All Changed, Changed Utterly; A Terrible Beauty is Born

The Impact of Suicidality on the Experienced Clinician

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Introduction

“Therapists consider suicidal statements to be the most stressful form of patient behaviour encountered in their practice”

(Farber, 1983, p.697)
Conceptualising Suicide

There is no such thing as a baby, there is a baby and someone
(Winnicott, 1967)

There is no such thing as a suicidal patient
(Seager, 2008)
Mourning & Melancholia 1917

- Hatred turned against the Self
- Split conflict & Split being (mind & body)
- Suicide act is rooted in the loss of an ambivalently loved and hated caregiver
- “Melancholia suffers from continual self-approach, low-self esteem, and in a delusional way anticipates some sort of punishment” (Polmear, 2010, p. 46)
## DEMOGRAPHICS OF THE SAMPLE

<table>
<thead>
<tr>
<th>Code</th>
<th>Age range</th>
<th>Years in Centre</th>
<th>Years as therapist</th>
<th>Years Accred.</th>
<th>Accred. Body</th>
<th>Hrs. per Wk</th>
<th>Orientation</th>
<th>Qualification</th>
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</thead>
<tbody>
<tr>
<td>PA</td>
<td>40-55</td>
<td>6 yrs</td>
<td>8 yrs</td>
<td>3 yrs</td>
<td>IAHIP</td>
<td>16 clients &amp; 4 assess</td>
<td>Humanistic Integrative</td>
<td>Dip.</td>
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<tr>
<td>PB</td>
<td>40-55</td>
<td>4 yrs</td>
<td>7 yrs</td>
<td>3 yrs</td>
<td>IACP</td>
<td>16 clients &amp; 4 assess</td>
<td>REBT</td>
<td>Dip.</td>
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<tr>
<td>PC</td>
<td>40-55</td>
<td>5 yrs</td>
<td>5 yrs</td>
<td>1.5 yrs</td>
<td>IACP</td>
<td>16 clients &amp; 4 assess</td>
<td>Person Centred</td>
<td>Degree</td>
</tr>
<tr>
<td>PD</td>
<td>40-55</td>
<td>4 yrs</td>
<td>5.5 yrs</td>
<td>2.5 yrs</td>
<td>ACPC</td>
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<td>Degree</td>
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<td>5 yrs</td>
<td>8 yrs</td>
<td>3 yrs</td>
<td>IACP</td>
<td>8 clients</td>
<td>Person Centred</td>
<td>Degree</td>
</tr>
<tr>
<td>PF</td>
<td>40-55</td>
<td>5 yrs</td>
<td>8 yrs</td>
<td>3 yrs</td>
<td>IACP &amp; PSI</td>
<td>15 clients</td>
<td>Humanistic Integrative</td>
<td>Degree &amp; Msc</td>
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<tr>
<td>PG</td>
<td>40-55</td>
<td>6 yrs</td>
<td>7 yrs</td>
<td>4 yrs</td>
<td>IAHIP</td>
<td>12 clients 13 supervision</td>
<td>Humanistic Integrative</td>
<td>Degree</td>
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</table>

*Table 2*
<table>
<thead>
<tr>
<th>SUPERORDINATE THEMES</th>
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<tr>
<td>1. Overworking</td>
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<tr>
<td>i) Working under a death threat 110%</td>
</tr>
<tr>
<td>ii) Under my skin</td>
</tr>
<tr>
<td>iii) Holding the Therapist Hostage</td>
</tr>
<tr>
<td>2. All Changed, Changed Utterly/Identity Disruption</td>
</tr>
<tr>
<td>i) Disruption to the Self</td>
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<tr>
<td>ii) Disruption to Other-Intmacy</td>
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<td>iii) Disruption to Professional Identity</td>
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<td>3. A Terrible Beauty is Born/A Spiritual Practice</td>
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<td>i) The Agapean Mission</td>
</tr>
<tr>
<td>ii) Community of Believers</td>
</tr>
<tr>
<td>iii) Regeneration</td>
</tr>
</tbody>
</table>

Table 3
“This is the cold face of the work...probably the most challenging work that you can do”

“sometimes, sitting in that despair can be really, really difficult...I just say to them, drop the coffin”
Overworking

Working under a death threat 110%

Additional ‘therapeutic accommodations’ (Goldblatt, 2008, p.98) and ‘extratherapeutic’ factors (Woskett, 1999) are demanded of therapists working with suicidal clients. Extra sessions, between-session phone calls, etc.,
Overworking

- Working under a death threat 110%

“I have learned after so many years… that no matter how skilled you are when someone walks in the door and tells you that they are really suicidal and thinking of taking their own life, the first thing that I am aware of is…I immediately feel panic…I feel fear…I feel anxiety…”
Overworking

- **Under my skin** “I brought him home with me…”

  - Showering/Cleansing from the contamination of the work (Vaillant, 1992).

  - Countertransference responses and what is being held in the skin (Bick, 1986; Meltzer, 1994; Turp, 2007)
Overworking

• Holding the Therapist Hostage
  ➢ Complexity of cases, borderline processes
  ➢ Co-morbidity of symptoms
  ➢ Ambivalence inherent to suicidality (Paris, 2007)
  ➢ Perverse situations (Campbell & Hale, 1991, Goldblatt, 2008; Glasser, 1979; Hendin, 1991)
  ➢ Stirring of taboo feelings (Winnicott, 1949) or “untherapeutic” responses (Pearlman & Saakvitne, 1995, p.199)
Overworking

- Holding the Therapist Hostage

“There was one client a number of years ago and she had a borderline personality and self-harmed a lot. But she had a fierce attachment I could feel it…it was like a baby pulling, you know, pulling out of me.”

- Endings or holiday breaks can generate anxiety in both client and therapist (Mahler, 1968)

- Clients “unwell” at the end of time-limited therapy can elicit significant stress in the clinician (Pearlman & Saakvitne, 1995).
All changed, changed utterly/identity disruption

- Disruption to the Self

“Profoundly. Yeah, in terms of how I view the world…my worldview has changed profoundly.”

- Loss of self-security
- Dissociation in the therapist (Herman, 1992)
- Burnout (Maslach, 1998; Egan, 2006)
- Treatment of suffering has become ‘in vogue’ lend itself to fetishisation (Freud, 1927; Nguyen, 2011)
All changed, changed utterly/
identity disruption

- **Disruption to the Self**
  - **Burn-in:** dreams & fantasies (A. Rogers, 2000; Rycroft, 2005)
  - **Body Self impacted:** Somatic countertransference, intensive muscular tension, ailments and spontaneous sensations (Egan, Trimble, Booth & Carr, 2010)
All changed, changed utterly/identity disruption

- Disruption to Other-Intimacy
  - Hyper-vigilance around children (Egan, 2006; Pearlman & Saakvitne, 1995)
  - Therapists less empathic to loved ones
  - Withdrawing from interpersonal relationships
  - Anger at clients’ irresponsibility deflects onto family, ‘mood spillover’ (Egan, 2006; Spector, 1999)
All changed, changed utterly/identity disruption

- Disruption to Other-Intimacy

“Since working with suicidality… I don’t really want to be a parent, because I work with so many kids […] I don’t know if I want to bring a child up in this world…that might seem mad, but I guess it has profoundly impacted me”

- Death instinct can destroy the extension of the self in deciding not to bring forth life (Bion, 1959).
All changed, changed utterly/identity disruption

• Disruption to Professional Identity

You go in thinking that it’s never going to happen to you and when it does happen...you feel you have emm...let everyone down...you question the work, you question do you want to be in this type of work? Am I suitable for this work? And it opens up the vulnerable side that’s there in the work as well.
identity disruption

- Disruption to Professional Identity

* I didn’t want to have any high-risk clients…and it made me wonder, ‘Am I able to continue in this kind of work? Can I do this?’ And you know what, it actually made me stronger…and made me think, ‘Hang this…it just makes me want to go in there and fight back…’

- Fracturing the professional ego ideal, personal devastation, denial, guilt, anger self-recrimination
A Terrible Beauty is Born/
A Spiritual Practice

- The Agapean Mission

- Humanistic participants conceptualised their clinical practice as a spiritual endeavour.

- Therapeutic community has come to fill the emptiness which traditional religions once occupied (Weatherill, 2004)

- Deep appreciation for what Wosket (1999) called their “internal client” (p.48)
Community of Believers

There was a strong ethos conveyed by all participants that they could only do this work because they operate as a strong, specialised community. Indeed, this research testifies to the transformative influence of institutional support (Anderson, 2013).
A Terrible Beauty is Born/
A Spiritual Practice

- Regeneration

“I think it has made me like me a little bit more…and to recognise that…I am not perfect ok…nor will I be perfect, but that there is goodness in me, and I know that would be wasted if I didn’t share it.

And it’s a privilege to do that. It didn’t come easy; it came out of painful things, out of difficult things…and that’s one thing I can share with my clients…And that is the best gift that I have got out of it.”
Implications for practice

- Containing the containers - Supervision
- Improving a clinic’s supervision system
- Long-term care for suicidal clients needs to be validated and funded
- Reducing clinical hours to balance emotional impact
- Spiritual beliefs arose in the findings as a holding property for practitioners; further qualitative investigations are needed to elucidate this meaning-making process
Implications for practice

- The importance of debriefing, engaging in grief rituals and accessing collegiate/supervisory support after a completed suicide

- It is imperative that researchers create a sophisticated evidence base to inform psychotherapeutic practice
A therapist uses themselves and in as far as they are able to become a resonating chamber for the client’s emotions. Congruence and compassion open the way to the therapist’s primary instrument of healing: the personal vulnerability of his own trembling self

(Val Wosket, 1999, p.214)