

Title Page

**Narrative Therapy and Suicidality:
Practising, Poeticizing, Reflecting**

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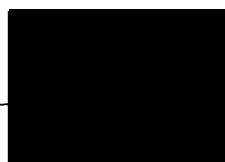
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Certificate of Originality

*I certify that I am the sole author
and that the substance of this thesis
has not already been submitted for any degree
and is not currently being submitted
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*I certify that to the best of my knowledge
that any help received in preparing this thesis,
and all sources used, have been
acknowledged in this thesis.*

Signature _____



Date 31/1/05

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Abstract

□ *Narrative Therapy and Suicidality: Practising, Poeticizing and Reflecting* is a qualitative interview study about narrative informed therapy and its application to the notion and experience of suicidality. The research focused on five main areas related to the experience and knowledges of six narrative informed therapists, who have worked with suicidality in various clinical settings in Sydney. These five areas are: 1) The meaning narrative informed therapists make about suicidality, 2) The actual practice of narrative informed therapists when they work with people who are engaging with ideas about ending their life, 3) The experiences of connecting in relation to narrative therapy and suicidality, 4) The intentions and questions narrative informed therapists bring to the therapeutic work in this area, including the ways in which narrative informed therapists take therapy beyond the therapy room, and 5) The issue of training new therapists, this is, a gathering of ideas on ways new therapists could be trained to do this kind of work.

I chose narrative informed therapy to study because it is an under-researched therapy and a therapy that resonates and works for me. I chose suicidality because it is an area of concern to therapists as well as those in suicidal contexts. My interest was in the actual practice of narrative therapy as described by narrative informed therapists working in the clinical field particularly in relation to working with suicidality. I also gathered insights from the narrative informed therapists about issues of training. The five aims of the study (the meanings around suicidality, the actual practice, connecting and suicidality, the intentions and questions, and the training issue) are explored from the point of view of six experienced narrative informed therapists through in-depth qualitative interviews which were tape-recorded, transcribed and reflected upon. The interview and analytic process drew on a narrative methodology that respected the integrity of the narratives, meanings and knowledges of the research colleagues.

The thesis is structured to develop this narrative. Chapter One outlines: the research question, the development of the research, my experience with narrative therapy and

suicidality, development of the research areas, and concludes with ideas about the type of language used in the study. Chapter Two reviews the literature in relation to: suicide; stories, narrative and identity; narrative therapy and suicidality; and research about the important role of connection in both protecting individuals from seeking suicide and in the narrative therapy as a therapeutic approach. Chapter Three gives an account of the methodological approach that guided the study. This qualitative study used a bricolage methodology to build an anthology around suicidality and narrative therapy. Six highly experienced narrative informed therapists were the research colleagues who gave forth very rich data about working with people who are in a suicidal context. Chapter Three describes in detail the bricolage methodology and the qualitative research methods that have been incorporated into the bricolage methodology. Narrative inquiry is described as being at the centre of the methodology. There is also a section on reflexivity which outlines the way in which I have incorporated myself into the study. The way the interviews have been analysed is detailed. The limitations of the research design have been outlined.

The results chapters give primary voice to the research colleagues, displaying their narratives in a poeticized form and a reflective discussion follows each poem. The five results chapters have been organised in relation to the five themes outlined above, however sometimes the themes overlap, linearity has not been strictly followed and there is more of an emphasis on reflection than analysis. These points fit with the methodological approach as outlined in Chapter Three. Chapter Four is titled *Meanings, Living Life and the Suicidal Context* and displays results and discussion relating to meaning making by the research colleagues around suicidality. It was apparent that the narrative informed therapists did not want to use language or make meanings that might be pathologising of the people they were working with. In considering the actual practice of narrative therapy; meaning making, language, and discourse were some of the topics the research colleagues grappled with and engaged in. Chapter Five is titled *Case Studies* and displays poeticized narratives about the people (clients) who the narrative informed therapists have actually worked with. This fits with the aim of considering the actual practice of narrative informed therapists. Chapter Six is titled *Connecting, Narrative Therapy and the Context of Suicidality*. One of the key aspects that stood out was that of

connecting playing an important part in the therapeutic intentions of narrative informed therapists when working with people who are engaging with ideas to end their life. Chapter Seven is titled *Intentions and Questions when working Narratively in the context of Suicidality*. The chapter shows some of the other intentions and questions that the narrative informed therapists bring to their clinical practice. Some of the intentions included: looking out for hope; seeking to understand; listening well; taking up an unknowing position; honouring stories; checking in with people; and other intentions. Chapter Eight is titled *Training*. The main points of this chapter were: the preference for experiential training; the issue of new therapists having insight into their own stories about life and death; other ideas were also raised. Chapter Nine is about reflexivity. This chapter discusses some aspects of my own learning journey and likely personal influences on the research by me. There is also a poeticized conclusion. Reflexivity is sprinkled throughout the study.

The research shows some of the ways and thoughts of narrative informed therapists in relation to suicidality. It shows a preference for finding ways to create safety, community, connecting on many different levels and a sense of belonging for people. The research provides a creative gathering of ideas for therapists, in an accessible style, in relation to narrative informed therapy. The research notices that suicide informed actions are complex. Respecting and honouring the stories, with all the details and history, of people who are in a suicidal context is a practice of narrative informed therapists. From collaborative storying; engagement and positions of safety are created.

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