In practice

Walking a path to the unknown

Rachel Freeth

I know Susan had, for several weeks, been thinking about ending her life. I know this because I asked her, having followed up on her various hints and indirect references to her future. Would she have told me about these thoughts had I not asked? I don't know. I do know that I would have felt very uneasy not to have tried to explore more directly with her some of her suicidal preoccupations, given my observations of her deteriorating mood and evidence of increasing disorganisation in her day-to-day functioning.

All the signs were that Susan was now in a place of acute despair - the kind of despair that closes in, like a fog, rendering one incapable of navigation or movement. For some time she had expressed a general weariness about her life and described how getting up each day was like preparing for a battle - a battle she imagined losing. It didn't sound as though Susan wanted to die, but it was clear she no longer wanted

I wondered how I might see myself and my future if I were in her circumstances. The much harder process, of course, was to put myself in her shoes and try to imaginatively enter into how she saw herself and her future, given her experiences and circumstances. Could I sense something of her emotional world, her dreams, hopes and fears past and present? Could I get alongside her as she questioned the meaning of life, and of her life in particular?

While I wanted, and tried, to engage with Susan's 'suicidal beingness',¹ it was 'It was much more difficult to stay empathically attuned and alongside Susan once I had stepped into a mode of assessing risks'

not long before I slipped into a 'What do I do?' mode. While aware of my helping instincts as a human being who cared, I also started to consider my duties and responsibilities as a professional helper and, furthermore, someone who works within an organisational setting bound by ethical codes, clinical guidelines and organisational procedures.

I now encountered a tension that has become all too familiar to me. To summarise this as a tension between 'being' and 'doing' is too simplistic; I believe it would be incorrect to think of these as two separate and mutually exclusive states, and wrong to suggest that empathy is found only in the 'being'.

Nevertheless, it was much more difficult to stay empathically attuned and alongside Susan once I had stepped into a mode of assessing risks and considering what actions I might need to take if I judged her to be at high risk of ending her life. The nature of my therapeutic engagement with her was, at least temporarily, altered.

I wondered how Susan experienced my asking her about her thoughts and whether they included specific ideas and plans about how she might end her life. Was she afraid to reveal too much to me,

fearing this might trigger a more medicalised way of managing the situation? Or was it a relief to be given an opportunity to unburden herself of thoughts she had previously felt too ashamed to divulge for fear of judgment? She could have experienced both.

It is often impossible to predict how clients will experience our questions and our actions. In such instances I try to invite clients to let me know, if they are able. Nevertheless, deciding what to say, ask, or what actions to take (for example, whether to inform other professionals) often feels like walking very delicately along a path towards an unknown destination. At times the path seems more like a tightrope.

Working with clients who are wrestling with suicidal thoughts and feelings provides therapists with some of their most stressful and demanding experiences. In clinical practice there are rarely hard and fast rules about what to do; where they do exist it is hard not to view many of them cynically as arising from our risk-averse blame culture. Most often we have to rely on clinical judgments. These are, of course, vulnerable to error.

Eventually Susan was admitted to a psychiatric ward, but I don't know if or how this will help her ultimately. I do know that I need someone who will listen to my doubts and uncertainties and how working with Susan has affected me.

Reference

1. Webb D. Thinking about suicide: contemplating and comprehending the urge to die. Ross-on-Wye: PCCS Books; 2010.