. This may open up a sense of possibility for the person (client) (Bird, 2000).

A narrow thin description

The word suicidality is totalising of people's lives
and a narrow description
like this explains everything about them
they have tendencies towards suicidality
and it explains it all.
It's like you don't get to hear
and it doesn't take into account
other very interesting parts of their lives.

I was concerned that this might be like any other research on suicidality
in that it is such a narrow description of people
and it really doesn't go into other aspects of their life
and it is more just about their tendency to want to kill themselves.
And it would just focus on one narrow aspect.
So, it was a hope you hadn't got caught up in that.

Therapist 2

This research colleague was concerned that by using the word 'suicidality' that this research would be just focusing on a 'tendency for people to want to kill themselves'. She did not want to be part of a study that was narrow, and, knowing I worked from a narrative perspective, she was hoping that I had not 'got caught up in that'. The literature on Narrative Therapy speaks about 'thin conclusion' and 'thick description' (see White, 1997 p.15) and the research colleagues often used these terms in speaking about their work, as in the next poem. I wonder if it would be the preference of therapists to engage with research and literature that provides dense and rich descriptions? It is my preference.

The Other Position

I guess it is just *not subscribing to the discourses that inform suicidality*,
it's searching for a different way of describing.

Whenever you give someone a label
like suicide
or suicidality
or whatever someone gives
you are making them
other
you are making them
someone who is not you
who can be worked on.

You position someone differently
not as a human being struggling with life
or struggling with not wanting life
their life anymore
but wanting something else.

It's thin.
It's thin to think about it that way.
There are not as many opportunities for helping someone if you think about it that way.

An alternative,
would be
more along the lines of just talking about living
what it means
that could lead you a number of ways
down a number of paths.

Therapist 3

Like the poem above, the idea of 'thin description' has also been mentioned in this poem. I sometimes think of the words 'thick' and 'thin' as 'narrative jargon'. I studied narrative therapy in the earlier days and we used to say 'rich descriptions'. I have been taught that reductionist language is thin, obscuring more than it reveals. Another part of this poem is the 'positioning someone as other', in this case named

'othering'. The 'othering' position is one that I noticed the research colleagues avoided. In the literature, therapeutic engagement is viewed as important for the success of therapy, especially in working with people who are in a suicidal context (Fox & Cooper, 1998; Sharry et al., 2002; Stynes, 1998; Westefeld et al., 2000). The politics of relationship is an integral part of narrative therapy, especially in relation to power (White, 1997). I wonder what therapy, in particular the therapeutic relationship, might actually look like that does not position someone as other, or at least lessens 'othering'? Perhaps it would not look like therapy at all.

Suicide Discourse

We mightn't talk about suicide at all
neither of us might name that
I am not that interested in naming that for that person.
If someone was describing
'I feel hopeless'
'I have looked at that bottle of pills'
'I have self-harmed'
'I have thought about taking it further'
I am not going to say,
'oh, so you're suicidal'
I could be totally wrong.
It may not be helpful to say that
I wouldn't name it
it depends on
where the person has come from whether they would name it
it depends on
who they have spoken to about it.
Friends, relatives, other professionals might have named it for them
Sometimes you have to spend time talking about that
what other people have named it
and talking about
the discourse around suicidality.
You have to spend time unpacking that as well.

Therapist 3

It seems that the name or word 'suicide' is not really the main issue. It is more about the discourse around suicide. Unpacking suicide discourse is something that may happen in a therapy conversation. Using language like 'suicide-informed actions' may assist in unpacking suicide discourse. Does unpacking suicide discourse mean exploring the societal stories and views about suicide held by the person (client), their friends and relatives? I imagine it depends on context. Therapist 3 has me wondering if suicidality or suicide-informed actions can exist on a continuum of self-harm for some people? I wonder if people who have a relationship with self-harm are more likely to engage with suicidality at some time?

> **Losing Hope**
>
> I think it would be something about
> losing hope for life.
> Losing hope for life
> might fit better for me.
> It can come in all sorts of different ways
> and language around it.
> it would be really important to
> understand
> what words they would put to this.
> I wouldn't be calling it suicidality
> at all really
> I would be so
> intent
> with people coming to a name
> of what it is
> that is
> becoming a problem to them.
>
> *Therapist 2*

The first line of this poem is the question I asked. It seems 'losing hope for life' is more preferred language than 'suicidality'. However, this research colleague's intention is for the people she is working with to find their own description of their context. Perhaps it is about losing hope for things to get better or to be different. Perhaps it is about feeling stuck and having no way out. For me, I think therapists in collaboration with a person (client) have a responsibility to assist them to gain a sense of hopefulness, to become less stuck and to see possibilities.

A beginning not an ending

I felt the word suicidality didn't fit
wanting to take your life didn't fit
it didn't really seem like that was the issue
but that was the outcome of something.
those words fitted for an end of something
rather than for a beginning of something
people coming to consult me
well
I see that as them wanting to start something
so
even if they are wanting to die
then to respond to what they are wanting to start
seemed to me a way to begin.

Therapist 1

It appears that attending therapy when suicidality is present does speak of a sense of hopefulness. The research colleague appears to be noticing this. Attending therapy also speaks to me of hope and that the person (client) has some amount of commitment or an intention that life might be able to be different. Thinking this way is helpful to me. Can therapy be an opportunity to experience a new beginning, or a fresh start, away from suicide-informed acting? I hope so!

A tricky by-product

I don't want to jump in with hope
If that's fitting for me but not them

Often it is in the context of
depression
and I find it often takes a while to sort through
you know.

Depression
this is what is happening.
Suicide
it is like a by-product.
It has got to the
point
that they want to take their life
it is all around the
depression.
Sometimes, I would be talking with people about it in that way,
focus being on
depression
or sadness

It's tricky,
getting to the point of focusing on the actual suicide thoughts.
It is almost like it is there in the talking
but it is not there.

Therapist 2

This research colleague has experienced suicidality and depression going hand in hand. If experiences of depression can be decreased; perhaps the ideas surrounding suicide-informed acting may decrease? It seems that effective care of the experiences of depression may assist some people to move out of a suicidal context. The research colleagues did not speak specifically about medication, however, sometimes when I am working with people who are experiencing depression, and where depression is very actively operating, I may introduce the idea of experimenting with anti-depressants and refer a person to a general practitioner or psychiatrist. Often I will attend the medical appointment with the person (client). Sometimes anti-depressants may give a person (client) a rest from the experiences of depression. There is a lot of

literature that suggests that suicide and depression are linked together (Westefeld et al., 2000), but it is not conclusive that medication assists in reducing suicide (Sharry et al., 2002; Zametikin et al., 2001). Perhaps the use and development of pharmacology in relation to mental health is due to 'the fix it' mentality, spoken about next.

A heightened sense of performance

Maybe there is not a special demarcation
but I think it is
heightened
when we work
I mean I think this is natural
because of how we position ourselves as therapists or health workers
It is the 'fix it' mentality
I think there is a
heightened sense of performance
when you do work with people who are suicidal.

Therapist 6

As noted in the Literature Review, researchers and theorists also think about whether suicidality does have a special demarcation (Stynes, 1998; Trimble et al., 2000). Is suicide too complex to be studied independently? In my work with people who are engaging with ideas to end their life, I think it is often difficult to silence the voice that is telling me to 'fix it'. Our workplaces tend to want people 'fixed'. Society wants people 'fixed'. The therapeutic culture does tend to position people (clients) as 'other' (as previously discussed). I have to remind myself that people are not machines coming to therapy for repair, but they are human beings experiencing life. I agree that there is a heightened sense of performance when working with people who are suicidal, and the 'fix it voice' is likely to be louder. Rather than using language and metaphors like 'fix it', I think we need to find other words and metaphors. Words and metaphors that fit with caring, connecting, hope, respect and accountability (Freedman & Combs, 1996) and ways of working that allow people to speak and story what they are experiencing. The research colleagues have highlighted this, and, that suicide is a complex issue as outlined in the next poem.

> **I guess I guess**
>
> I guess suicide in our sort of popular understanding
> is someone ending their life
> making that decision to end their own life
>
> I guess there are some decisions that are involved
> I guess, the end result is something that most people would view as
> negative
> I guess there is a whole lot of decision making
> and
> agency
> involved in that.
> I kind of think it is a very *complex* thing to come to
> I guess everybody's path will be different
> how they come to that decision
> where their agency comes from
> what are the thoughts that led them there
> And that is interesting
> Because
> *I am sure that is going to be really different for each individual.*
>
> Therapist 3

The repetition of 'I guess' throughout much of the conversation with this research colleague stood out. It speaks to me of narrative therapy not coming from a position of certainty or of generalisation. I experience life as complex and simple solutions usually ring hollow. I also view suicidality as complex, the literature views suicidality as complex (Westefeld et al., 2000; Stynes, 1998) and this research is highlighting that view. Using words such as 'I guess' throughout the interview, seems to be a way the research colleague is positioning herself away from being an expert on this topic and away from making disembodied speech statements. This positioning also fits with the way I am choosing to analyse and discuss the meaning of these results. That is, to distance myself from disembodied speech statements and from being the expert. Hence, the use of tentative language. This reminds me of what a research colleague said at the end of the interview. She said 'At times, I felt you were trying to get at my experty knowledge and I didn't feel comfortable with this'. The next poem speaks more about language and not wanting to be the expert on a person's life.

The Pictures of Life

As narrative people
we are really trying to
understand
as much of the picture of these people's lives as we can.
It is not around any particular aspect
I find that it is a really interesting part of the work,
really understanding
how that fits into the bigger picture of their life.
And I mean how they name it.
It comes back to why you take on narrative,
I don't want to do the naming
or the speaking for them,
or prescribing of what is going on in their life
or hypothesising

Therapist 2

'Taking on narrative', for this research colleague, is about creating space for people (clients) to do the 'naming' and to make their own meanings. Is that what is meant by 'giving people a voice'? (Monk et al., 1997). It seems that therapist 2 is also moving away from being the expert. I can relate to this, as can be seen by my choice to apply a narrative methodology for this research. Similarly, I do not want to do the naming for the research colleagues, the prescribing or the hypothesizing, rather I prefer people to make their own meanings and see how this fits into the 'bigger picture of life'. This fits with the idea of 'de-centred practice' where a therapist does not position themselves as the 'focal point' of conversations or as the 'knower' (*see White, 1997 chapter 10*).

Pressure

The pressure to see people issue
It is the time pressure
that stops us from even having the ability
to say 'the people who come to consult you'
because it takes more time to be respectful
than it does to say 'my client'.

Therapist 1

Seeing people as people first, is important. Saying 'people who come to consult you' is more time consuming than saying 'my client'. It appears that using language this way is one way that this research colleague might practise respect. This links with what therapist 3 is saying about positioning people as other. Is it the confines of time that contributes to this type of positioning? Life in general and particularly our working lives can be captured by time constraints. The beam of care tends to shine on people (clients) for the duration of the session and then is abruptly switched off. This has me wondering about how to keep the therapy going, the beam of care to keep shining. The research colleagues have used telephone calls between sessions, writing letters and emails. They have found this helpful, however, just like creating space for re-authoring, meaning making and getting one's head around narrative practice - it does all take time and can be challenging, this is further highlighted next.

Being Alive to Frameworks

Rather than calling it a framework,
to me,
it is about
having as much knowledge as possible
about the
range of discourse and languages
that are alive to the different frameworks.

I mean that to me is helpful to know
when someone is using this language
this is what is informing a lot of their thinking
so if you get to think about it in a deconstructive way
then you can kind of think more about what is informing you
so whether that is a framework
numerous frameworks
whatever
being willing to enter
and really pull apart your own framework
and challenge yourself,
challenge your own
taken for granted ways
of thinking and practising that you have.

Therapist 3

This poem challenges me, because sometimes I am not interested in other frameworks or perhaps I am choosing to be 'constrained by time'. Being open to 'being challenged' may not always be easy. I find that thinking about what is informing my thinking, asking myself the narrative question 'how did I get recruited into this or trained into this?' (White, 1991) keeps me open and honest. I wonder, though, when I am in the 'taken for granted' way of being, do I know that I am in it because it is all so 'taken for granted'. I am struck by the idea of 'having as much knowledge as possible about the range of discourse and languages that are alive to the different frameworks'. The next poem shows yet another discourse around suicidality.

Just A Voice

I think it needs to be demystified.
I think most of us go through times
in our lives
when we are suicidal
whether it is
adolescence
menopause
childbirth
post natally
I think to make it the norm, rather than it is odd.
It is like there is something wrong with you

It is about how do you get across to people
that suicide is like being a voice of protest
or a voice of my life stand
that this is part of a process
that I am going through.

Therapist 4

I wonder if suicidality is a so-called 'normal' part of life to be demystified, despite the life-valuing society we live in? For some it may be. What would 'demystifying' look like? I imagine it would be about speaking honestly and openly about suicidality (Stynes, 1998). Would this assist the topic to be less taboo? Perhaps this would lessen blame and shame and assist with the speaking about the experiences associated with suicidal-informed thinking.

> **A different path**
>
> So
> maybe it is about a
> different path,
> a path
> that is more honouring
> of those doubts
> and those pains
> and seeing them more as part of what life is about
> rather than something to be ashamed of.
>
> *Therapist 5*

Conclusion

The research colleagues engaged in meaning making about suicidality and narrative. This flowed into their actual ways of working. The word suicidality was taken to be a narrow concept, unable to encompass the complexity of suicide. Certain discourses surround the concept and rather than subscribing to the discourses it was preferred that discourses were deconstructed or 'unpacked'.

What emerged from the research conversations is that the word suicidality didn't really fit for most of the research colleagues. Expressions like 'working with people who are engaging with ideas of ending their life' or 'suicide-informed acting' were mentioned. Most preferred not to name it at all with people who come to consult with them: 'it is like it is there in the talking and it is not there'. There was a preference not to use the word as it could be 'psychologising' of a person's life. It was preferred to view suicidality in a more fluid way. To give meanings that fitted with life being a struggle, or that hope was lost. That courage would be required, suicide was likened to a by-product of other problems, and that suicidality was a normal part of life that needed to be talked about and honoured.

What I noticed from the poems is the way the research colleagues practise respect through their use of language. By moving away from the centre of conversations and choosing not be the expert, there was a preference to create a space where people

(clients) could name their own experience, thus the whole story or 'bigger picture' could come forth. Narrative therapy is a political therapy, for example, in externalising the problem, a problem is made as other and the person can then act upon the problem rather than upon themselves, this can be viewed as a political act (O'Hanlon, 1994). Viewing problems as the problem, ensures that the person seeking help is not disrespected through labeling, diagnosing or pathologising. These ideas seemed to be generative of the actual practice of the research colleagues. Also, clinical researchers, have found people who had attempted suicide, and were assessed in a hospital setting, were regularly pathologised and objectified. The researchers believed that the clinical assessment was not helpful. Their study called for a less pathologising approach to working with people when they are experiencing suicidality and for more understanding through eliciting and listening carefully to the story (Michel et al., 2002).

Meaning making and the forming of identity happens in relationship to others in a cultural context (Kirkman, 2002). Therapists can facilitate conversations that focus on the expressing of lived experience and can concern themselves with facilitating expression of aspects of lived experience that may have been neglected (Freedman & Combs, 1996).