Social work, meaning and suicide bereavement

by Tony Walsh

Introduction

There have been many dramatic changes in Irish society in recent years. These are seen in the economy, in politics, in value systems and culture, and in community and family life. Accompanying, or resulting from these shifts has been a dramatic change in both rates and patterns of suicide. Some decades ago Ireland had one of the lowest suicide rates in Europe, now it has one of the highest.

Emile Durkheim (1952) the French sociologist, whose seminal writing earned him the title 'father of suicidology', invites our attention to the relevance of society and its internal dynamics to suicide. He also suggests that changes in the fabric of society and an increase in the suicide rate should not be seen as unexpected. When societal norms and structures change or disappear the rate of suicide tends to rise. What distinguished his study of the area, and indeed his methodological stance, was his concern not so much with individuals taking their own life but with patterns or trends in society and how these relate to an increase or diminution in the societal rate of suicide. Societies have varying rates of suicide at different times because of the nature of what is going on within them, and this has been the focus of much fruitful research within the worlds of scientific enquiry, and in the fields of sociology, psychology or medicine.

James Hillman (1997) on the other hand, writing from a Jungian perspective invites the attention of those who are interested in suicide to what he terms the 'inside' or 'insider' view. In doing so, he distinguishes between this and the more common 'outsider' view represented by scientific, medical and psychological research. His perspective emphasises the importance of the inner world, the particular personal meaning or set of meanings that is at the centre of each suicidal act. This viewpoint is one that is deeply honoured within the worlds of counselling and psychotherapy.

Polarisation of Theories

Sadly the process of seeking to understand suicide has been bedevilled by the polarisation between 'inner' and 'outer', the 'scientific' and the 'personal'. These two lenses have rarely found common ground or sites in which to share their wisdoms, much less to develop paradigms of enquiry which honour both realities. Social Work at its best, however, in its professional ideology as well as in its practice, brings together both the social and the political as well as the personal and familial. Thus in the field of suicidology it is ideally placed to create meaningful research, advise on policy creation and implementation, as well as bringing together insights from both the worlds of sociology and counselling to inform the therapeutic endeavour.

There are very obvious reasons why given its historic preoccupations with the societal and the political that social work should address itself to underlying causes of suicide where these may relate to issues of power abuse, marginalisation and external and internalised experiences of oppression. In analysing or seeking to understand suicide and the changing trends associated with it the Social Work profession is well placed to analyse not just the 'micro' of individuals or the 'macro' of sociological process, but the intricate web of individual and social realities that inform the complex process which create both a sense of secure identity and a rich and fulfilling experience of life. The process of how we create or attribute meaning, or how we are allowed or disallowed from creating meaning is also central to life at both personal and political levels. The process of how we come to adopt or privilege certain meanings above others is attributable not just to personal preference or idiosyncrasy but to societal processes and their deep and frequently non-conscious influences. This reality is applicable not just to the role of Social Work and the study of suicide but also and very particularly the intervention in suicide bereavement. As the early feminists suggest the personal is always political

In seeking to find a synthesis between areas it may be useful to briefly outline three theoretical perspectives. Firstly, that of Michel Foucault whose perspective provides us with ways of critically interrogating societal meaning systems. Secondly, the work of Michael White who in the development of Narrative Therapy provides a framework for understanding not only how we, as individuals, create meaning but also how we can promote change or evolution in our meaning systems. Thirdly, the work of Silvermann, Klass et al., who in developing a new paradigm around grief therapy recognise the centrality of re-negotiating the connection between the bereaved and those died and the bereaved.

In looking at these areas it may be helpful to use illustrations drawn from the life experience of some whose lives have been touched by suicide.

The Sociology of Discourse

Michel Foucault (1980) in his exploration of meaning development focuses on the concept of dominant societal discourse. These central and generally non-conscious or barely visible shared constructs have the power to create, form or colonise the meaning systems of individuals and sub-groups within a society. He suggests that these discourses, which create our way of sense making and our ways of experiencing reality, are powerful templates, having their origins within the meaning systems of power elites in any society. They result in ways of sense making or forms of feeling which seem to belong to the individual, the family or group in fact have their source and function in maintaining the thinking, value systems and power of societal elites. In Western societies for example the discourses in which we breathe and which form and structure our ways of thinking and feeling and interpreting are deeply gendered, privileging the values and

positionings of traditional patriarchal structures. We see evidence of this in our society where values of success, competitiveness and individualism are frequently accepted uncritically as the only valid way to be. Alternative values of interdependence, co-operation, community and support are marginalised. Those who work in the caring professions are as much inhabited these values as are the clients. Frequently both become unseeing and unquestioning accepters of a particular reality.

One of the most central roles of the counsellor is to create safe spaces in which individuals and groups can become conscious of their habitual ways of seeing and experiencing the world. This observer positioning can then move to a questioning of assumed values or ways of making meaning leading to the creation or authoring of new and more useful ways of seeing and being in their world. It goes without saying that counsellors or facilitators working in this mode will have devoted time and energy to this process in their own lives as a prerequisite to supporting clients in doing the same (Mair, 1989).

In this process, critical awareness of the identity and power of the dominant discourses and the possibility of creating alternatives is essential. Paul was thirty- two when he was referred for bereavement counselling. He had drunk deeply at the wells of other realities having lived and worked among the Aboriginal peoples of New Zealand for some years. During his sojourn the traditional rural Irish ways of seeing reality, so much part of his earlier life had gradually been challenged and dismantled and new possibilities of making sense, new ways of seeing had emerged. Thus when his younger brother, a manic depressive, committed suicide, he viewed this as an act of empowerment, an appropriate way of concluding a life of deep existential pain, suffering and powerlessness. On returning to Ireland following the death, he found this viewpoint the subject of deep hostility from family and friends. For some months he experienced continuous explicit and implicit attacks on his sense making, and indeed on his whole meaning system. After sometime he felt that he was going quite mad, and became deeply troubled. In the process of several therapeutic conversations he was able, through examining the function of dominant discourse in society to re-claim his own voice, and to recognise his way of making meaning of his brother's life and death as being both deeply valid, and profoundly useful for him, albeit not necessarily for family and friends. He was able to revalidate his sense making around suicide, and accept the validity of his way of making meaning.

Identity can be defined as the gaining of voice; in work with individuals or groups who find themselves marginalized or silenced by the dominant discourse of family or society the challenge to confirm their voice or to find different and more useful voices or realities is paramount.

The Self-Describing Narrative

Jill Freedman and Gene Combs (1996) and Ivor Browne (2001) drawing on theoretical developments in anthropology and sociology as well as systems thinking, recognise the centrality of story in the creation and negotiation of a sense of identity, and hence in the forming of experience. It is their contention that individuals, families and sub-groups live out life within the confines of a certain range of stories - stories that are told about us, stories that we tell about ourselves or feel about ourselves; stories that tell us into a particular way of being. These stories have the power to assemble meaning, to define and control experi-

ence, and to prescribe behaviour. The story of whom one is 'like' in the family of origin, of what it is to behave acceptably, of what it means to belong to a particular tribe, class or subgroup, structure our experiences of reality, our choice of behaviour, our sense of the world. What these stories permit an individual or group to attempt or to neglect, define the "who I am" at my centre, and constrain the "who I can become". Stories may be constituted of tribal, family, community or political accounts. These stories dwell at a variety of levels of abstraction and consciousness: they live us and story us into particular ways of being: likewise they form the framework that enable us to interpret our experiences in a particular way. Often they can be so powerful that it seems that no other possibility exists

The recognition of sub-dominant story lines, which can be elaborated, or elevated to broaden ways of experiencing is central to narrative therapy.

Exploring both the mechanism and constraint of the dominant story lines in the life of an individual (or group) can allow the meaning of suicidal ideation or experience to emerge in a new way. The possibility of allowing sub-dominant lives to become elaborated allows, at times for other possibilities to develop.

Sometimes, just sometimes, when sensitively viewed, the methodology of the narrative approach can allow new doors to open, new ways of being to emerge for those bereaved through suicide.

Case Illustration

Mrs. Flood's 21 years old son had committed suicide some years prior to her referral. She found her whole identity in the small community in which she lived had been reduced to that of "the suicide mother". Such was the experienced strength of this story she found no way of breaking free. For her it also had the connotation of "bad" or "inadequate" mothering. After many hours of conversation, the beginnings of another story began to emerge - the "mother of the artist". She began to re-discover her role in encouraging and teaching her little boy to paint and draw; something which he had successfully developed in early adulthood. She explored and developed this identity, eventually setting up a retrospective exhibition of her son's work. A new story line had been borne or perhaps more accurately elaborated, allowing more room for movement and fulfilment, while respecting the core validity of her loss. She still grieved but now she no longer felt so deeply imprisoned.

Continuing Bonds

In the past many grief theorists and practitioners emphasised the need to cut links with the lost object or person. Nurturing continuing links was generally perceived as pathological. In recent years the work of Silvermann, Klass et.al.(1996), with bereaved children and others has emphasised the importance of developing and nurturing continuing links with those who have been lost. They perceive this process as an important and highly significant ingredient in the successful resolution of grief.

An important focus of their therapeutic model focuses on the facilitation of a re-connection, in appropriate ways, with the lost person and their image. This is not the process of internalisation in a Freudian sense. It is something much more dynamic and evolutionary differing profoundly from individual to individual. It is also acknowledges that images and connections may change and evolve over time.

Case Illustration

Two male clients both experiencing profound and quite intractable grief following the suicide of highly significant others, underwent a profound transformation upon experiencing the presence of the deceased in a very literal way. One man experienced himself seeing and conversing with his dead friend during a therapy session. In this interaction a number of unresolved issues were aired and apparently resolved to the satisfaction of the client (albeit somewhat to the discomfort and it has to be said, alarm of the therapist!) For the other man a re-negotiation of relationship was negotiated through a series of vivid dreams. In both instances the centrality of these events in the resolution of grief seemed to be greatly aided by the acknowledgement of their 'realness' and significance the course of a therapy sessions. For both men, their experiences allowed them to both re-connect and re-negotiate their relationship with the deceased. For some this process of re-connecting appears to be almost mystical or dramatic; for others it is much more practical, perhaps in acknowledgement of anger, or the writing of a letter or in the creating of a ritual or indeed in conversations focusing on meaning or philosophy where new ways of understanding life and death are allowed to emerge.

Conclusion

The search for and often the re-negotiation of meaning are important tasks in the continual process of living. In this endeavour it is important to map and acknowledge the power of societal 'truths' and discourses and their power to constrain, colonise and limit possibilities. At the core of good counselling and therapeutic practice is the recognition of this reality. The continued search for ways of respectfully working towards a re-negotiation and expansion of these possibilities is also core to the therapeutic endeavour. Social Work with its particular positioning which takes into account both the 'internal' world of personal meaning and the 'external' world of societal power dynamics is well placed to interrogate and to expand our knowledge and develop our practice in the context of both suicide and its aftermath. Both realities are at once profoundly personal powerfully connected to societal power dynamics.

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Tony Walsh *is a lecturer in the National University of Ireland, Maynooth*

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