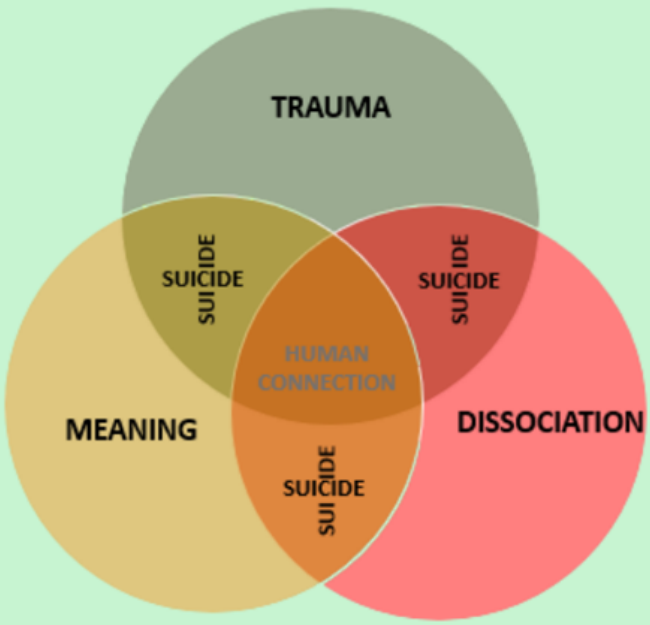
Humane Clinic

Suicide Narratives: Healing through knowing

A meaningful response for individuals and community.



SUICIDE NARRATIVES **Healing through knowing**

Suicide
Understanding
Intelligently
Contextualized
Individually
Determined
Experience

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Suicide Narratives initially engaged a small working group with international contributors. We are grateful to all those who have contributed.

The Suicide Narratives approach has been developed on the land of the Kaurna people. Humane Clinic acknowledges and pays respect to Aboriginal and Torres Strait Islander wisdom and spiritual connection to country. Humane Clinic acknowledges the traditional owners and custodians of the land on which this work has been undertaken. Suicide Narratives is a framework that can be adapted to ensure cultural and spiritual safety, fostering meaning and empowerment for any individual and community.

Suicide Narratives and the wise person:

A person contemplating ending their life is a wise person who has a knowing of their story and can heal.

Experiencing healing of self when sharing in companionship can be an empowering reality for the individual and the whole community.

INTRODUCTION

Suicide – Sharing our common human reality towards change

The journey of individual healing can offer wider healing within our interconnected communities. A person who shares the social and emotional conflicts underlying their suicidal distress is offering a message illuminating the wider suffering that exists within our community. Bearing witness to this message of suffering allows us to better understand the real issues that we experience as a community, and to take meaningful action to address these issues in mutuality rather than as individuals in isolation.

A person acting in the role of supporter offers space for narrative to flow as part of the human to human connection. Knowledge can be reached by the witnessing of this pain towards healing and the release of mutual empowerment in our communities. In this process of connection, the person who is contemplating ending their life is not considered a 'problem' but is instead considered to hold knowledge and wisdom. When the commonality of suffering is shared and understood, our mutual journeys towards healing become clearer.

People in our communities are ending their own lives at an alarming rate. Approaches to suicide prevention have been guided by obsessive hope that 'evidence-based' models can provide a meaningful response to human distress. Popular responses to suicide often place 'mental illness' or the 'problem person' at the origin of what is a common human experience. An individual contemplating ending their own life is confronting. It is understandably more *comfortable* for many to consider suicide within the frames of the 'illness' model. However, this is not a valid construct, nor a helpful distraction to any person or community that is contemplating or dealing with suicide. Categorising suicide as an outcome of 'mental illness' or a 'problem person' has failed as an effective response.

Creating narratives of 'illness' and the notion that the non-suicidal person can provide a fix for the person in distress is likely to disempower. There is evident need for an alternative approach. We can understand that a person who is suicidal is providing an important narrative and message to their community, representing a knowing of problems that exist between and within the community. The person in distress, through their experience of social and emotional conflict and woundedness, is the messenger of this knowing. This is the spirit in which Suicide Narratives approaches "healing through knowing".

Suicide Narratives emphasises mutual human to human connection as the way to discover knowledge for healing. Avoiding risk assessment and intentionally providing an alternative, the approach embraces both crisis response and ongoing support.

Knowledge in the experience

Suicide is part of the human experience. As an interconnected set of living beings there is inherent mutuality in our greater shared journeys: If one person is suffering, all human beings are suffering.

Suicide Narratives takes the view that the person who is contemplating ending their own life has a rich narrative of how they have arrived at the insufferable reality of suicide. In understanding suicide as an individually determined experience, that makes sense in the context of a person's life, meaning can be discovered that can lead to healing. In this process a person's Suicide Narrative may identify an alternative formulation that places the origins of the suicidal experience not in 'mental illness' but rather in social and emotional wounds; adverse environments related to trauma, racism, cultural unsafety, spiritual crisis, poverty, isolation, negative operation of power, or any oppressive process that causes ongoing distress. In order to develop this understanding a new approach is needed, one that moves beyond a crisis when the crisis has passed.

Suicide Narratives seeks to understand a person's unique phenomenological reality and how this has led to the current experience of life as unsustainable.

Mutuality leads to healing

Institutional imperatives lead to support for 'solutions', changes in thinking styles, or coercion towards the clinical view of 'safety'. Whilst well intentioned, these misguided processes lead to a disowning or dismissing of the self that is being expressed through suicide. This will inevitably lead to a person feeling powerless, less than the whole of who they are and isolated from human connection.

Understanding meaning in the context of suicide and reducing suffering through mutual human to human connection offers the potential to move away from crisis-focused and risk-led interventions. By stepping away from the risk position we can move towards a

community understanding of the wisdom of wounded healers who suffer, or have suffered, the existential crisis of contemplating ending their own life.

When we share human to human relationship without goals, a shared journey of finding meaning, even in incurable suffering, is possible (Frankl, 1985; Travelbee, 1971). Suicide Narratives encourages mutual emergence and growth by sitting deeply in the sacred space of pain and suffering. The process of deep listening has been lost to many in modern times through the totalitarian position of suicide as a reflection of 'mental illness', weakness or some form of unacceptable experience.

Suicide Narratives invites the supporter to match the courage of the person contemplating ending their own life. In doing so the supporter is exposed to sharing common humanity with the person experiencing suicidal distress. Both the person in distress and the supporter can experience the mutual power of the relationship towards a richer and deeper understanding, not only of the unique suicidal narrative, but of the potential for any person to find themselves in a suicide narrative in their own individual context.

The human to human relationship (Travelbee, 1971) and right understanding are central principles of Suicide Narratives towards 'being with' not 'doing to' (Mosher, Hendrix, & Fort, 2004).

> Right understanding is a state of accepting the reality of 'what is', understanding without intention to change, without a goal and with acceptance that the moment will, by the law of nature, change (Sumedho, 2011).

The shared human experience of two people in connection is powerful and meaningful in the context of suffering suicidal realities. We can value the sharing of such deep human experiences as opportunities for mutual growth.

SUICIDE NARRATIVE RESPONSES

An Immediate and ongoing response

Suicide Narratives has two specific aspects: (1) connection during crisis and (2) connection in ongoing support. Many approaches to suicide are limited to the immediate period of crisis. They may provide a plan for the person to enact during future crises but do not facilitate working through the ongoing and prolonged journey of suicide. This approach may be packaged in a positive fashion, but the risk focused priorities that underpin them are explicit. The Suicide Narratives approach is significantly different in that it places human to human connection as the priority, allowing us to hear a person's narrative and better understand the wounding that has led to distress. This human to human connection can emerge in a time of suicidal crisis and can be a foundation for healing over time through ongoing shared human experience. Suicide Narratives understands that a person becoming absorbed into the overwhelming experience of suicide is a Dissociachotic state.

Dissociachotic theory - an underpinning philosophy

Dissociachotic theory is an explanatory framework for the emergence and evaporation of altered states of experience - including suicide. Although initially developed in relation to extreme states often referred to as 'psychosis', Dissociachotic can be understood as the experience of animation and giving life to being at variance of companionship to self, in order for the survival of self in relationship to interpersonal threat from another. Dissociachotic provides a framework to respond to any state of distress.

Traditionally we have understood dissociation as a shut-down response. Dissociachotic contends that dissociation can also take the form of a busy active states. The person experiencing a dissociachotic reality can be understood to be unconsciously putting the state of distress between themselves and the other as a process of developing and maintaining relationship in the safest way possible.

Dissociachotic theory explains that it is the role of the supporter to be with the experience being expressed, in this case suicide. In doing so the supporter can avoid 'going towards' the person in distress and avoiding pushing the person into further liminality. In this process a co-existing shared experience can evolve when the courage of both people having

different experiences of the same moment provides a bridge to connection (Ball & Picot, in Press); 'being with', not doing something to, one another (Mosher & Hendrix, 2004).

As a result, the person in suicidal distress may experience a sufficient level of safety that facilitates human to human connection void of the need to place the dissociachotic state (suicide) between themselves and the other.

The process of the co-existing same experience provides an environment where both persons experience curiosity and openness to one another's idiom and meaning. The shared common humanity and loving ethical enterprise of human to human connection can emerge (Duhig, 2005).

For a more comprehensive explanation of Dissociachotic theory see: https://www.youtube.com/watch?v=bAIi9935VEM&feature=youtu.be

1. **Immediate response – Connection in crisis**

Suicide Narratives seeks to offer Emotional CPR and Just Listening during times of acute distress. Although each has a slightly different perspective on witnessing and connecting, the approaches share many common elements.

Just Listening is intended to provide a sense of Justice through the process of listening. Not seeking to change or alter, nor solve the problem or find solutions, Just Listening is a humanistic approach that places the presence and intention of mutuality as central. An overview of Just Listening and the skills employed are available at www.justlistening.com.au/learning. Just Listening is an active process that facilitates meaning making through the Justice of hearing a person and their story -: *'It is important to remember that story-telling and meaning-making are universal human capacities' (*Johnstone and Boyle, 2018 et al, 2018, p. 244*).*

Just Listening can be undertaken anywhere, at any time. It requires great intention on behalf of the listener and the person in distress; the intention to be in human to human connection.

Emotional CPR (ECPR) has been developed by the lived experience community around the world, through the National Empowerment Centre (power2u.org) towards finding healing through lived and living experiences of connection, especially at times of distress.

ECPR is a public education approach that seeks to come from feelings first, inviting the offering of our heart to the other in a time of emotional crisis, towards a flow of new life when two people share connection and mutual empowerment. ECPR is an approach that supports people in suicidal crisis through the power of mutuality and revitalisation in connection. Further information about ECPR is available at emotional-cpr.org.

Both ECPR and Just Listening are humane ways to offer justice and develop connection towards empowerment, by hearing a person in crisis and sharing in the moment as mutually human. Both approaches seek not to fix, but instead lead with feelings and deep listening.

Both ECPR and Just Listening can be facilitated over and over - whenever a person seeks support. The Suicide Narrative approach advocates a person reaching out to find connection and meaning as often as the individual needs. Suicide Narratives rejects any notion that it is a negative or problematic situation for a person in ongoing crisis to reach out for support as often as is necessary for their safety. It is common in mental health crisis services to pathologize and put in place barriers to connection when a person reaches out repeatedly.

Suicide Narratives does not place pejorative labels on a person who finds themselves asking for connection on numerous occasions. Indeed, the listener may reflect that the person in distress has not truly been heard or has more to share if the person is returning for connection again. Thus, the responsibility is on the supporter, not the person in distress, to offer connection, compassion and meaningful action. In facilitating Justice to the person in distress, and their story, mutuality can be found, and right understanding of shared realities can be developed.

ECPR and Just Listening are not the domain of a single expert or classification of professional, but can instead be practiced by family members, friends, professionals, or any member of the community who are skilled in the approaches. Learning ECPR and Just Listening is recommended for anyone who wishes to find meaningful connection.

The value of connection across all our communities is an imperative in the context of a person contemplating ending their own life.

2. **Ongoing Response – Connection beyond crisis**

Suicide Narratives *Suicide Meaning Conversation (SMC)* supports people to develop a meaningful narrative that sits behind, beyond and central to the journey of arriving at the suicidal experience, especially when this is an ongoing and repetitive experience (as it is for so many). The SMC seeks to develop understanding of the experiences of suicide in a person's life as meaningful and important. The SMC offers a space to explore a person's experiences of suicide from the first time a person experienced suicidal feeling, until the current moment.

The SMC is a semi-structured interview inspired by the Maastricht Interview of Voice Hearing (Corstens, Escher, & Romme, 2008) and the Power Threat Meaning Framework (Johnstone & Boyle, 2018) structure.

The Power Threat Meaning Framework (PTMF) offers a clear alternative to the diagnostic paradigm and is explicitly related to understanding the narrative of human experience.

The PTMF summarises and integrates a great deal of evidence about the role of power in people's lives, the kinds of threats that misuse of power pose to us and the ways we have learned to respond to threats.

> 'The Power Threat Meaning Framework can be used as a way of helping people to create more hopeful narratives or stories about their lives and the difficulties they have faced or are still facing, instead of seeing themselves as blameworthy, weak, deficient or 'mentally ill'.
>
> It highlights and clarifies the links between wider social factors such as poverty, discrimination and inequality, along with traumas such as abuse and violence, and the resulting emotional distress or troubled behaviour, whether it is confusion, fear, despair or troubled or troubling behaviour. It also shows why those of us who do not have an obvious history of trauma or adversity can still struggle to find a sense of self-worth, meaning and identity' (https://www.bps.org.uk/power-threat-meaning-framework, P2).

Developing a construct of suicide

When the SMC is completed, a report is developed. The report brings together an understanding of the person's suicide experiences, towards the development of a construct or formulation based on the structure identified by Longden et al (2012). This formulation approach is influenced by the model of Johnstone & Dallos (2014). A strong focus of this formulation approach is on the formulation being 'tentative; collaborative; amenable to constant re-formulation; incorporates systemic, social and/or political factors; and respects and defers to client views on its truthfulness and expediency - The formulation does not have to be accurate and correct, but instead the value or use to the person is imperative' (Longden et al, 2012, p.6).

Formulation in Suicide Narratives also draws on the foundational patterns identified in the PTMF. Suicide may represent a foundational pattern of living and surviving in the context of responding to threat. Additionally, we can develop the formulation in a contextual understanding of the persons environment, in its broadest sense.

A person finding empowerment through personal narratives may well provide an opportunity to change relationships with the origins of distress, rather than simply seeking to deny or get rid of the experience of suicide. If developing a construct without completing the SMC some questions may be useful to consider:

- What does Suicide relate to in a person's life?
- What problems does suicide appear related to in the person's life now?
- What patterns might be present in the narrative of suicide?
- How do you survive?
- What is your narrative?

These questions are prompts in developing meaning in the individual's suicide narrative and should be developed in collaboration with the person experiencing suicidal distress. Fundamental to the Suicide Narratives approach is that the construct should be consistent with Healing Through Knowing - the supporter recognises that the wisdom lies with the

person in distress. The supporter acknowledges that their greatest value is in offering mutuality in human to human relationship.

For further considerations of how to formulate a response to these questions, the SUICIDE acronym can guide discussion and formulation of the narrative, as discussed later in this document.

Moving forward from the Suicide Meaning Conversation:

Through the construct, it is envisaged that a person may develop new narratives of the deep meaning of their legitimate patterns and responses in the context of threat. Creating an alternative understanding in the individualized context of the persons unique life journey can be empowering. This is a distinct alternative to the constructs often considered in risk focused models that view a person within the 'illness' framework. It is also a distinct move towards a deep connection and understanding about what may have led to the context in which a person experiences suicide: an innate knowledge and wisdom that only the individual can articulate within the context of their own life.

It may be the first time a person has had the opportunity to develop a deep understanding of their own narrative, especially related to suicide - this can be empowering. Additionally, the process of mutuality can provide an incredible opportunity to experience oneself within safe relationship and equality, a process that brings new hope, new life and an opportunity to experience life through a new relational narrative.

Suicide Narratives brings together the immediate and formulation-based approach of the SMC towards additional environments of connection and support including Suicide Narrative groups and 'Talking with Suicide'.

SUCIDE NARRATIVES – ENVIRONMENTS OF KNOWING

Suicide Narrative groups

Suicide Narrative groups (SNG) are inspired by the lived experience led Hearing Voices groups. They are intended to be unstructured groups of mutuality, acceptance and revitalisation in sharing constructs, narratives and connection towards empowerment and justice in people's lives.

Drawing on the three-phase model of transformation in Hearing Voices groups (Hornstein, Robinson Putnam, & Branitsky, 2020) the SNG's seek to provide an environment for the phases of discovery, reframing and change. The SNG's will be informed by Just Listening, ECPR and the Suicide Narratives construct (Suicide: Understanding Intelligently Contextualized Individually Determined & Experience).

The groups are intended to provide places for safe and hopeful enquiry and consideration of emerging narratives through sharing. The groups can be attended by any person and should not be considered the domain of health professionals teaching or assessing a person in distress. Rather the groups are a place to recognise the individual and community healing that can occur through the courageous sharing and witnessing of personal human narratives and meaning.

Groups can be facilitated by any member of the community who has a lived or living experience of suicide and adapted to the needs of the community in which they are being offered. The groups are not intended to be manualised or structured but may take on specific group narratives as they evolve.

Group participants and facilitators may develop ideas and gather supportive knowledge on ideas identified as being of potential value by people in the group. In addition to sharing the knowledge within the group, a mutual learning of new information, ideas and supportive approaches can be developed as an ongoing process of mutual support. This can provide support in understanding individual narratives and empowerment of mutual learning.

For consideration of the groups, workshops will be offered, focussing on the groups embracing the Suicide Narratives principles. SNG's are free to attend and run in community spaces. They should remain outside the structures of neoliberalism that all too often colonise spaces of community and connection.

Talking with Suicide

Talking with Suicide (TwS) utilises Dissociachotic framework:

> The experience of animation and giving life to being at variance of companionship to self in order for the survival of self in relationship to interpersonal threat from other (Ball & Picot, in press).

The potential to support a person to express and describe the phenomenology of suicide as it manifests in the body. Recognising the potential for suicide to be experienced somatically, TwS supports the individual to give description to the somatic experience before engaging with the 'entity' in a curious and compassionate encounter. This process can be of value in supporting a person to feel less saturated and oppressed.

Talking with Suicide (TwS) has been informed by the Talking with Voices (TwV) approach (Corstens et al, 2012) and the Dissociachotic framework (Ball, 2018; Ball & Picot, in press; Raeburn & Ball, 2020). TwS also draws on the knowledge of the mechanism of action of psychedelic drugs that create a greater availability of conscious awareness. Referred to by Humphrey Osmond as 'mind manifesting' of increased awareness (Tanne, 2004). TwS utilises the understanding of psychedelic experiences but does not include the use of psychedelic substances.

TwS is an approach that seeks to support a person to understand more deeply the purpose or meaning that is being expressed in a suicide experience.

If the person chooses, the process can evolve to inviting the 'suicide' to leave the body, at which point the process of TwS can occur in much the same way as TwV. This process includes significant and compassionate preparation with the person.

The ritual and process of the approach is vital to support safe and nurturing conditions. TwS can support increased understanding of how a person has arrived at the experience of suicide and create opportunities for new ways to formulate making sense of the origins of the suicidal experiences. TwV (Corstens, Longden, & May, 2012) provides a structure and background theory that has been adapted for the facilitation of TwS. A primary extension of the TwS approach is applying the Dissociachotic framework to understand how a person responds to the threat in human relationship and adapts when the environment of threat is replaced with safety towards healing.

It should be noted that for some individuals, the process of identifying and exploring the somatic presentation of suicide is of value but may not be a preferred process for the others.

Further education and understanding of the TwS approach will be provided in Suicide Narrative workshops. The impact of the approach has been described as empowering and one that has supported a person to be able to access the ability to work through difficult emotions and adversity that had previously been unavailable. This is a further parallel of the psychedelic process.

We recommend that this approach is not facilitated without education and development of skill in training.

FURTHER CONSIDERATIONS

1. **The priority:**
   When considering whether to offer and facilitate a structured Suicide Meaning Conversation (SMC), consideration should be given to the need to offer e-CPR, Just Listening or whatever response the person identifies in a crisis moment.

2. **The Principle of Suicide Narratives – Healing Through Knowing:**
   The principle of the Suicide Narratives is that the person is the wise narrator of the journey, as such the Suicide Narrative approach may be choice for a person, but secondary to the persons own ideas and choices. It may become part of their choice in any part of their journey of being with a supporter and if so can be facilitated.

3. **Choice:**
   Genuine choice, in decision making, is likely to begin the process of mutual empowerment. Genuine choice is rarely, if ever, afforded to a person when approaching the mental health system in an experience of suicide. The legislation and risk culture of deterministic mental health systems places choice as a secondary consideration. Suicide Narratives approach is one possible way a person may choose to be in connection with a supporter.

4. **Resisting old narratives:**
   The supporter is invited to go boldly into a journey of mutuality. The supporter may feel some pressure to conform to old narratives of how we currently respond to suicide. During the SMC we invite supporters to notice this urge within themselves and choose instead to stay with the person in curiosity and open heartedness.
   The experience of identifying the connection between mutual humans as the single known factor that can be observed and felt, can conflict with old stories the supporter may carry through conditioning around risk.

5. **Resistance by others:**
   There is no single occasion when the SMC can or cannot be facilitated. Intentionally returning to the basics of human connection may be required as the SMC is being facilitated.
   As with other models, such as the Hearing Voices approach, those who have other ideas – predominantly psychiatry led constructs - may seek to define when and

where the SMC and Suicide Narratives approach can or should be facilitated. These are legitimate ideas of the person who expresses them, but they are not founded in any sense in the Suicide Narratives values.

6. **Embracing the legitimacy of the human experience:**
   Suicide Narratives does not seek to deny the legitimacy of suicide as a response to living in the context of distress, or any sense of ontological insecurity. Rather, Suicide Narratives embraces what we have learned about how we might respond to adversity, trauma, and 'unhoused minds' (Scanlon & Adlam, 2006) and unhoused hearts in the shadows of the misuse of power in our lives. Understanding how we respond to these things in connection to the burden of aloneness, pain and disconnection often associated with suicidal distress can be empowering.

OVERVIEW OF SUICIDE NARRATIVES ACRONYM FOR USE AS A CONSTRUCT AND IN SN GROUPS

Suicide Narratives acronym can support and guide the development of a formulation or construct. A person may also like to consider the use of the general patterns identified in the PTMF when developing and making sense of their experience of suicide.

The person and supporter may identify the content in a different way but could consider the following questions to guide the development a construct.

A construct may consider going in the direction of the following:

- What does Suicide relate to?
- What problems does this cause?
- What patterns might be present in the narrative of suicide?
- How do you survive?
- What is your narrative?

Use of the SUICIDE acronym

It may also be useful to use the SUICIDE acronym to guide discussions in individual support and in Suicide Narrative groups.

Suicide

Actions or thoughts towards ending life. A response to interwoven narratives and environments within a person's life. The experience may be considered a message of difficult experiences, expressed as contemplation or action towards suicide, in a life that has become intolerable. Absorption into the experience of suicide is best understood within the framework of Dissociachotic – a person setting themselves at variance to themself and the environment and placing the experience between them self and another in order to create safety from the threat.

Understanding

Developing right understanding is a journey that requires deep witnessing, understanding the phenomenology of a person contemplating ending their own life. Right understanding: a state of accepting the reality of what is, understanding without intention to change. Developing understanding builds mutuality.

Intelligently

Embracing the inherent wisdom of the person in their mind, body, spirit and connection to nature. A person's experience of suicide can be understood as deeply meaningful; arrived at in an intelligently formulated Dissociachotic construct. The wise person has responded intelligently to their life experiences in developing a need to be released. This is not a disordered view, but one arrived at intelligently given the effort the person has likely made to work through the difficulties.

Contextualized

Making sense of the changing moments and context in existence is vital towards receiving the wisdom of possible messages from a person's life. Rather than seeking to remove discomfort for the short-term relief, the context of a person's life and broader environment can be understood to have informed their arrival at a suicidal experience when embraced as meaningful.

Individually

Valuing the legitimate narrative, within cultural, spiritual or other meaning, and away from the negative acculturated narrative formulation of illness and problem saturated language. Understanding the negative impacts and manifestations of power and events in the life of the individual, whilst maintaining awareness of the potential positive experiences when individual 'knowing' is recognised as the principal wisdom.

Determined

Recognising the person's narrative of being as legitimate in an individual context and moving away from the deterministic perspective that removes personal power from the individual. SN embraces the importance of the individual and individual's narrative. The determination of the person in distress towards ending their life can also be facilitated, through the SN approach, towards the emergence of an equally valid alternative narrative.

Experience

Embracing all that the person is as a member of a greater community. The person can guide, share and be witnessed and embraced in their existential reality of being. The person's experience can become a gift and a central organizing principle for the whole community, through the sharing of their deeply human experience, from a legitimate message of distress to equally legitimate narratives of meaning and emancipation from suffering.

A SUMMARY COMMENT

A person finding empowerment through mutuality and personal narrative may well provide a great opportunity to change the relationship with the origins of distress. Contemplating the end of life is a legitimate and valuable expression of an intolerable reality. The wisdom of understanding, developed through human to human relationship, leads to healing through knowing for both the individual and the wider community.

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