

Chapter 5: Case Studies

This chapter, gives a glimpse into some of the ways the research colleagues have actually worked with people who are in a suicidal context. I have given the people (clients) names where appropriate. They could be described as vignettes.

Suzie

The Voices

I am thinking about
one particular woman;
 Suzie
who I was working with
and we would often
talk more about
 the voices
than the
actual suicidal tension that
 the voices
might have been directing her towards.

So this particular woman;
 Suzie
would hear
 voices
that told her to go and get a knife from the kitchen drawer.
So that is what we would talk about
 those voices
and the steps she was taking
to manage them and to kind of respond to them.

We would focus more in detail
on the effects of
 the voices
and their impact on Suzie's life
or the detail of the actions
she was taking to
respond differently to
 the voices.

So an example of this
and Suzie had an adult lifetime
of hearing the same
 voices
telling her to end her life
and had been involved in the psychiatric system

for many many years
and her mother had also been institutionalised in the mental health
system.

When she first started to come to see me
we first started talking about
the voices
and she said it was the first time ever
that she had ever been asked to actually talk about
the voices
and that this had a very big impact for her
previously there had been no discussion at all
and that was really helpful
at a number of levels
it meant that she could work out some kind of
like a bit of a battle plan I suppose.

The time that I met Suzie
in lots of ways
she was the healthiest she had been for a long long time
she was involved in a range of life activities
from completing a degree
to doing another certificate
a whole bunch of things
like going to art galleries
a whole load of different adult education courses and things like that.

Once we started talking about her life
all of these things came forward
and I was interested in exploring more of that
so I was just doing what I normally do
in terms of trying to develop a therapeutic relationship
and then asking this woman
if she would be interested
in me inquiring about a number of areas
that I was interested in knowing more about and understanding more.

In particular, though,
one of the things that she was
most concerned about was
the voices
and how they kind of bothered her at night
and that they had come nearly every night
put her through this kind of agony
of having to respond to these driving thoughts of hanging herself.

Because of
the territory of her life that we covered in those sessions.

Suzie

Living Life Out of Bed

And the other sort of thing we would talk about
is, when she, because
she had had long periods
when she was not able to get out of bed
it was like a year that she spent in bed.
We would talk about how
now she was in a really different place where
she could get out of bed
what were the things that
she had in her mind when
she first woke up that would move
her towards the direction of getting out bed.
Which was connected to living
and having a life
rather than giving up on life
or living a life
through being in bed.

It appears that the research colleague is describing the talking in relation to strengthening the new story, perhaps the new old story, or a story reclaimed in the therapy (Monk et al., 1997). A story that is about connecting with living life a certain way, a preferred way, that is more about living than dying. I can only imagine that there are a myriad of things that can move people towards connecting and living, and away from isolating and death. Engaging in conversation about movement towards life, in a detailed way, is what this therapist did, and in this situation it was helpful. It seems telling the story assisted with living life.

The research colleague is interested in what Suzie had in 'her mind' on first waking up, again, this speaks of the importance of understanding what people are actually thinking in the experiences of their lives. This reminds me of what another research colleague has called 'sifting the minutiae'.

Suzie

Breathing some Life into It

We did use letters, but we would use them in a particular way.
So, for example, when we met with this other group of my co-workers,
we had two meetings,
the letters were generated from that process.
Two of the guys actually,
after they met with Suzie, they met by themselves
and tried to think what would be a useful way of sort of offering up to
Suzie their thoughts and experiences of having met with her.

So they then spoke to me about how they would like to write her a
letter about that opportunity,
it was also kind of important because it was about them feeling less
isolated too.

Well, I really wanted a wider audience than just me,
I really wanted it ***to go beyond the therapy room***,
so that it wasn't just about me,
kind of being connected to what she had achieved.

I also thought it would be interesting for her to share some of it
with some of my male colleagues
because she had had some very full on experiences of violence
and being subject to abuse by men.
So I had a gendered intention
in terms of giving her an opportunity to hear some other men's
thoughts about women's struggles in a more supportive way.

And, I guess the other was, by that point,
my main motivation was that Suzie had come into a session and said
that the voices had stopped for the first time ever.

She thought it was a miracle and I thought
Wow
we've really got to tell people about this miracle.

So, I suppose, the initial thought was about
celebration and sharing that.

Also it was about giving it some, what's the word, ***breathing some life into it, beyond her and I sitting in the therapy room*** all by ourselves
because there were not a lot of people she could share that with
outside of our conversations.

The research colleague is speaking of some of the actual practices for connection in the therapeutic relationship and for taking the therapy beyond the therapy room. She is creatively speaking about ways of connecting in a multi-leveled way. It appears that the therapy was able to go beyond the therapy room, through letter writing, and by using a wider audience to the changes in her client's life. I sense that by using these means, the preferred story is strengthened, and the preferred story has links and connections of its own. I imagine that sometimes, the least preferred old stories and old identities have good solid connections and a dense history. Therefore, as new stories begin to take shape and be lived out, new connections and audiences have been necessary.

Narrative Therapy speaks about having an 'audience' to witness change. More recently, narrative theory has talked about a group audience as an 'outsider witness group' (see *White 1997, chapter 4*). It seems that if therapists can take responsibility for generating this, change might be likely to stay, to be supported and to be strengthened. However, in my experience, it can be problematic to create appropriate audiences or outsider witness groups. This research colleague has overcome certain constraints to provide Suzie with an audience. This has me thinking about creative ways I might be able to try with the people who consult with me. It was an audience to celebrate Suzie's 'miracle'. Further, the audience then took the therapy beyond the group, by writing a letter to her. Wow.

Suzie

Woman to Woman

I decided to
sit with this
 woman
as another
 woman
at times
we were a very similar age
we were also
 women
who were without partners
we were
 women
in our own rights
some of the things she
struggled with
I also
struggled with

Without turning myself into the person who was receiving the counselling session I shared with her some of my own understandings about what it was like for me as a

 woman.

So, I guess that was an important part of the therapeutic relationship from my point of view.

Rather than being the expert, the research colleague, in this context, takes a more collaborative and personal approach. I am drawn to the apparent alonsidness and the way both are, at times, in the subject position, for example, of being women without partners in a society that is dominated by heterosexual coupledness. It also has me pondering the power relation in the therapeutic relationship. It seems that rather than having a therapist/client relationship construct operating all the time, there was room for the 'woman to woman' relationship construct to be available for the therapy. Again, this reminds me of de-centred practice (White, 1997).

Suzie

Checking In

Is this working well for you?
Are these the kind of questions that are helpful?
And she said that,
I can't remember the exact words
she found it '*incredibly helpful*' and
without any prompting
without me asking a comparative question
she said that one session with me was worth 20 with Dr. so and so.

All of the narrative informed therapists spoke about 'checking in' with the people who come to consult with them. This was in terms of language used, therapy fitting and therapy directions. This has been referred to as 'negotiating the therapy' (Bird, 2000). Evaluating with a person (client) is also an important part of narrative therapy rather than assuming the therapy is going well, or assuming that the conversation is on target for the person (client) (Freeman & Combs, 1996). The research colleague said that Suzie found it 'incredibly helpful' in comparison to a more prescriptive style of working with a psychiatrist. This may link back to the way in which Suzie experienced conversation about 'the voices' for the first time. This case study has demonstrated how helpful some of the key parts of narrative therapy have been for Suzie to live a more connected life, and how this research colleague applied a narrative informed therapy.

Rachel

Fancy that, a Cat

yes
a connection to
the cat
yes
that's right
I mean I had to debrief with my manager.
We have to let our manager know
if we have anyone who is
suicidal.
So I had to let him know about Rachel
and he was much more alarmed than I was
I wasn't alarmed
because
I really
felt there was a strong
connection
and I had a
really strong
sense
that Rachel wouldn't harm herself until she saw me again.
And she had to bring a photo of
her cat
next time
and that is what she said.
So it was around this idea of
her cat.
Not so much around her previous boyfriend
or the fact that she was
isolated
it was around sharing her story
and connecting
with this cat
in her life
that I think made the difference.
And that is what we talked about
the following session, half of the following session
was about the cat.

Connection can come in a variety of ways. It seems the research colleague discovered it was important for Rachel to connect with her through the story of Rachel's cat. The research colleague said that the cat had died and Rachel was suicidal. Other narrative

informed therapists also spoke about animals being a place for connection. Death may be the end of a life, but it may not mean the end of a relationship connection. It appears that the therapy may be able to serve as a bridge to bringing relationships back to life. I am curious about the way connecting may also have a transcendent dimension.

I am reminded of five young people (clients) I work with who have significant relationships with their cats. Therapy time has been spent talking about the experience of these relationships. The young people all have a diagnosis of mental illness. In my experience pets are therapeutically important to people. Recently I wrote a letter to one of the young people and I also addressed the letter to her cats. I think that sometimes, the importance of pets and the place they play in the lives of people can be overlooked. There are many instances in the narrative therapy literature where stories about animals are featured (See White, 1997, p.22 *a re-membering conversation with Gregg about his cats*).

Rachel

Precious Moments

What do you imagine that is like for a person,
that sense of lifting?
I think it is a sense of connection that they get
And perhaps
a sense of understanding.
I think that then ties them intrinsically to something other
than the sadness.
And perhaps
it gives them possibilities that this can be eased.
Someone else can share it
things can be different.
So in that moment there is some kind of
point
of connection.
It is a
Point
of connection.

They're very precious moments?
Yes.
It is amazing - I had tears in my eyes
I was saying to Rachel how sad it is that your cat has died.
I was amazed that I had tears in my eyes as I was saying that.
You don't like cats?
I don't particularly like cats
I like dogs better
It was kind of amazing
I think it is connection again
that sense of some form of connection.

Perhaps experiencing a sense of understanding, is a connection. It may feel like a relief because, at last, someone understands. The research colleague spoke about the sense she felt of 'something lifting'. Being alone and experiencing a sense of isolation or disconnection could be likened to a burden, perhaps the idea that others can ease the burden is very valid. I am beginning to sense that connecting with another human being means that both parties experience the connection and are touched by it. It could be interesting to explore this last thought. The three questions in this poem were asked by me.

Rachel

Beyond Scribbly Connecting

I do think the idea of the connection,
that you have with the person
does ***last beyond*** somehow.

And I think Rachel really felt that connection
and I told her that it was important to me
that she stay alive.

And I think that she felt that.
So it is ***some kind of feeling beyond***.
Well I have only seen her twice.

Simple things
like
she did say that the list was helpful
and she did stick it up
and it was in my scribbly handwriting.

So something that reminded her of our conversation,
which included the cat
because the cat was on the safety list.

From the research material, it has emerged that isolation and disconnectedness play a part in the lives of people who are engaging with ideas of ending their life. Therefore giving people something that can remind them of the therapeutic moments of connection that had been encountered in the therapy room was spoken about as a way of breaking down isolation. I wonder if having a physical object, like a piece of paper can help with connecting with the experience of connecting? It seems a list, a safety list, is an important therapeutic tool. It is something people (clients) can refer to when they leave the room. However, there is something about a sense, or a feeling, or intuition that I have noticed the research colleagues also allude to. I have not followed up on this but I sense this is also an important aspect of working with the context of suicidality.

Jillian

Things can connect us

And Jillian decided that she didn't like
this powerful pastel drawing
she didn't like
that in her life anymore
she didn't like
to feel like
that
so she could tear that
up and leave it safely in my basket.
which is an indication of the connection.
So we had this other story about
what I could keep for her
and keep safe for her.
If it was too much for her
I could look after it in my room for her.

The above is an example of the way the research colleague and Jillian connected with each other through a piece of artwork. As already noted, therapists can give actual things to people, take things from people, or look at things that people bring into therapy. This can add a further sense of relating and connecting to one another in relation to the story. Actual things like drawings, and photos can add another dimension to a story. I wonder if this might be useful in assisting people to keep holding on to life, to strengthen the story and the connecting. The research colleagues did not speak about whether or not they used 'art therapy' with the people who came to consult with them. Many of the young people I have worked with write poetry or 'beats' for hip hop music that they share with me during therapy. Many also create drawings and paintings that they bring to therapy, sometimes just to show me. I think it is good to encourage people to bring their 'projects' to the sessions as it adds a further richer collaborative dimension to the therapeutic relationship, to their identity and it is further shaping of their story. This has the potential to break down isolation. The following poem is more about Jillian.

Jillian

Paintings and Gold String

Well next time she came
she also brought this painting
that she had been painting
which was part of her way of keeping herself safe.

And she brought them
and showed them to me
because she had spoken about them the previous week.

And we just talked about
these paintings
for about 20 minutes
and one of them was painted
when she was
very
 very
 very
 low
and she decided
that this was one
that she didn't want to take home with her
but that she wanted to rip up
and put in my bin.
I was very happy for her to do that.

And then we did chat about
things
that she could leave with me
if she'd like to
that I wouldn't throw away
these were ideas or thoughts
but we could put it somewhere in the room.

I was telling her a story about
another woman
who used to leave me quite a few
things
and we used to wrap it up in our heads
with
gold string
and I would put it in the folder on the book shelf
until the next time
that she came.

I am curious what was being tied up with gold string in their heads and different images are evoked. In the above poem I am drawn to the images of creativity, images of the visual arts. Again, I wonder about the possibilities of creative arts for people who are in a suicidal context; be that art, writing, poetry, dance or music, anything creative and how therapists can utilize such things to assist people to be safe. It seems important, when working with people who experience suicidal struggles that we explore this domain. This research has strengthened my resolve to do more of this.

Another way of connecting, I have noticed from my work with young people, is that they often watch movies, lots of television and read books. In conversation about their favourite books and movies I have noticed them becoming more animated and lively. From these favourite stories; characters, plots and themes of movies can then be linked to the young person's desires, hopes, dreams, commitments, intentions and preferences.

Joanne

It's Just Possibilities

I mean, when I am thinking about Joanne, because a lot of that Pete Seeger stuff is very overt in its politics of what it is saying in the way of the world view. But a lot of the music that young people are listening to even Eminem stuff, it even has a similar political base but it is being expressed differently but people are connecting with that.

And I think that is hopeful to be a part of a bigger struggle, getting people to think outside of the self, they are connecting with others who might share that connection, so there are all sorts of possibilities.

Joanne, who I was talking about, she organised this concert and there was a whole community of people, she joined the choir, there were a whole lot of like minded people who she could then become a member of.

You know what I mean? There is a whole membership thing. And she actually corresponded with Pete and stuff and he is nearly 90 and he is still active in the States.

So it is connecting up with a world movement, it is just possibilities for connecting.

This part of the interview focused on music and how creativity opens possibilities for connecting, whether it be creating music, participating in choirs or listening to music. Also, having membership with a political movement (through music or not) is a way of being relational, connecting and being in community. Perhaps working therapeutically against suicidality means assisting people in connecting with 'movements'. Connecting with movements that are about community and freedom. Young people I work with at the youth centre in Sydney often engage with hip hop music. The youth centre runs hip hop music courses, that have been very successful in that they have been fully attended, very political and very powerful for connecting, as well as giving young people a 'voice'.

Alan

Utilising technology

For Alan, his practices of connection revolved very powerfully around his computer because he was an I.T. person and spent a lot of time on the computer.

Setting up email connection helped him feel connected.

So something that we actually did, was set up a system of support around, and also between, people.

All the people on his list made an agreement that we would respond within a certain time.

To him,
because he was very technically oriented,
it was helpful to talk about levels of desperateness
and he was quiet keen to be able to rate himself on that
in order to be able to have a conversation about how bad he was.

Alan would report about levels of desperateness for him.

People
on his system of support were allowed to do different things as a result
of his disclosure.

So we engaged everybody into a conversation around what would be okay and wouldn't be okay and our responsibilities to keep Alan disconnected from harm.

So each of us had different responsibilities and Alan also gave us permission to speak to each other as well, as long as we were telling him.

The other thing that I couldn't do,
there is this thing,
I don't know if you have heard of it,
called ICQ (I seek you),
and you can actually talk together online.
I couldn't do that at work but other people on his list could.

So that added another dimension to it, where they could actually be connecting in the moment which wasn't available through me.

How can we best harness today's technology so that we can keep the connecting flowing? Can cyberspace communities work? In University settings people usually have access to technology. The research colleagues spoke about their experiences and practices around using mobile phones and computers as practical and tangible means of connecting. I wonder if this technology can be helpful for keeping people away from ending their lives. This is an area open for therapists to experiment with. The above gives an example of how this sort of technology has been applied, in a creative way, by one of the narrative therapists interviewed.

Alan

And there's More

And the other part of it was that we all agreed that Alan could share our email correspondences with each other so that he could pass things that I had said on to other people on the list and vice versa.

So there was a sense of communication between the people on his safety list. This all fits with the idea of creating community and connectedness, we weren't isolated on the list and this stood against his sense of isolation.

We had a level of connection. Of course, he had to give permission because of confidentiality and things like that.

It's also about drawing that system of safety in to be responsible as well, not just the person to do it.

Lee

Supporting

My intention is around supporting her isolation,
standing against her isolation,
by letting her know that I was thinking of her
validating that she had good reason not to want to come
So, I followed her up for 8 weeks
with contact about once a week
four months later she contacted me

The research colleague spoke about a young woman, from an Asian background, who felt shame about attending therapy (the therapist said that the shame related to cultural ideas). The therapist's intention was to support the one off connection via regular phone contact. The connection remained open and the young woman did contact this research colleague. What comes forward for me is the intention to stand against isolation by supporting. It seems important when working with people who are experiencing a suicidal context that therapists and carers become very creative in their support. Research conducted by Motto and Bostrom (2001) showed significantly less suicide incidence by people who had received regular letters from hospital staff than those who did not receive letters. Both groups of people were refusing ongoing treatment. This may mean reaching out through calling, emailing, writing and visiting. I know from my own work, I struggle with the tension of not being imposing with wanting to care and assist with safety. At the end of the day, however, I believe we need to find ways to create safety for people (clients) that are collaborative. I hope this research may, in some way, provide a gathering of ideas for therapists.

Him

He
was the captain of a high school and
he
had done well in the HSC,

he hanged himself

he
was seeing someone at our service at the time and they knew
he
was going to do it and they couldn't keep
him
safe enough
they couldn't create the safety for
him.

I have no words for this one.

Conclusion

In conclusion, the above are some examples, where the research colleagues, spoke about people they knew who had experienced suicidality. It demonstrates some of the actual ways the narrative informed therapists worked with people in this context. They sought to get a thorough understanding of people's (clients) lives through exploring in detail the stories of their lives. Lives were storied to the point of connection and therapeutic engagement, where there was a sense that something was lifting. Stories that were sustaining of life and hope were strengthened. The therapy was taken beyond the therapy room via letter writing, outsider witness groups, follow-up phone calls and computers. Change was celebrated. Negotiating the therapy, checking that therapy was on target, getting alongside people in a transparent way, all featured. As did, the creative finding of connections, for example, with others, with pets, with art, with music, with spirituality, with politics and world movements. Connecting and re-connecting by bringing relationships to life, through using re-membering conversations and storied people into a sense of

belonging in the world were noticed ways of working. Also, bringing things to therapy and taking things home. For example, safety plans developed in therapy that fitted with the context, after hours phone numbers, email addresses and other networks. Information technology featured as a way to keep one young man safe, as did following-up on people.

Chapter 6: Connecting, Narrative Therapy and the Context of Suicidality

After immersing myself into this research data, incubating with the data and asking myself what contribution or link can this work make to suicidality and its relationship with narrative therapy, I noticed the theme of connection occurring. In particular, the theme of connecting and its importance to keeping people away from ending their lives seemed important. I am referring to ‘connecting’ in all its colour, brilliance and multi-dimensionality. I then kept looking back at the data through a lens that sought the voice of connecting.

From the beginning of the interview, the first research colleague, spoke at length and with conviction about disconnectedness and its relationship to people ending their own lives. Isolation and disconnection resonated deeply with others when attempting to make meaning of suicidality. The other narrative informed therapists who followed also spoke of connecting. It became apparent that connection and connecting can be happening on a number of differing levels. The psychological suicide research and other suicide research and literature also spoke about the importance of connection (see Chapter 2).

The narrative informed therapists had often spoken with people, (the clients) who were in places of disconnection, with the intention of creating space, seeking out alternatives to disconnection and finding places of connecting. This chapter shows some of the ways they go about this.

Connecting in relation to the suicidal context is multi-leveled and fluid. ‘It’s not just connection around a two dimensional level but it is connecting with themselves on so many levels and with other people on so many levels.’ (Therapist 1). Connection is important but the ongoingness of connecting appears to also be an important ingredient as is the experience of connecting and the experience of the experience. Life is not stagnant, life flows on. The word ‘connecting’ suggests ongoingness and movement.

As mentioned, the idea of connecting/disconnecting was described on a multiplicity of levels. Some of the levels could be described as:

- (i) the person who is suicidal connecting to themselves, feelings, things and beliefs,
- (ii) the person who is suicidal connecting to others (including animals),
- (iii) the person who is suicidal connecting to the therapist,
- (iv) the wider socio-political culture that people live in and how this can contribute to practices of isolating and disconnecting,
- (v) transcendental connecting
- (vi) temporal connecting; and
- (vii) the therapists' connections to others.

This chapter displays a series of poeticized transcript extracts, that speak about experiences of connection and connecting on those levels. Again, I have added reflective discussion between the 'poems' and extracts. The discussion is around some of the ideas raised when working with people experiencing the context of suicidality. I am hoping that the reader will notice that there is an invitation for them to be active researchers and research colleagues too.

The Connection Moment

Words that have ended up being used have been
around connection.

For example: 'I have no connection to myself'

Or,

'being so connected to ideas of other people that I don't feel I have
myself' and that

'I don't feel I have a voice any more in my life'.

So, a lot of words we have been using,

in therapy

are about that moment

when you feel you have

no connection,

or no sense of who you are,

or no connection

to what is going on in that moment

so the words are a lot about

connection.

Therapist 1

What I notice in the talking about suicide, the actual word, 'connection' is introduced by therapist 1. It is a little bit surprising for me because my understanding is that narrative therapists tend to not want to name things for people but to let them language life in their own words (Freeman & Combs, 1996). Some of the other research colleagues mention this. It seems that the word 'connection' can make sense and hold some meaning for people struggling in a suicidal context. I wonder if inviting people (clients) to consider connecting themes and ideas is helpful for them when they are in a suicidal context? Also, working and speaking 'in the moment' and about 'the moment' (Bird, 2000) stands out, this idea is followed up in the next poem.

The Paradox of Connection

Not so much
about staying alive but
about
staying

connected to themselves

I think that's the one thing that I find difficult
about being a narrative therapist,
of confronting the fact
that people have a choice in the moment
and that is when they will be very
powerfully

connected to themselves.

Therapist 1

I have entitled the above, 'The paradox of connection', because if people can be choosing beings, they are most likely connecting and living. They have agency. Ethically, therapeutic practices, no matter what modality, would be working towards people having agency. This can be a step into challenging territory. The words of this research colleague 'people have a choice in the moment and that is when they will be very powerfully connected to themselves', reminds me of a young man I have spoken with who said all his relationships, everything, including the therapeutic relationship, were to him 'a lie'. The only exception to this was when he was cutting himself. I invited him to call me the next time he was cutting himself so we could have a conversation at that time when he felt most 'real'. Therapist 1 is highlighting the paradox of connecting. What strikes me here, is because connections may be multidimensional and multifaceted, for some, connecting may mean a suicide-informed action, or self-harm.

Spiritual Belief Stuff

More people can see what they have to live for
and not what to die for.

I've had some conversations with people
that have led
into more of the spiritual belief stuff.
Because people often think
about that
if
they are thinking
about ending their lives.
Because they are going to think about what happens
then.

Some people have got very strong long-held beliefs
about what happens
after death.

***For some that is comfy
and makes the prospect more attractive.***

It is like
if you put some things on a set of scales
that looks pretty darn attractive
compared
with what living has to offer them,
if they think that's what happens when you are going to die
So sometimes the conversation
goes down those sorts of roads too.

I am speaking about
the spirituality side of things
only in that sense that
if people think that death
has got something better to offer them than life
that is a different conversation to
why people have the beliefs they do
and what relationships
what connections is that also tied too.

Therapist 3

'I am speaking about the spirituality side of things only in that sense that if people think that death has got something better to offer them than life, that is a different conversation...'. When therapist 3 voiced the above, I thought of 'suicide bombers'. And now as I reflect on this poeticized extract I think about connection and spirituality and the current Iraq Crisis that has become part of our world. All the interviews with the research colleagues took place during the lead up to the US led

war on Iraq. This research colleague and I spoke about the ‘drums of war beating’ in the background of our conversation, reminding us of the global and political context that we are currently in. We spoke about the peace rallies that we had both recently attended in Sydney (this conversation was outside of the interview). In the spirit of suicidality and multi-dimensionality, suicide bombers are connecting, connecting to what? to who? Their faith? Their true self? Their protest? Their God?

Suicide Operates in Isolation

Someone has to know
because the basis of what I am working with
is
suicide operates in isolation
so
that is the premise that I would be working from
so that they won't be
isolated.

And
Ways that they can let others know
And
How they are going to do that?

Therapist 4

This research colleague is adamant that others have to know about any suicide intent that was forthcoming in the therapy room. She does not want people she works with to be isolated. She also wants to know the practical means by which other people could be brought up to date about the suicidal situation. I imagine the negotiating around this is a collaboration between herself and the person (client) she is working with. The research colleague speaks about isolation as a characteristic of suicide. Might it be helpful if therapists can actively work against the practices of isolation that might be operating in people's (clients') lives? What might the practices of connection actually look like?

The Personal is the Professional

I often talk honestly about how *the social context* affects me
I often talk with people about the fact that I have been given
permission from other people who consult with me around sharing
their experiences around this too.

I think that it is really important that in order to honour the depth of
what they have shared with you,
about their desperation,
then it is not only about saying 'I can understand why you might want
to die' 'I now want to talk with the people who support me around
this. My system of support is to stand alongside your system of
support'.

I am very open, *transparent* and clear about
how what they have shared with me
impacts on me
and how that needs to be
in my broader community of support.

Therapist 1

The research colleague is speaking about 'transparency' which is an aspect of Narrative Therapy (White, 1997). She also speaks about the way she practises transparency and views this as 'honoring' the depth of the story that the person has told her. The alongsideness speaks to me of authentic connection and I imagine that the person (client) may feel quite supported. Again, she is clear about the necessity of having her own support. The literature concurs with this (Richards, 2000). If we are busy engaging the people we work with to have authentic connections, then it is incongruent if we ourselves are isolated, don't you think? We are also embedded in the same society as the people who come to consult with us. Narrative theory speaks about the care needed so that we ourselves are not replicating the dominant discourses that might be rendering people powerless (Freeman & Combs, 1996). This means, I assume, that narrative informed therapists, need to deconstruct many of the discourses that are influencing their own lives. This can be quite a political act.

The Politics of Connection

My connections,
my political life is my spirituality
I mean that is where I find expression
and hope
and connection
and stuff.

Ways of thinking that aren't connected to a god
or religion
or something,
so that is what I find challenging about it
and I don't want to discount.
I am more interested in why they believe in something
and how they came to believe in it
than what they believe in.
You know what I mean.

Therapist 3

In the course of the interview, the research colleague reflected on her own connections, wherein she finds 'expression' and 'hope'. These are not connected to god but some of the people she consults with do have transcendental connections. The multi-dimensionality of connecting is not just reserved for the people who consult therapists. I imagine most therapists have their own connecting that they are actively engaged with for their own sustenance. I wonder if it is important for therapists to reflect on their personal intentions in the creating and holding of connections. The 'personal is the professional' is a signature of narrative therapy (White & Hales, 1997), and previous research highlights the importance of having supportive colleagues when working in the area of suicidality (Kapoor, 2000; Trimble et al., 2000).

The Personal is the Professional Again

I think it has got to do
with addressing issues
in your own life
working through those
acknowledging them
being with them
so that becomes part
of the therapy.

Which I don't think a lot of people do
from what I can understand
it is like they are

detached.

I am
very connected to my work
I am
very connected to myself in the work.
I know if
I want to be
detached
in the therapy room,
I know
I can be.

I know
I can go through a set formula
I could do an assessment
you fill in this form
you fill in that form
and then
we will know
if you are depressed
then we will see if you are this
and then we will see if you are that.

This is a very different process to someone coming in and you are
inviting them to tell you what has been going on, like how come you
are here today? What has been going on for you that you have ended
up in my therapy room?

Therapist 4

A few things stand out for me when I look at the above poem. 'I am very connected to my work, I am very connected to myself in the work', this speaks to me of the multidimensionality of connecting. I am curious about the actual nitty gritty of what she does so as to be connected to herself in the work and the sustenance she receives from this. She does speak, in another place, in a later chapter about being aware of her 'breathing'. Therapist 4 is drawing a distinction between a detached way of working and a more connected way of working. It seems that 'filling in forms', 'going through a formula' and 'doing an assessment' speaks of detached work practices compared with using an invitational framework. All of the narrative informed therapists said similar things. It seems, from my understanding, that those interviewed, think that a 'detached' way of working is not so helpful in working with people who are in a suicidal context. This fits with ideas written about by solution-focused therapists (see Sharry et al., 2000). I am drawn to the word 'detached' as, to me, it is the opposite of connected. The research colleague seems to be saying that she is aware of her own stories and this is noted as helpful in the literature (McLeod & Lynch, 2000; Stynes, 1998). Throughout all the research literature, it is stated that when working with people who are engaging with ideas to end their lives, stay connected to them (Jordan, 2000; Paulson & Hoover, 2000; Richards, 2000). Disconnection can creep up and the next poem alludes to this.

Infiltration of disconnection

We work out what it is that works to really disconnect them from themselves,
conversations are about what that is all about,
the history of that,
their experience of that,
how it infiltrates their lives.

They're getting a stronger ***clearer picture*** of that infiltration and the powerfulness of that in order for them to end up so disconnected.

Therapist 1

The story about the history of disconnecting appears to be as important as the history of connecting. Would it be remiss of a therapist, but understandable, to jump quickly

into assisting a person who is in a suicidal context with connecting themes, without hearing and working towards an understanding of what has gone wrong with their experiences of connections? I am also drawn to the word 'infiltration'. This speaks to me of disconnection being sneaky and somehow creeping up on people. It seems disconnecting and connecting are operating simultaneously and there is more fluidity than we think.

Curiousness

I am really *curious* about those things that don't often get mentioned very *curious* about their relationship with themselves with their community of people around them from the bus driver to other people.

So I am *curious* about how these ideas got in the way how the current practices of taking their life gets in the way of their connection to other people.

Therapist 1

It appears that being curious, is a significant practice, in that it may assist a deeper and richer understanding. I imagine that if therapists are able to remain curious it can help them to not make assumptions and so gain a more meaningful picture. Narrative therapy is keen not to make assumptions about people's lives but to be curious so that story lines can develop. It is also keen to reclaim or remember lost connections (White, 1997). The next poem focuses on this.

Remembering precious forgotten treasures

It seems to me important to speak about someone who has been in
their life who has been very meaningful to them
in whatever way,
just that connection with some other person.

It seems to me that there is someone
in some capacity
in some way
in some one's life
at some point.
Find that.

Speak about that in a way that gets back in touch with people
with a meaningful
connection
it does bring in some hope from somewhere.

It is not something new,
it is something that is precious
that I treasure.

It never ceases to amaze me
in the wretchedness of people's lives
in some way
there has been some meaningful link
with someone
and that creates a lot of hope for me
I have come to know that.

It is a very
precious point
in the conversation.

The person is feeling emotional,
feeling a lot of feeling
I am seeing them feeling really pleased
they are speaking about those people
or remembering that.

Therapist 2

Re-membering conversations are popular in narrative therapy and assist people to be membered with others, or re-membered (See White, 1997; and Russell & Carey, 2002). These types of conversations speak to connections and relationships, both past and present. I am drawn to the way this research colleague uses the word 'precious', it speaks to me of care and respect. It also speaks to me of being in the moments of the therapy session.

Letter Writing

J: yeah, I think the challenge is how then people you work with can take those moments in the therapy, where something in the therapy is very precious or may have shifted, away with them

Therapist: yeah that's right, I think that is such the challenge of the work, that if it is not there in that moment, that very fleeting moment, then it is back to where it all was

J: So the therapy is going on outside of the therapy with you?

Therapist: Yes

J: Through those letters in a way.

Therapist: Mmm, but I think there still could be other ways. Letters are good, but I'd like to find some other ways of doing it.

J: What other ways do you think might be out there?

Therapist: I don't know, but as you are asking I am thinking there is a whole something there that maybe we should be focusing more attention on rather than that one hour in the room. I think that is a very important part of the work, keeping that flowing. We have actually written letters together that they could pull out and read to remind them of the moment.

Therapist 2

This poem or mini-narrative includes my voice as well. Something I always wonder about: how the life enhancing discoveries and the moments of therapeutic connecting experienced in the therapy room, could be ongoing, especially for people where there is risk that they may harm themselves? Seeking out ways to do this was considered a

challenge of the work by this research colleague. All the research colleagues engaged in letter writing as one way in which therapeutic connecting could be made real beyond the therapy room. David Epston refers to letter writing as 'extending the conversation'. His informal research found that people (clients) thought one therapeutic letter was equivalent to four therapy sessions (Epston, 1994).

Access 24/7

People who consult with me
I guess I'd like to give some examples of
people who I have been seeing,
who have been dealing with these issues

They have said to me
because I ask them 'how can we do this?'
'How can we take this moment and make it real beyond these four walls?'

For different people
there would be different ways around that.

For some people
they really needed to know that they had phone access
they felt that they could hold onto themselves while I was at work
or that we could set up this similar transfer of information within a 24
hour mental health team.

We have written letters together
that they could pull out and read
to remind them of the moment.

Others I have given my mobile phone number to.

Therapist 1

I imagine that being able to access someone when not feeling safe is important to people who are 'suicidal'. The research colleagues talked about giving people Lifeline numbers, organising the After Hours Mental Health Crisis Teams and in some instances giving their clients 24 hour mobile phone contact with themselves. These are the types of things Trimble et al., (2000) noted in their research, that psychologists had said they used. Finding others to connect with is very important.

important. The next group of poems consider this and ways the narrative informed therapists actually went about it.

Finding Others

And for others it has been
about using someone else in their life
to include them in that therapeutic relationship
so that they would be available over and beyond my availability.

Often the idea is that
and the experiences that
people have in their life that
lead them to want to take their life are often
very, well,
certainly traumatising but often
lead them to an experience of isolation
not just from themselves
but from other people
actively from other people.

So I am *curious*
about how these ideas got in the way
and how the current practices of taking their life
gets in the way of their connection to other people as well.

Therapist 1

Therapist 1 highlights the need to find others for the person (client) to connect with. She is recognising the limitations of the therapeutic connection. It seems that this therapist hopes to explore what might be getting in the way of ongoing relating and connecting. I imagine this latter point may be helpful in understanding suicide-informed actions in a more detailed way.

About Relationship Fit

Well I guess it is about
for me,
it's about
how people think about
life
and their lives in particular
and ***how their lives fit with other people's lives.***

Therapist 3

It seems that connection is more than relationships with others, but it is about how well one's life 'fits' with another life. This brings forth the complexity of connections with others and the complexity of suicidality. People may be in relationship with others but actually feel isolated and disconnected (Jordan, 2000). I can personally relate to feeling isolated in a relationship. It makes me wonder if this might be why relatives and friends are sometimes surprised when a loved one commits suicide? The research colleague is showing how checking 'relationship fits' might be an important aspect of therapeutic work with people who are in a suicidal context. It appears it might be misleading to assume that having other people in one's (client's) life means there is a connection and that the person (client) is safe. I imagine some relationships are helpful and some are not, I wonder if evaluating this in the therapy room may be helpful?

Holding on to ...

I think at that moment
when people have lost their sense of connection
with themselves
I see that connection
with the therapist
is really important
I see it,
particularly with young people who I have been working with
it has been that the ***therapeutic relationship***
has stood outside of a lot of their historical experiences of
connections.

So, if somebody else believes
this other information about them
that they find hard to hold on to
which they have evidence for
that they find very hard to hold on to;

My ***sense*** has been that the therapeutic relationship
is something that is actually available
to the client who loses that sense of connection
and that has been really very
powerful.

Therapist 1

This research colleague has spoken about the power of the therapeutic relationship as a site for fostering the possibility of authentic connection. If an authentic connection can be made with the therapist then perhaps authentic connecting with others can also happen? This idea concurs in the research literature and theoretical literature and suggests that the therapeutic relationship is an important site for connection (Jackson & Chable, 1985; Hoover & Paulson, 1999; Jordan, 2000; Richards, 2000; Paulson & Worth, 2002) I also wonder about the exploring of connecting across time and space. Perhaps a person (client) has lost sight of a connection to self. The therapeutic relationship may become a place for reclaiming lost insights. I imagine that the therapeutic relationship may be able to assist the person (client) to hold onto slippery connections with one's self and others. This evokes, for me, the image of an anchor in

the sea. Can the therapeutic relationship be likened to a type of anchor, the only connection when one might feel lost and 'at sea'? How can we create this?

An ongoing connection

The other thing I did
when I left the agency
was that
I gave Suzie an opportunity
to keep in touch with me through my new workplace,
which she has done since I left.

Not that that is significant
I also went to some lengths
to *hook her up* with somebody within the agency.

For many people
the connection
gets broken.
As you move on
they lose touch with you

Therapist 5

Here we can see the research colleague speaking about keeping the therapeutic relationship in place, even when she moved on to a new workplace. It strikes me that the therapist did not see it as 'significant', but the person who had been consulting with her took up the 'opportunity'. Perhaps this was, for her client, like an anchor. Therapist 5 is not speaking about connection full stop, but a continuing connection. This speaks to me of connecting being available if needed, connection appears to be ongoing, something that can be passed on. Can inviting an ongoing connection be helpful for people who are in a suicidal context? For me, hooking is a metaphor that sounds like it will hold.

So, they must have someone, it could be their dog!

If there are no protective factors
I ***get worried***
that's what I think ***gets my anxiety***,
and we know,
I know,
because of my life experience
that if you have got no protective factors
then you are far more at risk of doing harm to yourself.

And I guess that I am fortunate in that the young people I have worked
with have usually got somebody that they are connected to whether it
be their mum
their dad
their school teacher
or friend, they have somebody.

And if there is nobody it might be a stuffed toy,
it could be their dog.

Therapist 4

It seems the research colleague views protective factors as connections and they can come in many styles. For example, she speaks about the connecting as being with an animal or an object. My understanding is that the language of 'protective factors' are not spoken about, generally, in the writings of narrative therapy, but are a more psychological concept that could be deemed useful to consider when assessing risk. From my own work experience and the previous poems, I have noticed that pets are often very therapeutic for people grappling with life. I am thinking of a young woman who lived a chaotic lifestyle, when she was given a kitten, she had to come home every night to look after it, she attributed her improved mental health to the kitten. Sometimes the young men I work with, bring their dogs to counselling. The dogs have come into the therapy room and we have enjoyed rich conversations about their relationship with the dog and the meaning of that relationship for both the dog and the dog's owner. The next poem gives attention to the society we live in and the influence of this on life.

From Bus Stop Shelters to T.V.

I so much have discovered
a lot about the *practices of culture*
that creates a sense of isolation.

For me,

I am working with young people
who are working to strive to get degrees
in a very *competitive* context.

They are constantly
getting evaluated
and it strikes me that that sense of
watching themselves,
and we really teach our kids to watch themselves
and evaluate themselves
in and of others all the time.

This can bring aloneness
and so that fact of aloneness
can invite a sense of *not measuring up*.

You know,
pictures of how you are supposed to look
from bus stop shelters to t.v.
to everything you know.

This is the *sense of culture*
that really informs that idea of feeling separate.

This can push
people to get to a place of disconnection
because they end up not always seeing the reality of what they are
comparing themselves to as well as not seeing the reality of
themselves.

When I look at ideas of
separateness
or ideas of
disconnection
it is about not just their sense of it
but what informs that more broadly.
So I am really sensitive to that.

We're often talking about clubbing
and all that sort of scene
as well as what is happening
when one feels like they should be clubbing when they're not.
Looking at all of those things
and what messages people get from these things.
I am thinking about
how we might challenge the university system

that works to get them competing against one another rather than standing alongside one another. Those sorts of things that invite so much practising of separateness. I'm thinking of those sorts of things.

Therapist 1

The research colleague is considering the wider socio-political culture that people live in that can contribute to isolation and disconnection. She works with young people in a University setting and speaks of the competitive environment that may contribute to disconnectedness and separateness. She notes children have been taught to evaluate themselves. This spoke to me of the national political climate that I am embedded in and education injustice. Often I think about children competing with other children at school, they may have to compete against one another to get into selective schools. Schools compete against schools, for example, private schools versus public state schools. I am concerned about urban injustice and education injustice because it appears today that some children may feel second rate if they do not attend a certain school. It does make a difference the type of education one receives in relation to the opportunities that life may offer (Connell et al., 1982). Young people compete for University places. I am left wondering about how families may be considerably stressed in assisting their children 'to do well' in life, perhaps unwittingly placing pressure on children, on themselves and their relationship connections. I think I have this interest in children's learning journey and the politics of education because I have four children. What resonates for me is that therapy that seeks to keep people away from self-harm really needs to thoughtfully consider the social milieu and its possible contribution to disconnection and suicide, whatever that may be. I imagine that therapy talk has to find ways of bringing the culture that we are all embedded in, into the therapy room. It seems that therapist 1 is speaking about her intentions to engage in deconstructing conversations around the dominant societal discourses that may be influencing oppressing practices or oppressive identity formation (see White, 1991, '*Deconstruction and Therapy*').

Individualism

J: Does this link to individualism, is this where this fits in?

T3: Yeah very much so, and what in Western culture is seen as valued and a whole cult of individualism and that feeds in with the global economy. And that is promoted through competition, that the individual is it.

J: Do you think those might be the sort of things that are feeding into someone who might be contemplating suicide?

T3: Yeah very much shaping what they're thinking. If they weren't thinking about the politics of what they were doing or what they're doing in relation to other people or their community or not, or whether they perceive they've got a community. Because if people are thinking in those ways already, they are not going to be thinking of ending their lives, it is often those kinds of thoughts that I find feed that into this.

Therapist 3

Both my voice and the voice of therapist 3 is displayed above in a dialogue form. Competition and individualism may be getting in the way of community, relationships and connecting with others. I wonder how people can compete without being pulled into evaluating practices and practices of isolating and individualism? Practices that may leave one feeling like ending it all. I am interested in conversations that explore the social, political and global world that shapes me, and the possible links with individualism, and how this may in turn link with suicidology. This idea fits with the theory of narrative therapy; people are shaped by the culture and dominant discourse that surrounds them (Freeman & Combs, 1996). The next poem looks at consumerist culture.

Consumerism – a long walk

We seem to live in such isolated times
and I think that is a big piece of it
and it seems to be a long walk
between
consumerism
and the expectations
of what it means to be a successful person in these times and
consumerism.
So I think those expectations
can lead to people feeling
more and more
isolated
or more and more
inadequate
or more and more
like they are *not measuring up*.

Therapist 5

The research colleague is introducing the idea of people as consumers and what that might mean to one's view of themselves, their identity. She thinks suicidality might be a result of the 'isolated times' some people live in and the expectations held that one should be more successful than one thinks one is. Again, it resonates for me, this sense of evaluating oneself against unrealistic expectations that may have been fed by consumerist culture. Strong emotions are evoked within me when I think about consumerism and its relationship to the people I work with in Redfern, Sydney. People, who generally have so little but are continually exposed, even bombarded by the consumerist culture on every corner and on every television channel. The research colleague raises the question 'what does it mean to be a successful person in these times'? How does this questioning fit with the broader topic of suicidality? Of not measuring up? The next research colleague speaks about essentialist ideas of the self.

The Essential Self

If you have a view that
there is an essential self
I mean people self-harm
because they have got this idea that
as a self they're loathsome
because they've got that essentialist idea.
They are not a self in relation to
others
because if you had more of that
then you would be thinking
well if I hurt myself then
I would be hurting other people too
in a relational way.
You would be thinking more about
if I end my life what's going to happen to the people
I am in relation too.
And sometimes I find helpful questions
to think about how people
think about relations.
Because we are trained
to think in essentialist self ways and everybody does it.

Therapist 3

Narrative therapy is aligned more with notions of the post-structuralist self. Ideas of biological determinism, the structuralist self and essentialist self are part of narrative therapy, the part to be deconstructed (Freeman & Combs, 1996). It seems that therapist 3 is bringing this point out. She thinks ideas of essentialism can possibly have people stuck, stuck thinking that this is the absolute way they are, that there is no way out, it is in their genes, because essentially 'I am ...' a failure, loathsome etc. Narrative therapists are usually interested in deconstructing such ideas that speak to people of their identity (White, 2002). Also, it appears the research colleague is interested in questioning people relationally and getting them to think of themselves as being in relation to others and connecting with others. I wonder if opening up conversations similar to this might deter people from suicide-informed actions?

Conclusion

In conclusion, there were many styles and types of connecting. The therapists all spoke about safety systems and safety plans when working with people who are engaging with ideas to end their lives. All the research colleagues used safety plans of one kind or another. These plans and systems were put in place in the hope of holding the person and keeping them from harm when they have left the therapy room. Therapist 1 spoke of it like this and I think what she said is fairly typical overall:

“The idea of a system of safety really fits very well for me around communities of people supporting people to feel safe in the world. And when I talk to a lot of people who feel like dying because of what has happened to them or whatever, then they are not often in that moment feeling very safe themselves; they are looking at a practice that is very unsafe. They are actually not feeling safe and so looking at a system of safety and what people and animals and important possessions and spiritual beliefs mean. Things that can be a part of a system of safety, that seems very important to me to keep people connected”.

The therapeutic relationship was well established, by the research colleagues, as an important site for connection and change. Connecting was not just considered with other people, but with all manner of things deemed important. It has been said that story telling can speak people into existence (Kirkman, 2000). The research colleagues engaged in story telling with their clients and I wonder if story telling can also speak people into community, into a sense of belonging, perhaps through remembering conversations or other conversations?

A gathering of helpful ideas of ways of working in this context, from a narrative informed perspective includes some of the following: introducing a consideration of connecting themes in the therapy; staying connected with the clients; and not working in detached ways. Also, deconstructing ideas that relate to: essentialism, individualism, failure, practices of evaluation and comparison, and not measuring up ideas. Bringing the wider culture into the therapy room and looking at this and the effects of this was also deemed helpful. Ensuring others know of any suicidal intent

and connecting people up with others to be available when a therapist cannot be was considered to be very important. Also, getting a detailed story around the disconnection, the lead up and the history of this.

The importance of practitioners having their own supportive connections and ways to be sustained in the work was noted.