



*Humane Clinic*

# **Suicide Narratives – being with the person in suicidal distress as they bring wisdom**

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Maywald – Humane Clinic – Just  
Listening Community



# Suicide Narratives - Intentions

- Connection and understanding of a person's narrative
- Healing for the whole community (the problem is not in the person)
- Challenge institutional imperatives that create disconnection
- Ethical and theoretical justification for 'being with not doing to' in understanding the context and narrative of suicide in a persons life
- An approach for all people to facilitate and experience

# The philosophy of Suicide Narratives

- 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. 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.

# The philosophy of Suicide Narratives

- 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 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”.



# **RISK ASSESSMENT**

- So what should clinicians do? First, we believe that this fundamental problem with suicide risk assessment needs to be acknowledged. **We need to acknowledge our powerlessness to usefully classify individuals or groups of patients according to future suicide risk.** We need to acknowledge this to ourselves, and communicate this to health departments, to the courts, and most importantly, to our patients and their families.

Large, M., Galletly, C., Myles, N., Ryan, C., & Myles, H. (2017). Known unknowns and unknown unknowns in suicide risk assessment: Evidence from meta-analyses of aleatory and epistemic uncertainty. *BJPsych Bulletin*, 41(3), 160-163. doi:10.1192/pb.bp.116.054940

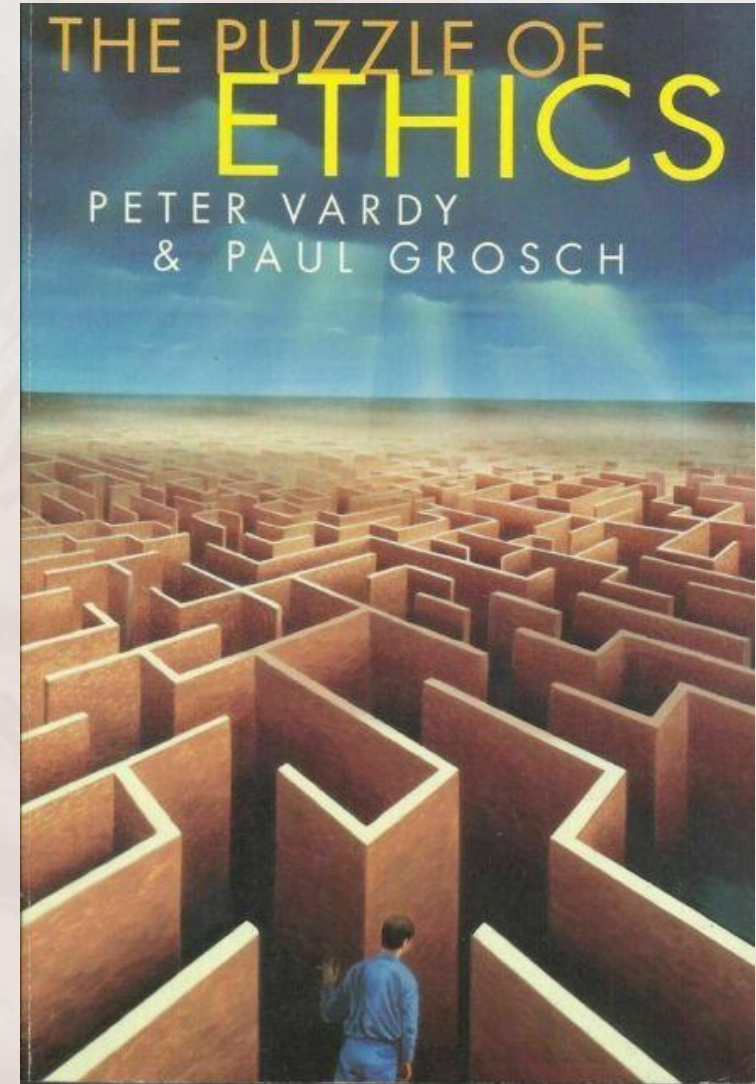
# Suicide – the puzzle of ethics

HUMAN

PROFESSIONAL

SYSTEM

SOCIETY







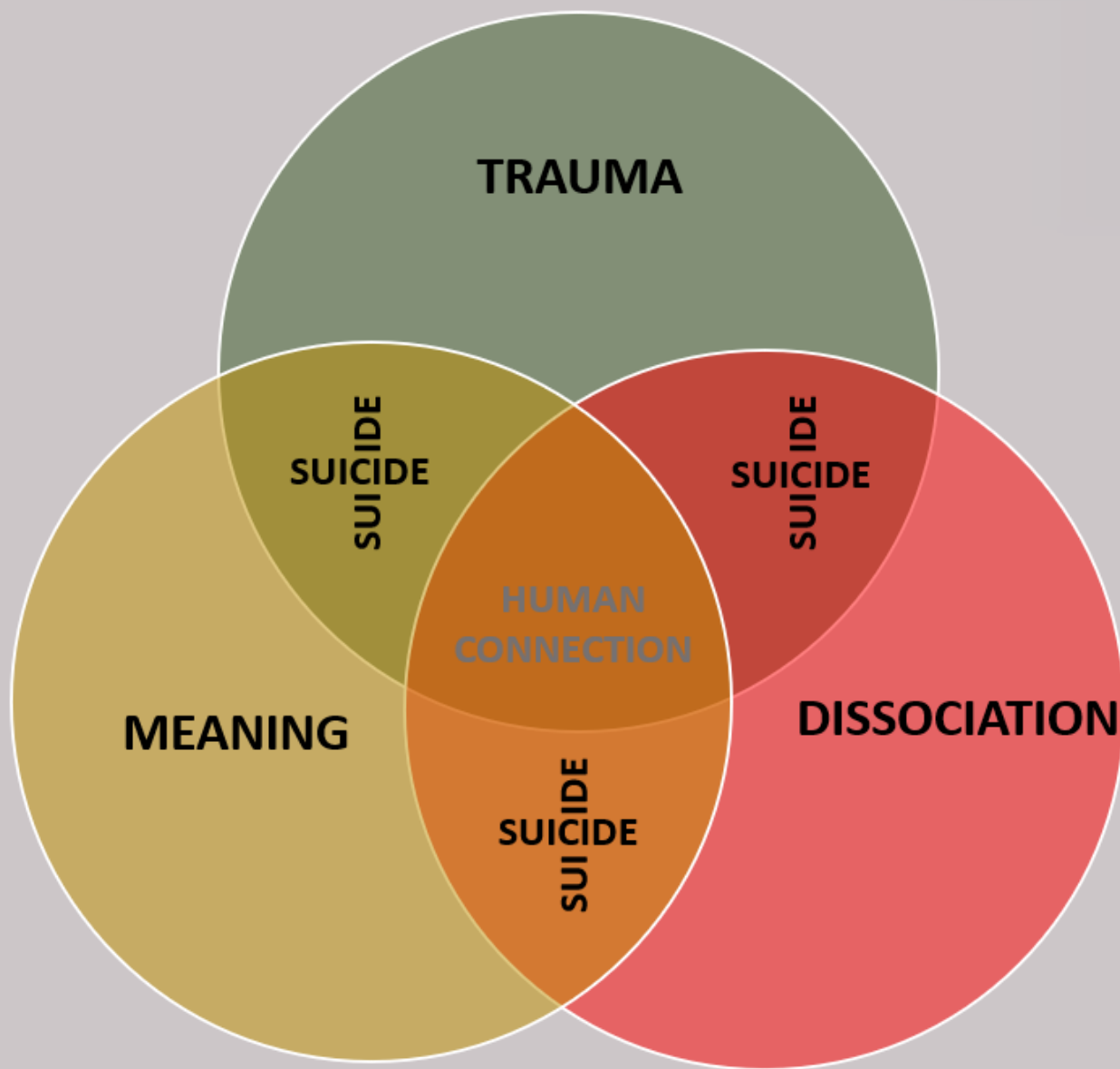
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## **Dissociachotic:**

The experience of animation and giving life to being at variance of companionship to self for the survival of self in relationship to interpersonal threat from other

Individual and Systemic

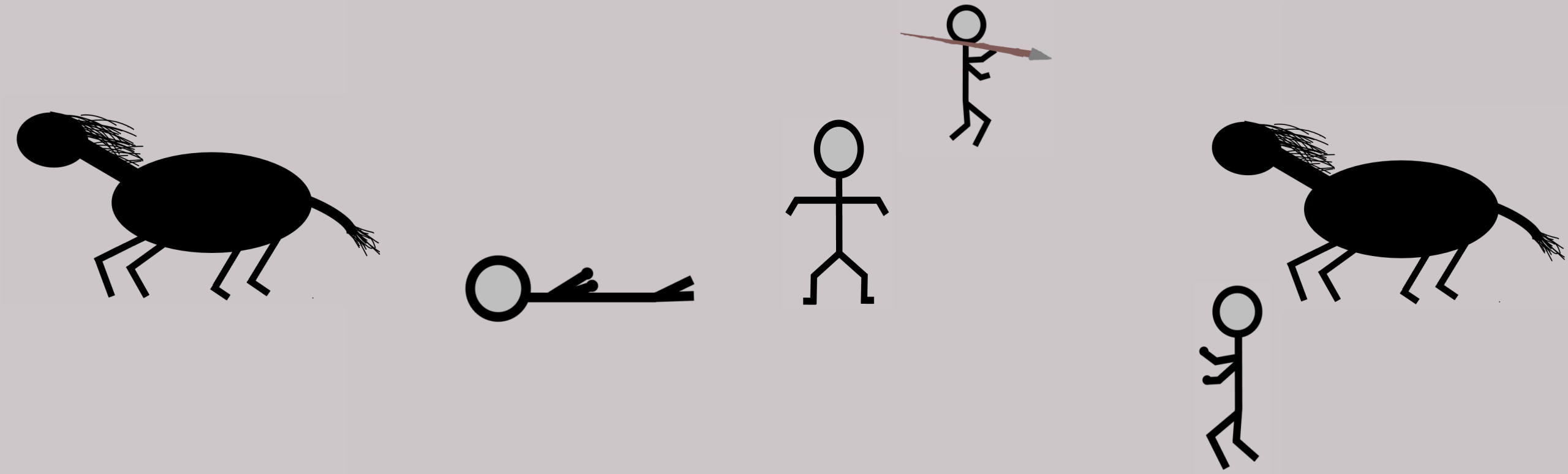




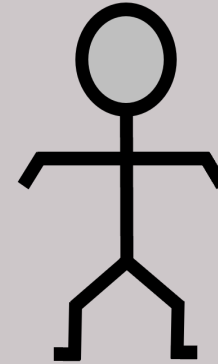
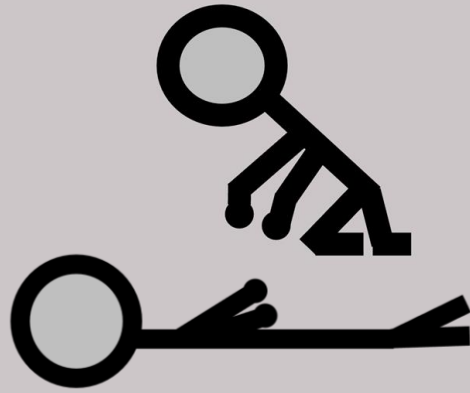
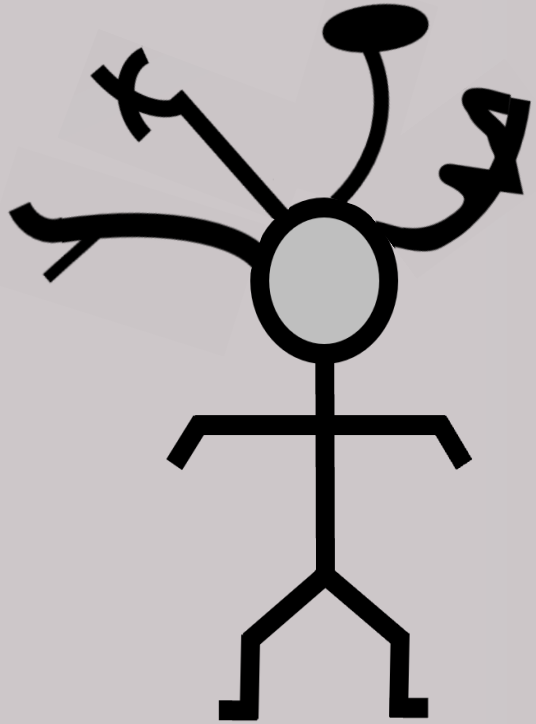
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# Dissociation - it's a freeze beyond freeze?



# We have adapted to the new threat, and a 'different' brain!





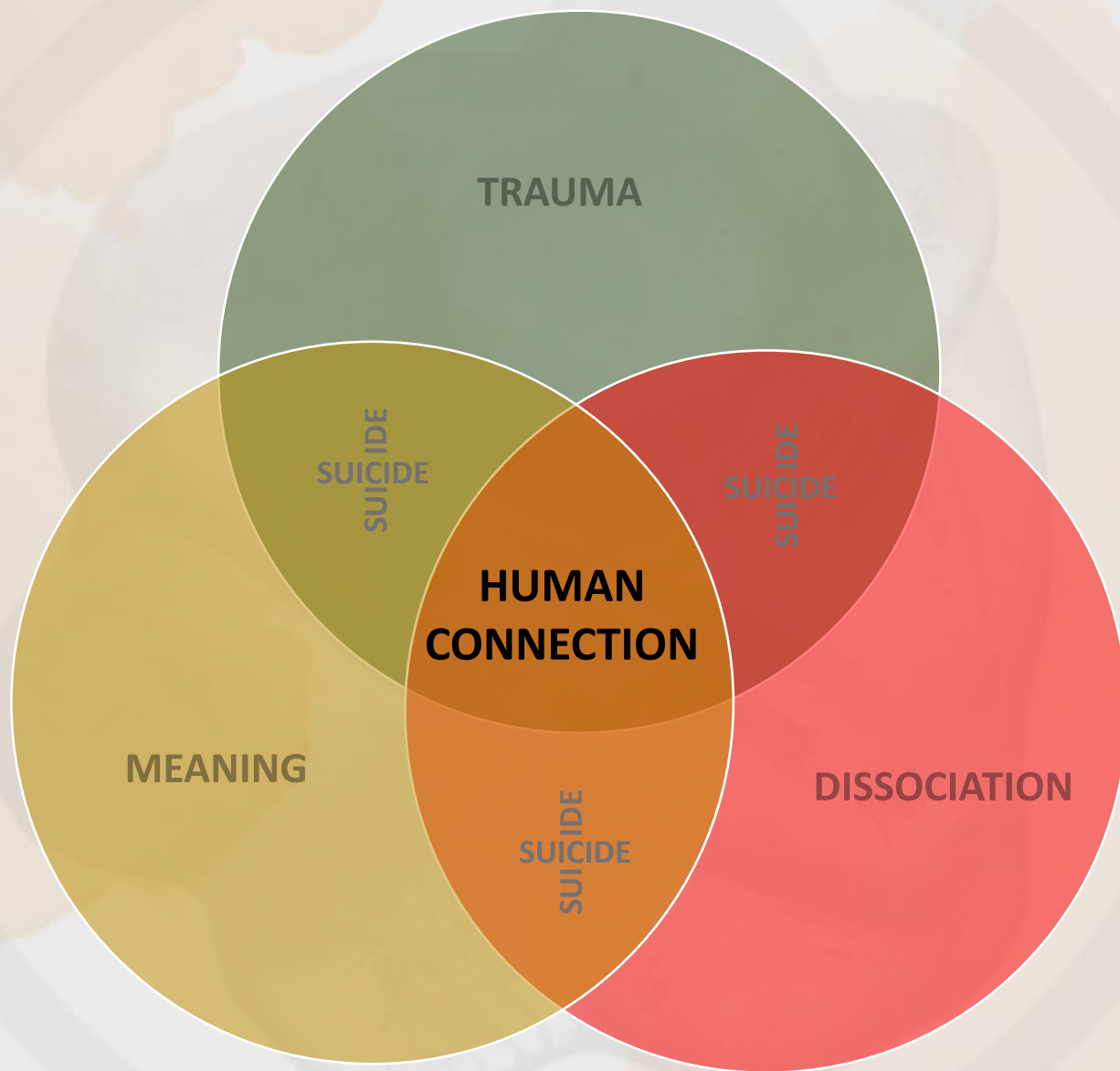
**Attune** - be available to your own sense of being in the moment - how that might 'feed' the other persons narrative.

Are we impeding the space for a person to embrace and be connected to self/s?

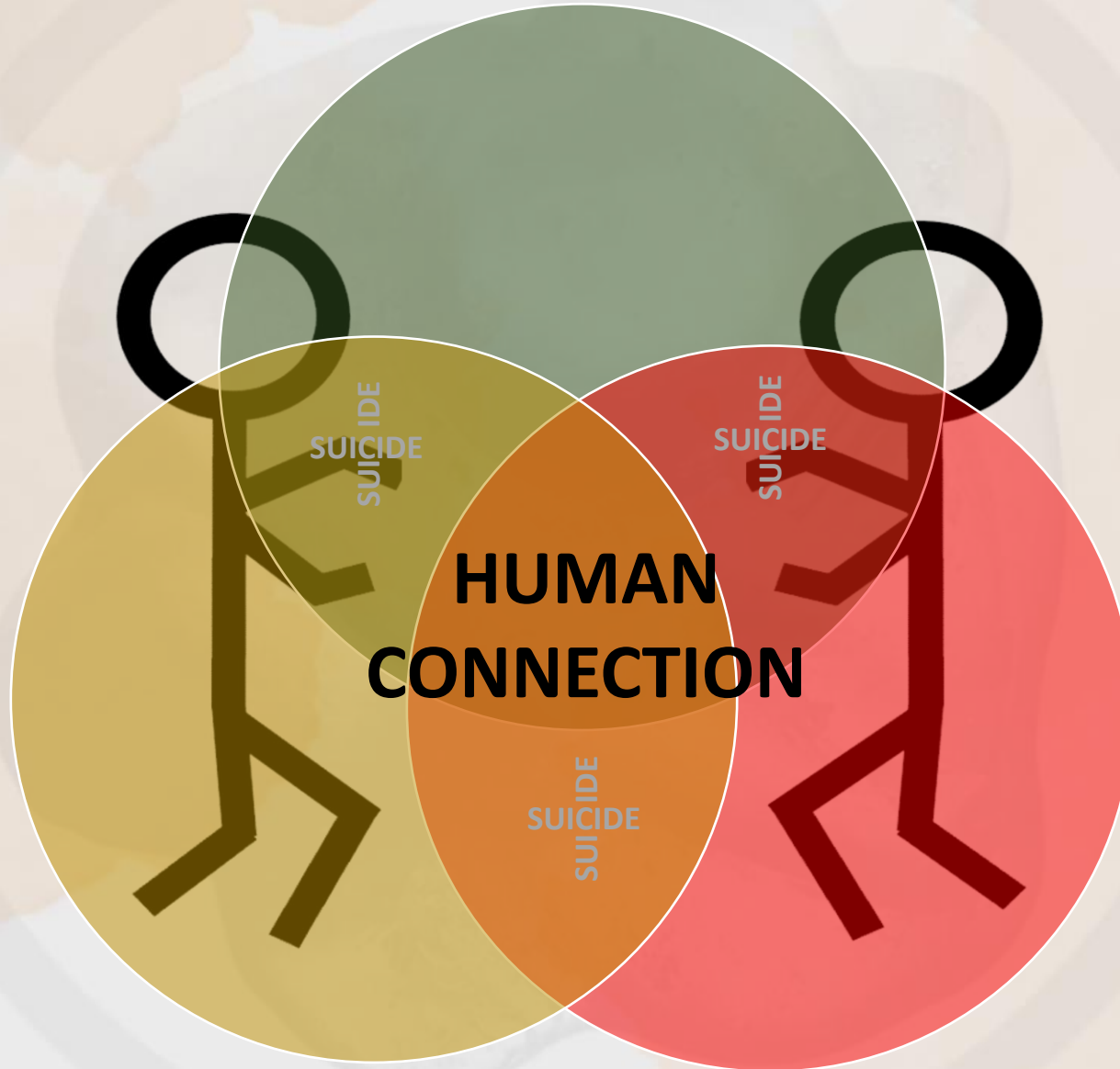
**Notice** - what the threat was?  
Develop right understanding.  
Allow the person to consider  
coming back into connection

**Facilitate** the person in staying where they are, or coming towards the other, when the person is ready: not going towards the person (Going towards the fearful, liminal person pushes them towards nihilation)





**Sharing** the different and the same realities as  
a co-existing same experience, facilitating a  
moment when the threat might not exist, the  
person is no longer liminal and their story can  
emerge





**Being with the person** in the co-existing same experience – with different unique realities - allows evaporation of the so-called 'psychotic' state and love in the human-to-human interconnectedness



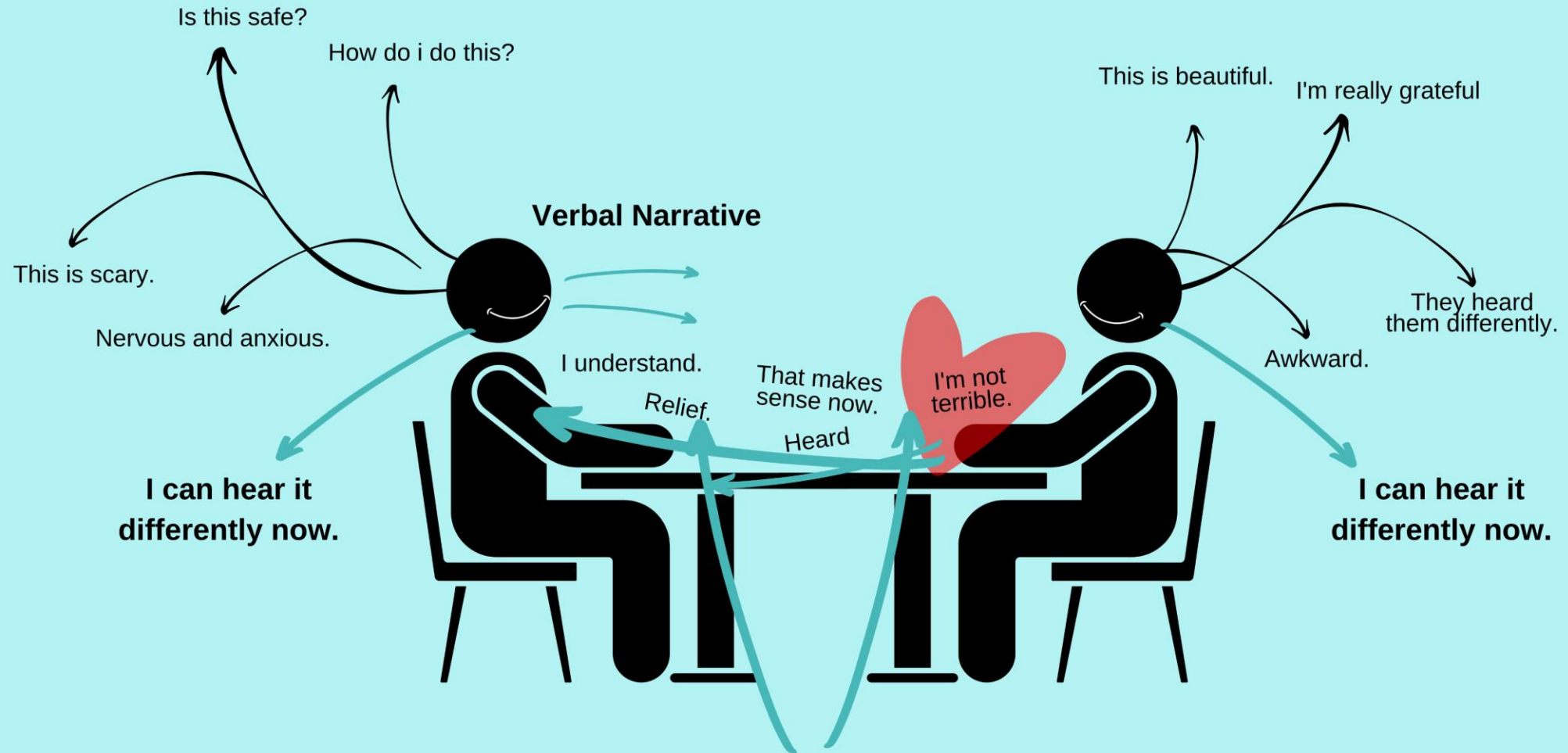
# **HUMAN CONNECTION**

**Connection** – a shared experience of human-to-human interconnectedness emerges with right understanding, towards authoring and re-authoring the unique human narrative



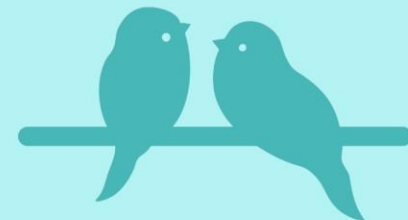


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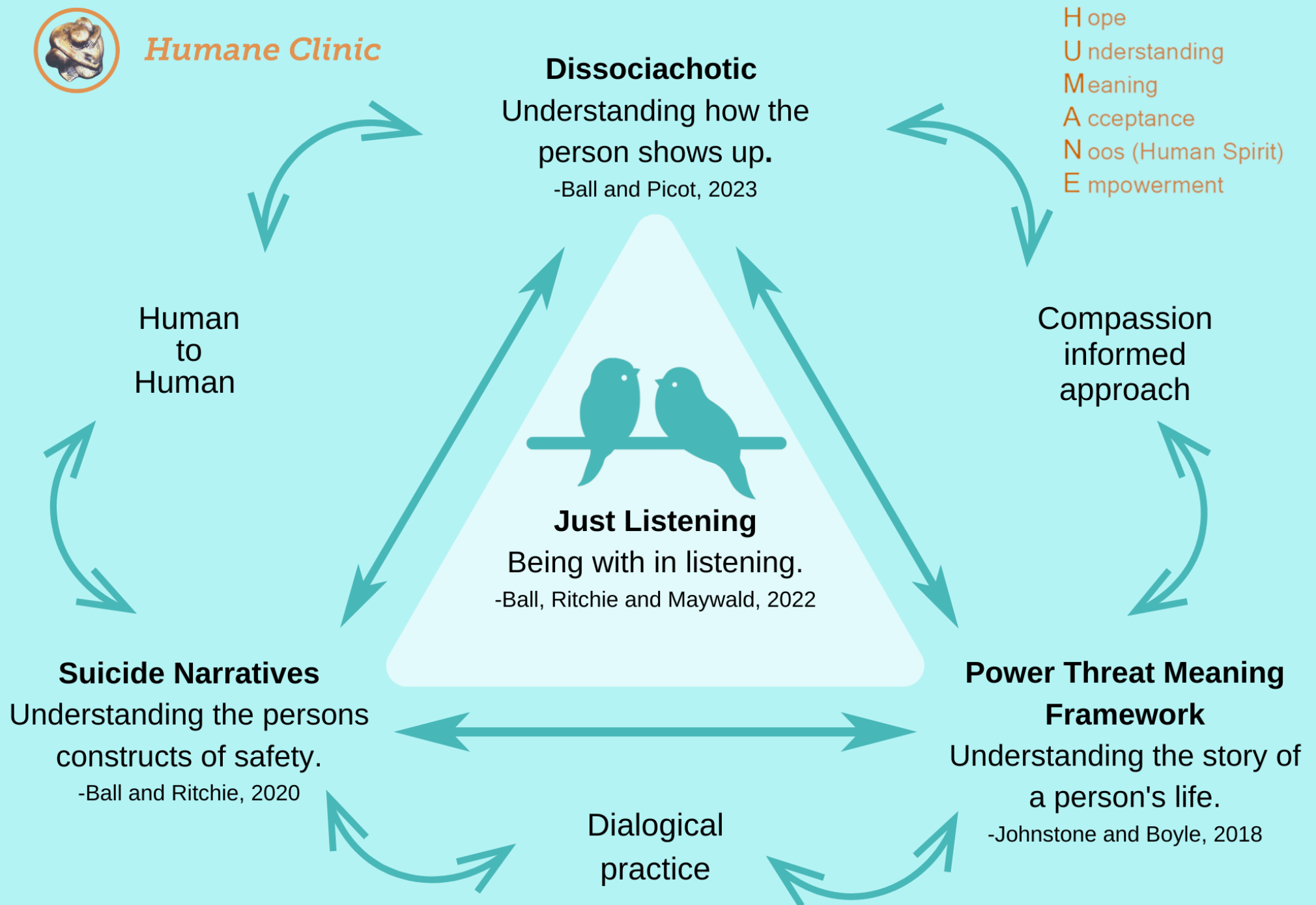
**Justice in Listening.**

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# Just Listening Community

## 6 MONTH EVALUATION REPORT

MAY - NOVEMBER 2021

### HOURS OPEN:

**311 HOURS**  
(OVER 81 DAYS)

### VISITS BY COMMUNITY

**MEMBERS:**

**215**

### VOLUNTEER NUMBERS:

**60 CERTIFIED LISTENERS**  
**41 ACTIVE VOLUNTEERS**

### SUPERVISION FOR VOLUNTEERS:

**212 JUST LISTENING GROUPS**  
(106 HOURS)

### TRAINING:

**80 ATTENDEES APPLIED**  
**3 TRAINING COHORTS**  
(EACH COMPLETING SIX WEEK PROGRAM)

### NUMBER OF PEOPLE DEEMED TOO HIGH RISK OR IN NEED OF MORE ACUTE SERVICES:

**0**

The Just Listing Community began delivering services on 27 May 2021. Initially the service was open to the public from 4:30pm to 7:30pm on Thursday, Friday, and Saturday nights. These opening hours were extended after two months, with the service opening from 2:30pm to 7:30pm on Thursdays and Fridays, and 4:30pm to 7:30pm on Saturdays.

Over the first six months of service delivery the service was open for a total of 311 hours on 81 individual days. During this time there were 215 individual visits from community members to the Just Listening Community. All 215 visitors were offered one on one listening and human connection by trained Just Listening volunteer staff. As visitors are welcome to stay for as long as they feel they need (during opening hours), the length of visits varies depending on the individual, with the longest offering of listening lasting approximately five hours, and the shortest lasting approximately five minutes.

# **SUICIDE NARRATIVES:**

# **Healing through**

# **knowing**

**A meaningful response for individuals and community.**

## IMMEDIATE RESPONSE

+

Just Listening

## ONGOING RESPONSE

+

Suicide Meaning Conversation

Healing through Knowing - - - Suicide Narratives and the wise person

## ONGOING RESPONSE

+

Suicide Narratives Group

## ONGOING RESPONSE

+

Talking with Suicide (TwS)



# The philosophy of Suicide Narratives

- 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.

# SUICIDE MEANING CONVERSATION

- **CONTENTS:**

- 1. PERSONAL INFORMATION
- 2. ASPECTS OF THE EXPERIENCE ITSELF
- 3. CHARACTERISTICS OF THE SUICIDE
- 4. YOUR PERSONAL HISTORY OF EXPERIENCING SUICIDE
- 5. YOUR INTERPRETATION OF THE ORIGIN OF THE SUICIDAL EXPERIENCE. YOUR RELATIONSHIP WITH THE SUICIDE
- 6. COPING STRATEGIES
- 7. YOUR EXPERIENCE OF CHILDHOOD?
- 8. YOUR MEDICAL HISTORY
- 9. YOUR SOCIAL NETWORK

# Developing a construct

**Ultimately go 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?



# Dissociadelic Talking with Suicide

*Human to human process exploring the mind  
manifesting Dissociachotic reality in extreme states*

# Talking with Suicide

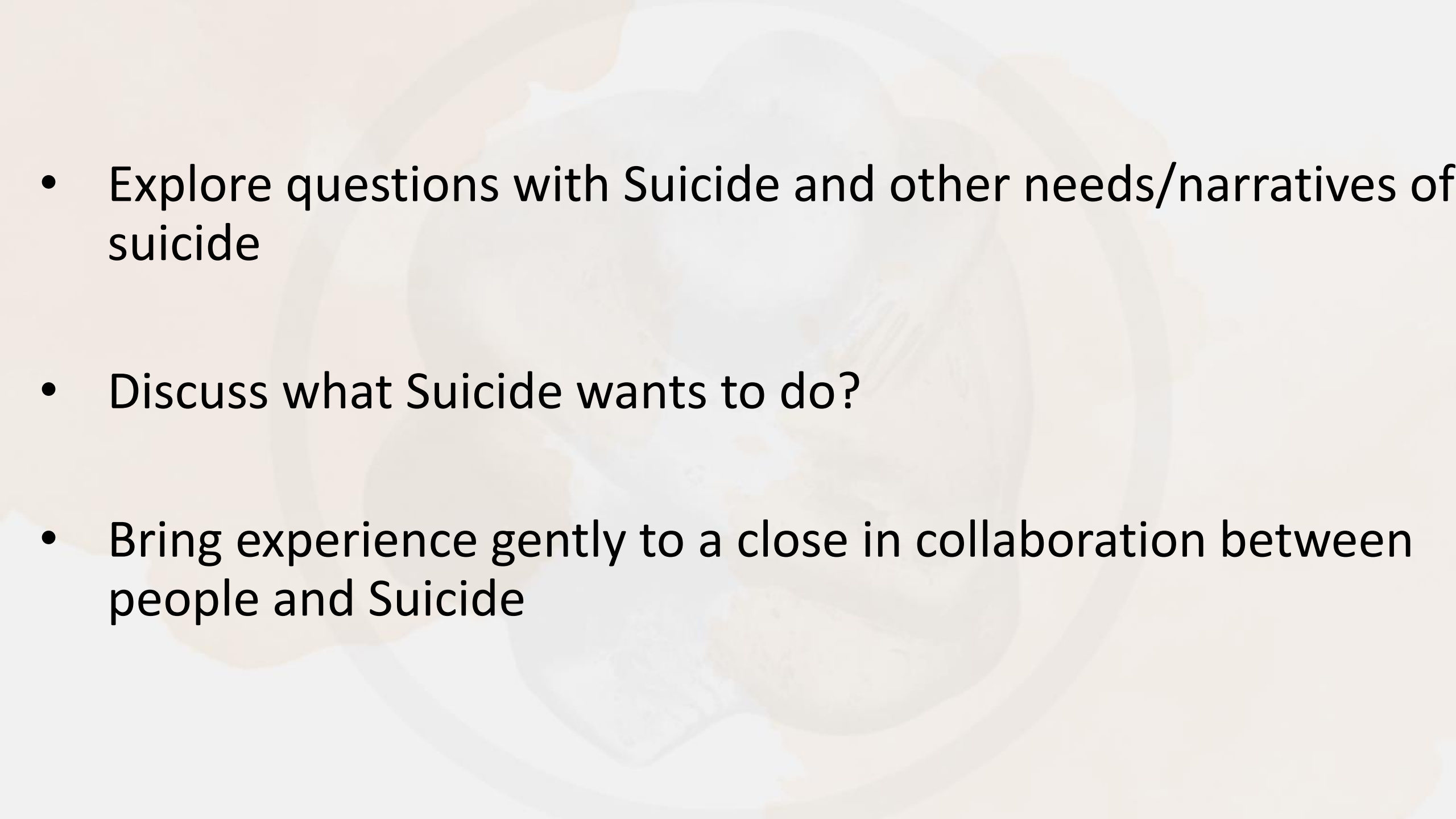
Ritual and process

Set – setting – integration

Safety of relationship



- Discuss and explore phenomenology of Suicide - including within the body
- Discuss with the person what questions they want to ask
- Relaxation to bring calm
- Invite conversation with Suicide – it may want to exit the body or not (continue to create space for Suicide to leave the body)

- 
- Explore questions with Suicide and other needs/narratives of suicide
  - Discuss what Suicide wants to do?
  - Bring experience gently to a close in collaboration between people and Suicide