

**Client suicide and clinician identity:
an investigation of identity development
in clinician survivors of client suicide**

Volume 2 of 2

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“I confirm that the word count of this thesis is less than 100,000 words”

APPENDIX – 1

Research proposal

MPhil-DPhil Research Proposal

1 Introduction

A 'suicide survivor' is a person who remains alive following the suicide death of someone with whom s/he had a significant relationship or emotional bond. (*American Association of Suicidology (AAS): Clinician Survivor Task Force, 2000*). The aim of this study therefore is to build upon the researcher's work at master's degree level (*O'Keeffe, 2000*) by exploring postvention strategies for *therapists and counsellors* who are 'survivors' of client suicide. An important preliminary step is the definition of occupational groups within the helping professions from which research participants might be selected. The target group of respondents - *therapists and counsellors* - is located among several occupational groups that interact professionally with individuals who suicide.

These groups include general medical practitioners, psychiatrists and consultant psychiatrists, community psychiatric nurses, hospital-based psychiatric nurses, clinical psychologists, *counsellors and therapists*, social and care workers, including volunteers, and officers from the emergency services (police, fire and ambulance) and the prison, probation and aftercare services.

Other occupational groups are involved after the event that precipitates the demise of the victim. But the *professional duty of care* that is crucial to the relationship between the helping practitioner and the suicide victim is at most secondary for many people belonging to these groups. Inter alia these include the coroner's office, forensic science and criminal investigation officers, life insurance personnel, transport industry staff and environmental health workers.

A key objective of this study therefore will be to examine what a professional duty of care might contribute to any adverse impact of the suicidal loss of their client upon the identity of target group practitioners – *therapists and counsellors*.

2 Background

Recent ideographic (based upon case study) research into the survivor's predicament found that while survivors may be at greater risk of suicide than non-suicide mourners, access to 'tailored counselling' may not be unconnected to survivors'

identity development (*O'Keeffe*, 2000: 245). This research also found that many survivors had not spoken openly to a non-judgemental listener about their loss. None of the six respondents in this study were referred for counselling support by their GPs. Indeed family medical practitioners were found by most survivors not to provide effective help and support in the aftermath of a suicidal loss (*O'Keeffe*, 2000: 238). It might be surmised that if general practitioners are traumatised by the suicidal loss of their patients they may be psychologically unable to provide help and support for survivors. A recent major study (*Alexander et al*, 2000: 1373) of the effect of patients' suicide on consultant psychiatrists in Scotland concluded that 'suicide by patients has been shown to cause stress but has not been systematically studied in Britain' although 'support from friends, family and colleagues is particularly helpful, as are team and critical incident reviews'. This study also noted the 'lack of rigorous assessment of the prophylactic value' of both counselling and critical incident debriefing interventions.

3 Literature

A later US study by Hendin et al (2000) examined therapists' reactions to patients' suicides. A self-selecting sample group of psychiatrists, psychologists and one psychiatric social worker reported emotional reactions including shock, grief, guilt, fear of blame, self-doubt, shame, anger and betrayal. While 'colleagues were supportive, institutional responses and case reviews were rarely helpful...therapists were largely left to find their own relief' (*Hendin et al*, 2000: 2022, 2026). Grad et al (1997) investigated the emotional reactions of Slovenian therapists bereaved by suicide. While their findings are reflected by those of Hendin et al (2000), they found gender differences in that female therapists 'more often felt shame and guilt, sought consolation or doubted their professional knowledge'. One creative outcome of this research was the construction of a therapeutic protocol for hospital staff in the aftermath of suicide (*Grad et al*, 1997:379-386).

An initial literature scan reveals developing interest in the predicament of therapist survivors since early studies by Litman (1965) and Kahne (1968) to more recent work by Cryan et al (1995), Dunne et al (1987), Chemtob et al (1988), Henn (1978), Marshall (1980) and Lloyd (1995). Despite 'more recent acceptance' of the traumatic import for the therapist of patient suicide, Grad et al (1997: 379-386) believe that the

phenomenon continues to be shadowed by avoidance (*Brown, 1987*), underestimation (*Henn, 1978; Schnur and Levi, 1985*) and taboo (*Litman, 1965*).

Although the literature reports behavioural changes and increased professional interaction in therapists following patient suicide in parallel with the development of institutional therapeutic frameworks, including training and aftercare, little work appears to have been reported in relation to the impact upon therapists' identities of suicide survivorship. A gap in the literature appears to exist and the present study aims to make some contribution to this field of study.

4a Key Hypothesis

The therapist has an established identity but s/he experiences significant episodes that feature as elaborations of her/his existing sense of identity. The loss of a client by suicide is a traumatising event that is integrated within the therapist's identity in a uniquely disturbing and extraordinary way. If the therapist survivor's subsequent identity development is significantly disrupted her/his supervision and aftercare needs will be distinctly different from those of therapists without a client suicide experience.

4b Supporting Hypotheses

The following supporting hypotheses were suggested to some extent by speculative propositions that emerged from recent research (*O'Keeffe, 2000: 242*):

Hypothesis No 1: If survivorhood trauma is a lifelong identity-determining factor then suicide survivors as a direct consequence are threatened by unquantified trauma-related psychological pain, resulting in an enhanced risk of suicidal behaviour.

Hypothesis No 2: If appropriate counselling interventions have some prophylactic value for suicide survivors it follows that therapist survivors will benefit positively from tailored counselling services following the suicidal loss of their client.

Hypothesis No 3: Clients in the care of therapists whose identity development is disrupted by client suicide, will experience related transference and counter transference phenomena that interfere with the resolution of the issues that they bring to the counselling room.

Hypothesis No 4: If a therapist's identity development were significantly disrupted by a client's suicide, the application of appropriate remedial strategies— individually,

professionally and institutionally – would benefit the counselling profession at all levels provided that they focused primarily upon therapist survivors’ psychological health needs.

NOTE Hypothesis No 4 is linked and consequential to the carrying through of the promise of Hypothesis No 2.

5 Aim and Objectives

This study’s aim, as mentioned at par 1 above, is:

to investigate postvention strategies for therapists and counsellors who are survivors of client suicide.

The study’s objectives are:

5.1 to review the literature on therapist survivorhood.

5.2 to define occupational groups within the helping professions from which research participants might be chosen.

5.3 to devise an effective research methodology integrating content analysis (*O’Keeffe*, 2000: 43) and identity structure analysis (ISA) (*Weinreich*, 1992; *Weinreich and Ewart*, 1997) using recent research (*O’Keeffe*, 2000) as a pilot study.

NOTE 1 ISA instruments involve the derivation of *entities* (‘domains’ of self and others) and *constructs* (orientations towards the therapist’s social and material world but including general features of identity beyond those to do with a client’s suicide.)

5.4 to carry out a longitudinal study, over two years and three phases, exploring the identity development of the therapist survivor;

5.5 using ISA, to investigate the influence of bereavement by client suicide and its incorporation within the therapist survivor’s identity;

5.6 to ascertain and evaluate current approaches to therapists’ self-care in the event of client suicide;

5.7 To examine the contribution, if any, that a professional duty of care makes to identity development of therapists and counsellors experiencing client suicide.

5.8 To present the study’s findings in the form of a draft strategic plan aimed at securing, at individual, professional and institutional levels, therapeutic support mechanisms appropriate for therapist survivors.

NOTE 2 It is intended that the draft strategic plan will be made available to professional counselling organisations and to statutory, voluntary and community organisations with responsibilities related directly or indirectly both to suicide prevention and suicide postvention.

6 Methodology

The methodology for this study will be similar to that used for the pilot study, viz. content analysis and identity structure analysis. Content analysis will follow the protocols devised for recent research employing issues, emergent themes and linked ideas to compose objective narrative summaries (*O’Keeffe*, 2000: 43). These will be integrated with ISA outcomes. ISA instruments for the target group and the comparison group will be derived from preliminary semi-structured interviews with a volunteer therapist survivor and a volunteer therapist who has not experienced client suicide. The participant sample will be drawn from the population of practising members of major counselling and counselling psychology organisations active in Northern Ireland, the Republic of Ireland and Great Britain. The administrative method for selecting target and comparison groups of therapists will be carefully devised in consultation with the above organisations.

7 Timetable

July-August 2001- reflect on the structure of the study and devise a tentative strategy for achieving its successful completion.

September 2001 – open formal networking contact with counselling organisations, suicidology associations, the medical profession, university faculties and appropriate government agencies.

September-October 2001 – identify respondents and controls and secure their consent to participate in a longitudinal study extending over two years (2001/2003) and three phases, taking full account of appropriate ethical principles and considerations.

September-December 2001 – continue literature review (Note: literature review will continue throughout the life of the study until the final draft is submitted for examination in 2005).

September 2001 – devise ISA instruments; review content analysis methodology to achieve accurate and comprehensive integration with ISA methodology.

October 2001-February 2002 – carry out first phase interviews and applications of ISA instruments [Note: - Second and third phases to take place at nine month intervals in July – November 2002 and April – August 2003, respectively].

June 2002 – seek transfer from MPhil/PhD programme to PhD programme before commencement of Phase 2.

April 2005 – complete and submit dissertation for examination.

8 Relevance

This study is modelled on research carried out at the University of Chicago Counselling Centre from 1950-1954 into personality change in psychotherapy (Rogers, 1967:225), which used a longitudinal study to measure the effectiveness of counselling/psychotherapy support. It is possible that current self-care practice in counselling and psychotherapy, including supervision protocols and personal lifestyles of therapists, may not be adequate to cope with vicarious traumatization (Coffey, 1998: 158; Black *et al*, 2000: 559-561). A further issue to be examined is the variation in the significance of the client's suicide. This will be of especial interest in cases where a therapist has lost more than one client by suicide. The counsellor's appraisal (and interpretation) of the biographical episode of the client's suicide and the incorporation of the experience of this episode within the therapist's overall identity is a more complex phenomenon than is rendered by the misleading shorthand phrase 'impact upon the therapist's identity of client suicide.' This 'complex phenomenon' merits careful, compassionate but intensive exploration that it may not yet to have received.

Philip O'Keeffe

17th September 2001

AFTERNOTE The AAS Clinician Survivor Task Force is working on a research project concerning 'therapists as survivors of client suicide'. The research instrument is a questionnaire published on the Task Force's website. It is my intention to correspond with Professor John McIntosh PhD at the Dept of Psychology, Indiana University South Bend, PO Box 7111, South Bend, IN 46634 about therapist survivor well being.

9 References

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APPENDIX – 2

Interview themes

PhD INTERVIEW THEMES

1 Counselling background, style, qualifications, experience, etc.

2 Knowledge and experience of suicide in two contexts:

a) personal life

b) professional life

3 Suicidal and non-suicidal clients

4 Actual experience(s) of client suicide

5 Consequences

6 Changes

PhD CONTROLS INTERVIEW THEMES

1 Personal and family background, education, work/professional experience, life events, etc.

2 Knowledge and experience of suicide in

- a) personal life
- b) professional life
- c) other context(s)

3 Beliefs, values and attitudes towards suicidal and parasuicidal behaviour in self/others

4 Does the respondent understand the term 'suicide survivor' (i.e. person left alive following the suicidal death of another person with whom they has a significant relationship of emotional bond) ?

5 Causes and consequences of completed suicide

6 Beliefs, attitudes and values re suicide prevention

7 Any other comments

APPENDIX – 3

Copy letter to media

Letter e-mailed to n.doran@irishnews.com today

The Editor
'Irish News'
Donegall Street
Belfast
BT1 2GE

Mon 5th August 2002

Dear Mr Doran

PSYCHOTHERAPISTS AND SUICIDE

I teach and practice psychotherapeutic counselling and am a registered postgraduate research student (part-time) at the University of Ulster at Jordanstown. I recently completed a preliminary study (MSc, distinction, 2001) into the predicament of people bereaved by the suicide of a close family member: these unfortunate individuals are sometimes called 'suicide survivors'. My research contrasted the experiences of 'survivors' who benefited from expert, psychotherapeutic counselling support and those who for whatever reason did not or could not do so. One major finding was perhaps not entirely unexpected: expert counselling can make a huge difference in relation to resolution of complex grief responses associated with the suicide experience. But although there is much speculation around the 'copycat suicide' phenomenon, I was unable to ascertain conclusively whether suicide survivors were themselves at greater risk of self-harm than the general population.

Research findings confirm that expert psychotherapy can often facilitate beneficial psychological change in clients. Something happens – the eminent psychologist Carl Rogers referred to a human developmental process called 'the actualising tendency' – within the psychotherapeutic relationship that can ameliorate the suicide

survivor's grief. I wanted to try to find out more about this healing process but from the counsellor's perspective. **In other words what happens to the psychotherapist's identity as a consequence of working in a clinical relationship with vulnerable clients who may themselves be at risk of taking their own lives?**

I am presently writing a research dissertation for MPhil/PhD (registered at University of Ulster, July 2001) exploring the influence upon psychotherapists' identities of caring for vulnerable people in the context of the suicide phenomenon. My research instruments include audiotaped interview, discourse analysis and Identity Structure Analysis. I welcome contact with *psychotherapists, counsellors and counselling psychologists* - and other professionals exercising a clinical duty of care in relation to the suicidal - who wish to participate in this research either as research cohort members or in any other appropriate way. This self-funded research is independent of medicine, pharmacology and commerce and is carried out within the ethical framework approved by the major psychotherapy organisations in GB and Ireland – BACP and IACP.

I wish therefore to meet and communicate, in strict confidence, with individual clinical practitioners and other relevant professionals about the suicide phenomenon in the context of its influence, if any, upon their personal, social and professional lives. I undertake to respond promptly to everyone who contacts me by telephone (on **028 9065 2296**) or by letter at **4 Ardgreenan Place, Belmont Church Road, Belfast BT4 3FY**.

Yours sincerely

Philip O'Keeffe

BSc(Econ) MSc(Business and Management) MSc(Guidance and Counselling)

APPENDIX – 4

Copy of consent form

CONSENT FORM FOR PARTICIPATION IN RESEARCH PROJECTS AND CLINICAL TRIALS

PART ONE

TITLE OF PROJECT: SUICIDOLOGY, COUNSELLING AND IDENTITY DEVELOPMENT: AN INVESTIGATION OF POSTVENTION STRATEGIES FOR CLINICIAN SURVIVORS OF CLIENT SUICIDE

OUTLINE EXPLANATION:

[NOTE In what follows the word 'client/s' also includes those referred to as 'patient/s' and the word 'clinician/s' refers to qualified, experienced professionals exercising a duty of care within a social, medical and/or psychotherapeutic relationship.]

A 'suicide survivor' is a person who remains alive following the suicide death of someone with whom s/he had a significant relationship or emotional bond (*American Association of Suicidology (AAS): Clinician Survivor Task Force, 2000*). Bereavement by suicide traumatically influences the lives of suicide survivors. But a recent major study (*Alexander et al, 2000: 245*) concluded that the effect on consultant psychiatrists of 'suicide by patients' had not been systematically studied. Nor had the prophylactic value of subsequent counselling support and critical incident debriefing interventions been rigorously assessed. Accordingly this investigation seeks to make a contribution to this field by exploring the influence upon clinician identity of the phenomenon of client suicide.

You may not have experienced actual client suicide. However the investigation assumes that clinicians have some level of awareness of the risk of client suicidal behaviour throughout the duration of a social, medical and/or psychotherapeutic relationship. How you contend with this awareness could influence to some extent your relationships with vulnerable clients. The effect of this may depend upon complex interpersonal aspects of your interactions with vulnerable clients for whom suicide may be a subconscious option.

This longitudinal investigation seeks to explore the influence of the suicide phenomenon upon clinician identity development in the context of a therapeutic relationship using audiotaped semi-structured interviews and Identity Structure Analysis (ISA).

METHODOLOGY

By interviewing volunteer cohort members including you and other clinicians and professionals on audiotape it is hoped to explore:

- (i) your own knowledge and experience of the suicide phenomenon
- (ii) your own knowledge and experience of self-harming behaviour by clients short of actual suicide
- (iii) your own knowledge and experience of actual client suicide
- (iv) whether your awareness of suicide risk influences your work with vulnerable clients
- (v) how you contend with this awareness of suicide risk

- (vi) whether the experience of anyone's suicide has affected you and how
- (vii) what support is available to you from family and friends, professional colleagues, professional supervisors, general practitioner and/or other individuals or agencies
- (viii) whether you have found that any of these support resources were helpful
- (ix) whether your personal resources and your relations with family, friends, colleagues and others within your social world were helpful for coming to terms with the experience of suicide

This project will use several research methods including audiotaped interviews, discourse analysis and evaluation and Identity Structure Analysis (ISA). It may also attempt to develop simple parameters to enable clinician survivors to self-assess current and anticipated quality of life.

It is possible that current self-care practice in social work, medicine and psychotherapy (including counselling) and related supervision protocols and personal lifestyles may not be adequate to cope with the phenomenon of vicarious traumatization (*Coffey, 1998: 158; Black et al, 2000: 559-561*). Yet the potentially deeper and more insidious influence upon clinician identity of the loss of clients by suicide merits a carefully considered examination that it may not yet have received.

The study will focus upon two specific parameters in the context of the client suicide phenomenon, viz. clinician identity development and clinician quality of life.

CONSENT FORM FOR PARTICIPATION IN RESEARCH PROJECTS AND CLINICAL TRIALS

PART TWO

TITLE OF PROJECT: SUICIDOLOGY, COUNSELLING AND IDENTITY DEVELOPMENT: AN INVESTIGATION OF POSTVENTION STRATEGIES FOR CLINICIAN SURVIVORS OF CLIENT SUICIDE

I (Name)

of (address)

.....
hereby consent to take part in the investigation outlined above, the nature and purpose of which have been explained to me. Any questions I wished to ask have been answered to my satisfaction.

I understand that I may withdraw from the investigation at any stage without necessarily giving a reason for doing so and that no adverse inferences or consequences whatsoever will result.

I acknowledge that I have been invited by the applicant investigator to inform my general practitioner and, as appropriate, my personal psychotherapist and my counselling supervisor of my voluntary participation in this investigation/research project.

I understand that my contribution to this investigation/research project will be treated as confidential, subject to any exceptions that have been explained to me.

I understand that all material used in any related dissertation will be rendered anonymous in order to protect my privacy and the privacy of all other research cohort members and/or research participants and that no personally identifiable material will be used. I consent to the use in this investigation/research project of material obtained through audiotaped interviews and Identity Structure Analysis (ISA).

Signed (Volunteer) Date

(Investigator).....PHILIP O'KEEFE Date

(Witness, where appropriate) Date

APPENDIX – 5

ISA instruments A, B, C

PhD A Instrument Entities + Constructs

ENTITY LIST - Instrument : PhD Instrument A

1	* IDEAL SELF	me as I would like to be
2	* CURRENT SELF 1	me when I am overwhelmed by life's cruelties
3	CURRENT SELF 2	me when I feel enhanced by life's wonders
4	* PAST SELF 1	me before I became a psychotherapist/counsellor
5	PAST SELF 2	me before my client's suicidal behaviour
6	PAST SELF 3	me after my client's suicidal behaviour
7	CURRENT SELF 3	me when I'm working
8	CURRENT SELF 4	me when I'm relaxing
9	METAPERSPECTIVE 1	me as colleagues see me
10	METAPERSPECTIVE 2	me as my clients see me
11		Mother
12		Father
13	* ADMIRER PERSON	A person I admire (nominate)
14	* DISLIKED PERSON	A person I dislike (nominate)
15		A client with suicide ideation
16		A depressed client
17		A client who recovered after serious suicide attempt
18		A client who died by suicide
19		My counselling supervisor
20		A psychiatrist
21		My partner/spouse
22		A suicide survivor (person remaining alive after suicide death of individual with whom they had a significant relationship or emotional bond)

CONSTRUCT LIST - Instrument : PhD Instrument A

1	...takes life for granted	...wonders what life is all about
2	...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had significant relationship or emotional bond	...believes that people with whom s/he had significant relationship or emotional bond are entirely responsible for their own circumstances
3	...believes that suicide demands considerable bravery	...believes that suicide is the act of a coward
4	...feels that safe expression of emotional feelings is always healthy	...feels that expression of emotions often indicates lack of control
5	...considers that most suicides could be prevented	...considers that most suicides are unavoidable
6	...questions who s/he is	...remains sure of who s/he is
7	...feels that grief following suicide is like any other	...feels that grief following suicide is uniquely painful
8	...relies mainly on prescribed medication to relieve psychological pain	...always uses complementary / alternative remedies where possible
9	I have warm feelings towards...	I loathe...
10	...does not think about people committing suicide	...is highly sensitised to the issue of suicide
11	...sticks rigidly to values and beliefs of parents and guardians	...continues to develop personal values and beliefs
12	I feel a special responsibility	I don't have any particular

	for the well-being of...	responsibility for the well being of...
13	...believes that suicide cannot be predicted by overt behaviour	...believes that suicide may be anticipated by perceptive observation
14	...relies on family support at times of threat or crisis	...does not need family support at difficult times
15	...believes that depression and suicide are inextricably linked	...believes suicide can occur 'out of the blue' without depression being evident
16	...does not value some human beings very highly	...believes each human being is of irreplaceable value
17	I feel distressed by...	I feel encouraged by...
18	...continues to be the person s/he was into the foreseeable future	...feels that the person s/he was is dead
19	...never feels lonely or uncomfortable when alone with self	...often feels the need for human contact when alone with self
20	...withdraws from human contact	...seeks and develops human relationships
21	...was totally changed by suicide of person with whom s/he had significant relationship or emotional bond	...was not much affected by suicide of person with whom s/he had significant relationship or emotional bond
22	...feels momentary bouts of psychological discomfort	...suffers unendurable psychological pain

PhD B Instrument Entities + Constructs

ENTITY LIST - Instrument : PhD Instrument B

1	* IDEAL SELF	me as I would like to be
2	* CURRENT SELF 1	me when I'm overwhelmed by life's cruelties
3	CURRENT SELF 2	me when I feel enhanced by life's wonders
4	* PAST SELF 1	me before my professional career experiences
5	PAST SELF 2	me before my client's suicidal behaviour
6	PAST SELF 3	me after my client's suicidal behaviour
7	CURRENT SELF 3	me when I'm working
8	CURRENT SELF 4	me when I'm relaxing
9	METAPERSPECTIVE 1	me as colleagues see me
10	METAPERSPECTIVE 2	me as my clients see me
11		Mother
12		Father
13	* ADMIRER PERSON	A person I admire (nominate)
14	* DISLIKED PERSON	A person I dislike (nominate)
15		A client with suicide ideation
16		An ambivalent client
17		A client who made a serious suicide attempt
18		A client who died by suicide
19		My professional supervisor
20		A psychiatrist
21		My closest friend
22		My partner/spouse

CONSTRUCT LIST - Instrument : PhD Instrument B

1	...is highly sensitised to the issue of suicide	...does not think about people committing suicide
2	...was totally changed by suicide of person with whom s/he had significant relationship or emotional bond	...was not much affected by suicide of person with whom s/he had significant relationship or emotional bond
3	...takes life for granted	...wonders what life is all about
4	...remains sure of who s/he is	...questions who s/he is
5	...feels that the person s/he was is dead	...continues to be the person s/he was into the foreseeable future
6	...suffers unendurable psychological pain	...feels momentary bouts of psychological discomfort
7	...carries a terrible responsibility for the fortunes and misfortunes of people with whom s/he had significant relationship or emotional bond	...believes that people with whom s/he had significant relationship or emotional bond are entirely responsible for their own circumstances
8	I feel a special responsibility for the well-being of...	I don't have any particular responsibility for the well-being of...
9	...feels that grief following suicide is uniquely painful	...feels that grief following suicide is like any other
10	...relies on family support at times of threat or crisis	...does not need family support at difficult times
11	...believes each human being is of irreplaceable value	...does not value some human beings very highly
12	...believes suicide demands considerable bravery	...believes suicide is the act of a coward

13	...feels that safe expression of emotional feelings is always healthy	...feels that expression of emotions often indicates lack of control
14	...withdraws from human contact	...seeks and develops human relationships
15	I loathe...	I have warm feelings towards...
16	...considers most suicides could be prevented	...considers most suicides are unavoidable
17	...continues to develop personal values and beliefs	...sticks rigidly to values and beliefs of parents and guardians
18	I feel encouraged by...	I feel distressed by...
19	...believes suicide may be anticipated by perceptive observation	...believes suicide cannot be predicted by overt behaviour
20	...never feels lonely or uncomfortable when alone with self	...often feels the need for human contact when alone with self
21	...relies on prescribed medication to relieve psychological pain	...uses complementary / alternative remedies where possible
22	...believes depression and suicide are inextricably linked	...believes suicide can occur 'out of the blue' without depression being evident

PhD C Instrument Entities + Constructs

ENTITY LIST - Instrument : PhD Instrument C

1	* IDEAL SELF	me as I would like to be
2	* CURRENT SELF 1	me when I'm overwhelmed by life's cruelties
3	CURRENT SELF 2	me when I feel enhanced by life's wonders
4	* PAST SELF 1	me before I started work
5	PAST SELF 2	me before I knew about suicide
6	PAST SELF 3	me after I knew about suicide
7	CURRENT SELF 3	me when I'm working
8	CURRENT SELF 4	me when I'm relaxing
9	METAPERSPECTIVE 1	me as my work colleagues see me
10		my parents or guardians
11	* ADMIRER PERSON	a person I admire (nominate)
12	* DISLIKED PERSON	a person I dislike (nominate)
13	METAPERSPECTIVE 2	me as my family sees me
14		a person with suicidal thoughts
15		a depressed person
16		a person who attempted suicide
17		a person who died by suicide
18		a psychiatrist
19		my friend/partner/spouse (nominate)
20		a suicide survivor (or person remaining alive after suicide death of person with whom they had a significant relationship or emotional bond)

CONSTRUCT LIST - Instrument : PhD Instrument C

1	...does not think about people committing suicide	...is highly sensitised to the issue of suicide
2	...wonders what life is all about	...takes life for granted
3	...remains sure of who s/he is	...questions who s/he is
4	...feels that the person s/he was in the past is dead	...feels that s/he continues to be essentially the person s/he was into the foreseeable future
5	...suffers unendurable psychological pain	...feels momentary bouts of psychological discomfort
6	I feel a special responsibility for the wellbeing of...	I don't have any particular responsibility for the wellbeing of...
7	...feels that grief following suicide is uniquely painful	...feels that grief following suicide is like any other
8	...does not need family support at difficult times	...relies on family support at times of threat or crisis
9	...believes in the irreplaceable value of each human being	...does not value some human beings very highly
10	...believes that suicide is the act of a coward	...believes that suicide demands considerable bravery
11	...feels that any expression of emotional feelings indicates lack of control	...feels that safe expression of emotional feelings is healthy and natural
12	...seeks and develops good relationships	...withdraws from human contact

13	I loathe...	I have warm feelings towards...
14	...considers that most suicides could be prevented	...considers that most suicides cannot be prevented
15	...continues to develop personal values and beliefs	...sticks rigidly to values and beliefs of parents/guardians
16	I feel distressed by...	I feel encouraged by...
17	...believes that suicide cannot be predicted by overt behaviour	...believes that suicide may be anticipated by perceptive observation
18	...can usually be alone without feeling lonely or uncomfortable	...cannot be alone for long without feeling the need for human contact
19	...relies on prescribed medication to relieve psychological pain	...uses alternative or complementary remedies to relieve psychological pain
20	...believes suicide can occur 'out of the blue' without evident symptoms of depression	...believes depression and suicide are inextricably linked

APPENDIX – 6

ISA data printouts – 23 respondents

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A1 - SBH 190802

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
17 A client who recovered after seriout	5.00	0.23
16 A depressed client	4.63	-0.01
3 me when I feel enhanced by life's ws	4.57	0.86
19 My counselling supervisor	4.57	0.77
22 A suicide survivor (person remainin	4.57	-0.09
13 A person I admire (nominate)	4.51	0.74
1 me as I would like to be	4.38	1.00
4 me before I became a psychotherapisr	4.38	0.54
15 A client with suicide ideation	4.38	-0.27
5 me before my client's suicidal beha	4.32	0.79
12 Father	4.32	-0.11
2 me when I am overwhelmed by life's s	4.26	0.47
18 A client who died by suicide	4.26	0.43
21 My partner/spouse	4.26	0.16
8 me when I'm relaxing	4.20	0.40
11 Mother	4.20	-0.56
6 me after my client's suicidal behavr	4.13	0.94
9 me as colleagues see me	4.01	0.74
7 me when I'm working	3.95	0.70
10 me as my clients see me	3.64	0.14
20 A psychiatrist	3.64	-0.05
14 A person I dislike (nominate)	3.52	-0.57

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.38	1.00
6 me after my client's suicidal behavr	4.13	0.94
3 me when I feel enhanced by life's ws	4.57	0.86
5 me before my client's suicidal beha	4.32	0.79
19 My counselling supervisor	4.57	0.77
13 A person I admire (nominate)	4.51	0.74
9 me as colleagues see me	4.01	0.74
7 me when I'm working	3.95	0.70
4 me before I became a psychotherapisr	4.38	0.54
2 me when I am overwhelmed by life's s	4.26	0.47
18 A client who died by suicide	4.26	0.43
8 me when I'm relaxing	4.20	0.40
17 A client who recovered after seriout	5.00	0.23
21 My partner/spouse	4.26	0.16
10 me as my clients see me	3.64	0.14
16 A depressed client	4.63	-0.01
20 A psychiatrist	3.64	-0.05
22 A suicide survivor (person remainin	4.57	-0.09
12 Father	4.32	-0.11
15 A client with suicide ideation	4.38	-0.27
11 Mother	4.20	-0.56
14 A person I dislike (nominate)	3.52	-0.57

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
8 ...always uses complementary / altee	88.39	-1	3
11 ...continues to develop personal vas	77.47	-1	3
7 ...feels that grief following suicil	72.65	-1	3
16 ...believes each human being is of e	65.76	-1	3
5 ...considers that most suicides aree	60.46	-1	3
20 ...seeks and develops human relatio	57.64	-1	3
15 ...believes suicide can occur 'out t	54.33	-1	3
3 ...believes that suicide demands coy	49.08	1	3
14 ...does not need family support at s	46.14	-1	3
4 ...feels that safe expression of em	44.98	1	3
2 ...believes that people with whom ss	36.86	-1	3
6 ...remains sure of who s/he is	34.19	-1	3
17 I feel encouraged by...	32.09	-1	3
12 I feel a special responsibility for	30.64	1	3
93 I have warm feelings towards... be r	23.85	1	3
22 ...feels momentary bouts of psycholt	23.22	1	3
19 ...never feels lonely or uncomfortaf	21.92	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

1 ...wonders what life is all about	19.88	-1	3
21 ...was totally changed by suicide od	8.82	1	3
10 ...is highly sensitised to the issue	3.65	-1	3
18 ...feels that the person s/he was i	-6.94	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.82
19 My counselling supervisor	0.82
18 A client who died by suicide	0.68
17 A client who recovered after seriout	0.59
21 My partner/spouse	0.59
16 A depressed client	0.55
22 A suicide survivor (person remainin	0.50
12 Father	0.41
20 A psychiatrist	0.41
15 A client with suicide ideation	0.36
11 Mother	0.18
14 A person I dislike (nominate)	0.14

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
11 Mother	0.82
14 A person I dislike (nominate)	0.73
15 A client with suicide ideation	0.64
12 Father	0.59
20 A psychiatrist	0.55
22 A suicide survivor (person remainin	0.50
16 A depressed client	0.45
17 A client who recovered after seriout	0.41
21 My partner/spouse	0.41
18 A client who died by suicide	0.27
13 A person I admire (nominate)	0.18
19 My counselling supervisor	0.14

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.68	0.59	0.73	0.55
13 A person I admire (nom)	0.64	0.82	0.77	0.77
19 My counselling supervir	0.64	0.73	0.86	0.77
15 A client with suicide n	0.55	0.27	0.32	0.32
16 A depressed client	0.55	0.45	0.50	0.41
17 A client who recoveredt	0.50	0.50	0.55	0.45
21 My partner/spouse	0.50	0.59	0.45	0.45
22 A suicide survivor (pe	0.50	0.41	0.45	0.36
20 A psychiatrist	0.41	0.36	0.36	0.32
12 Father	0.32	0.41	0.45	0.45
11 Mother	0.27	0.27	0.23	0.32
14 A person I dislike (no)	0.23	0.18	0.18	0.32

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.73	0.59	0.59
13 A person I admire (nom)	0.59	0.82	0.82
16 A depressed client	0.59	0.45	0.55
19 My counselling supervir	0.59	0.82	0.82
17 A client who recoveredt	0.55	0.50	0.59
18 A client who died by se	0.55	0.68	0.68
15 A client with suicide n	0.50	0.27	0.36
22 A suicide survivor (pe	0.45	0.41	0.50
12 Father	0.36	0.50	0.41
20 A psychiatrist	0.36	0.41	0.41
11 Mother	0.32	0.27	0.18
14 A person I dislike (no)	0.23	0.18	0.14

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.59	0.42	0.45	0.45
16 A depressed client	0.50	0.45	0.47	0.43
22 A suicide survivor (pe	0.50	0.45	0.47	0.42
11 Mother	0.47	0.47	0.43	0.51
20 A psychiatrist	0.47	0.44	0.44	0.42
17 A client who recoveredt	0.45	0.45	0.47	0.43
21 My partner/spouse	0.45	0.49	0.43	0.43
12 Father	0.43	0.49	0.52	0.52
18 A client who died by se	0.43	0.40	0.44	0.39
14 A person I dislike (no)	0.41	0.36	0.36	0.48
13 A person I admire (nom)	0.34	0.38	0.37	0.37
19 My counselling supervir	0.30	0.32	0.35	0.33

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 A client with suicide n	0.57	0.42	0.48
21 My partner/spouse	0.55	0.49	0.49
16 A depressed client	0.52	0.45	0.50
11 Mother	0.51	0.47	0.38
17 A client who recoveredt	0.47	0.45	0.49
22 A suicide survivor (pe	0.47	0.45	0.50
12 Father	0.46	0.54	0.49
20 A psychiatrist	0.44	0.47	0.47
14 A person I dislike (nom)	0.41	0.36	0.32
18 A client who died by se	0.39	0.43	0.43
13 A person I admire (nom)	0.33	0.38	0.38
19 My counselling supervir	0.29	0.34	0.34

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.01	0.74	0.86	0.14
10 me as my clients see me	3.64	0.14	0.55	0.41

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.59	PS1	0.64	CS1	0.29	PS1	0.30
	CS2	0.86	PS2	0.86	CS2	0.35	PS2	0.35
	CS3	0.82	PS3	0.86	CS3	0.34	PS3	0.35
	CS4	0.73			CS4	0.32		
10 me as my clients se	CS1	0.55	PS1	0.59	CS1	0.47	PS1	0.49
	CS2	0.64	PS2	0.64	CS2	0.51	PS2	0.51
	CS3	0.59	PS3	0.55	CS3	0.49	PS3	0.47
	CS4	0.68			CS4	0.53		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.38	CS1	4.26	PS1	4.38
		CS2	4.57	PS2	4.32
		CS3	3.95	PS3	4.13
		CS4	4.20		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.47	PS1	0.54
		CS2	0.86	PS2	0.79
		CS3	0.70	PS3	0.94
		CS4	0.40		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.44	PS1	0.45
		CS2	0.43	PS2	0.43
		CS3	0.43	PS3	0.43
		CS4	0.43		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	DIFFUSE HIGH SELF-REGARD
Current Self 3	DIFFUSION
Current Self 4	DIFFUSION
Past Self 1	DIFFUSION
Past Self 2	DIFFUSION
Past Self 3	DIFFUSE HIGH SELF-REGARD

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.51	0.71	0.62	0.47
PS2	0.63	0.83	0.75	0.60
PS3	0.70	0.90	0.82	0.66

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A2 - DUB 160902

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	0.91
8 me when I'm relaxing	5.00	0.80
3 me when I feel enhanced by life's ws	4.62	1.00
21 My partner/spouse	4.52	0.68
18 A client who died by suicide	4.14	-0.33
14 A person I dislike (nominate)	3.94	-0.60
15 A client with suicide ideation	3.94	-0.33
4 me before I became a psychotherapisr	3.46	0.60
6 me after my client's suicidal behavr	3.46	0.47
16 A depressed client	3.46	-0.29
7 me when I'm working	3.37	0.69
5 me before my client's suicidal beha	3.17	0.55
10 me as my clients see me	3.17	0.57
9 me as colleagues see me	2.98	0.56
11 Mother	2.98	0.09
22 A suicide survivor (person remainin	2.79	-0.19
13 A person I admire (nominate)	2.50	0.43
12 Father	2.40	0.01
20 A psychiatrist	2.31	0.21
2 me when I am overwhelmed by life's s	2.21	-0.07
17 A client who recovered after seriout	2.02	-0.07
19 My counselling supervisor	2.02	0.29

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	4.62	1.00
1 me as I would like to be	5.00	0.91
8 me when I'm relaxing	5.00	0.80
7 me when I'm working	3.37	0.69
21 My partner/spouse	4.52	0.68
4 me before I became a psychotherapisr	3.46	0.60
10 me as my clients see me	3.17	0.57
9 me as colleagues see me	2.98	0.56
5 me before my client's suicidal beha	3.17	0.55
6 me after my client's suicidal behavr	3.46	0.47
13 A person I admire (nominate)	2.50	0.43
19 My counselling supervisor	2.02	0.29
20 A psychiatrist	2.31	0.21
11 Mother	2.98	0.09
12 Father	2.40	0.01
2 me when I am overwhelmed by life's s	2.21	-0.07
17 A client who recovered after seriout	2.02	-0.07
22 A suicide survivor (person remainin	2.79	-0.19
16 A depressed client	3.46	-0.29
18 A client who died by suicide	4.14	-0.33
15 A client with suicide ideation	3.94	-0.33
14 A person I dislike (nominate)	3.94	-0.60

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
16 ...believes each human being is of e	92.08	-1	3
4 ...feels that safe expression of em	88.98	1	3
9 I have warm feelings towards...	74.25	1	3
1 ...takes life for granted	71.46	1	3
10 ...does not think about people comme	70.34	1	3
20 ...seeks and develops human relatio	70.05	-1	3
17 I feel encouraged by...	69.65	-1	3
6 ...remains sure of who s/he is	67.15	-1	3
5 ...considers that most suicides coud	59.93	1	3
18 ...continues to be the person s/he	58.98	1	3
11 ...continues to develop personal vas	57.11	-1	3
8 ...always uses complementary / altee	56.96	-1	3
12 I feel a special responsibility for	53.31	1	3
22 ...feels momentary bouts of psycholt	42.44	1	3
14 ...relies on family support at times	33.57	1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
2 ...believes that people with whom ss	18.53	-1	3
13 ...believes that suicide may be antn	16.64	-1	3
19 ...often feels the need for human cf	12.92	-1	3
3 ...believes that suicide demands coy	4.50	1	3
7 ...feels that grief following suicir	3.87	1	3
15 ...believes that depression and suid	-2.61	1	3
21 ...was totally changed by suicide od	**	0	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
21 My partner/spouse	0.86
13 A person I admire (nominate)	0.71
19 My counselling supervisor	0.67
20 A psychiatrist	0.57
11 Mother	0.43
12 Father	0.43
22 A suicide survivor (person remainin	0.33
15 A client with suicide ideation	0.29
17 A client who recovered after seriout	0.29
18 A client who died by suicide	0.24
16 A depressed client	0.19
14 A person I dislike (nominate)	0.10

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
16 A depressed client	0.67
14 A person I dislike (nominate)	0.62
15 A client with suicide ideation	0.52
11 Mother	0.48
18 A client who died by suicide	0.48
12 Father	0.43
22 A suicide survivor (person remainin	0.43
17 A client who recovered after seriout	0.38
20 A psychiatrist	0.19
19 My counselling supervisor	0.14
21 My partner/spouse	0.10
13 A person I admire (nominate)	0.10

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
11 Mother	0.79	0.44	0.44	0.35
16 A depressed client	0.79	0.13	0.19	0.20
12 Father	0.71	0.50	0.44	0.45
22 A suicide survivor (pe	0.64	0.31	0.38	0.35
15 A client with suicide n	0.57	0.19	0.25	0.35
18 A client who died by se	0.57	0.13	0.19	0.25
17 A client who recoveredt	0.50	0.25	0.31	0.30
21 My partner/spouse	0.50	0.94	0.94	0.90
13 A person I admire (nom)	0.43	0.88	0.88	0.80
19 My counselling supervir	0.43	0.75	0.81	0.70
14 A person I dislike (no)	0.36	0.06	0.06	0.05
20 A psychiatrist	0.29	0.50	0.44	0.55

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.89	0.89	0.85
13 A person I admire (nom)	0.84	0.84	0.70
19 My counselling supervir	0.74	0.74	0.60
20 A psychiatrist	0.53	0.58	0.55
11 Mother	0.37	0.32	0.25
12 Father	0.37	0.42	0.45
17 A client who recoveredt	0.37	0.32	0.25
22 A suicide survivor (pe	0.37	0.32	0.30
15 A client with suicide n	0.32	0.37	0.35
16 A depressed client	0.26	0.21	0.25
18 A client who died by se	0.26	0.26	0.30
14 A person I dislike (no)	0.05	0.05	0.15

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.73	0.30	0.36	0.37
11 Mother	0.62	0.46	0.46	0.41
12 Father	0.55	0.46	0.43	0.44
15 A client with suicide n	0.54	0.31	0.36	0.43
18 A client who died by se	0.52	0.25	0.30	0.35
22 A suicide survivor (pe	0.52	0.37	0.40	0.39
14 A person I dislike (no)	0.47	0.19	0.19	0.18
17 A client who recoveredt	0.44	0.31	0.34	0.34
19 My counselling supervir	0.25	0.32	0.34	0.31
20 A psychiatrist	0.23	0.31	0.29	0.32
21 My partner/spouse	0.22	0.31	0.31	0.30
13 A person I admire (nom)	0.21	0.30	0.30	0.28

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 Mother	0.42	0.39	0.35
16 A depressed client	0.42	0.38	0.41
15 A client with suicide n	0.41	0.44	0.43
12 Father	0.40	0.42	0.44
22 A suicide survivor (pe	0.40	0.37	0.36
17 A client who recoveredt	0.37	0.35	0.31
18 A client who died by se	0.35	0.35	0.38
19 My counselling supervir	0.32	0.32	0.29
20 A psychiatrist	0.32	0.33	0.32
21 My partner/spouse	0.30	0.30	0.29
13 A person I admire (nom)	0.29	0.29	0.26
14 A person I dislike (no)	0.18	0.18	0.30

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	2.98	0.56	0.71	0.05
10 me as my clients see me	3.17	0.57	0.76	0.05

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.36	PS1	0.79	CS1	0.13	PS1	0.20
	CS2	0.94	PS2	0.79	CS2	0.22	PS2	0.20
	CS3	0.94	PS3	0.70	CS3	0.22	PS3	0.19
	CS4	0.80			CS4	0.20		
10 me as my clients se	CS1	0.43	PS1	0.84	CS1	0.15	PS1	0.20
	CS2	0.94	PS2	0.84	CS2	0.22	PS2	0.20
	CS3	1.00	PS3	0.75	CS3	0.22	PS3	0.19
	CS4	0.85			CS4	0.21		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	2.21	PS1	3.46
		CS2	4.62	PS2	3.17
		CS3	3.37	PS3	3.46
		CS4	5.00		
Self-Evaluation (-1.00 to +1.00)	0.91	CS1	-0.07	PS1	0.60
		CS2	1.00	PS2	0.55
		CS3	0.69	PS3	0.47
		CS4	0.80		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.46	PS1	0.32
		CS2	0.30	PS2	0.32
		CS3	0.31	PS3	0.33
		CS4	0.31		

Identity Variant

Current Self 1	CRISIS
Current Self 2	CONFIDENT
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.34	0.83	0.65	0.72
PS2	0.29	0.82	0.62	0.70
PS3	0.26	0.77	0.58	0.66

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A3- SAM 240902

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	1.00
3 me when I feel enhanced by life's ws	4.64	0.93
13 A person I admire (nominate)	4.64	0.86
14 A person I dislike (nominate)	4.64	-0.37
18 A client who died by suicide	4.57	-0.31
22 A suicide survivor (person remainin	4.50	-0.16
19 My counselling supervisor	4.43	0.82
6 me after my client's suicidal behavr	4.36	0.22
5 me before my client's suicidal beha	4.29	0.86
8 me when I'm relaxing	4.29	0.90
15 A client with suicide ideation	4.29	-0.22
10 me as my clients see me	3.86	0.87
20 A psychiatrist	3.64	0.07
4 me before I became a psychotherapisr	3.57	0.11
7 me when I'm working	3.57	0.89
2 me when I am overwhelmed by life's s	3.43	-0.11
16 A depressed client	3.36	-0.12
11 Mother	3.29	0.00
17 A client who recovered after seriout	3.07	0.18
12 Father	2.79	0.40
21 My partner/spouse	2.71	0.37
9 me as colleagues see me	2.64	0.70

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	1.00
3 me when I feel enhanced by life's ws	4.64	0.93
8 me when I'm relaxing	4.29	0.90
7 me when I'm working	3.57	0.89
10 me as my clients see me	3.86	0.87
13 A person I admire (nominate)	4.64	0.86
5 me before my client's suicidal beha	4.29	0.86
19 My counselling supervisor	4.43	0.82
9 me as colleagues see me	2.64	0.70
12 Father	2.79	0.40
21 My partner/spouse	2.71	0.37
6 me after my client's suicidal behavr	4.36	0.22
17 A client who recovered after seriout	3.07	0.18
4 me before I became a psychotherapisr	3.57	0.11
20 A psychiatrist	3.64	0.07
11 Mother	3.29	0.00
2 me when I am overwhelmed by life's s	3.43	-0.11
16 A depressed client	3.36	-0.12
22 A suicide survivor (person remainin	4.50	-0.16
15 A client with suicide ideation	4.29	-0.22
18 A client who died by suicide	4.57	-0.31
14 A person I dislike (nominate)	4.64	-0.37

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
11 ...continues to develop personal vas	68.30	-1	3
4 ...feels that safe expression of em	66.95	1	3
16 ...believes each human being is of e	65.43	-1	3
18 ...continues to be the person s/he	59.80	1	3
8 ...always uses complementary / altee	55.38	-1	3
6 ...remains sure of who s/he is	54.78	-1	3
19 ...never feels lonely or uncomfortaf	54.43	1	3
2 ...believes that people with whom ss	52.67	-1	3
17 I feel encouraged by...	52.30	-1	3
7 ...feels that grief following suicil	49.98	-1	3
14 ...does not need family support at s	49.60	-1	3
22 ...feels momentary bouts of psycholt	48.89	1	3
5 ...considers that most suicides coud	48.29	1	3
20 ...seeks and develops human relatio	47.86	-1	3
15 ...believes that depression and suid	36.30	-1	3
1 ...wonders what life is all about	29.95	-1	3
9 I have warm feelings towards...	27.83	1	3
12 I feel a special responsibility for	26.44	1	3
10 ...is highly sensitised to the issue	24.05	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

21 ...was totally changed by suicide od	2.90	1	3
3 ...believes that suicide demands coy	0.62	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
12 Father	0.86
13 A person I admire (nominate)	0.86
19 My counselling supervisor	0.86
21 My partner/spouse	0.73
17 A client who recovered after seriout	0.64
11 Mother	0.50
20 A psychiatrist	0.50
15 A client with suicide ideation	0.36
22 A suicide survivor (person remainin	0.36
16 A depressed client	0.32
18 A client who died by suicide	0.32
14 A person I dislike (nominate)	0.23

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
14 A person I dislike (nominate)	0.77
16 A depressed client	0.68
15 A client with suicide ideation	0.64
22 A suicide survivor (person remainin	0.64
18 A client who died by suicide	0.64
11 Mother	0.45
20 A psychiatrist	0.45
17 A client who recovered after seriout	0.36
21 My partner/spouse	0.23
12 Father	0.14
13 A person I admire (nominate)	0.05
19 My counselling supervisor	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.86	0.29	0.24	0.25
15 A client with suicide n	0.82	0.33	0.29	0.30
18 A client who died by se	0.77	0.33	0.29	0.30
22 A suicide survivor (pe	0.73	0.38	0.35	0.35
17 A client who recoveredt	0.55	0.67	0.65	0.65
20 A psychiatrist	0.55	0.52	0.47	0.55
14 A person I dislike (no)	0.50	0.24	0.24	0.25
11 Mother	0.45	0.52	0.53	0.50
12 Father	0.41	0.90	0.94	0.90
21 My partner/spouse	0.36	0.76	0.71	0.75
13 A person I admire (nom)	0.32	0.90	0.94	0.95
19 My counselling supervir	0.32	0.90	0.94	0.95

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
17 A client who recoveredt	0.77	0.67	0.81
22 A suicide survivor (pe	0.77	0.38	0.71
11 Mother	0.68	0.52	0.43
15 A client with suicide n	0.68	0.33	0.67
16 A depressed client	0.64	0.29	0.62
18 A client who died by se	0.64	0.33	0.67
21 My partner/spouse	0.59	0.76	0.43
12 Father	0.55	0.90	0.57
20 A psychiatrist	0.55	0.52	0.48
13 A person I admire (nom)	0.45	0.90	0.48
14 A person I dislike (no)	0.45	0.24	0.38
19 My counselling supervir	0.45	0.90	0.48

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.76	0.44	0.40	0.41
15 A client with suicide n	0.72	0.46	0.43	0.44
18 A client who died by se	0.70	0.46	0.43	0.44
22 A suicide survivor (pe	0.68	0.49	0.47	0.47
14 A person I dislike (no)	0.62	0.43	0.43	0.44
20 A psychiatrist	0.50	0.48	0.46	0.50
11 Mother	0.45	0.48	0.49	0.47
17 A client who recoveredt	0.44	0.49	0.48	0.48
21 My partner / spouse	0.29	0.42	0.40	0.42
12 Father	0.24	0.35	0.36	0.35
13 A person I admire (nom)	0.13	0.21	0.22	0.22
19 My counselling supervir	0.13	0.21	0.22	0.22

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
22 A suicide survivor (pe	0.70	0.49	0.67
15 A client with suicide n	0.66	0.46	0.65
16 A depressed client	0.66	0.44	0.65
18 A client who died by se	0.64	0.46	0.65
14 A person I dislike (no)	0.59	0.43	0.54
11 Mother	0.55	0.48	0.44
17 A client who recoveredt	0.53	0.49	0.54
20 A psychiatrist	0.50	0.48	0.46
21 My partner/spouse	0.37	0.42	0.31
12 Father	0.28	0.35	0.28
13 A person I admire (nom)	0.15	0.21	0.15
19 My counselling supervir	0.15	0.21	0.15

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	2.64	0.70	0.73	0.00
10 me as my clients see me	3.86	0.87	0.77	0.05

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.23	PS1	0.36	CS1	0.00	PS1	0.00
	CS2	0.76	PS2	0.76	CS2	0.00	PS2	0.00
	CS3	0.82	PS3	0.43	CS3	0.00	PS3	0.00
	CS4	0.80			CS4	0.00		
10 me as my clients se	CS1	0.27	PS1	0.41	CS1	0.12	PS1	0.14
	CS2	0.81	PS2	0.81	CS2	0.20	PS2	0.20
	CS3	0.82	PS3	0.48	CS3	0.20	PS3	0.15
	CS4	0.85			CS4	0.21		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	3.43	PS1	3.57
		CS2	4.64	PS2	4.29
		CS3	3.57	PS3	4.36
		CS4	4.29		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	-0.11	PS1	0.11
		CS2	0.93	PS2	0.86
		CS3	0.89	PS3	0.22
		CS4	0.90		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.53	PS1	0.50
		CS2	0.36	PS2	0.36
		CS3	0.35	PS3	0.47
		CS4	0.35		

Identity Variant

Current Self 1	CRISIS
Current Self 2	CONFIDENT
Current Self 3	CONFIDENT
Current Self 4	CONFIDENT
Past Self 1	CRISIS
Past Self 2	CONFIDENT
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.00	0.57	0.50	0.54
PS2	0.43	0.89	0.87	0.88
PS3	0.07	0.58	0.52	0.56

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A4i - LCAii 060903

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
13 A person I admire (nominate)	5.00	0.68
1 me as I would like to be	4.52	1.00
18 A client who died by suicide	4.17	-0.76
3 me when I feel enhanced by life's ws	3.81	0.78
22 A suicide survivor (person remainin	3.75	0.14
8 me when I'm relaxing	3.57	0.63
7 me when I'm working	3.39	0.70
15 A client with suicide ideation	3.33	-0.30
20 A psychiatrist	3.33	-0.33
16 A depressed client	3.27	-0.51
5 me before my client's suicidal beha	3.10	0.53
2 me when I am overwhelmed by life's s	3.04	0.27
10 me as my clients see me	2.80	0.21
9 me as colleagues see me	2.68	0.60
14 A person I dislike (nominate)	2.68	-0.22
6 me after my client's suicidal behavr	2.62	0.48
19 My counselling supervisor	2.62	0.28
4 me before I became a psychotherapisr	2.50	0.06
12 Father	2.50	-0.16
17 A client who recovered after seriout	2.32	0.01
11 Mother	2.08	-0.22
21 My partner/spouse	1.91	0.10

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.52	1.00
3 me when I feel enhanced by life's ws	3.81	0.78
7 me when I'm working	3.39	0.70
13 A person I admire (nominate)	5.00	0.68
8 me when I'm relaxing	3.57	0.63
9 me as colleagues see me	2.68	0.60
5 me before my client's suicidal beha	3.10	0.53
6 me after my client's suicidal behavr	2.62	0.48
19 My counselling supervisor	2.62	0.28
2 me when I am overwhelmed by life's s	3.04	0.27
10 me as my clients see me	2.80	0.21
22 A suicide survivor (person remainin	3.75	0.14
21 My partner/spouse	1.91	0.10
4 me before I became a psychotherapisr	2.50	0.06
17 A client who recovered after seriout	2.32	0.01
12 Father	2.50	-0.16
14 A person I dislike (nominate)	2.68	-0.22
11 Mother	2.08	-0.22
15 A client with suicide ideation	3.33	-0.30
20 A psychiatrist	3.33	-0.33
16 A depressed client	3.27	-0.51
18 A client who died by suicide	4.17	-0.76

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
16 ...believes each human being is of e	97.85	-1	3
6 ...questions who s/he is	76.02	1	3
4 ...feels that safe expression of em	72.80	1	3
20 ...seeks and develops human relatio	71.16	-1	3
11 ...continues to develop personal vas	68.81	-1	3
1 ...wonders what life is all about	68.73	-1	3
8 ...always uses complementary / altee	65.55	-1	3
17 I feel encouraged by...	61.20	-1	3
18 ...feels that the person s/he was i	61.17	-1	3
2 ...believes that people with whom ss	55.15	-1	3
19 ...never feels lonely or uncomfortaf	54.94	1	3
15 ...believes that depression and suid	54.41	1	3
3 ...believes that suicide is the actd	52.46	-1	3
12 I feel a special responsibility for	46.00	1	3
13 ...believes that suicide may be antn	36.98	-1	3
10 ...is highly sensitised to the issue	30.16	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

22 ...feels momentary bouts of psycholt	17.51	1	3
5 ...considers that most suicides coud	11.53	1	3
14 ...relies on family support at times	5.10	1	3
21 ...was totally changed by suicide od	2.82	1	3
7 ...feels that grief following suicil	-3.77	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.82
19 My counselling supervisor	0.73
17 A client who recovered after seriout	0.64
21 My partner/spouse	0.55
22 A suicide survivor (person remainin	0.50
12 Father	0.36
14 A person I dislike (nominate)	0.32
11 Mother	0.27
15 A client with suicide ideation	0.27
20 A psychiatrist	0.18
16 A depressed client	0.14
18 A client who died by suicide	0.09

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
18 A client who died by suicide	0.91
20 A psychiatrist	0.82
16 A depressed client	0.77
15 A client with suicide ideation	0.73
11 Mother	0.68
14 A person I dislike (nominate)	0.64
12 Father	0.59
22 A suicide survivor (person remainin	0.50
21 My partner/spouse	0.45
17 A client who recovered after seriout	0.36
19 My counselling supervisor	0.27
13 A person I admire (nominate)	0.18

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
17 A client who recoveredt	0.59	0.68	0.68	0.59
19 My counselling supervir	0.59	0.77	0.77	0.77
22 A suicide survivor (pe	0.55	0.45	0.45	0.36
13 A person I admire (nom)	0.50	0.86	0.77	0.95
15 A client with suicide n	0.50	0.23	0.23	0.14
18 A client who died by se	0.50	0.14	0.14	0.14
11 Mother	0.45	0.32	0.23	0.32
12 Father	0.45	0.36	0.32	0.36
14 A person I dislike (no)	0.41	0.27	0.27	0.27
20 A psychiatrist	0.32	0.23	0.14	0.32
16 A depressed client	0.27	0.14	0.09	0.23
21 My partner/spouse	0.23	0.50	0.59	0.59

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 Mother	0.68	0.36	0.32
22 A suicide survivor (pe	0.68	0.32	0.50
15 A client with suicide n	0.64	0.18	0.36
16 A depressed client	0.64	0.27	0.23
18 A client who died by se	0.64	0.18	0.18
20 A psychiatrist	0.64	0.36	0.18
21 My partner/spouse	0.64	0.55	0.55
12 Father	0.59	0.41	0.45
14 A person I dislike (no)	0.59	0.23	0.32
13 A person I admire (nom)	0.55	0.91	0.73
17 A client who recoveredt	0.55	0.55	0.64
19 My counselling supervir	0.45	0.73	0.64

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.67	0.36	0.36	0.36
15 A client with suicide n	0.60	0.41	0.41	0.32
11 Mother	0.55	0.47	0.40	0.47
12 Father	0.52	0.46	0.43	0.46
22 A suicide survivor (pe	0.52	0.47	0.47	0.42
14 A person I dislike (no)	0.51	0.42	0.42	0.42
20 A psychiatrist	0.51	0.43	0.34	0.51
16 A depressed client	0.46	0.33	0.26	0.42
17 A client who recoveredt	0.46	0.49	0.49	0.46
21 My partner/spousepervir	0.32	0.47	0.52	0.52
13 A person I admire (nom)	0.30	0.39	0.37	0.41

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
18 A client who died by se	0.76	0.40	0.40
20 A psychiatrist	0.72	0.54	0.38
16 A depressed client	0.70	0.46	0.42
11 Mother	0.68	0.49	0.47
15 A client with suicide n	0.68	0.36	0.51
14 A person I dislike (no)	0.61	0.38	0.45
12 Father	0.59	0.49	0.52
22 A suicide survivor (pe	0.58	0.40	0.50
21 My partner/spouse	0.54	0.50	0.50
17 A client who recoveredt	0.44	0.44	0.48
13 A person I admire (nom)	0.31	0.40	0.36

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	2.68	0.60	0.86	0.05
10 me as my clients see me	2.80	0.21	0.68	0.32

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.59	PS1	0.41	CS1	0.17	PS1	0.14
	CS2	0.86	PS2	0.73	CS2	0.21	PS2	0.19
	CS3	0.82	PS3	0.77	CS3	0.20	PS3	0.20
	CS4	0.77			CS4	0.20		
10 me as my clients se	CS1	0.45	PS1	0.50	CS1	0.38	PS1	0.40
	CS2	0.64	PS2	0.59	CS2	0.45	PS2	0.43
	CS3	0.73	PS3	0.77	CS3	0.48	PS3	0.50
	CS4	0.55			CS4	0.42		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.52	CS1	3.04	PS1	2.50
		CS2	3.81	PS2	3.10
		CS3	3.39	PS3	2.62
		CS4	3.57		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.27	PS1	0.06
		CS2	0.78	PS2	0.53
		CS3	0.70	PS3	0.48
		CS4	0.63		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.49	PS1	0.59
		CS2	0.40	PS2	0.42
		CS3	0.39	PS3	0.43
		CS4	0.41		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	INDETERMINATE
Current Self 3	INDETERMINATE
Current Self 4	DIFFUSION
Past Self 1	CRISIS
Past Self 2	DIFFUSION
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.17	0.49	0.43	0.40
PS2	0.40	0.67	0.62	0.59
PS3	0.36	0.66	0.60	0.57

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A5 - MEA 111002

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	0.84
13 A person I admire (nominate)	4.91	1.00
1 me as I would like to be	4.74	0.92
14 A person I dislike (nominate)	4.74	-0.55
6 me after my client's suicidal behavr	4.48	0.87
8 me when I'm relaxing	4.40	0.57
7 me when I'm working	4.31	0.88
4 me before I became a psychotherapisr	4.14	-0.21
9 me as colleagues see me	4.14	0.71
5 me before my client's suicidal beha	4.05	0.83
21 My partner/spouse	3.71	0.53
10 me as my clients see me	3.19	0.88
12 Father	3.19	-0.40
19 My counselling supervisor	3.02	0.68
18 A client who died by suicide	2.93	-0.47
2 me when I am overwhelmed by life's s	2.84	0.53
15 A client with suicide ideation	2.76	-0.24
16 A depressed client	2.59	-0.24
20 A psychiatrist	2.50	0.59
22 A suicide survivor (person remainin	2.07	0.47
11 Mother	1.98	0.17
17 A client who recovered after seriout	1.64	0.33

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
13 A person I admire (nominate)	4.91	1.00
1 me as I would like to be	4.74	0.92
7 me when I'm working	4.31	0.88
10 me as my clients see me	3.19	0.88
6 me after my client's suicidal behavr	4.48	0.87
3 me when I feel enhanced by life's ws	5.00	0.84
5 me before my client's suicidal beha	4.05	0.83
9 me as colleagues see me	4.14	0.71
19 My counselling supervisor	3.02	0.68
20 A psychiatrist	2.50	0.59
8 me when I'm relaxing	4.40	0.57
21 My partner/spouse	3.71	0.53
2 me when I am overwhelmed by life's s	2.84	0.53
22 A suicide survivor (person remainin	2.07	0.47
17 A client who recovered after seriout	1.64	0.33
11 Mother	1.98	0.17
4 me before I became a psychotherapisr	4.14	-0.21
15 A client with suicide ideation	2.76	-0.24
16 A depressed client	2.59	-0.24
12 Father	3.19	-0.40
18 A client who died by suicide	2.93	-0.47
14 A person I dislike (nominate)	4.74	-0.55

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
16 ...believes each human being is of e	76.39	-1	3
11 ...continues to develop personal vas	70.33	-1	3
4 ...feels that safe expression of em	69.50	1	3
9 I have warm feelings towards...	56.99	1	3
2 ...believes that people with whom ss	56.42	-1	3
13 ...believes that suicide may be antn	55.28	-1	3
1 ...wonders what life is all about	54.79	-1	3
17 I feel encouraged by...	52.19	-1	3
5 ...considers that most suicides coud	46.64	1	3
8 ...always uses complementary / altee	46.18	-1	3
19 ...never feels lonely or uncomfortaf	45.31	1	3
18 ...continues to be the person s/he	41.39	1	3
14 ...relies on family support at times	33.43	1	3
22 ...feels momentary bouts of psycholt	31.52	1	3
60 ...remains sure of who s/he is tio	28.51	-1	3
21 ...was totally changed by suicide od	23.74	1	3
15 ...believes that depression and suid	20.43	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

10 ...is highly sensitised to the issue	18.26	-1	3
12 I feel a special responsibility for	10.93	1	3
7 ...feels that grief following suicil	7.07	-1	3
3 ...believes that suicide demands coy	**	0	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.90
19 My counselling supervisor	0.81
21 My partner/spouse	0.67
17 A client who recovered after seriout	0.52
20 A psychiatrist	0.52
22 A suicide survivor (person remainin	0.52
11 Mother	0.29
12 Father	0.24
15 A client with suicide ideation	0.24
16 A depressed client	0.24
14 A person I dislike (nominate)	0.19
18 A client who died by suicide	0.10

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
18 A client who died by suicide	0.52
14 A person I dislike (nominate)	0.48
12 Father	0.43
15 A client with suicide ideation	0.43
16 A depressed client	0.43
11 Mother	0.19
21 My partner/spouse	0.14
17 A client who recovered after seriout	0.10
22 A suicide survivor (person remainin	0.10
20 A psychiatrist	0.05
13 A person I admire (nominate)	0.00
19 My counselling supervisor	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
13 A person I admire (nom)	0.69	0.90	0.95	0.82
19 My counselling supervir	0.62	0.75	0.84	0.71
21 My partner/spouse	0.62	0.65	0.74	0.53
22 A suicide survivor (pe	0.62	0.50	0.58	0.41
11 Mother	0.46	0.30	0.32	0.24
12 Father	0.46	0.30	0.21	0.29
15 A client with suicide n	0.46	0.20	0.26	0.24
16 A depressed client	0.46	0.25	0.26	0.24
17 A client who recoveredt	0.46	0.50	0.58	0.35
20 A psychiatrist	0.38	0.45	0.53	0.35
18 A client who died by se	0.23	0.05	0.11	0.06
14 A person I dislike (no)	0.08	0.25	0.21	0.29

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 A client with suicide n	0.63	0.26	0.25
12 Father	0.56	0.21	0.25
16 A depressed client	0.50	0.26	0.25
17 A client who recoveredt	0.50	0.58	0.55
18 A client who died by se	0.50	0.11	0.10
21 My partner/spouse	0.50	0.74	0.70
11 Mother	0.44	0.32	0.30
14 A person I dislike (no)	0.38	0.21	0.20
13 A person I admire (nom)	0.31	0.95	0.95
20 A psychiatrist	0.31	0.53	0.50
22 A suicide survivor (pe	0.31	0.58	0.55
19 My counselling supervir	0.25	0.84	0.80

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
12 Father	0.44	0.36	0.30	0.35
15 A client with suicide n	0.44	0.29	0.33	0.32
16 A depressed client	0.44	0.33	0.33	0.32
18 A client who died by se	0.35	0.16	0.24	0.18
11 Mother	0.30	0.24	0.25	0.21
21 My partner/spouse	0.29	0.30	0.32	0.27
22 A suicide survivor (pe	0.25	0.22	0.24	0.20
17 A client who recoveredt	0.21	0.22	0.24	0.19
14 A person I dislike (nom)	0.20	0.35	0.32	0.37
20 A psychiatrist	0.14	0.15	0.16	0.13
13 A person I admire (nom)	0.00	0.00	0.00	0.00
19 My counselling supervir	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 A client with suicide n	0.52	0.33	0.33
18 A client who died by se	0.51	0.24	0.23
12 Father	0.49	0.30	0.33
16 A depressed client	0.46	0.33	0.33
14 A person I dislike (no)	0.43	0.32	0.31
11 Mother	0.29	0.25	0.24
21 My partner/spouse	0.26	0.32	0.31
17 A client who recoveredt	0.22	0.24	0.23
22 A suicide survivor (per	0.18	0.24	0.23
20 A psychiatrist	0.12	0.16	0.16
13 A person I admire (nom)	0.00	0.00	0.00
19 My counselling supervir	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.14	0.71	0.86	0.05
10 me as my clients see me	3.19	0.88	0.67	0.00

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.69	PS1	0.31	CS1	0.19	PS1	0.12
	CS2	0.90	PS2	0.89	CS2	0.21	PS2	0.21
	CS3	0.89	PS3	0.90	CS3	0.21	PS3	0.21
	CS4	0.88			CS4	0.21		
10 me as my clients se	CS1	0.54	PS1	0.25	CS1	0.00	PS1	0.00
	CS2	0.70	PS2	0.74	CS2	0.00	PS2	0.00
	CS3	0.74	PS3	0.70	CS3	0.00	PS3	0.00
	CS4	0.65			CS4	0.00		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.74	CS1	2.84	PS1	4.14
		CS2	5.00	PS2	4.05
		CS3	4.31	PS3	4.48
		CS4	4.40		
Self-Evaluation (-1.00 to +1.00)	0.92	CS1	0.53	PS1	-0.21
		CS2	0.84	PS2	0.83
		CS3	0.88	PS3	0.87
		CS4	0.57		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.25	PS1	0.33
		CS2	0.20	PS2	0.20
		CS3	0.20	PS3	0.20
		CS4	0.20		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	DEFENSIVE HIGH SELF-REGARD
Current Self 3	DEFENSIVE HIGH SELF-REGARD
Current Self 4	DEFENSIVE
Past Self 1	NEGATIVE
Past Self 2	DEFENSIVE HIGH SELF-REGARD
Past Self 3	DEFENSIVE HIGH SELF-REGARD

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.09	0.36	0.34	0.19
PS2	0.71	0.83	0.85	0.69
PS3	0.74	0.85	0.87	0.72

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A6 - FJE 261002

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
4 me before I became a psychotherapisr	5.00	0.51
3 me when I feel enhanced by life's ws	4.85	0.79
17 A client who recovered after seriout	4.85	0.90
1 me as I would like to be	4.78	1.00
2 me when I am overwhelmed by life's s	4.78	0.60
8 me when I'm relaxing	4.71	0.64
9 me as colleagues see me	4.56	0.64
13 A person I admire (nominate)	4.49	0.75
6 me after my client's suicidal behavr	4.41	0.81
7 me when I'm working	4.26	0.86
10 me as my clients see me	4.26	0.53
22 A suicide survivor (person remainin	4.26	0.68
5 me before my client's suicidal beha	4.12	0.68
11 Mother	3.90	0.60
19 My counselling supervisor	3.90	0.60
12 Father	3.60	0.23
18 A client who died by suicide	3.53	0.16
15 A client with suicide ideation	3.46	0.31
16 A depressed client	3.38	0.21
14 A person I dislike (nominate)	3.31	-0.86
20 A psychiatrist	3.24	0.47
21 My partner/spouse	##	##

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.78	1.00
17 A client who recovered after seriout	4.85	0.90
7 me when I'm working	4.26	0.86
6 me after my client's suicidal behavr	4.41	0.81
3 me when I feel enhanced by life's ws	4.85	0.79
13 A person I admire (nominate)	4.49	0.75
22 A suicide survivor (person remainin	4.26	0.68
5 me before my client's suicidal beha	4.12	0.68
8 me when I'm relaxing	4.71	0.64
9 me as colleagues see me	4.56	0.64
2 me when I am overwhelmed by life's s	4.78	0.60
11 Mother	3.90	0.60
19 My counselling supervisor	3.90	0.60
10 me as my clients see me	4.26	0.53
4 me before I became a psychotherapisr	5.00	0.51
20 A psychiatrist	3.24	0.47
15 A client with suicide ideation	3.46	0.31
12 Father	3.60	0.23
16 A depressed client	3.38	0.21
18 A client who died by suicide	3.53	0.16
14 A person I dislike (nominate)	3.31	-0.86
21 My partner/spouse	##	##

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
16 ...believes each human being is of e	100.00	-1	3
7 ...feels that grief following suicid	94.32	-1	3
10 ...is highly sensitised to the issue	94.14	-1	3
4 ...feels that safe expression of em	82.62	1	3
12 I feel a special responsibility for	81.64	1	3
3 ...believes that suicide demands coy	72.56	1	3
1 ...wonders what life is all about	69.86	-1	3
13 ...believes that suicide may be antn	68.19	-1	3
5 ...considers that most suicides coud	67.14	1	3
9 I have warm feelings towards...	63.50	1	3
6 ...questions who s/he is	56.76	1	3
18 ...continues to be the person s/he	47.93	1	3
17 I feel encouraged by...	46.66	-1	3
11 ...continues to develop personal vas	42.91	-1	3
14 ...relies on family support at times	34.09	-1	3
21 ...was totally changed by suicide od	33.55	1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
19 ...often feels the need for human cf	19.91	-1	3
2 ...carries a terrible responsibilitd	17.53	1	3
20 ...seeks and develops human relatio	16.08	-1	3
15 ...believes suicide can occur 'out t	-0.19	-1	3
22 ...feels momentary bouts of psycholt	-5.11	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
17 A client who recovered after seriout	0.95
19 My counselling supervisor	0.86
11 Mother	0.82
13 A person I admire (nominate)	0.82
20 A psychiatrist	0.82
22 A suicide survivor (person remainin	0.82
15 A client with suicide ideation	0.64
16 A depressed client	0.55
12 Father	0.50
18 A client who died by suicide	0.50
14 A person I dislike (nominate)	0.05
21 My partner/spouse	##

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
14 A person I dislike (nominate)	0.59
16 A depressed client	0.41
12 Father	0.41
18 A client who died by suicide	0.36
15 A client with suicide ideation	0.32
19 My counselling supervisor	0.14
11 Mother	0.14
13 A person I admire (nominate)	0.14
20 A psychiatrist	0.14
22 A suicide survivor (person remainin	0.14
17 A client who recovered after seriout	0.05
21 My partner/spouse	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
17 A client who recoveredt	0.86	0.86	0.90	0.81
11 Mother	0.76	0.82	0.80	0.81
19 My counselling supervir	0.76	0.86	0.85	0.76
13 A person I admire (nom)	0.71	0.82	0.85	0.90
15 A client with suicide n	0.71	0.59	0.60	0.57
20 A psychiatrist	0.71	0.82	0.80	0.71
22 A suicide survivor (pe	0.71	0.73	0.75	0.67
16 A depressed client	0.67	0.55	0.55	0.48
18 A client who died by se	0.62	0.45	0.60	0.52
12 Father	0.38	0.50	0.60	0.43
14 A person I dislike (no)	0.10	0.09	0.05	0.05
21 My partner/spouse	##	##	##	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
17 A client who recoveredt	0.82	0.91	0.91
19 My counselling supervir	0.73	0.91	0.82
20 A psychiatrist	0.73	0.86	0.77
11 Mother	0.68	0.86	0.86
13 A person I admire (nom)	0.68	0.86	0.86
15 A client with suicide n	0.68	0.59	0.59
22 A suicide survivor (pe	0.68	0.77	0.77
16 A depressed client	0.59	0.50	0.50
18 A client who died by se	0.55	0.45	0.45
12 Father	0.32	0.45	0.45
14 A person I dislike (no)	0.14	0.05	0.05
21 My partner/spouse	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.52	0.47	0.47	0.44
15 A client with suicide n	0.48	0.43	0.44	0.43
18 A client who died by se	0.47	0.40	0.46	0.43
12 Father	0.39	0.45	0.50	0.42
11 Mother	0.33	0.34	0.33	0.34
19 My counselling supervir	0.33	0.35	0.34	0.33
13 A person I admire (nom)	0.32	0.34	0.34	0.35
20 A psychiatrist	0.32	0.34	0.33	0.32
22 A suicide survivor (a pers	0.32	0.32	0.32	0.31
14 A person I dislike (no)	0.24	0.23	0.17	0.17
17 A client who recoveredt	0.21	0.21	0.21	0.20
21 My partner/spouse	##	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
16 A depressed client	0.49	0.45	0.45
15 A client with suicide n	0.47	0.43	0.43
18 A client who died by se	0.44	0.40	0.40
12 Father	0.36	0.43	0.43
19 My counselling supervir	0.32	0.36	0.34
20 A psychiatrist	0.32	0.35	0.33
11 Mother	0.31	0.35	0.35
13 A person I admire (nom)	0.31	0.35	0.35
22 A suicide survivor (pers	0.31	0.33	0.33
14 A person I dislike (no)	0.29	0.17	0.17
17 A client who recoveredt	0.20	0.21	0.21
21 My partner/spouse	##	##	##

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.56	0.64	0.82	0.18
10 me as my clients see me	4.26	0.53	0.77	0.23

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.81	PS1	0.77	CS1	0.38	PS1	0.37
	CS2	0.82	PS2	0.86	CS2	0.38	PS2	0.39
	CS3	0.85	PS3	0.86	CS3	0.39	PS3	0.39
	CS4	1.00			CS4	0.42		
10 me as my clients se	CS1	0.71	PS1	0.64	CS1	0.40	PS1	0.38
	CS2	0.77	PS2	0.82	CS2	0.42	PS2	0.43
	CS3	0.75	PS3	0.82	CS3	0.42	PS3	0.43
	CS4	0.76			CS4	0.42		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.78	CS1	4.78	PS1	5.00
		CS2	4.85	PS2	4.12
		CS3	4.26	PS3	4.41
		CS4	4.71		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.60	PS1	0.51
		CS2	0.79	PS2	0.68
		CS3	0.86	PS3	0.81
		CS4	0.64		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.36	PS1	0.35
		CS2	0.35	PS2	0.35
		CS3	0.36	PS3	0.35
		CS4	0.35		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	INDETERMINATE
Current Self 3	CONFIDENT
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	CONFIDENT

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.55	0.65	0.67	0.57
PS2	0.64	0.74	0.77	0.66
PS3	0.71	0.80	0.84	0.73

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A7- BEA 221102

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
22 A suicide survivor (person remainin	5.00	1.00
1 me as I would like to be	4.83	0.97
9 me as colleagues see me	4.66	0.88
7 me when I'm working	4.57	0.87
3 me when I feel enhanced by life's ws	4.48	0.94
4 me before I became a psychotherapisr	4.48	0.80
2 me when I am overwhelmed by life's s	4.31	0.83
8 me when I'm relaxing	4.14	0.87
5 me before my client's suicidal beha	3.88	0.78
10 me as my clients see me	3.79	0.75
21 My partner/spouse	3.54	0.38
6 me after my client's suicidal behavr	3.36	0.74
13 A person I admire (nominate)	3.36	0.78
11 Mother	3.10	0.68
14 A person I dislike (nominate)	2.85	-0.70
17 A client who recovered after seriout	2.07	-0.17
15 A client with suicide ideation	1.98	-0.12
16 A depressed client	1.64	-0.14
20 A psychiatrist	1.12	0.41
19 My counselling supervisor	0.86	0.36
12 Father	##	##
18 A client who died by suicide	##	##

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
22 A suicide survivor (person remainin	5.00	1.00
1 me as I would like to be	4.83	0.97
3 me when I feel enhanced by life's ws	4.48	0.94
9 me as colleagues see me	4.66	0.88
7 me when I'm working	4.57	0.87
8 me when I'm relaxing	4.14	0.87
2 me when I am overwhelmed by life's s	4.31	0.83
4 me before I became a psychotherapisr	4.48	0.80
5 me before my client's suicidal beha	3.88	0.78
13 A person I admire (nominate)	3.36	0.78
10 me as my clients see me	3.79	0.75
6 me after my client's suicidal behavr	3.36	0.74
11 Mother	3.10	0.68
20 A psychiatrist	1.12	0.41
21 My partner/spouse	3.54	0.38
19 My counselling supervisor	0.86	0.36
15 A client with suicide ideation	1.98	-0.12
16 A depressed client	1.64	-0.14
17 A client who recovered after seriout	2.07	-0.17
14 A person I dislike (nominate)	2.85	-0.70
12 Father	##	##
18 A client who died by suicide	##	##

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
11 ...continues to develop personal vas	99.15	-1	3
7 ...feels that grief following suicil	99.14	-1	3
15 ...believes that depression and suid	85.61	1	3
18 ...continues to be the person s/he	84.24	1	3
14 ...relies on family support at times	84.08	1	3
19 ...never feels lonely or uncomfortaf	83.81	1	3
12 I feel a special responsibility for	80.95	1	3
10 ...is highly sensitised to the issue	77.82	-1	3
9 I have warm feelings towards...	76.80	1	3
16 ...believes each human being is of e	71.53	-1	3
8 ...always uses complementary / altee	60.93	-1	3
17 I feel encouraged by...	60.10	-1	3
20 ...seeks and develops human relatio	58.81	-1	3
1 ...wonders what life is all about	54.92	-1	3
4 ...feels that safe expression of em	46.48	-1	3
21 ...was totally changed by suicide od	46.18	1	3
3 ...believes that suicide demands coy	43.88	1	3
22 ...feels momentary bouts of psycholt	43.53	1	3
13 ...believes that suicide may be antn	31.30	-1	3
5 ...considers that most suicides coud	27.01	1	3
2 ...carries a terrible responsibilitd	25.18	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
22 A suicide survivor (person remainin	0.95
13 A person I admire (nominate)	0.82
11 Mother	0.68
21 My partner/spouse	0.64
19 My counselling supervisor	0.32
20 A psychiatrist	0.32
15 A client with suicide ideation	0.18
16 A depressed client	0.18
17 A client who recovered after seriout	0.18
14 A person I dislike (nominate)	0.05
12 Father	##
18 A client who died by suicide	##

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
14 A person I dislike (nominate)	0.64
17 A client who recovered after seriout	0.59
15 A client with suicide ideation	0.50
16 A depressed client	0.41
21 My partner/spouse	0.18
11 Mother	0.09
19 My counselling supervisor	0.05
20 A psychiatrist	0.05
22 A suicide survivor (person remainin	0.00
13 A person I admire (nominate)	0.00
12 Father	##
18 A client who died by suicide	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
22 A suicide survivor (pe	0.95	0.95	0.95	0.95
13 A person I admire (nom)	0.82	0.85	0.82	0.80
11 Mother	0.68	0.65	0.68	0.65
21 My partner/spouse	0.64	0.65	0.64	0.60
19 My counselling supervir	0.32	0.35	0.32	0.35
20 A psychiatrist	0.32	0.35	0.32	0.35
15 A client with suicide n	0.18	0.15	0.18	0.10
16 A depressed client	0.18	0.15	0.18	0.10
17 A client who recoveredt	0.18	0.15	0.18	0.10
14 A person I dislike (no)	0.05	0.05	0.05	0.05
12 Father	##	##	##	##
18 A client who died by se	##	##	##	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
22 A suicide survivor (pe	0.81	0.95	0.94
11 Mother	0.71	0.67	0.67
13 A person I admire (nom)	0.71	0.81	0.78
21 My partner/spouse	0.71	0.62	0.67
15 A client with suicide n	0.29	0.14	0.28
16 A depressed client	0.29	0.14	0.28
17 A client who recoveredt	0.29	0.14	0.28
19 My counselling supervir	0.29	0.33	0.22
20 A psychiatrist	0.24	0.33	0.22
14 A person I dislike (no)	0.14	0.05	0.06
12 Father	##	##	##
18 A client who died by se	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
21 My partner/spouse	0.34	0.34	0.34	0.33
17 A client who recoveredt	0.33	0.30	0.33	0.24
15 A client with suicide n	0.30	0.27	0.30	0.22
16 A depressed client	0.27	0.25	0.27	0.20
11 Mother	0.25	0.24	0.25	0.24
14 A person I dislike (no)	0.18	0.18	0.18	0.18
19 My counselling supervir	0.13	0.13	0.13	0.13
20 A psychiatrist	0.13	0.13	0.13	0.13
13 A person I admire (nom	0.00	0.00	0.00	0.00
22 A suicide survivor (pe	0.00	0.00	0.00	0.00
12 Father	##	##	##	##
18 A client who died by se	##	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
17 A client who recoveredt	0.41	0.29	0.41
15 A client with suicide n	0.38	0.26	0.37
21 My partner/spouse	0.36	0.33	0.35
16 A depressed client	0.34	0.24	0.34
14 A person I dislike (no)	0.30	0.18	0.20
11 Mother	0.25	0.25	0.25
19 My counselling supervir	0.12	0.13	0.10
20 A psychiatrist	0.11	0.13	0.10
13 A person I admire (nom	0.00	0.00	0.00
22 A suicide survivor (pe	0.00	0.00	0.00
12 Father	##	##	##
18 A client who died by se	##	##	##

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.66	0.88	1.00	0.00
10 me as my clients see me	3.79	0.75	0.95	0.00

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	1.00	PS1	0.86	CS1	0.00	PS1	0.00
	CS2	1.00	PS2	1.00	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	0.94	CS3	0.00	PS3	0.00
	CS4	1.00			CS4	0.00		
10 me as my clients se	CS1	0.95	PS1	0.81	CS1	0.00	PS1	0.00
	CS2	0.95	PS2	0.95	CS2	0.00	PS2	0.00
	CS3	0.95	PS3	0.89	CS3	0.00	PS3	0.00
	CS4	0.95			CS4	0.00		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.83	CS1	4.31	PS1	4.48
		CS2	4.48	PS2	3.88
		CS3	4.57	PS3	3.36
		CS4	4.14		
Self-Evaluation (-1.00 to +1.00)	0.97	CS1	0.83	PS1	0.80
		CS2	0.94	PS2	0.78
		CS3	0.87	PS3	0.74
		CS4	0.87		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.12	PS1	0.17
		CS2	0.12	PS2	0.11
		CS3	0.12	PS3	0.15
		CS4	0.11		

Identity Variant

Current Self 1	DEFENSIVE HIGH SELF-REGARD
Current Self 2	DEFENSIVE HIGH SELF-REGARD
Current Self 3	DEFENSIVE HIGH SELF-REGARD
Current Self 4	DEFENSIVE HIGH SELF-REGARD

Past Self 1	DEFENSIVE
Past Self 2	DEFENSIVE
Past Self 3	DEFENSIVE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.81	0.87	0.83	0.83
PS2	0.81	0.87	0.83	0.83
PS3	0.79	0.86	0.81	0.81

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A8 - TAH - 251102

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
22 A suicide survivor (person remainin	5.00	-0.28
14 A person I dislike (nominate)	4.11	-0.32
21 My partner/spouse	3.77	0.62
7 me when I'm working	3.70	0.87
13 A person I admire (nominate)	3.70	0.95
1 me as I would like to be	3.63	1.00
3 me when I feel enhanced by life's ws	3.63	0.97
4 me before I became a psychotherapisr	3.63	0.82
15 A client with suicide ideation	3.56	-0.32
9 me as colleagues see me	3.43	0.83
6 me after my client's suicidal behavr	3.36	0.78
10 me as my clients see me	3.36	0.77
12 Father	3.29	0.12
8 me when I'm relaxing	3.15	0.80
16 A depressed client	3.15	-0.15
19 My counselling supervisor	3.08	0.55
20 A psychiatrist	3.08	0.22
5 me before my client's suicidal beha	2.81	0.82
17 A client who recovered after seriout	2.74	-0.12
2 me when I am overwhelmed by life's s	1.99	0.28
11 Mother	##	##
18 A client who died by suicide	##	##

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	3.63	1.00
3 me when I feel enhanced by life's ws	3.63	0.97
13 A person I admire (nominate)	3.70	0.95
7 me when I'm working	3.70	0.87
9 me as colleagues see me	3.43	0.83
4 me before I became a psychotherapisr	3.63	0.82
5 me before my client's suicidal beha	2.81	0.82
8 me when I'm relaxing	3.15	0.80
6 me after my client's suicidal behavr	3.36	0.78
10 me as my clients see me	3.36	0.77
21 My partner/spouse	3.77	0.62
19 My counselling supervisor	3.08	0.55
2 me when I am overwhelmed by life's s	1.99	0.28
20 A psychiatrist	3.08	0.22
12 Father	3.29	0.12
17 A client who recovered after seriout	2.74	-0.12
16 A depressed client	3.15	-0.15
22 A suicide survivor (person remainin	5.00	-0.28
14 A person I dislike (nominate)	4.11	-0.32
15 A client with suicide ideation	3.56	-0.32
11 Mother	##	##
18 A client who died by suicide	##	##

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
11 ...continues to develop personal vas	86.65	-1	3
20 ...seeks and develops human relatio	82.89	-1	3
16 ...believes each human being is of e	82.12	-1	3
18 ...continues to be the person s/he	81.63	1	3
4 ...feels that safe expression of em	72.38	1	3
19 ...never feels lonely or uncomfortaf	68.43	1	3
17 I feel encouraged by...	55.55	-1	3
22 ...feels momentary bouts of psycholt	47.24	1	3
13 ...believes that suicide may be antn	46.17	-1	3
7 ...feels that grief following suicil	39.99	-1	3
5 ...considers that most suicides coud	38.03	1	3
9 I have warm feelings towards...	37.65	1	3
8 ...always uses complementary / altee	34.02	-1	3
21 ...was not much affected by suicide	32.79	-1	3
25 ...believes that people with whom ss	27.40	-1	3
12 I feel a special responsibility for	27.33	1	3
3 ...believes that suicide demands coy	26.49	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

10 ...is highly sensitised to the issue	16.58	-1	3
1 ...takes life for granted	14.48	1	3
14 ...relies on family support at times	11.19	1	3

DUAL MORALITY EVALUATIVE DIMENSION OF IDENTITY (less then -20)

Note : may indicate error in anchoring!

6 ...questions who s/he is	-32.18	1	3
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POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.91
21 My partner/spouse	0.73
19 My counselling supervisor	0.68
20 A psychiatrist	0.68
12 Father	0.50
17 A client who recovered after seriout	0.41
22 A suicide survivor (person remainin	0.41
15 A client with suicide ideation	0.36
16 A depressed client	0.36
14 A person I dislike (nominate)	0.32
11 Mother	##
18 A client who died by suicide	##

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
16 A depressed client	0.64
14 A person I dislike (nominate)	0.64
17 A client who recovered after seriout	0.59
22 A suicide survivor (person remainin	0.59
15 A client with suicide ideation	0.59
12 Father	0.50
19 My counselling supervisor	0.32
20 A psychiatrist	0.32
21 My partner/spouse	0.23
13 A person I admire (nominate)	0.09
11 Mother	##
18 A client who died by suicide	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
19 My counselling supervir	0.68	0.73	0.77	0.68
13 A person I admire (nom)	0.64	0.86	0.91	0.82
16 A depressed client	0.64	0.41	0.36	0.27
12 Father	0.59	0.55	0.59	0.41
15 A client with suicide n	0.59	0.41	0.36	0.27
21 My partner/spouse	0.55	0.68	0.73	0.73
17 A client who recoveredt	0.50	0.45	0.41	0.32
20 A psychiatrist	0.50	0.64	0.68	0.68
22 A suicide survivor (pe	0.50	0.45	0.41	0.32
14 A person I dislike (no)	0.32	0.27	0.32	0.41
11 Mother	##	##	##	##
18 A client who died by se	##	##	##	##

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
13 A person I admire (nom)	0.71	0.90	0.77
12 Father	0.67	0.52	0.45
19 My counselling supervir	0.67	0.71	0.64
21 My partner/spouse	0.62	0.71	0.59
16 A depressed client	0.57	0.38	0.50
20 A psychiatrist	0.52	0.67	0.64
22 A suicide survivor (pe	0.52	0.43	0.55
15 A client with suicide n	0.48	0.38	0.45
17 A client who recoveredt	0.48	0.43	0.45
14 A person I dislike (no)	0.33	0.29	0.27
11 Mother	##	##	##
18 A client who died by se	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.64	0.51	0.48	0.42
15 A client with suicide n	0.59	0.49	0.46	0.40
12 Father	0.54	0.52	0.54	0.45
17 A client who recoveredt	0.54	0.52	0.49	0.43
22 A suicide survivor (pe	0.54	0.52	0.49	0.43
19 My counselling supervir	0.47	0.48	0.50	0.47
14 A person I dislike (no)	0.45	0.42	0.45	0.51
20 A psychiatrist	0.40	0.45	0.47	0.47
21 My partner/spouse	0.36	0.40	0.41	0.41
13 A person I admire (nom)	0.24	0.28	0.29	0.27
11 Mother	##	##	##	##
18 A client who died by se	##	##	##	##

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
16 A depressed client	0.60	0.49	0.57
12 Father	0.58	0.51	0.47
22 A suicide survivor (pe	0.55	0.50	0.57
15 A client with suicide n	0.53	0.47	0.52
17 A client who recoveredt	0.53	0.50	0.52
14 A person I dislike (no)	0.46	0.43	0.42
19 My counselling supervir	0.46	0.48	0.45
20 A psychiatrist	0.41	0.46	0.45
21 My partner/spouse	0.38	0.40	0.37
13 A person I admire (nom)	0.25	0.28	0.26
11 Mother	##	##	##
18 A client who died by se	##	##	##

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	3.43	0.83	0.95	0.05
10 me as my clients see me	3.36	0.77	0.82	0.14

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.68	PS1	0.76	CS1	0.18	PS1	0.19
	CS2	0.91	PS2	0.95	CS2	0.21	PS2	0.22
	CS3	0.95	PS3	0.82	CS3	0.22	PS3	0.20
	CS4	0.86			CS4	0.21		
10 me as my clients se	CS1	0.68	PS1	0.71	CS1	0.31	PS1	0.32
	CS2	0.77	PS2	0.81	CS2	0.33	PS2	0.34
	CS3	0.82	PS3	0.68	CS3	0.34	PS3	0.31
	CS4	0.73			CS4	0.32		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	3.63	CS1	1.99	PS1	3.63
		CS2	3.63	PS2	2.81
		CS3	3.70	PS3	3.36
		CS4	3.15		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.28	PS1	0.82
		CS2	0.97	PS2	0.82
		CS3	0.87	PS3	0.78
		CS4	0.80		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.46	PS1	0.45
		CS2	0.42	PS2	0.42
		CS3	0.42	PS3	0.43
		CS4	0.40		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	DIFFUSE HIGH SELF-REGARD
Current Self 3	DIFFUSE HIGH SELF-REGARD
Current Self 4	INDETERMINATE
Past Self 1	DIFFUSE HIGH SELF-REGARD
Past Self 2	DIFFUSE HIGH SELF-REGARD
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.63	0.89	0.84	0.81
PS2	0.60	0.90	0.85	0.81
PS3	0.60	0.88	0.83	0.79

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A9 - DBO 060103

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
19 My counselling supervisor	5.00	1.00
6 me after my client's suicidal behavr	4.87	0.81
7 me when I'm working	4.87	0.98
21 My partner/spouse	4.87	-0.98
1 me as I would like to be	4.67	0.94
9 me as colleagues see me	4.40	0.88
3 me when I feel enhanced by life's ws	4.27	0.78
18 A client who died by suicide	4.27	-0.53
13 A person I admire (nominate)	4.13	0.53
14 A person I dislike (nominate)	4.00	-0.72
5 me before my client's suicidal beha	3.93	0.71
8 me when I'm relaxing	3.93	0.79
2 me when I am overwhelmed by life's s	3.87	0.56
10 me as my clients see me	3.87	0.78
12 Father	3.87	-0.61
11 Mother	3.80	0.64
16 A depressed client	3.73	-0.51
4 me before I became a psychotherapisr	3.67	-0.20
20 A psychiatrist	3.67	0.58
15 A client with suicide ideation	3.13	-0.33
22 A suicide survivor (person remainin	3.00	0.22
17 A client who recovered after seriout	2.07	0.07

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
19 My counselling supervisor	5.00	1.00
7 me when I'm working	4.87	0.98
1 me as I would like to be	4.67	0.94
9 me as colleagues see me	4.40	0.88
6 me after my client's suicidal behavr	4.87	0.81
8 me when I'm relaxing	3.93	0.79
3 me when I feel enhanced by life's ws	4.27	0.78
10 me as my clients see me	3.87	0.78
5 me before my client's suicidal beha	3.93	0.71
11 Mother	3.80	0.64
20 A psychiatrist	3.67	0.58
2 me when I am overwhelmed by life's s	3.87	0.56
13 A person I admire (nominate)	4.13	0.53
22 A suicide survivor (person remainin	3.00	0.22
17 A client who recovered after seriout	2.07	0.07
4 me before I became a psychotherapisr	3.67	-0.20
15 A client with suicide ideation	3.13	-0.33
16 A depressed client	3.73	-0.51
18 A client who died by suicide	4.27	-0.53
12 Father	3.87	-0.61
14 A person I dislike (nominate)	4.00	-0.72
21 My partner/spouse	4.87	-0.98

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
4 ...feels that safe expression of em	97.59	1	3
7 ...feels that grief following suicil	93.32	-1	3
11 ...continues to develop personal vas	91.06	-1	3
20 ...seeks and develops human relatio	87.33	-1	3
12 I feel a special responsibility for	85.67	1	3
8 ...always uses complementary / altee	83.10	-1	3
13 ...believes that suicide may be antn	82.00	-1	3
16 ...believes each human being is of e	81.83	-1	3
18 ...continues to be the person s/he	79.29	1	3
5 ...considers that most suicides coud	78.23	1	3
14 ...relies on family support at times	76.89	1	3
6 ...remains sure of who s/he is	76.23	-1	3
17 I feel encouraged by...	70.91	-1	3
9 I have warm feelings towards...	66.14	1	3
11 ...wonders what life is all about od	63.18	-1	3
22 ...feels momentary bouts of psycholt	48.73	1	3
19 ...never feels lonely or uncomfortaf	43.60	1	3
10 ...is highly sensitised to the issue	42.11	-1	3
15 ...believes suicide can occur 'out t	42.03	-1	3
2 ...believes that people with whom ss	36.00	-1	3
3 ...believes that suicide demands coy	26.04	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
19 My counselling supervisor	1.00
20 A psychiatrist	0.82
13 A person I admire (nominate)	0.77
11 Mother	0.73
22 A suicide survivor (person remainin	0.68
17 A client who recovered after seriout	0.59
15 A client with suicide ideation	0.23
18 A client who died by suicide	0.23
12 Father	0.14
16 A depressed client	0.14
14 A person I dislike (nominate)	0.05
21 My partner/spouse	0.00

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
21 My partner/spouse	1.00
14 A person I dislike (nominate)	0.95
12 Father	0.86
16 A depressed client	0.86
15 A client with suicide ideation	0.77
18 A client who died by suicide	0.77
17 A client who recovered after seriout	0.41
22 A suicide survivor (person remainin	0.32
13 A person I admire (nominate)	0.23
11 Mother	0.18
20 A psychiatrist	0.14
19 My counselling supervisor	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
13 A person I admire (nom)	0.91	0.77	0.77	0.77
11 Mother	0.82	0.73	0.73	0.73
19 My counselling supervir	0.77	0.91	1.00	1.00
20 A psychiatrist	0.77	0.82	0.82	0.82
22 A suicide survivor (pe	0.73	0.68	0.68	0.68
17 A client who recoveredt	0.64	0.59	0.59	0.59
15 A client with suicide n	0.36	0.23	0.23	0.23
12 Father	0.27	0.23	0.14	0.14
16 A depressed client	0.27	0.14	0.14	0.14
18 A client who died by se	0.27	0.23	0.23	0.23
21 My partner/spouse	0.23	0.09	0.00	0.00
14 A person I dislike (no)	0.18	0.14	0.05	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 A client with suicide n	0.77	0.27	0.32
16 A depressed client	0.68	0.18	0.23
17 A client who recoveredt	0.68	0.55	0.68
18 A client who died by se	0.68	0.27	0.32
21 My partner/spouse	0.64	0.14	0.09
12 Father	0.59	0.18	0.23
13 A person I admire (nom)	0.59	0.82	0.77
14 A person I dislike (no)	0.59	0.09	0.14
22 A suicide survivor (pe	0.59	0.64	0.68
11 Mother	0.50	0.73	0.73
19 My counselling supervir	0.36	0.86	0.91
20 A psychiatrist	0.36	0.77	0.73

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.53	0.42	0.42	0.42
17 A client who recoveredt	0.51	0.49	0.49	0.49
12 Father	0.48	0.44	0.35	0.35
16 A depressed client	0.48	0.35	0.35	0.35
21 My partner/spouse	0.48	0.30	0.00	0.00
22 A suicide survivor (pe	0.48	0.47	0.47	0.47
13 A person I admire (nom)	0.46	0.42	0.42	0.42
18 A client who died by se	0.46	0.42	0.42	0.42
14 a person I dislike (nom)	0.41	0.36	0.22	0.22
11 Mother	0.38	0.36	0.36	0.36
20 A psychiatrist	0.33	0.34	0.34	0.34
19 My counselling supervir	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.80	0.37	0.30
15 A client with suicide n	0.77	0.46	0.50
16 A depressed client	0.76	0.39	0.44
14 A person I dislike (no)	0.75	0.29	0.36
18 A client who died by se	0.72	0.46	0.50
12 Father	0.71	0.39	0.44
17 A client who recoveredt	0.53	0.47	0.53
22 A suicide survivor (pe	0.43	0.45	0.47
13 A person I admire (nom)	0.37	0.43	0.42
11 mother	0.30	0.36	0.36
20 A psychiatrist	0.22	0.33	0.32
19 My counselling supervir	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.40	0.88	1.00	0.00
10 me as my clients see me	3.87	0.78	1.00	0.00

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.77	PS1	0.36	CS1	0.00	PS1	0.00
	CS2	0.91	PS2	0.86	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	0.91	CS3	0.00	PS3	0.00
	CS4	1.00			CS4	0.00		
10 me as my clients se	CS1	0.77	PS1	0.36	CS1	0.00	PS1	0.00
	CS2	0.91	PS2	0.86	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	0.91	CS3	0.00	PS3	0.00
	CS4	1.00			CS4	0.00		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.67	CS1	3.87	PS1	3.67
		CS2	4.27	PS2	3.93
		CS3	4.87	PS3	4.87
		CS4	3.93		
Self-Evaluation (-1.00 to +1.00)	0.94	CS1	0.56	PS1	-0.20
		CS2	0.78	PS2	0.71
		CS3	0.98	PS3	0.81
		CS4	0.79		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.36	PS1	0.59
		CS2	0.29	PS2	0.30
		CS3	0.22	PS3	0.31
		CS4	0.22		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	INDETERMINATE
Current Self 3	DEFENSIVE HIGH SELF-REGARD
Current Self 4	DEFENSIVE
Past Self 1	CRISIS
Past Self 2	INDETERMINATE
Past Self 3	CONFIDENT

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.19	0.33	0.47	0.31
PS2	0.64	0.74	0.86	0.75
PS3	0.70	0.80	0.89	0.80

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A10 - SML - 100103

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
18 A client who died by suicide	5.00	-0.64
13 A person I admire (nominate)	4.93	1.00
15 A client with suicide ideation	4.58	-0.48
19 My counselling supervisor	4.58	0.98
5 me before my client's suicidal beha	4.51	0.74
9 me as colleagues see me	4.51	0.95
14 A person I dislike (nominate)	4.38	-0.41
20 A psychiatrist	4.38	0.84
3 me when I feel enhanced by life's ws	4.30	0.91
7 me when I'm working	4.30	0.95
16 A depressed client	4.30	-0.47
8 me when I'm relaxing	4.24	0.81
1 me as I would like to be	4.17	0.93
6 me after my client's suicidal behavr	4.10	0.81
17 A client who recovered after seriout	4.10	-0.43
22 A suicide survivor (person remainin	4.03	-0.42
10 me as my clients see me	3.96	0.84
2 me when I am overwhelmed by life's s	3.89	0.64
12 Father	3.12	0.52
21 My partner/spouse	3.12	0.23
4 me before I became a psychotherapistr	2.92	0.51
11 Mother	2.64	0.44

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
13 A person I admire (nominate)	4.93	1.00
19 My counselling supervisor	4.58	0.98
9 me as colleagues see me	4.51	0.95
7 me when I'm working	4.30	0.95
1 me as I would like to be	4.17	0.93
3 me when I feel enhanced by life's ws	4.30	0.91
20 A psychiatrist	4.38	0.84
10 me as my clients see me	3.96	0.84
8 me when I'm relaxing	4.24	0.81
6 me after my client's suicidal behavr	4.10	0.81
5 me before my client's suicidal beha	4.51	0.74
2 me when I am overwhelmed by life's s	3.89	0.64
12 Father	3.12	0.52
4 me before I became a psychotherapistr	2.92	0.51
11 Mother	2.64	0.44
21 My partner/spouse	3.12	0.23
14 A person I dislike (nominate)	4.38	-0.41
22 A suicide survivor (person remainin	4.03	-0.42
17 A client who recovered after seriout	4.10	-0.43
16 A depressed client	4.30	-0.47
15 A client with suicide ideation	4.58	-0.48
18 A client who died by suicide	5.00	-0.64

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
7 ...feels that grief following suicid	100.00	-1	3
20 ...seeks and develops human relatio	95.66	-1	3
16 ...believes each human being is of e	94.30	-1	3
4 ...feels that safe expression of em	92.09	1	3
11 ...continues to develop personal vas	88.58	-1	3
10 ...is highly sensitised to the issue	83.98	-1	3
14 ...relies on family support at times	79.97	1	3
18 ...continues to be the person s/he	79.51	1	3
8 ...always uses complementary / altee	77.88	-1	3
13 ...believes that suicide may be antn	75.65	-1	3
19 ...never feels lonely or uncomfortaf	74.16	1	3
17 I feel encouraged by...	70.30	-1	3
21 ...was totally changed by suicide od	65.64	1	3
2 ...believes that people with whom ss	58.69	-1	3
22 ...feels momentary bouts of psycholt	42.43	1	3
15 ...believes that depression and suid	40.40	1	3
5 ...considers that most suicides cou	31.26	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

6 ...remains sure of who s/he is	12.24	-1	3
3 ...believes that suicide demands coy	7.18	1	3
12 I don't have any particular respons.	3.95	-1	3
1 ...wonders what life is all about	2.32	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	1.00
19 My counselling supervisor	0.95
20 A psychiatrist	0.91
11 Mother	0.86
12 Father	0.82
21 My partner/spouse	0.55
14 A person I dislike (nominate)	0.27
15 A client with suicide ideation	0.27
17 A client who recovered after seriout	0.27
16 A depressed client	0.23
18 A client who died by suicide	0.23
22 A suicide survivor (person remainin	0.18

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
22 A suicide survivor (person remainin	0.82
18 A client who died by suicide	0.77
14 A person I dislike (nominate)	0.73
15 A client with suicide ideation	0.73
17 A client who recovered after seriout	0.73
16 A depressed client	0.73
21 My partner/spouse	0.45
12 Father	0.18
11 Mother	0.14
20 A psychiatrist	0.05
13 A person I admire (nominate)	0.00
19 My counselling supervisor	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
13 A person I admire (nom)	0.81	1.00	1.00	0.95
19 My counselling supervir	0.81	0.95	1.00	0.95
12 Father	0.76	0.86	0.85	0.90
20 A psychiatrist	0.76	0.95	0.95	0.90
11 Mother	0.71	0.90	0.90	0.85
21 My partner/spouse	0.57	0.57	0.60	0.65
14 A person I dislike (no)	0.29	0.29	0.25	0.20
18 A client who died by se	0.24	0.24	0.25	0.20
16 A depressed client	0.19	0.19	0.20	0.15
22 A suicide survivor (pe	0.19	0.19	0.20	0.15
15 A client with suicide n	0.14	0.24	0.20	0.15
17 A client who recoveredt	0.14	0.24	0.25	0.20

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
13 A person I admire (nom)	0.86	0.91	0.95
19 My counselling supervir	0.86	0.91	0.95
12 Father	0.77	0.82	0.80
20 A psychiatrist	0.77	0.82	0.90
11 Mother	0.73	0.77	0.85
21 My partner/spouse	0.68	0.64	0.65
17 A client who recoveredt	0.32	0.27	0.30
16 A depressed client	0.27	0.23	0.25
18 A client who died by se	0.27	0.23	0.30
14 A person I dislike (no)	0.23	0.18	0.30
15 A client with suicide n	0.23	0.18	0.25
22 A suicide survivor (pe	0.23	0.18	0.25

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
21 My partner/spouse	0.51	0.51	0.52	0.54
14 A person I dislike (no)	0.46	0.46	0.43	0.38
18 A client who died by se	0.43	0.43	0.44	0.39
22 A suicide survivor (pe	0.39	0.39	0.40	0.35
12 Father	0.37	0.39	0.39	0.40
16 A depressed client	0.37	0.37	0.38	0.33
11 Mother	0.32	0.35	0.35	0.34
15 A client with suicide n	0.32	0.42	0.38	0.33
17 A client who recoveredt	0.32	0.42	0.43	0.38
20 A psychiatrist	0.19	0.22	0.22	0.21
13 A person I admire (nom)	0.00	0.00	0.00	0.00
19 My counselling supervir	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.55	0.54	0.54
17 A client who recoveredt	0.48	0.44	0.47
18 A client who died by se	0.46	0.42	0.48
16 A depressed client	0.44	0.41	0.43
22 A suicide survivor (pe	0.43	0.38	0.45
14 A person I dislike (no)	0.41	0.36	0.47
15 A client with suicide n	0.41	0.36	0.43
12 Father	0.37	0.38	0.38
11 Mother	0.32	0.33	0.34
20 a psychiatrist	0.20	0.20	0.21
13 A person I admire (nom)	0.00	0.00	0.00
19 My counselling supervir	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.51	0.95	0.95	0.00
10 me as my clients see me	3.96	0.84	0.95	0.00

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.81	PS1	0.82	CS1	0.00	PS1	0.00
	CS2	1.00	PS2	0.86	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	0.95	CS3	0.00	PS3	0.00
	CS4	0.95			CS4	0.00		
10 me as my clients se	CS1	0.81	PS1	0.82	CS1	0.00	PS1	0.00
	CS2	1.00	PS2	0.86	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	0.95	CS3	0.00	PS3	0.00
	CS4	0.95			CS4	0.00		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.17	CS1	3.89	PS1	2.92
		CS2	4.30	PS2	4.51
		CS3	4.30	PS3	4.10
		CS4	4.24		
Self-Evaluation (-1.00 to +1.00)	0.93	CS1	0.64	PS1	0.51
		CS2	0.91	PS2	0.74
		CS3	0.95	PS3	0.81
		CS4	0.81		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.26	PS1	0.28
		CS2	0.25	PS2	0.26
		CS3	0.25	PS3	0.28
		CS4	0.24		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	CONFIDENT
Current Self 3	CONFIDENT
Current Self 4	DEFENSIVE HIGH SELF-REGARD
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	CONFIDENT

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.58	0.75	0.77	0.69
PS2	0.70	0.83	0.84	0.78
PS3	0.73	0.87	0.88	0.81

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A11 - FCI 220103

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	1.00
6 me after my client's suicidal behavr	4.91	0.71
1 me as I would like to be	4.82	1.00
13 A person I admire (nominate)	4.82	1.00
2 me when I am overwhelmed by life's s	4.74	0.71
18 A client who died by suicide	4.65	-0.27
7 me when I'm working	4.56	0.87
9 me as colleagues see me	4.56	0.87
17 A client who recovered after seriout	4.56	-0.03
5 me before my client's suicidal beha	4.47	0.84
8 me when I'm relaxing	4.47	0.81
11 Mother	4.47	0.27
12 Father	4.47	0.41
16 A depressed client	4.39	-0.22
10 me as my clients see me	4.30	0.81
4 me before I became a psychotherapisr	4.21	0.83
22 A suicide survivor (person remainin	4.21	0.32
15 A client with suicide ideation	4.12	-0.21
19 My counselling supervisor	3.86	0.76
21 My partner/spouse	3.68	0.65
20 A psychiatrist	3.60	0.35
14 A person I dislike (nominate)	2.98	0.00

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	1.00
1 me as I would like to be	4.82	1.00
13 A person I admire (nominate)	4.82	1.00
7 me when I'm working	4.56	0.87
9 me as colleagues see me	4.56	0.87
5 me before my client's suicidal beha	4.47	0.84
4 me before I became a psychotherapisr	4.21	0.83
8 me when I'm relaxing	4.47	0.81
10 me as my clients see me	4.30	0.81
19 My counselling supervisor	3.86	0.76
6 me after my client's suicidal behavr	4.91	0.71
2 me when I am overwhelmed by life's s	4.74	0.71
21 My partner/spouse	3.68	0.65
12 Father	4.47	0.41
20 A psychiatrist	3.60	0.35
22 A suicide survivor (person remainin	4.21	0.32
11 Mother	4.47	0.27
14 A person I dislike (nominate)	2.98	0.00
17 A client who recovered after seriout	4.56	-0.03
15 A client with suicide ideation	4.12	-0.21
16 A depressed client	4.39	-0.22
18 A client who died by suicide	4.65	-0.27

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
7 ...feels that grief following suicid	87.35	-1	3
11 ...continues to develop personal vas	81.69	-1	3
16 ...believes each human being is of e	77.34	-1	3
4 ...feels that safe expression of em	76.19	1	3
8 ...always uses complementary / altee	72.31	-1	3
20 ...seeks and develops human relatio	68.12	-1	3
18 ...continues to be the person s/he	61.25	1	3
10 ...is highly sensitised to the issue	52.21	-1	3
5 ...considers that most suicides coud	50.72	1	3
22 ...feels momentary bouts of psycholt	49.15	1	3
21 ...was totally changed by suicide od	46.36	1	3
14 ...relies on family support at times	43.82	1	3
17 I feel encouraged by...	34.54	-1	3
19 ...never feels lonely or uncomfortaf	33.73	1	3
3 ...believes that suicide demands coy	25.79	1	3
1 ...wonders what life is all about	20.09	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

6 ...questions who s/he is	16.74	1	3
2 ...believes that people with whom ss	15.31	-1	3
15 ...believes suicide can occur 'out t	12.64	-1	3
12 I don't have any particular respons.	11.25	-1	3
13 ...believes that suicide may be antn	8.92	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	1.00
19 My counselling supervisor	0.95
21 My partner/spouse	0.86
20 A psychiatrist	0.77
12 Father	0.73
11 Mother	0.64
14 A person I dislike (nominate)	0.64
22 A suicide survivor (person remainin	0.64
17 A client who recovered after seriout	0.41
18 A client who died by suicide	0.41
15 A client with suicide ideation	0.32
16 A depressed client	0.32

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
15 A client with suicide ideation	0.68
16 A depressed client	0.68
17 A client who recovered after seriout	0.59
18 A client who died by suicide	0.59
11 Mother	0.36
14 A person I dislike (nominate)	0.36
22 A suicide survivor (person remainin	0.36
12 Father	0.27
20 A psychiatrist	0.23
21 My partner/spouse	0.14
19 My counselling supervisor	0.05
13 A person I admire (nominate)	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
19 My counselling supervir	0.86	0.91	0.91	0.86
21 My partner/spouse	0.86	0.82	0.82	0.77
13 A person I admire (nom)	0.82	0.95	0.95	0.91
11 Mother	0.73	0.59	0.59	0.55
12 Father	0.73	0.68	0.68	0.64
22 A suicide survivor (pe	0.73	0.59	0.68	0.64
20 A psychiatrist	0.68	0.82	0.73	0.68
14 A person I dislike (no)	0.64	0.68	0.59	0.55
15 A client with suicide n	0.50	0.27	0.36	0.32
16 A depressed client	0.50	0.27	0.36	0.32
17 A client who recoveredt	0.50	0.36	0.45	0.41
18 A client who died by se	0.41	0.36	0.36	0.32

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
13 A person I admire (nom)	0.95	0.95	0.82
19 My counselling supervir	0.91	0.91	0.86
21 My partner/spouse	0.91	0.82	0.86
20 A psychiatrist	0.82	0.73	0.68
12 Father	0.77	0.68	0.73
11 Mother	0.68	0.59	0.73
14 A person I dislike (no)	0.68	0.59	0.64
22 A suicide survivor (pe	0.59	0.68	0.73
17 A client who recoveredt	0.45	0.45	0.50
15 A client with suicide n	0.36	0.36	0.50
16 A depressed client	0.36	0.36	0.50
18 A client who died by se	0.36	0.36	0.50

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.58	0.43	0.49	0.47
16 A depressed client	0.58	0.43	0.49	0.47
17 A client who recoveredt	0.54	0.46	0.52	0.49
11 Mother	0.51	0.46	0.46	0.44
22 A suicide survivor (pe	0.51	0.46	0.49	0.48
18 A client who died by se	0.49	0.46	0.46	0.43
14 A person I dislike (no)	0.48	0.49	0.46	0.44
12 Father	0.44	0.43	0.43	0.42
20 A psychiatrist	0.40	0.43	0.41	0.40
21 My partner/spouse	0.35	0.34	0.34	0.33
19 My counselling supervir	0.21	0.21	0.21	0.21
13 A person I admire (nom)	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
17 A client who recoveredt	0.52	0.52	0.54
11 Mother	0.49	0.46	0.51
14 A person I dislike (no)	0.49	0.46	0.48
15 A client with suicide n	0.49	0.49	0.58
16 A depressed client	0.49	0.49	0.58
12 Father	0.46	0.43	0.44
18 A client who died by se	0.46	0.46	0.54
22 A suicide survivor (pe	0.46	0.49	0.51
20 A psychiatrist	0.43	0.41	0.40
21 My partner/spouse	0.36	0.34	0.35
19 My counselling supervir	0.21	0.21	0.21
13 A person I admire (nom)	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.56	0.87	0.95	0.05
10 me as my clients see me	4.30	0.81	0.95	0.05

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.86	PS1	0.91	CS1	0.21	PS1	0.21
	CS2	0.91	PS2	1.00	CS2	0.21	PS2	0.22
	CS3	1.00	PS3	0.77	CS3	0.22	PS3	0.20
	CS4	0.95			CS4	0.22		
10 me as my clients se	CS1	0.86	PS1	1.00	CS1	0.21	PS1	0.22
	CS2	0.91	PS2	0.91	CS2	0.21	PS2	0.21
	CS3	0.91	PS3	0.86	CS3	0.21	PS3	0.21
	CS4	0.86			CS4	0.21		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.82	CS1	4.74	PS1	4.21
		CS2	5.00	PS2	4.47
		CS3	4.56	PS3	4.91
		CS4	4.47		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.71	PS1	0.83
		CS2	1.00	PS2	0.84
		CS3	0.87	PS3	0.71
		CS4	0.81		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.39	PS1	0.36
		CS2	0.34	PS2	0.35
		CS3	0.35	PS3	0.40
		CS4	0.34		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	CONFIDENT
Current Self 3	CONFIDENT
Current Self 4	CONFIDENT
Past Self 1	CONFIDENT
Past Self 2	CONFIDENT
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.77	0.92	0.85	0.82
PS2	0.78	0.93	0.86	0.83
PS3	0.71	0.86	0.79	0.76

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A12 - MTO 210203

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
18 A client who died by suicide	5.00	-0.48
3 me when I feel enhanced by life's ws	4.54	0.96
1 me as I would like to be	4.47	1.00
10 me as my clients see me	4.24	0.78
7 me when I'm working	4.17	0.87
9 me as colleagues see me	4.17	0.84
15 A client with suicide ideation	4.01	-0.33
19 My counselling supervisor	4.01	0.79
8 me when I'm relaxing	3.79	0.75
17 A client who recovered after seriout	3.79	-0.10
22 A suicide survivor (person remainin	3.79	0.78
13 A person I admire (nominate)	3.71	0.57
16 A depressed client	3.71	-0.39
12 Father	3.49	0.13
6 me after my client's suicidal behavr	3.33	0.72
11 Mother	3.18	0.21
20 A psychiatrist	3.18	0.25
2 me when I am overwhelmed by life's s	3.03	0.21
5 me before my client's suicidal beha	3.03	0.58
4 me before I became a psychotherapisr	2.88	0.46
21 My partner/spouse	2.73	0.27
14 A person I dislike (nominate)	2.20	0.16

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.47	1.00
3 me when I feel enhanced by life's ws	4.54	0.96
7 me when I'm working	4.17	0.87
9 me as colleagues see me	4.17	0.84
19 My counselling supervisor	4.01	0.79
10 me as my clients see me	4.24	0.78
22 A suicide survivor (person remainin	3.79	0.78
8 me when I'm relaxing	3.79	0.75
6 me after my client's suicidal behavr	3.33	0.72
5 me before my client's suicidal beha	3.03	0.58
13 A person I admire (nominate)	3.71	0.57
4 me before I became a psychotherapisr	2.88	0.46
21 My partner/spouse	2.73	0.27
20 A psychiatrist	3.18	0.25
11 Mother	3.18	0.21
2 me when I am overwhelmed by life's s	3.03	0.21
14 A person I dislike (nominate)	2.20	0.16
12 Father	3.49	0.13
17 A client who recovered after seriout	3.79	-0.10
15 A client with suicide ideation	4.01	-0.33
16 A depressed client	3.71	-0.39
18 A client who died by suicide	5.00	-0.48

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
8 ...always uses complementary / altee	87.36	-1	3
14 ...relies on family support at times	86.41	1	3
9 I have warm feelings towards...	80.06	1	3
7 ...feels that grief following suicid	79.15	-1	3
17 I feel encouraged by...	79.08	-1	3
18 ...continues to be the person s/he	76.22	1	3
4 ...feels that safe expression of em	73.05	1	3
15 ...believes that depression and suid	67.05	1	3
13 ...believes that suicide may be antn	62.53	-1	3
16 ...believes each human being is of e	62.46	-1	3
11 ...continues to develop personal vas	59.72	-1	3
22 ...feels momentary bouts of psycholt	57.03	1	3
1 ...wonders what life is all about	51.44	-1	3
3 ...believes that suicide demands coy	48.01	1	3
10 ...is highly sensitised to the issue	42.14	-1	3
12 I feel a special responsibility for	40.66	1	3
19 ...often feels the need for human cf	30.73	-1	3
20 ...seeks and develops human relatio	29.23	-1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
5 ...considers that most suicides could	7.84	1	3
21 ...was totally changed by suicide od	0.66	1	3
DUAL MORALITY EVALUATIVE DIMENSION OF IDENTITY (less than -20)			
Note : may indicate error in anchoring!			
6 ...questions who s/he is	-43.51	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
22 A suicide survivor (person remainin	0.91
19 My counselling supervisor	0.86
13 A person I admire (nominate)	0.77
14 A person I dislike (nominate)	0.64
20 A psychiatrist	0.64
21 My partner/spouse	0.64
11 Mother	0.59
12 Father	0.50
17 A client who recovered after seriout	0.41
18 A client who died by suicide	0.32
15 A client with suicide ideation	0.27
16 A depressed client	0.27

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
15 A client with suicide ideation	0.73
16 A depressed client	0.73
17 A client who recovered after seriout	0.59
18 A client who died by suicide	0.59
12 Father	0.50
11 Mother	0.41
21 My partner/spouse	0.36
14 A person I dislike (nominate)	0.32
20 A psychiatrist	0.32
13 A person I admire (nominate)	0.23
19 My counselling supervisor	0.14
22 A suicide survivor (person remainin	0.09

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
14 A person I dislike (no)	0.86	0.59	0.59	0.68
21 My partner/spouse	0.73	0.68	0.68	0.68
22 A suicide survivor (pe	0.73	0.86	0.86	0.86
11 Mother	0.68	0.64	0.64	0.73
12 Father	0.68	0.55	0.55	0.64
13 A person I admire (nom)	0.68	0.82	0.82	0.91
15 A client with suicide n	0.64	0.23	0.23	0.32
16 A depressed client	0.64	0.23	0.23	0.32
18 A client who died by se	0.64	0.27	0.27	0.36
20 A psychiatrist	0.64	0.68	0.68	0.59
17 A client who recoveredt	0.59	0.36	0.36	0.36
19 My counselling supervir	0.59	0.91	0.91	0.91

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.86	0.59	0.67
22 A suicide survivor (pe	0.86	0.77	0.95
13 A person I admire (nom)	0.76	0.91	0.81
14 A person I dislike (no)	0.76	0.59	0.71
11 Mother	0.71	0.64	0.62
12 Father	0.71	0.55	0.52
19 My counselling supervir	0.71	0.82	0.90
20 A psychiatrist	0.67	0.59	0.57
17 A client who recoveredt	0.62	0.27	0.48
18 A client who died by se	0.52	0.27	0.38
15 A client with suicide n	0.48	0.23	0.33
16 A depressed client	0.48	0.23	0.33

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.68	0.41	0.41	0.48
16 A depressed client	0.68	0.41	0.41	0.48
18 A client who died by se	0.61	0.40	0.40	0.46
17 A client who recoveredt	0.59	0.46	0.46	0.46
12 Father	0.58	0.52	0.52	0.57
11 Mother	0.53	0.51	0.51	0.55
14 A person I dislike (no)	0.52	0.43	0.43	0.47
21 My partner/spouse	0.51	0.49	0.49	0.49
20 A psychiatrist	0.45	0.47	0.47	0.43
13 A person I admire (nom)	0.40	0.43	0.43	0.46
19 my counselling supervi	0.29	0.36	0.36	0.36
22 A suicide survivor (pe	0.26	0.28	0.28	0.28

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
12 Father	0.60	0.52	0.51
17 A client who recoveredt	0.60	0.40	0.53
15 A client with suicide n	0.59	0.41	0.49
16 A depressed client	0.59	0.41	0.49
21 My partner/spouse	0.56	0.46	0.49
18 A client who died by se	0.55	0.40	0.47
11 Mother	0.54	0.51	0.50
14 A person I dislike (no)	0.49	0.43	0.48
20 A psychiatrist	0.46	0.43	0.43
13 A person I admire (nom)	0.42	0.46	0.43
19 My counselling supervi	0.32	0.34	0.35
22 A suicide survivor (pe	0.28	0.26	0.29

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.17	0.84	0.86	0.14
10 me as my clients see me	4.24	0.78	0.82	0.14

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.59	PS1	0.76	CS1	0.29	PS1	0.33
	CS2	0.91	PS2	0.91	CS2	0.36	PS2	0.36
	CS3	0.91	PS3	0.90	CS3	0.36	PS3	0.35
	CS4	0.91			CS4	0.36		
10 me as my clients se	CS1	0.55	PS1	0.57	CS1	0.28	PS1	0.28
	CS2	0.86	PS2	0.77	CS2	0.35	PS2	0.33
	CS3	0.86	PS3	0.76	CS3	0.35	PS3	0.33
	CS4	0.77			CS4	0.33		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.47	CS1	3.03	PS1	2.88
		CS2	4.54	PS2	3.03
		CS3	4.17	PS3	3.33
		CS4	3.79		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.21	PS1	0.46
		CS2	0.96	PS2	0.58
		CS3	0.87	PS3	0.72
		CS4	0.75		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.50	PS1	0.48
		CS2	0.41	PS2	0.40
		CS3	0.41	PS3	0.43
		CS4	0.43		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	DIFFUSE HIGH SELF-REGARD
Current Self 3	DIFFUSE HIGH SELF-REGARD
Current Self 4	DIFFUSION
Past Self 1	DIFFUSION
Past Self 2	INDETERMINATE
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.33	0.76	0.70	0.62
PS2	0.40	0.81	0.75	0.67
PS3	0.47	0.85	0.80	0.73

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A13 - TTE - 020203

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	0.88
9 me as colleagues see me	4.90	1.00
13 A person I admire (nominate)	4.62	0.80
7 me when I'm working	4.52	0.83
1 me as I would like to be	4.42	0.97
8 me when I'm relaxing	4.33	0.69
5 me before my client's suicidal beha	4.23	0.73
6 me after my client's suicidal behavr	4.04	0.54
10 me as my clients see me	4.04	0.59
14 A person I dislike (nominate)	3.94	-0.64
17 A client who recovered after seriout	3.94	0.53
4 me before I became a psychotherapisr	3.85	0.05
16 A depressed client	3.75	0.44
22 A suicide survivor (person remainin	3.75	0.61
12 Father	3.37	0.51
15 A client with suicide ideation	3.37	0.10
19 My counselling supervisor	3.37	0.64
11 Mother	3.27	-0.47
2 me when I am overwhelmed by life's s	3.17	0.02
21 My partner/spouse	3.08	0.15
20 A psychiatrist	2.50	0.31
18 A client who died by suicide	1.92	0.64

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
9 me as colleagues see me	4.90	1.00
1 me as I would like to be	4.42	0.97
3 me when I feel enhanced by life's ws	5.00	0.88
7 me when I'm working	4.52	0.83
13 A person I admire (nominate)	4.62	0.80
5 me before my client's suicidal beha	4.23	0.73
8 me when I'm relaxing	4.33	0.69
19 My counselling supervisor	3.37	0.64
18 A client who died by suicide	1.92	0.64
22 A suicide survivor (person remainin	3.75	0.61
10 me as my clients see me	4.04	0.59
6 me after my client's suicidal behavr	4.04	0.54
17 A client who recovered after seriout	3.94	0.53
12 Father	3.37	0.51
16 A depressed client	3.75	0.44
20 A psychiatrist	2.50	0.31
21 My partner/spouse	3.08	0.15
15 A client with suicide ideation	3.37	0.10
4 me before I became a psychotherapisr	3.85	0.05
2 me when I am overwhelmed by life's s	3.17	0.02
11 Mother	3.27	-0.47
14 A person I dislike (nominate)	3.94	-0.64

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
11 ...continues to develop personal vas	100.00	-1	3
16 ...believes each human being is of e	95.68	-1	3
9 I have warm feelings towards...	89.34	1	3
10 ...is highly sensitised to the issue	82.10	-1	3
17 I feel encouraged by...	77.46	-1	3
13 ...believes that suicide may be antn	72.81	-1	3
4 ...feels that safe expression of em	66.00	1	3
19 ...never feels lonely or uncomfortaf	61.44	1	3
20 ...seeks and develops human relatio	58.54	-1	3
7 ...feels that grief following suicil	58.13	-1	3
1 ...wonders what life is all about	57.36	-1	3
22 ...feels momentary bouts of psycholt	52.59	1	3
2 ...believes that people with whom ss	51.51	-1	3
12 I feel a special responsibility for	36.18	1	3
88 ...always uses complementary / altee	28.50	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

14 ...does not need family support at s	19.08	-1	3
5 ...considers that most suicides coud	15.96	1	3
21 ...was not much affected by suicide	10.96	-1	3
6 ...remains sure of who s/he is	9.51	-1	3
3 ...believes that suicide demands coy	-1.73	1	3

DUAL MORALITY EVALUATIVE DIMENSION OF IDENTITY (less then -20)

Note : may indicate error in anchoring!

15 ...believes suicide can occur 'out t	-23.01	-1	3
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POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
19 My counselling supervisor	0.77
12 Father	0.68
13 A person I admire (nominate)	0.68
22 A suicide survivor (person remainin	0.68
16 A depressed client	0.64
17 A client who recovered after seriout	0.64
20 A psychiatrist	0.59
15 A client with suicide ideation	0.55
21 My partner/spouse	0.45
18 A client who died by suicide	0.27
11 Mother	0.18
14 A person I dislike (nominate)	0.14

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
11 Mother	0.73
14 A person I dislike (nominate)	0.68
15 A client with suicide ideation	0.36
21 My partner/spouse	0.32
16 A depressed client	0.27
17 A client who recovered after seriout	0.27
12 Father	0.18
13 A person I admire (nominate)	0.18
22 A suicide survivor (person remainin	0.18
20 A psychiatrist	0.18
18 A client who died by suicide	0.09

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.78	0.50	0.50	0.55
13 A person I admire (nom)	0.67	0.60	0.60	0.65
21 My partner/spouse	0.67	0.45	0.45	0.35
11 Mother	0.61	0.25	0.25	0.25
16 A depressed client	0.61	0.65	0.75	0.55
20 A psychiatrist	0.61	0.65	0.65	0.50
14 A person I dislike (no)	0.44	0.30	0.20	0.15
17 A client who recoveredt	0.44	0.85	0.85	0.65
19 My counselling supervir	0.44	0.75	0.75	0.75
22 A suicide survivor (pe	0.44	0.70	0.80	0.60
12 Father	0.39	0.85	0.85	0.60
18 A client who died by se	0.33	0.20	0.25	0.20

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
16 A depressed client	0.80	0.45	0.75
21 My partner/spouse	0.75	0.35	0.45
11 Mother	0.70	0.15	0.35
15 A client with suicide n	0.65	0.55	0.50
20 A psychiatrist	0.65	0.45	0.65
17 A client who recoveredt	0.60	0.55	0.85
22 A suicide survivor (pe	0.60	0.60	0.80
12 Father	0.55	0.55	0.75
13 A person I admire (nom)	0.45	0.75	0.50
14 A person I dislike (no)	0.45	0.25	0.20
18 A client who died by se	0.40	0.15	0.30
19 My counselling supervir	0.30	0.85	0.65

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
11 Mother	0.67	0.43	0.43	0.43
14 A person I dislike (no)	0.55	0.45	0.37	0.32
15 A client with suicide n	0.53	0.42	0.42	0.44
21 My partner/spouse	0.46	0.38	0.38	0.33
16 A depressed client	0.41	0.42	0.45	0.39
13 A person I admire (nom)	0.35	0.33	0.33	0.34
17 A client who recoveredt	0.34	0.48	0.48	0.42
20 A psychiatrist	0.33	0.34	0.34	0.30
22 A suicide survivor (pe	0.28	0.35	0.38	0.33
12 Father	0.26	0.39	0.39	0.33
19 My counselling supervir	0.20	0.26	0.26	0.26
18 A client who died by se	0.17	0.13	0.15	0.13

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 Mother	0.71	0.33	0.51
14 A person I dislike (no)	0.55	0.41	0.37
21 My partner/spouse	0.49	0.33	0.38
15 A client with suicide n	0.48	0.44	0.42
16 A depressed client	0.46	0.35	0.45
17 A client who recoveredt	0.40	0.39	0.48
20 A psychiatrist	0.34	0.28	0.34
22 A suicide survivor (pe	0.33	0.33	0.38
12 Father	0.31	0.31	0.37
13 A person I admire (nom	0.28	0.37	0.30
18 A client who died by se	0.19	0.12	0.16
19 My counselling supervir	0.16	0.28	0.24

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.90	1.00	0.82	0.09
10 me as my clients see me	4.04	0.59	0.64	0.27

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.44	PS1	0.50	CS1	0.20	PS1	0.21
	CS2	0.95	PS2	0.75	CS2	0.29	PS2	0.26
	CS3	0.95	PS3	0.85	CS3	0.29	PS3	0.28
	CS4	0.65			CS4	0.24		
10 me as my clients se	CS1	0.44	PS1	0.60	CS1	0.34	PS1	0.40
	CS2	0.85	PS2	0.55	CS2	0.48	PS2	0.39
	CS3	0.85	PS3	0.75	CS3	0.48	PS3	0.45
	CS4	0.55			CS4	0.39		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.42	CS1	3.17	PS1	3.85
		CS2	5.00	PS2	4.23
		CS3	4.52	PS3	4.04
		CS4	4.33		
Self-Evaluation (-1.00 to +1.00)	0.97	CS1	0.02	PS1	0.05
		CS2	0.88	PS2	0.73
		CS3	0.83	PS3	0.54
		CS4	0.69		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.39	PS1	0.41
		CS2	0.38	PS2	0.34
		CS3	0.38	PS3	0.37
		CS4	0.34		

Identity Variant

Current Self 1	NEGATIVE
Current Self 2	CONFIDENT
Current Self 3	CONFIDENT
Current Self 4	INDETERMINATE
Past Self 1	CRISIS
Past Self 2	INDETERMINATE
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.04	0.52	0.47	0.39
PS2	0.42	0.81	0.78	0.71
PS3	0.31	0.73	0.69	0.62

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A14 - CSH 260903

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	0.92
18 A client who died by suicide	5.00	-0.42
13 A person I admire (nominate)	4.93	0.99
15 A client with suicide ideation	4.86	-0.30
16 A depressed client	4.66	-0.32
1 me as I would like to be	4.53	1.00
22 A suicide survivor (person remainin	4.32	0.51
8 me when I'm relaxing	4.12	0.87
10 me as my clients see me	4.12	0.79
7 me when I'm working	4.05	0.72
20 A psychiatrist	4.05	0.47
6 me after my client's suicidal behavr	3.85	0.58
14 A person I dislike (nominate)	3.85	-0.17
17 A client who recovered after seriout	3.85	0.58
19 My counselling supervisor	3.85	0.50
9 me as colleagues see me	3.72	0.74
4 me before I became a psychotherapisr	3.51	-0.21
2 me when I am overwhelmed by life's s	3.45	0.26
11 Mother	3.17	0.24
12 Father	3.17	0.01
5 me before my client's suicidal beha	2.57	0.12
21 My partner/spouse	2.30	0.08

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.53	1.00
13 A person I admire (nominate)	4.93	0.99
3 me when I feel enhanced by life's ws	5.00	0.92
8 me when I'm relaxing	4.12	0.87
10 me as my clients see me	4.12	0.79
9 me as colleagues see me	3.72	0.74
7 me when I'm working	4.05	0.72
6 me after my client's suicidal behavr	3.85	0.58
17 A client who recovered after seriout	3.85	0.58
22 A suicide survivor (person remainin	4.32	0.51
19 My counselling supervisor	3.85	0.50
20 A psychiatrist	4.05	0.47
2 me when I am overwhelmed by life's s	3.45	0.26
11 Mother	3.17	0.24
5 me before my client's suicidal beha	2.57	0.12
21 My partner/spouse	2.30	0.08
12 Father	3.17	0.01
14 A person I dislike (nominate)	3.85	-0.17
4 me before I became a psychotherapisr	3.51	-0.21
15 A client with suicide ideation	4.86	-0.30
16 A depressed client	4.66	-0.32
18 A client who died by suicide	5.00	-0.42

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
4 ...feels that safe expression of em	83.23	1	3
16 ...believes each human being is of e	80.30	-1	3
5 ...considers that most suicides coud	78.13	1	3
20 ...seeks and develops human relatio	76.24	-1	3
11 ...continues to develop personal vas	68.26	-1	3
8 ...always uses complementary / altee	59.73	-1	3
17 I feel encouraged by...	59.38	-1	3
7 ...feels that grief following suicil	56.42	-1	3
13 ...believes that suicide may be antn	55.96	-1	3
15 ...believes that depression and suid	52.90	1	3
9 I have warm feelings towards...	38.57	1	3
19 ...never feels lonely or uncomfortaf	38.19	1	3
2 ...believes that people with whom ss	34.37	-1	3
21 ...was totally changed by suicide od	25.94	1	3
12 I feel a special responsibility for	23.91	1	3
1 ...wonders what life is all about	23.58	-1	3
3 ...believes that suicide is the actd	20.44	-1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
14 ...does not need family support at s	7.71	-1	3
18 ...continues to be the person s/he	6.47	1	3
6 ...remains sure of who s/he is	5.71	-1	3
10 ...is highly sensitised to the issue	-2.68	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.77
17 A client who recovered after seriout	0.73
19 My counselling supervisor	0.73
20 A psychiatrist	0.68
22 A suicide survivor (person remainin	0.68
11 Mother	0.64
12 Father	0.50
21 My partner/spouse	0.45
14 A person I dislike (nominate)	0.41
15 A client with suicide ideation	0.36
16 A depressed client	0.36
18 A client who died by suicide	0.36

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
15 A client with suicide ideation	0.64
16 A depressed client	0.64
18 A client who died by suicide	0.64
14 A person I dislike (nominate)	0.59
12 Father	0.50
22 A suicide survivor (person remainin	0.32
11 Mother	0.32
21 My partner/spouse	0.32
19 My counselling supervisor	0.27
20 A psychiatrist	0.27
17 A client who recovered after seriout	0.23
13 A person I admire (nominate)	0.09

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
11 Mother	0.76	0.55	0.73	0.65
15 A client with suicide n	0.76	0.27	0.45	0.35
19 My counselling supervir	0.76	0.64	0.73	0.75
22 A suicide survivor (pe	0.71	0.59	0.68	0.65
16 A depressed client	0.67	0.27	0.45	0.35
17 A client who recoveredt	0.67	0.64	0.64	0.70
12 Father	0.62	0.59	0.59	0.55
20 A psychiatrist	0.62	0.59	0.64	0.70
14 A person I dislike (no)	0.57	0.32	0.32	0.35
18 A client who died by se	0.57	0.27	0.45	0.35
21 My partner/spouse	0.48	0.45	0.55	0.50
13 A person I admire (nom)	0.43	0.68	0.68	0.80

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
12 Father	0.77	0.68	0.64
14 A person I dislike (no)	0.68	0.50	0.36
21 My partner/spouse	0.68	0.41	0.45
16 A depressed client	0.64	0.73	0.59
18 A client who died by se	0.64	0.64	0.50
22 A suicide survivor (pe	0.59	0.59	0.82
15 A client with suicide n	0.55	0.64	0.59
19 My counselling supervir	0.55	0.55	0.86
17 A client who recoveredt	0.50	0.55	0.77
20 A psychiatrist	0.50	0.41	0.68
11 Mother	0.45	0.59	0.86
13 A person I admire (nom)	0.45	0.41	0.64

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.70	0.42	0.54	0.47
16 A depressed client	0.65	0.42	0.54	0.47
18 A client who died by se	0.60	0.42	0.54	0.47
14 A person I dislike (no)	0.58	0.43	0.43	0.45
12 Father	0.56	0.54	0.54	0.52
11 Mother	0.49	0.42	0.48	0.46
22 A suicide survivor (pe	0.48	0.43	0.47	0.46
19 My counselling supervir	0.45	0.42	0.44	0.45
20 A psychiatrist	0.41	0.40	0.42	0.43
21 My partner/spouseveredt	0.39	0.38	0.42	0.40
13 A person I admire (nom)	0.20	0.25	0.25	0.27

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
16 A depressed client	0.64	0.68	0.61
18 A client who died by se	0.64	0.64	0.57
14 A person I dislike (no)	0.63	0.54	0.46
12 Father	0.62	0.58	0.57
15 A client with suicide n	0.59	0.64	0.61
21 My partner/spouse	0.47	0.36	0.38
22 A suicide survivor (pe	0.43	0.43	0.51
19 My counselling supervir	0.39	0.39	0.48
11 Mother	0.38	0.43	0.52
20 A psychiatrist	0.37	0.33	0.43
17 A client who recoveredt	0.34	0.36	0.42
13 A person I admire (nom)	0.20	0.19	0.24

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	3.72	0.74	0.91	0.09
10 me as my clients see me	4.12	0.79	0.91	0.09

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.57	PS1	0.45	CS1	0.23	PS1	0.20
	CS2	0.91	PS2	0.64	CS2	0.29	PS2	0.24
	CS3	0.82	PS3	0.77	CS3	0.27	PS3	0.26
	CS4	0.95			CS4	0.29		
10 me as my clients se	CS1	0.48	PS1	0.55	CS1	0.21	PS1	0.22
	CS2	1.00	PS2	0.55	CS2	0.30	PS2	0.22
	CS3	0.82	PS3	0.68	CS3	0.27	PS3	0.25
	CS4	0.95			CS4	0.29		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.53	CS1	3.45	PS1	3.51
		CS2	5.00	PS2	2.57
		CS3	4.05	PS3	3.85
		CS4	4.12		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.26	PS1	-0.21
		CS2	0.92	PS2	0.12
		CS3	0.72	PS3	0.58
		CS4	0.87		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.49	PS1	0.48
		CS2	0.38	PS2	0.47
		CS3	0.43	PS3	0.47
		CS4	0.41		

Identity Variant

Current Self 1 DIFFUSION
 Current Self 2 CONFIDENT
 Current Self 3 DIFFUSION
 Current Self 4 DIFFUSE HIGH SELF-REGARD

Past Self 1 CRISIS
 Past Self 2 CRISIS
 Past Self 3 DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.02	0.45	0.29	0.37
PS2	0.20	0.65	0.49	0.58
PS3	0.43	0.77	0.65	0.73

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A15 - DKO 060204

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
18 A client who died by suicide	5.00	-0.04
6 me after my client's suicidal behavr	4.94	0.46
22 A suicide survivor (person remainin	4.87	0.45
4 me before I became a psychotherapisr	4.81	-0.06
11 Mother	4.68	-0.06
15 A client with suicide ideation	4.49	-0.42
1 me as I would like to be	4.37	1.00
14 A person I dislike (nominate)	4.37	0.31
19 My counselling supervisor	4.37	0.83
2 me when I am overwhelmed by life's s	4.24	0.24
13 A person I admire (nominate)	4.11	0.60
3 me when I feel enhanced by life's ws	3.99	0.63
12 Father	3.92	-0.06
17 A client who recovered after seriout	3.80	-0.06
20 A psychiatrist	3.80	0.55
8 me when I'm relaxing	3.73	0.60
21 My partner/spouse	3.73	-0.04
16 A depressed client	3.67	-0.09
7 me when I'm working	3.61	0.33
10 me as my clients see me	3.61	0.45
5 me before my client's suicidal beha	3.48	0.28
9 me as colleagues see me	3.04	0.38

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.37	1.00
19 My counselling supervisor	4.37	0.83
3 me when I feel enhanced by life's ws	3.99	0.63
13 A person I admire (nominate)	4.11	0.60
8 me when I'm relaxing	3.73	0.60
20 A psychiatrist	3.80	0.55
6 me after my client's suicidal behavr	4.94	0.46
22 A suicide survivor (person remainin	4.87	0.45
10 me as my clients see me	3.61	0.45
9 me as colleagues see me	3.04	0.38
7 me when I'm working	3.61	0.33
14 A person I dislike (nominate)	4.37	0.31
5 me before my client's suicidal beha	3.48	0.28
2 me when I am overwhelmed by life's s	4.24	0.24
18 A client who died by suicide	5.00	-0.04
21 My partner/spouse	3.73	-0.04
4 me before I became a psychotherapisr	4.81	-0.06
11 Mother	4.68	-0.06
12 Father	3.92	-0.06
17 A client who recovered after seriout	3.80	-0.06
16 A depressed client	3.67	-0.09
15 A client with suicide ideation	4.49	-0.42

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
4 ...feels that safe expression of em	75.20	1	3
8 ...always uses complementary / altee	74.26	-1	3
3 ...believes that suicide demands coy	60.49	1	3
11 ...continues to develop personal vas	51.96	-1	3
7 ...feels that grief following suicil	51.58	-1	3
17 I feel encouraged by...	45.95	-1	3
5 ...considers that most suicides coud	45.93	1	3
13 ...believes that suicide may be antn	44.93	-1	3
15 ...believes suicide can occur 'out t	42.56	-1	3
1 ...takes life for granted	38.08	1	3
22 ...feels momentary bouts of psycholt	37.64	1	3
16 ...believes each human being is of e	31.24	-1	3
18 ...continues to be the person s/he	28.38	1	3
2 ...believes that people with whom ss	26.56	-1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
21 ...was totally changed by suicide od	18.41	1	3
20 ...seeks and develops human relatio	10.92	-1	3
6 ...remains sure of who s/he is	9.41	-1	3
14 ...relies on family support at times	5.30	1	3
9 I have warm feelings towards...	3.93	1	3
10 ...is highly sensitised to the issue	0.07	-1	3
19 ...often feels the need for human cf	-4.94	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
19 My counselling supervisor	0.91
13 A person I admire (nominate)	0.77
20 A psychiatrist	0.77
14 A person I dislike (nominate)	0.68
22 A suicide survivor (person remainin	0.68
16 A depressed client	0.50
21 My partner/spouse	0.50
11 Mother	0.45
12 Father	0.45
17 A client who recovered after seriout	0.45
18 A client who died by suicide	0.45
15 A client with suicide ideation	0.32

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
15 A client with suicide ideation	0.68
12 Father	0.55
17 A client who recovered after seriout	0.55
18 A client who died by suicide	0.55
16 A depressed client	0.50
21 My partner/spouse	0.50
11 Mother	0.50
14 A person I dislike (nominate)	0.32
22 A suicide survivor (person remainin	0.32
13 A person I admire (nominate)	0.23
20 A psychiatrist	0.23
19 My counselling supervisor	0.09

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.73	0.55	0.45	0.50
13 A person I admire (nom)	0.68	0.68	0.68	0.73
22 A suicide survivor (pe	0.68	0.68	0.68	0.64
12 Father	0.64	0.64	0.64	0.68
19 My counselling supervir	0.64	0.73	0.64	0.68
14 A person I dislike (no)	0.59	0.59	0.59	0.64
16 A depressed client	0.59	0.59	0.59	0.55
20 A psychiatrist	0.59	0.68	0.68	0.73
17 A client who recoveredt	0.55	0.55	0.55	0.50
15 A client with suicide n	0.50	0.50	0.50	0.45
11 Mother	0.45	0.27	0.36	0.23
21 My partner/spouse	0.32	0.41	0.41	0.45

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
14 A person I dislike (no)	0.68	0.64	0.55
20 A psychiatrist	0.68	0.64	0.64
22 A suicide survivor (pe	0.68	0.64	0.82
12 Father	0.64	0.68	0.50
17 A client who recoveredt	0.55	0.50	0.68
18 A client who died by se	0.55	0.50	0.77
13 A person I admire (nom)	0.50	0.64	0.55
15 A client with suicide n	0.50	0.55	0.55
16 A depressed client	0.50	0.55	0.64
11 Mother	0.45	0.32	0.41
19 My counselling supervir	0.45	0.59	0.68
21 My partner/spouse	0.41	0.45	0.27

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.63	0.55	0.50	0.52
12 Father	0.59	0.59	0.59	0.61
15 A client with suicide n	0.58	0.58	0.58	0.55
17 A client who recoveredt	0.55	0.55	0.55	0.52
16 A depressed client	0.54	0.54	0.54	0.52
11 Mother	0.47	0.37	0.42	0.34
22 A suicide survivor (pe	0.47	0.47	0.47	0.45
14 A person I dislike (no)	0.43	0.43	0.43	0.45
13 A person I admire (nom)	0.40	0.40	0.40	0.41
21 My partner/spouse	0.40	0.45	0.45	0.47
20 A psychiatrist	0.37	0.40	0.40	0.41
19 My counselling supervir	0.24	0.26	0.24	0.25

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
12 Father	0.59	0.61	0.52
15 A client with suicide n	0.58	0.61	0.61
17 A client who recoveredt	0.55	0.52	0.61
18 A client who died by se	0.55	0.52	0.65
16 A depressed client	0.50	0.52	0.57
11 Mother	0.47	0.40	0.45
14 A person I dislike (no)	0.47	0.45	0.42
22 A suicide survivor (pe	0.47	0.45	0.51
21 My partner/spouse	0.45	0.47	0.37
20 A psychiatrist	0.40	0.38	0.38
13 A person I admire (nom)	0.34	0.38	0.36
19 My counselling supervir	0.20	0.23	0.25

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	3.04	0.38	0.77	0.23
10 me as my clients see me	3.61	0.45	0.77	0.23

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.59	PS1	0.59	CS1	0.37	PS1	0.37
	CS2	0.77	PS2	0.73	CS2	0.42	PS2	0.41
	CS3	0.77	PS3	0.55	CS3	0.42	PS3	0.36
	CS4	0.82			CS4	0.43		
10 me as my clients se	CS1	0.68	PS1	0.68	CS1	0.40	PS1	0.40
	CS2	0.86	PS2	0.73	CS2	0.44	PS2	0.41
	CS3	0.86	PS3	0.73	CS3	0.44	PS3	0.41
	CS4	0.82			CS4	0.43		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.37	CS1	4.24	PS1	4.81
		CS2	3.99	PS2	3.48
		CS3	3.61	PS3	4.94
		CS4	3.73		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.24	PS1	-0.06
		CS2	0.63	PS2	0.28
		CS3	0.33	PS3	0.46
		CS4	0.60		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.48	PS1	0.47
		CS2	0.47	PS2	0.47
		CS3	0.47	PS3	0.48
		CS4	0.46		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	DIFFUSION
Current Self 3	DIFFUSION
Current Self 4	DIFFUSION
Past Self 1	CRISIS
Past Self 2	DIFFUSION
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.08	0.25	0.11	0.23
PS2	0.26	0.47	0.31	0.45
PS3	0.36	0.54	0.41	0.52

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A16 - SBM 240404

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	0.97
8 me when I'm relaxing	4.89	0.78
18 A client who died by suicide	4.79	-0.53
3 me when I feel enhanced by life's ws	4.58	1.00
13 A person I admire (nominate)	4.58	0.53
22 A suicide survivor (person remainin	4.47	0.22
21 My partner/spouse	4.26	0.39
5 me before my client's suicidal beha	4.04	0.88
12 Father	4.04	0.38
4 me before I became a psychotherapisr	3.94	0.72
14 A person I dislike (nominate)	3.94	0.25
7 me when I'm working	3.62	0.55
6 me after my client's suicidal behavr	3.51	0.67
15 A client with suicide ideation	3.51	-0.20
19 My counselling supervisor	3.51	0.63
20 A psychiatrist	3.30	0.50
10 me as my clients see me	3.19	0.59
11 Mother	3.09	0.44
9 me as colleagues see me	2.98	0.48
2 me when I am overwhelmed by life's s	2.77	-0.09
16 A depressed client	2.45	-0.08
17 A client who recovered after seriout	2.24	0.42

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	4.58	1.00
1 me as I would like to be	5.00	0.97
5 me before my client's suicidal beha	4.04	0.88
8 me when I'm relaxing	4.89	0.78
4 me before I became a psychotherapisr	3.94	0.72
6 me after my client's suicidal behavr	3.51	0.67
19 My counselling supervisor	3.51	0.63
10 me as my clients see me	3.19	0.59
7 me when I'm working	3.62	0.55
13 A person I admire (nominate)	4.58	0.53
20 A psychiatrist	3.30	0.50
9 me as colleagues see me	2.98	0.48
11 Mother	3.09	0.44
17 A client who recovered after seriout	2.24	0.42
21 My partner/spouse	4.26	0.39
12 Father	4.04	0.38
14 A person I dislike (nominate)	3.94	0.25
22 A suicide survivor (person remainin	4.47	0.22
16 A depressed client	2.45	-0.08
2 me when I am overwhelmed by life's s	2.77	-0.09
15 A client with suicide ideation	3.51	-0.20
18 A client who died by suicide	4.79	-0.53

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
18 ...continues to be the person s/he	93.07	1	3
22 ...feels momentary bouts of psycholt	88.61	1	3
20 ...seeks and develops human relatio	78.98	-1	3
9 I have warm feelings towards...	70.11	1	3
19 ...never feels lonely or uncomfortaf	66.76	1	3
4 ...feels that safe expression of em	63.99	1	3
16 ...believes each human being is of e	57.50	-1	3
5 ...considers that most suicides coud	55.15	1	3
13 ...believes that suicide may be antn	53.90	-1	3
17 I feel encouraged by...	37.95	-1	3
11 ...continues to develop personal vas	37.76	-1	3
15 ...believes suicide can occur 'out t	36.55	-1	3
6 ...remains sure of who s/he is	29.17	-1	3
10 ...is highly sensitised to the issue	22.22	-1	3
81 ...relies mainly on prescribed medin	21.25	-1	3
7 ...feels that grief following suicir	20.45	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

1 ...takes life for granted	19.31	1	3
14 ...does not need family support at s	11.64	-1	3
3 ...believes that suicide is the actd	3.45	-1	3
12 I feel a special responsibility for	1.57	1	3
2 ...believes that people with whom ss	-5.21	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
19 My counselling supervisor	0.77
12 Father	0.68
13 A person I admire (nominate)	0.68
20 A psychiatrist	0.64
21 My partner/spouse	0.64
11 Mother	0.59
14 A person I dislike (nominate)	0.50
22 A suicide survivor (person remainin	0.50
17 A client who recovered after seriout	0.41
15 A client with suicide ideation	0.32
16 A depressed client	0.27
18 A client who died by suicide	0.18

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
18 A client who died by suicide	0.59
15 A client with suicide ideation	0.50
22 A suicide survivor (person remainin	0.45
16 A depressed client	0.41
12 Father	0.27
21 My partner/spouse	0.27
14 A person I dislike (nominate)	0.27
13 A person I admire (nominate)	0.23
20 A psychiatrist	0.18
11 Mother	0.18
17 A client who recovered after seriout	0.14
19 My counselling supervisor	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.56	0.31	0.35	0.30
16 A depressed client	0.50	0.25	0.30	0.25
18 A client who died by se	0.50	0.13	0.10	0.25
22 A suicide survivor (pe	0.44	0.69	0.65	0.50
12 Father	0.31	0.69	0.65	0.60
13 A person I admire (nom)	0.31	0.88	0.75	0.65
19 My counselling supervir	0.31	0.94	0.80	0.75
20 A psychiatrist	0.31	0.88	0.80	0.60
17 A client who recoveredt	0.25	0.44	0.40	0.40
21 My partner/spouse	0.13	0.69	0.60	0.60
11 Mother	0.06	0.50	0.45	0.55
14 A person I dislike (no)	0.06	0.38	0.40	0.55

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.82	0.65	0.59
11 Mother	0.65	0.59	0.47
12 Father	0.65	0.71	0.71
13 A person I admire (nom)	0.65	0.65	0.76
19 My counselling supervir	0.65	0.71	0.82
20 A psychiatrist	0.65	0.65	0.76
14 A person I dislike (no)	0.53	0.65	0.35
22 A suicide survivor (pe	0.47	0.47	0.71
15 A client with suicide n	0.35	0.29	0.41
17 A client who recoveredt	0.35	0.35	0.41
16 A depressed client	0.29	0.24	0.41
18 A client who died by se	0.12	0.12	0.18

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.54	0.28	0.24	0.38
15 A client with suicide n	0.53	0.39	0.42	0.39
16 A depressed client	0.45	0.32	0.35	0.32
22 A suicide survivor (pe	0.44	0.56	0.54	0.47
12 Father	0.29	0.43	0.42	0.40
13 A person I admire (nom)	0.27	0.45	0.42	0.39
20 A psychiatrist	0.24	0.40	0.38	0.33
17 A client who recoveredt	0.19	0.25	0.24	0.24
21 My partner / spouse	0.19	0.43	0.40	0.40
14 A person I dislike (no)	0.13	0.32	0.33	0.39
19 My counselling supervir	0.12	0.22	0.20	0.19
11 Mother	0.10	0.30	0.28	0.31

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
21 My partner/spouse	0.47	0.42	0.40
22 A suicide survivor (pe	0.46	0.46	0.57
12 Father	0.42	0.44	0.44
15 A client with suicide n	0.42	0.38	0.45
13 A person I admire (nom)	0.39	0.39	0.42
14 A person I dislike (no)	0.38	0.42	0.31
11 Mother	0.34	0.33	0.29
16 A depressed client	0.34	0.31	0.41
20 A psychiatrist	0.34	0.34	0.37
18 A client who died by suic	0.27	0.27	0.33
17 A client who recoveredt	0.22	0.22	0.24
19 My counselling supervir	0.18	0.19	0.20

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	2.98	0.48	0.59	0.14
10 me as my clients see me	3.19	0.59	0.64	0.09

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.44	PS1	0.47	CS1	0.25	PS1	0.26
	CS2	0.75	PS2	0.65	CS2	0.32	PS2	0.30
	CS3	0.70	PS3	0.71	CS3	0.31	PS3	0.32
	CS4	0.65			CS4	0.30		
10 me as my clients se	CS1	0.38	PS1	0.65	CS1	0.18	PS1	0.24
	CS2	0.88	PS2	0.65	CS2	0.28	PS2	0.24
	CS3	0.75	PS3	0.71	CS3	0.26	PS3	0.25
	CS4	0.65			CS4	0.24		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	2.77	PS1	3.94
		CS2	4.58	PS2	4.04
		CS3	3.62	PS3	3.51
		CS4	4.89		
Self-Evaluation (-1.00 to +1.00)	0.97	CS1	-0.09	PS1	0.72
		CS2	1.00	PS2	0.88
		CS3	0.55	PS3	0.67
		CS4	0.78		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.33	PS1	0.35
		CS2	0.36	PS2	0.34
		CS3	0.35	PS3	0.37
		CS4	0.35		

Identity Variant

Current Self 1	NEGATIVE
Current Self 2	CONFIDENT
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	CONFIDENT
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.38	0.87	0.64	0.75
PS2	0.48	0.94	0.72	0.82
PS3	0.33	0.86	0.61	0.74

Project : PhD Client Suicide
Instrument : PhD Instrument A
Respondent : A17 - BJA - 030605

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
18 A client who died by suicide	5.00	-0.08
13 A person I admire (nominate)	4.92	0.86
3 me when I feel enhanced by life's ws	4.76	0.85
17 A client who recovered after seriout	4.68	0.45
22 A suicide survivor (person remainin	4.52	0.50
1 me as I would like to be	4.44	1.00
9 me as colleagues see me	4.44	0.74
10 me as my clients see me	4.44	0.96
14 A person I dislike (nominate)	4.44	-0.34
21 My partner/spouse	4.44	0.32
15 A client with suicide ideation	4.36	-0.01
8 me when I'm relaxing	4.29	0.77
19 My counselling supervisor	4.29	0.58
7 me when I'm working	4.21	0.82
5 me before my client's suicidal beha	3.89	0.69
11 Mother	3.89	0.47
16 A depressed client	3.89	-0.01
4 me before I became a psychotherapisr	3.65	0.43
12 Father	3.65	0.16
6 me after my client's suicidal behavr	3.57	0.66
20 A psychiatrist	3.57	0.73
2 me when I am overwhelmed by life's s	3.25	0.26

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.44	1.00
10 me as my clients see me	4.44	0.96
13 A person I admire (nominate)	4.92	0.86
3 me when I feel enhanced by life's ws	4.76	0.85
7 me when I'm working	4.21	0.82
8 me when I'm relaxing	4.29	0.77
9 me as colleagues see me	4.44	0.74
20 A psychiatrist	3.57	0.73
5 me before my client's suicidal beha	3.89	0.69
6 me after my client's suicidal behavr	3.57	0.66
19 My counselling supervisor	4.29	0.58
22 A suicide survivor (person remainin	4.52	0.50
11 Mother	3.89	0.47
17 A client who recovered after seriout	4.68	0.45
4 me before I became a psychotherapisr	3.65	0.43
21 My partner/spouse	4.44	0.32
2 me when I am overwhelmed by life's s	3.25	0.26
12 Father	3.65	0.16
15 A client with suicide ideation	4.36	-0.01
16 A depressed client	3.89	-0.01
18 A client who died by suicide	5.00	-0.08
14 A person I dislike (nominate)	4.44	-0.34

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
16 ...believes each human being is of e	94.67	-1	3
4 ...feels that safe expression of em	65.40	1	3
13 ...believes that suicide may be antn	64.98	-1	3
17 I feel encouraged by...	61.92	-1	3
7 ...feels that grief following suicil	59.24	-1	3
11 ...continues to develop personal vas	57.91	-1	3
6 ...remains sure of who s/he is	56.49	-1	3
9 I have warm feelings towards...	49.53	1	3
20 ...seeks and develops human relatio	49.21	-1	3
8 ...always uses complementary / altee	48.41	-1	3
10 ...is highly sensitised to the issue	47.72	-1	3
5 ...considers that most suicides coud	42.66	1	3
1 ...wonders what life is all about	40.43	-1	3
12 I feel a special responsibility for	40.13	1	3
21 ...was totally changed by suicide od	29.35	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

19 ...never feels lonely or uncomfortaf	13.96	1	3
14 ...does not need family support at s	8.94	-1	3
3 ...believes that suicide demands coy	8.03	1	3
2 ...believes that people with whom ss	6.71	-1	3
18 ...continues to be the person s/he	-4.99	1	3
22 ...suffers unendurable psychological	-12.41	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
13 A person I admire (nominate)	0.86
17 A client who recovered after seriout	0.68
19 My counselling supervisor	0.68
20 A psychiatrist	0.68
22 A suicide survivor (person remainin	0.68
11 Mother	0.59
21 My partner/spouse	0.59
12 Father	0.55
15 A client with suicide ideation	0.45
16 A depressed client	0.41
18 A client who died by suicide	0.41
14 A person I dislike (nominate)	0.27

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
14 A person I dislike (nominate)	0.73
18 A client who died by suicide	0.55
15 A client with suicide ideation	0.50
16 A depressed client	0.50
12 Father	0.41
21 My partner/spouse	0.36
17 A client who recovered after seriout	0.32
19 My counselling supervisor	0.27
22 A suicide survivor (person remainin	0.27
11 Mother	0.23
20 A psychiatrist	0.14
13 A person I admire (nominate)	0.09

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.75	0.42	0.35	0.35
12 Father	0.70	0.74	0.50	0.65
16 A depressed client	0.70	0.42	0.30	0.30
18 A client who died by se	0.70	0.47	0.45	0.40
21 My partner/spouse	0.70	0.68	0.65	0.65
22 A suicide survivor (pe	0.70	0.74	0.60	0.65
17 A client who recoveredt	0.60	0.89	0.85	0.75
20 A psychiatrist	0.60	0.74	0.75	0.65
13 A person I admire (nom)	0.55	0.74	0.90	0.80
19 My counselling supervir	0.55	0.89	0.85	0.75
11 Mother	0.50	0.74	0.60	0.55
14 A person I dislike (no)	0.25	0.32	0.35	0.30

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
12 Father	0.70	0.68	0.53
11 Mother	0.65	0.63	0.63
20 A psychiatrist	0.65	0.68	0.79
13 A person I admire (nom)	0.60	0.68	0.79
17 A client who recoveredt	0.60	0.68	0.95
19 My counselling supervir	0.60	0.68	0.89
21 My partner/spouse	0.60	0.74	0.68
22 A suicide survivor (pe	0.60	0.68	0.63
15 A client with suicide n	0.50	0.47	0.37
16 A depressed client	0.50	0.42	0.32
14 A person I dislike (no)	0.35	0.21	0.42
18 A client who died by se	0.35	0.53	0.53

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.62	0.51	0.50	0.47
15 A client with suicide n	0.61	0.46	0.42	0.42
16 A depressed client	0.59	0.46	0.39	0.39
12 Father	0.54	0.55	0.45	0.52
21 My partner/spouse	0.50	0.49	0.48	0.48
17 A client who recoveredt	0.44	0.53	0.52	0.49
14 A person I dislike (no)	0.43	0.48	0.51	0.47
22 A suicide survivor (pe	0.43	0.45	0.40	0.42
19 My counselling supervir	0.39	0.49	0.48	0.45
11 Mother	0.34	0.41	0.37	0.36
20 A psychiatrist	0.29	0.32	0.32	0.30
13 A person I admire (nom)	0.22	0.26	0.28	0.27

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
12 Father	0.54	0.53	0.47
14 A person I dislike (no)	0.51	0.39	0.55
15 A client with suicide n	0.50	0.48	0.43
16 A depressed client	0.50	0.46	0.40
21 My partner/spouse	0.46	0.52	0.49
17 A client who recoveredt	0.44	0.47	0.55
18 A client who died by se	0.44	0.54	0.54
19 My counselling supervir	0.40	0.43	0.49
22 A suicide survivor (pe	0.40	0.43	0.41
11 Mother	0.39	0.38	0.38
20 A psychiatrist	0.30	0.31	0.33
13 A person I admire (nom)	0.23	0.25	0.27

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.44	0.74	0.82	0.14
10 me as my clients see me	4.44	0.96	0.82	0.05

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.60	PS1	0.85	CS1	0.29	PS1	0.34
	CS2	0.84	PS2	0.84	CS2	0.34	PS2	0.34
	CS3	0.85	PS3	0.74	CS3	0.34	PS3	0.32
	CS4	0.80			CS4	0.33		
10 me as my clients se	CS1	0.55	PS1	0.60	CS1	0.17	PS1	0.17
	CS2	0.74	PS2	0.74	CS2	0.19	PS2	0.19
	CS3	0.80	PS3	0.68	CS3	0.20	PS3	0.18
	CS4	0.80			CS4	0.20		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.44	CS1	3.25	PS1	3.65
		CS2	4.76	PS2	3.89
		CS3	4.21	PS3	3.57
		CS4	4.29		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.26	PS1	0.43
		CS2	0.85	PS2	0.69
		CS3	0.82	PS3	0.66
		CS4	0.77		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.44	PS1	0.41
		CS2	0.43	PS2	0.41
		CS3	0.41	PS3	0.43
		CS4	0.40		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	DIFFUSE HIGH SELF-REGARD
Current Self 3	DIFFUSE HIGH SELF-REGARD
Current Self 4	INDETERMINATE
Past Self 1	DIFFUSION
Past Self 2	DIFFUSION
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.35	0.67	0.64	0.61
PS2	0.49	0.78	0.76	0.73
PS3	0.47	0.77	0.75	0.72

Project : PhD Client Suicide
Instrument : PhD Instrument B
Respondent : B1 WTA 130802

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
13 A person I admire (nominate)	5.00	0.98
1 me as I would like to be	4.90	1.00
21 My closest friend	4.90	0.77
14 A person I dislike (nominate)	4.62	-0.66
17 A client who made a serious suicidet	4.62	0.03
11 Mother	4.52	0.77
8 me when I'm relaxing	4.33	0.80
3 me when I feel enhanced by life's ws	4.23	0.61
7 me when I'm working	4.23	0.61
15 A client with suicide ideation	4.23	-0.17
18 A client who died by suicide	4.23	-0.11
9 me as colleagues see me	4.13	0.63
22 My partner/spouse	4.13	0.77
5 me before my client's suicidal behar	4.04	0.59
4 me before my professional career exs	3.94	0.44
6 me after my client's suicidal behavr	3.94	0.42
10 me as my clients see me	3.85	0.63
20 A psychiatrist	3.85	0.61
2 me when I'm overwhelmed by life's cs	3.75	0.27
19 My professional supervisor	2.88	0.64
12 Father	2.79	0.61
16 An ambivalent client	2.50	-0.16

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.90	1.00
13 A person I admire (nominate)	5.00	0.98
8 me when I'm relaxing	4.33	0.80
21 My closest friend	4.90	0.77
11 Mother	4.52	0.77
22 My partner/spouse	4.13	0.77
19 My professional supervisor	2.88	0.64
9 me as colleagues see me	4.13	0.63
10 me as my clients see me	3.85	0.63
3 me when I feel enhanced by life's ws	4.23	0.61
7 me when I'm working	4.23	0.61
20 A psychiatrist	3.85	0.61
12 Father	2.79	0.61
5 me before my client's suicidal behar	4.04	0.59
4 me before my professional career exs	3.94	0.44
6 me after my client's suicidal behavr	3.94	0.42
2 me when I'm overwhelmed by life's cs	3.75	0.27
17 A client who made a serious suicidet	4.62	0.03
18 A client who died by suicide	4.23	-0.11
16 An ambivalent client	2.50	-0.16
15 A client with suicide ideation	4.23	-0.17
14 A person I dislike (nominate)	4.62	-0.66

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
9 ...feels that grief following suicil	95.85	1	3
11 ...believes each human being is of e	88.89	1	3
13 ...feels that safe expression of emy	87.07	1	3
14 ...seeks and develops human relatios	84.29	-1	3
12 ...believes suicide demands considey	80.49	1	3
18 I feel encouraged by...	73.82	1	3
15 I have warm feelings towards...	65.81	-1	3
5 ...continues to be the person s/he e	61.65	-1	3
7 ...believes that people with whom ss	56.75	-1	3
10 ...relies on family support at times	54.51	1	3
17 ...continues to develop personal vas	53.58	1	3
6 ...feels momentary bouts of psycholt	50.33	-1	3
16 ...considers most suicides are unave	47.76	-1	3
3 ...wonders what life is all about	43.52	-1	3
22 ...believes suicide can occur 'out t	33.96	-1	3
1 ...is highly sensitised to the issue	33.06	1	3
21 ...uses complementary / alternative	23.83	-1	3
20 ...often feels the need for human cf	22.30	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

4 ...remains sure of who s/he is	3.21	1	3
2 ...was totally changed by suicide od	-12.58	1	3

DUAL MORALITY EVALUATIVE DIMENSION OF IDENTITY (less then -20)

Note : may indicate error in anchoring!

19 ...believes suicide may be anticipan	-24.71	1	3
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POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
22 My partner/spouse	0.86
11 Mother	0.82
13 A person I admire (nominate)	0.82
21 My closest friend	0.82
12 Father	0.68
19 My professional supervisor	0.68
20 A psychiatrist	0.64
15 A client with suicide ideation	0.50
17 A client who made a serious suicidet	0.50
18 A client who died by suicide	0.45
16 An ambivalent client	0.27
14 A person I dislike (nominate)	0.14

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
14 A person I dislike (nominate)	0.68
15 A client with suicide ideation	0.50
18 A client who died by suicide	0.50
17 A client who made a serious suicidet	0.45
16 An ambivalent client	0.41
20 A psychiatrist	0.18
21 My closest friend	0.14
11 Mother	0.09
22 My partner/spouse	0.05
13 A person I admire (nominate)	0.05
12 Father	0.05
19 My professional supervisor	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.74	0.26	0.41	0.40
15 A client with suicide n	0.68	0.37	0.55	0.45
17 A client who made a set	0.68	0.53	0.64	0.55
11 Mother	0.63	0.74	0.91	0.85
21 My closest friend	0.63	0.79	0.86	0.85
13 A person I admire (nom)	0.58	0.63	0.82	0.80
20 A psychiatrist	0.58	0.53	0.68	0.60
19 My professional supervr	0.53	0.68	0.68	0.70
22 My partner/spouse	0.53	0.79	0.86	0.90
12 Father	0.47	0.74	0.64	0.75
16 An ambivalent client	0.42	0.32	0.27	0.25
14 A person I dislike (no)	0.37	0.26	0.23	0.20

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 Mother	0.74	0.85	0.81
21 My closest friend	0.74	0.80	0.71
12 Father	0.68	0.65	0.52
13 A person I admire (nom)	0.68	0.80	0.76
20 A psychiatrist	0.68	0.75	0.57
22 My partner/spouse	0.68	0.80	0.71
19 My professional supervr	0.58	0.65	0.57
17 A client who made a set	0.53	0.65	0.81
15 A client with suicide n	0.42	0.50	0.62
16 An ambivalent client	0.42	0.35	0.33
18 A client who died by se	0.42	0.45	0.57
14 A person I dislike (no)	0.37	0.30	0.24

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.61	0.36	0.45	0.45
15 A client with suicide n	0.58	0.43	0.52	0.47
17 A client who made a set	0.55	0.49	0.54	0.50
14 A person I dislike (no)	0.50	0.42	0.40	0.37
16 An ambivalent client	0.41	0.36	0.33	0.32
20 A psychiatrist	0.32	0.31	0.35	0.33
21 My closest friend	0.30	0.33	0.35	0.34
11 Mother	0.24	0.26	0.29	0.28
13 A person I admire (nom)	0.17	0.18	0.18	0.20
19 My professional supervr	0.16	0.18	0.18	0.19
22 My partner/spouse	0.16	0.20	0.21	0.21
12 Father	0.15	0.19	0.18	0.19

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
14 A person I dislike (no)	0.50	0.45	0.40
17 A client who made a set	0.49	0.54	0.60
15 A client with suicide n	0.46	0.50	0.56
18 A client who died by se	0.46	0.47	0.53
16 An ambivalent client	0.41	0.38	0.37
20 A psychiatrist	0.35	0.37	0.32
21 My closest friend	0.32	0.33	0.32
11 Mother	0.26	0.28	0.27
12 Father	0.18	0.18	0.16
13 A person I admire (nom)	0.18	0.20	0.19
22 My partner/spouse	0.18	0.20	0.19
19 My professional supervr	0.17	0.18	0.17

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as colleagues see me	4.13	0.63	0.91	0.09
10 me as my clients see me	3.85	0.63	0.86	0.09

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as colleagues se	CS1	0.58	PS1	0.68	CS1	0.23	PS1	0.25
	CS2	0.89	PS2	0.85	CS2	0.28	PS2	0.28
	CS3	0.95	PS3	0.81	CS3	0.29	PS3	0.27
	CS4	1.00			CS4	0.30		
10 me as my clients se	CS1	0.58	PS1	0.68	CS1	0.23	PS1	0.25
	CS2	0.89	PS2	0.80	CS2	0.28	PS2	0.27
	CS3	0.91	PS3	0.76	CS3	0.29	PS3	0.26
	CS4	1.00			CS4	0.30		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.90	CS1	3.75	PS1	3.94
		CS2	4.23	PS2	4.04
		CS3	4.23	PS3	3.94
		CS4	4.33		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.27	PS1	0.44
		CS2	0.61	PS2	0.59
		CS3	0.61	PS3	0.42
		CS4	0.80		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.37	PS1	0.33
		CS2	0.31	PS2	0.34
		CS3	0.33	PS3	0.35
		CS4	0.32		

Identity Variant

Current Self 1	INDETERMINATE
Current Self 2	INDETERMINATE
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.35	0.53	0.53	0.63
PS2	0.44	0.60	0.60	0.70
PS3	0.35	0.52	0.52	0.62

Project : PhD Client Suicide
Instrument : PhD Instrument C
Respondent : C1 BJA 250602

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	1.00
20 a suicide survivor (or person remai)	4.92	0.35
11 a person I admire (nominate)	4.83	0.80
3 me when I feel enhanced by life's ws	4.50	0.67
6 me after I knew about suicide	4.42	0.75
12 a person I dislike (nominate)	4.33	-0.41
19 my friend/partner/spouse (nominate)	4.33	0.51
15 a depressed person	4.08	-0.05
2 me when I'm overwhelmed by life's cs	4.00	0.23
7 me when I'm working	4.00	0.57
13 me as my family sees me	4.00	0.51
8 me when I'm relaxing	3.92	0.58
9 me as my work colleagues see me	3.92	0.54
14 a person with suicidal thoughts	3.92	-0.09
16 a person who attempted suicide	3.92	-0.01
18 a psychiatrist	3.92	0.72
4 me before I started work	3.83	0.44
5 me before I knew about suicide	3.58	0.42
10 my parents or guardians	3.58	0.42
17 a person who died by suicide	3.33	-0.15

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	5.00	1.00
11 a person I admire (nominate)	4.83	0.80
6 me after I knew about suicide	4.42	0.75
18 a psychiatrist	3.92	0.72
3 me when I feel enhanced by life's ws	4.50	0.67
8 me when I'm relaxing	3.92	0.58
7 me when I'm working	4.00	0.57
9 me as my work colleagues see me	3.92	0.54
19 my friend/partner/spouse (nominate)	4.33	0.51
13 me as my family sees me	4.00	0.51
4 me before I started work	3.83	0.44
5 me before I knew about suicide	3.58	0.42
10 my parents or guardians	3.58	0.42
20 a suicide survivor (or person remai)	4.92	0.35
2 me when I'm overwhelmed by life's cs	4.00	0.23
16 a person who attempted suicide	3.92	-0.01
15 a depressed person	4.08	-0.05
14 a person with suicidal thoughts	3.92	-0.09
17 a person who died by suicide	3.33	-0.15
12 a person I dislike (nominate)	4.33	-0.41

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
9 ...believes in the irreplaceable vag	100.00	1	3
11 ...feels that safe expression of eml	75.33	-1	3
16 I feel encouraged by...	69.98	-1	3
15 ...continues to develop personal vas	66.35	1	3
7 ...feels that grief following suicil	62.65	1	3
17 ...believes that suicide may be antn	54.14	-1	3
13 I have warm feelings towards...	52.08	-1	3
18 ...can usually be alone without fee	51.39	1	3
14 ...considers that most suicides cou	50.73	1	3
19 ...uses alternative or complementar	47.14	-1	3
1 ...is highly sensitised to the issue	44.97	-1	3
12 ...seeks and develops good relations	33.40	1	3
5 ...feels momentary bouts of psycholt	26.93	-1	3
6 I feel a special responsibility for.	24.99	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

3 ...questions who s/he is	15.60	-1	3
20 ...believes depression and suicide d	11.68	-1	3
10 ...believes that suicide demands coy	8.48	-1	3
8 ...relies on family support at times	3.56	-1	3
4 ...feels that the person s/he was id	-13.61	1	3

DUAL MORALITY EVALUATIVE DIMENSION OF IDENTITY (less than -20)

Note : may indicate error in anchoring!

2 ...takes life for granted	-33.86	-1	3
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POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
18 a psychiatrist	0.85
11 a person I admire (nominate)	0.80
19 my friend/partner/spouse (nominate)	0.75
10 my parents or guardians	0.70
20 a suicide survivor (or person remai)	0.60
14 a person with suicidal thoughts	0.40
15 a depressed person	0.40
16 a person who attempted suicide	0.40
12 a person I dislike (nominate)	0.30
17 a person who died by suicide	0.30

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
12 a person I dislike (nominate)	0.65
14 a person with suicidal thoughts	0.55
15 a depressed person	0.45
16 a person who attempted suicide	0.45
20 a suicide survivor (or person remai)	0.35
17 a person who died by suicide	0.35
19 my friend/partner/spouse (nominate)	0.25
10 my parents or guardians	0.25
11 a person I admire (nominate)	0.15
18 a psychiatrist	0.10

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
20 a suicide survivor (or)	0.84	0.53	0.55	0.47
10 my parents or guardians	0.74	0.74	0.75	0.68
11 a person I admire (nom)	0.63	0.95	0.85	0.79
14 a person with suicidals	0.63	0.26	0.35	0.21
18 a psychiatrist	0.63	0.89	0.80	0.74
15 a depressed person	0.58	0.32	0.35	0.32
16 a person who attemptede	0.53	0.26	0.30	0.32
17 a person who died by se	0.53	0.26	0.30	0.21
19 my friend/partner/spou)	0.53	0.74	0.80	0.68
12 a person I dislike (no)	0.42	0.32	0.25	0.37

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
19 my friend/partner/spou)	0.80	0.84	0.79
10 my parents or guardians	0.75	0.79	0.79
11 a person I admire (nom)	0.75	0.79	0.89
18 a psychiatrist	0.70	0.74	0.95
20 a suicide survivor (or)	0.45	0.47	0.68
14 a person with suicidals	0.40	0.37	0.42
15 a depressed person	0.35	0.32	0.47
12 a person I dislike (no)	0.25	0.16	0.26
17 a person who died by se	0.25	0.32	0.37
16 a person who attemptede	0.20	0.32	0.37

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
14 a person with suicidals	0.59	0.38	0.44	0.34
20 a suicide survivor (or)	0.54	0.43	0.44	0.41
12 a person I dislike (no)	0.52	0.46	0.40	0.49
15 a depressed person	0.51	0.38	0.40	0.38
16 a person who attemptede	0.49	0.34	0.37	0.38
10 my parents or guardians	0.43	0.43	0.43	0.41
17 a person who died by se	0.43	0.30	0.32	0.27
19 my friend/partner/spou)	0.36	0.43	0.45	0.41
11 A person I admire (nom	0.31	0.38	0.36	0.34
18 a psychiatrist	0.25	0.30	0.28	0.27

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
14 a person with suicidals	0.47	0.45	0.48
19 my friend/partner/spou)	0.45	0.46	0.44
10 my parents or guardians	0.43	0.44	0.44
12 a person I dislike (no)	0.40	0.32	0.41
15 a depressed person	0.40	0.38	0.46
20 a suicide survivor (or)	0.40	0.41	0.49
11 a person I admire (nom)	0.34	0.34	0.37
16 a person who attemptede	0.30	0.38	0.41
17 A person who died by sui	0.30	0.33	0.36
18 a psychiatristied by se	0.26	0.27	0.31

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as my work colleague	3.92	0.54	0.75	0.20
13 me as my family sees me	4.00	0.51	0.75	0.25

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as my work colle	CS1	0.68	PS1	0.70	CS1	0.37	PS1	0.37
	CS2	0.74	PS2	0.74	CS2	0.38	PS2	0.38
	CS3	0.80	PS3	0.79	CS3	0.40	PS3	0.40
	CS4	0.68			CS4	0.37		
13 me as my family see	CS1	0.63	PS1	0.80	CS1	0.40	PS1	0.45
	CS2	0.84	PS2	0.74	CS2	0.46	PS2	0.43
	CS3	0.90	PS3	0.79	CS3	0.47	PS3	0.44
	CS4	0.79			CS4	0.44		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	4.00	PS1	3.83
		CS2	4.50	PS2	3.58
		CS3	4.00	PS3	4.42
		CS4	3.92		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.23	PS1	0.44
		CS2	0.67	PS2	0.42
		CS3	0.57	PS3	0.75
		CS4	0.58		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.45	PS1	0.38
		CS2	0.39	PS2	0.38
		CS3	0.40	PS3	0.42
		CS4	0.38		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	INDETERMINATE
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.33	0.57	0.51	0.51
PS2	0.32	0.56	0.50	0.50
PS3	0.50	0.71	0.66	0.67

Project : PhD Client Suicide
Instrument : PhD Instrument C
Respondent : C2 MSA 190702

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
3 me when I feel enhanced by life's ws	5.00	0.83
16 a person who attempted suicide	4.93	-0.36
11 a person I admire (nominate)	4.87	0.98
14 a person with suicidal thoughts	4.61	-0.31
17 a person who died by suicide	4.34	-0.65
18 a psychiatrist	4.21	0.66
1 me as I would like to be	4.01	1.00
8 me when I'm relaxing	4.01	0.80
15 a depressed person	3.95	-0.21
6 me after I knew about suicide	3.88	0.75
20 a suicide survivor (or person remai)	3.75	0.11
7 me when I'm working	3.62	0.67
12 a person I dislike (nominate)	3.16	-0.03
19 my friend/partner/spouse (nominate)	2.96	0.54
2 me when I'm overwhelmed by life's cs	2.83	0.34
4 me before I started work	2.83	-0.18
9 me as my work colleagues see me	2.83	0.67
10 my parents or guardians	2.63	0.31
13 me as my family sees me	2.17	0.23
5 me before I knew about suicide	2.11	0.03

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.01	1.00
11 a person I admire (nominate)	4.87	0.98
3 me when I feel enhanced by life's ws	5.00	0.83
8 me when I'm relaxing	4.01	0.80
6 me after I knew about suicide	3.88	0.75
7 me when I'm working	3.62	0.67
9 me as my work colleagues see me	2.83	0.67
18 a psychiatrist	4.21	0.66
19 my friend/partner/spouse (nominate)	2.96	0.54
2 me when I'm overwhelmed by life's cs	2.83	0.34
10 my parents or guardians	2.63	0.31
13 me as my family sees me	2.17	0.23
20 a suicide survivor (or person remai)	3.75	0.11
5 me before I knew about suicide	2.11	0.03
12 a person I dislike (nominate)	3.16	-0.03
4 me before I started work	2.83	-0.18
15 a depressed person	3.95	-0.21
14 a person with suicidal thoughts	4.61	-0.31
16 a person who attempted suicide	4.93	-0.36
17 a person who died by suicide	4.34	-0.65

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
9 ...believes in the irreplaceable vag	89.47	1	3
11 ...feels that safe expression of eml	80.50	-1	3
14 ...considers that most suicides coud	79.62	1	3
15 ...continues to develop personal vas	77.63	1	3
3 ...remains sure of who s/he is	68.47	1	3
13 I have warm feelings towards...	68.29	-1	3
12 ...seeks and develops good relations	65.65	1	3
16 I feel encouraged by...	63.82	-1	3
17 ...believes that suicide may be antn	60.34	-1	3
19 ...uses alternative or complementar	59.86	-1	3
18 ...can usually be alone without fee	57.45	1	3
5 ...feels momentary bouts of psycholt	47.58	-1	3
20 ...believes depression and suicide d	35.51	-1	3
10 ...believes that suicide demands coy	34.77	-1	3
2 ...wonders what life is all about id	30.16	1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
6 I feel a special responsibility for.	18.81	1	3
8 ...relies on family support at times	7.91	-1	3
1 ...is highly sensitised to the issue	-0.14	-1	3
7 ...feels that grief following suicil	-8.78	1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
11 a person I admire (nominate)	1.00
19 my friend/partner/spouse (nominate)	0.90
18 a psychiatrist	0.80
10 my parents or guardians	0.60
12 a person I dislike (nominate)	0.40
20 a suicide survivor (or person remai)	0.40
14 a person with suicidal thoughts	0.35
15 a depressed person	0.30
16 a person who attempted suicide	0.30
17 a person who died by suicide	0.15

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
15 a depressed person	0.70
16 a person who attempted suicide	0.70
17 a person who died by suicide	0.70
14 a person with suicidal thoughts	0.60
12 a person I dislike (nominate)	0.50
20 a suicide survivor (or person remai)	0.50
10 my parents or guardians	0.25
18 a psychiatrist	0.15
19 my friend/partner/spouse (nominate)	0.10
11 a person I admire (nominate)	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
18 a psychiatrist	0.72	0.74	0.75	0.78
11 a person I admire (nom)	0.67	0.89	0.95	0.94
19 my friend/partner/spou)	0.67	0.79	0.85	0.83
10 my parents or guardians	0.56	0.58	0.55	0.61
20 a suicide survivor (or)	0.56	0.26	0.35	0.28
14 a person with suicidals	0.50	0.32	0.40	0.28
15 a depressed person	0.50	0.16	0.25	0.17
16 a person who attemptede	0.50	0.16	0.25	0.17
12 a person I dislike (no)	0.39	0.26	0.35	0.33
17 a person who died by se	0.39	0.05	0.15	0.11

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 a depressed person	0.74	0.65	0.35
16 a person who attemptede	0.74	0.65	0.35
17 a person who died by se	0.58	0.53	0.20
12 a person I dislike (no)	0.53	0.35	0.35
14 a person with suicidals	0.53	0.47	0.40
20 a suicide survivor (or)	0.47	0.47	0.45
10 my parents or guardians	0.32	0.29	0.65
18 a psychiatrist	0.32	0.53	0.85
11 a person I admire (nom)	0.26	0.47	0.95
19 my friend/partner/spou)	0.26	0.47	0.95

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 a depressed person	0.59	0.33	0.42	0.34
16 a person who attemptede	0.59	0.33	0.42	0.34
14 a person with suicidals	0.55	0.44	0.49	0.41
20 a suicide survivor (or)	0.53	0.36	0.42	0.37
17 a person who died by se	0.52	0.19	0.32	0.28
12 a person I dislike (no)	0.44	0.36	0.42	0.41
10 my parents or guardians	0.37	0.38	0.37	0.39
18 a psychiatrist	0.33	0.33	0.34	0.34
19 my friend/partner/spous	0.26	0.28	0.29	0.29
11 a person I admire (nom)	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 a depressed person	0.72	0.67	0.49
16 a person who attemptede	0.72	0.67	0.49
17 a person who died by se	0.64	0.61	0.37
14 a person with suicidals	0.56	0.53	0.49
12 a person I dislike (no)	0.51	0.42	0.42
20 a suicide survivor (or)	0.48	0.48	0.47
10 my parents or guardians	0.28	0.27	0.40
18 a psychiatrist	0.22	0.28	0.36
19 my friend/partnmer/spo	0.16	0.22	0.31
11 a person I admire (nom)	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as my work colleague	2.83	0.67	0.75	0.05
13 me as my family sees me	2.17	0.23	0.70	0.25

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as my work colle	CS1	0.56	PS1	0.26	CS1	0.17	PS1	0.11
	CS2	0.74	PS2	0.35	CS2	0.19	PS2	0.13
	CS3	0.75	PS3	0.75	CS3	0.19	PS3	0.19
	CS4	0.72			CS4	0.19		
13 me as my family see	CS1	0.72	PS1	0.32	CS1	0.42	PS1	0.28
	CS2	0.68	PS2	0.41	CS2	0.41	PS2	0.32
	CS3	0.75	PS3	0.75	CS3	0.43	PS3	0.43
	CS4	0.72			CS4	0.42		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.01	CS1	2.83	PS1	2.83
		CS2	5.00	PS2	2.11
		CS3	3.62	PS3	3.88
		CS4	4.01		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.34	PS1	-0.18
		CS2	0.83	PS2	0.03
		CS3	0.67	PS3	0.75
		CS4	0.80		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.44	PS1	0.52
		CS2	0.29	PS2	0.47
		CS3	0.33	PS3	0.36
		CS4	0.30		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	CONFIDENT
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE

Past Self 1	CRISIS
Past Self 2	CRISIS
Past Self 3	INDETERMINATE

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.08	0.47	0.30	0.39
PS2	0.21	0.59	0.44	0.54
PS3	0.57	0.79	0.71	0.77

Project : PhD Client Suicide
Instrument : PhD Instrument C
Respondent : C3 - OHN - 300104

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
11 a person I admire (nominate)	5.00	0.99
19 my friend/partner/spouse (nominate)	4.76	0.99
13 me as my family sees me	4.52	1.00
1 me as I would like to be	4.29	0.95
2 me when I'm overwhelmed by life's cs	4.05	0.54
3 me when I feel enhanced by life's ws	4.05	0.90
7 me when I'm working	4.05	0.90
8 me when I'm relaxing	3.97	0.94
12 a person I dislike (nominate)	3.89	-0.34
6 me after I knew about suicide	3.81	0.95
5 me before I knew about suicide	3.73	0.58
4 me before I started work	3.57	0.58
9 me as my work colleagues see me	3.25	-0.06
14 a person with suicidal thoughts	3.25	-0.10
17 a person who died by suicide	3.10	-0.24
10 my parents or guardians	2.94	0.03
15 a depressed person	2.78	0.03
16 a person who attempted suicide	2.54	-0.37
18 a psychiatrist	2.14	0.95
20 a suicide survivor (or person remai)	1.90	0.77

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
13 me as my family sees me	4.52	1.00
11 a person I admire (nominate)	5.00	0.99
19 my friend/partner/spouse (nominate)	4.76	0.99
1 me as I would like to be	4.29	0.95
6 me after I knew about suicide	3.81	0.95
18 a psychiatrist	2.14	0.95
8 me when I'm relaxing	3.97	0.94
3 me when I feel enhanced by life's ws	4.05	0.90
7 me when I'm working	4.05	0.90
20 a suicide survivor (or person remai)	1.90	0.77
5 me before I knew about suicide	3.73	0.58
4 me before I started work	3.57	0.58
2 me when I'm overwhelmed by life's cs	4.05	0.54
10 my parents or guardians	2.94	0.03
15 a depressed person	2.78	0.03
9 me as my work colleagues see me	3.25	-0.06
14 a person with suicidal thoughts	3.25	-0.10
17 a person who died by suicide	3.10	-0.24
12 a person I dislike (nominate)	3.89	-0.34
16 a person who attempted suicide	2.54	-0.37

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
9 ...believes in the irreplaceable vag	81.76	1	3
4 ...feels that s/he continues to be e	76.21	-1	3
8 ...relies on family support at times	71.84	-1	3
7 ...feels that grief following suicil	70.98	1	3
2 ...wonders what life is all about	69.64	1	3
11 ...feels that safe expression of eml	66.75	-1	3
15 ...continues to develop personal vas	59.74	1	3
3 ...remains sure of who s/he is	50.13	1	3
6 I feel a special responsibility for.	46.01	1	3
1 ...is highly sensitised to the issue	41.14	-1	3
5 ...feels momentary bouts of psycholt	41.04	-1	3
16 I feel encouraged by...	40.87	-1	3
13 I have warm feelings towards...	40.03	-1	3
14 ...considers that most suicides coud	37.54	1	3
20 ...believes suicide can occur 'out n	32.61	-1	3
12 ...seeks and develops good relations	31.39	1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

18 ...can usually be alone without fee	8.17	1	3
19 ...relies on prescribed medication n	2.96	1	3
10 ...believes that suicide demands coy	-3.11	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
11 a person I admire (nominate)	0.90
19 my friend/partner/spouse (nominate)	0.85
18 a psychiatrist	0.45
20 a suicide survivor (or person remai)	0.40
10 my parents or guardians	0.35
14 a person with suicidal thoughts	0.35
15 a depressed person	0.30
12 a person I dislike (nominate)	0.25
17 a person who died by suicide	0.25
16 a person who attempted suicide	0.20

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
12 a person I dislike (nominate)	0.45
14 a person with suicidal thoughts	0.40
15 a depressed person	0.40
16 a person who attempted suicide	0.40
10 my parents or guardians	0.35
17 a person who died by suicide	0.35
11 a person I admire (nominate)	0.05
19 my friend/partner/spouse (nominate)	0.05
20 a suicide survivor (or person remai)	0.05
18 a psychiatrist	0.00

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
11 a person I admire (nom)	0.78	0.94	0.94	0.94
19 my friend/partner/spou)	0.78	0.94	0.94	0.94
15 a depressed person	0.44	0.33	0.33	0.29
18 a psychiatrist	0.39	0.44	0.44	0.47
20 a suicide survivor (or)	0.39	0.44	0.44	0.41
14 a person with suicidals	0.33	0.33	0.33	0.29
16 a person who attemptede	0.28	0.22	0.22	0.18
10 my parents or guardians	0.22	0.39	0.39	0.35
17 a person who died by se	0.22	0.17	0.17	0.12
12 a person I dislike (no)	0.11	0.28	0.28	0.29

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 a person I admire (nom)	0.78	0.78	1.00
19 my friend/partner/spou)	0.78	0.78	1.00
10 my parents or guardians	0.56	0.44	0.31
14 a person with suicidals	0.50	0.50	0.25
16 a person who attemptede	0.39	0.39	0.19
18 a psychiatrist	0.33	0.28	0.50
20 a suicide survivor (or)	0.33	0.28	0.44
15 a depressed person	0.28	0.28	0.31
12 a person I dislike (no)	0.22	0.28	0.19
17 a person who died by se	0.22	0.28	0.13

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 a depressed person	0.42	0.36	0.36	0.34
14 a person with suicidals	0.36	0.36	0.36	0.34
16 a person who attemptede	0.33	0.30	0.30	0.27
10 my parents or guardians	0.28	0.37	0.37	0.35
17 a person who died by se	0.28	0.24	0.24	0.20
12 a person I dislike (no)	0.22	0.35	0.35	0.36
11 a person I admire (nom)	0.20	0.22	0.22	0.22
19 my friend/partner/spou)	0.20	0.22	0.22	0.22
20 a suicide survivor (or	0.14	0.15	0.15	0.14
18 a psychiatrist	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
14 a person with suicidals	0.45	0.45	0.32
10 my parents or guardians	0.44	0.39	0.33
16 a person who attemptede	0.39	0.39	0.28
15 a depressed person	0.33	0.33	0.35
12 a person I dislike (no)	0.31	0.35	0.29
17 a person who died by se	0.28	0.31	0.21
11 a person I admire (nom)	0.20	0.20	0.22
19 my friend/partner/spou)	0.20	0.20	0.22
20 a suicide survivor (or	0.13	0.12	0.15
18 a psychiatrist	0.00	0.00	0.00

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as my work colleague	3.25	-0.06	0.40	0.35
13 me as my family sees me	4.52	1.00	0.90	0.00

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as my work colle	CS1	0.56	PS1	0.39	CS1	0.44	PS1	0.37
	CS2	0.44	PS2	0.50	CS2	0.39	PS2	0.42
	CS3	0.44	PS3	0.50	CS3	0.39	PS3	0.42
	CS4	0.41			CS4	0.38		
13 me as my family see	CS1	0.72	PS1	0.83	CS1	0.00	PS1	0.00
	CS2	1.00	PS2	0.83	CS2	0.00	PS2	0.00
	CS3	1.00	PS3	1.00	CS3	0.00	PS3	0.00
	CS4	1.00			CS4	0.00		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.29	CS1	4.05	PS1	3.57
		CS2	4.05	PS2	3.73
		CS3	4.05	PS3	3.81
		CS4	3.97		
Self-Evaluation (-1.00 to +1.00)	0.95	CS1	0.54	PS1	0.58
		CS2	0.90	PS2	0.58
		CS3	0.90	PS3	0.95
		CS4	0.94		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.24	PS1	0.26
		CS2	0.24	PS2	0.27
		CS3	0.24	PS3	0.23
		CS4	0.23		

Identity Variant

Current Self 1	DEFENSIVE
Current Self 2	DEFENSIVE HIGH SELF-REGARD
Current Self 3	DEFENSIVE HIGH SELF-REGARD
Current Self 4	DEFENSIVE HIGH SELF-REGARD
Past Self 1	INDETERMINATE
Past Self 2	INDETERMINATE
Past Self 3	DEFENSIVE HIGH SELF-REGARD

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.56	0.75	0.75	0.77
PS2	0.56	0.75	0.75	0.77
PS3	0.74	0.92	0.92	0.94

Project : PhD Client Suicide
Instrument : PhD Instrument C
Respondent : C4 - MPA - 190204

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
16 a person who attempted suicide	5.00	0.12
20 a suicide survivor (or person remai)	5.00	0.69
11 a person I admire (nominate)	4.78	0.94
14 a person with suicidal thoughts	4.78	0.08
15 a depressed person	4.78	0.12
1 me as I would like to be	4.67	1.00
17 a person who died by suicide	4.56	-0.13
19 my friend/partner/spouse (nominate)	4.56	0.88
6 me after I knew about suicide	4.33	0.85
10 my parents or guardians	4.33	0.85
8 me when I'm relaxing	4.11	0.60
12 a person I dislike (nominate)	3.78	-0.25
18 a psychiatrist	3.78	0.73
2 me when I'm overwhelmed by life's cs	3.67	0.40
3 me when I feel enhanced by life's ws	3.67	0.69
9 me as my work colleagues see me	3.33	0.54
7 me when I'm working	3.22	0.65
13 me as my family sees me	3.22	0.60
4 me before I started work	3.00	0.42
5 me before I knew about suicide	3.00	0.42

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.67	1.00
11 a person I admire (nominate)	4.78	0.94
19 my friend/partner/spouse (nominate)	4.56	0.88
6 me after I knew about suicide	4.33	0.85
10 my parents or guardians	4.33	0.85
18 a psychiatrist	3.78	0.73
20 a suicide survivor (or person remai)	5.00	0.69
3 me when I feel enhanced by life's ws	3.67	0.69
7 me when I'm working	3.22	0.65
8 me when I'm relaxing	4.11	0.60
13 me as my family sees me	3.22	0.60
9 me as my work colleagues see me	3.33	0.54
4 me before I started work	3.00	0.42
5 me before I knew about suicide	3.00	0.42
2 me when I'm overwhelmed by life's cs	3.67	0.40
16 a person who attempted suicide	5.00	0.12
15 a depressed person	4.78	0.12
14 a person with suicidal thoughts	4.78	0.08
17 a person who died by suicide	4.56	-0.13
12 a person I dislike (nominate)	3.78	-0.25

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
6 I feel a special responsibility for.	76.63	1	3
9 ...believes in the irreplaceable vag	75.99	1	3
13 I have warm feelings towards...	63.34	-1	3
17 ...believes that suicide may be antn	61.33	-1	3
7 ...feels that grief following suicil	55.55	1	3
18 ...can usually be alone without fee	50.70	1	3
2 ...wonders what life is all about	45.30	1	3
14 ...considers that most suicides coud	41.68	1	3
5 ...feels momentary bouts of psycholt	39.40	-1	3
3 ...questions who s/he is	37.20	-1	3
12 ...seeks and develops good relations	36.91	1	3
4 ...feels that s/he continues to be e	30.96	-1	3
11 ...feels that safe expression of eml	30.10	-1	3
1 ...is highly sensitised to the issue	29.91	-1	3
8 ...relies on family support at times	21.21	-1	3
INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)			
16 I feel encouraged by...	19.70	-1	3
19 ...uses alternative or complementar	18.46	-1	3
15 ...continues to develop personal vas	12.19	1	3
20 ...believes depression and suicide d	6.64	-1	3
10 ...believes that suicide demands coy	5.58	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
10 my parents or guardians	0.95
18 a psychiatrist	0.95
11 a person I admire (nominate)	0.90
19 my friend/partner/spouse (nominate)	0.90
20 a suicide survivor (or person remai)	0.75
14 a person with suicidal thoughts	0.50
15 a depressed person	0.50
16 a person who attempted suicide	0.50
17 a person who died by suicide	0.40
12 a person I dislike (nominate)	0.35

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
12 a person I dislike (nominate)	0.60
17 a person who died by suicide	0.55
15 a depressed person	0.50
16 a person who attempted suicide	0.50
14 a person with suicidal thoughts	0.45
20 a suicide survivor (or person remai)	0.20
11 a person I admire (nominate)	0.10
19 my friend/partner/spouse (nominate)	0.10
10 my parents or guardians	0.05
18 a psychiatrist	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
11 a person I admire (nom)	0.70	0.85	0.85	0.75
14 a person with suicidals	0.70	0.45	0.55	0.45
15 a depressed person	0.70	0.45	0.55	0.45
16 a person who attemptede	0.70	0.45	0.55	0.45
19 my friend/partner/spou)	0.70	0.85	0.85	0.75
10 my parents or guardians	0.65	0.90	0.90	0.80
18 a psychiatrist	0.65	0.90	0.90	0.80
17 a person who died by se	0.60	0.35	0.45	0.35
20 a suicide survivor (or)	0.60	0.70	0.70	0.60
12 a person I dislike (no)	0.40	0.40	0.40	0.50

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
10 my parents or guardians	0.74	0.74	1.00
18 a psychiatrist	0.74	0.74	1.00
11 a person I admire (nom)	0.68	0.79	0.95
19 my friend/partner/spou)	0.68	0.79	0.95
14 a person with suicidals	0.63	0.63	0.45
15 a depressed person	0.63	0.63	0.45
16 a person who attemptede	0.63	0.63	0.45
17 a person who died by se	0.53	0.53	0.35
20 a suicide survivor (or)	0.53	0.58	0.80
12 a person I dislike (no)	0.42	0.47	0.40

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 a depressed person	0.59	0.47	0.52	0.47
16 a person who attemptede	0.59	0.47	0.52	0.47
17 a person who died by se	0.57	0.44	0.50	0.44
14 a person with suicidals	0.56	0.45	0.50	0.45
12 a person I dislike (no)	0.49	0.49	0.49	0.55
20 a suicide survivor (or)	0.35	0.37	0.37	0.35
11 a person I admire (nom)	0.26	0.29	0.29	0.27
19 my friend/partner/spou)	0.26	0.29	0.29	0.27
10 my parents or guardians	0.18	0.21	0.21	0.20
18 a psychiatrist	0.18	0.21	0.21	0.20

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
15 a depressed person	0.56	0.56	0.47
16 a person who attemptede	0.56	0.56	0.47
17 a person who died by se	0.54	0.54	0.44
14 a person with suicidals	0.53	0.53	0.45
12 a person I dislike (no)	0.50	0.53	0.49
20 a suicide survivor (or)	0.33	0.34	0.40
11 a person I admire (nom)	0.26	0.28	0.31
19 my friend/partner/spou)	0.26	0.28	0.31
10 my parents/guardians	0.19	0.19	0.22
18 a psychiatrist	0.19	0.19	0.22

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as my work colleague	3.33	0.54	0.85	0.15
13 me as my family sees me	3.22	0.60	0.90	0.10

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as my work colle	CS1	0.65	PS1	0.84	CS1	0.31	PS1	0.35
	CS2	0.90	PS2	0.84	CS2	0.37	PS2	0.35
	CS3	0.80	PS3	0.80	CS3	0.35	PS3	0.35
	CS4	1.00			CS4	0.39		
13 me as my family see	CS1	0.70	PS1	0.89	CS1	0.26	PS1	0.30
	CS2	0.95	PS2	0.89	CS2	0.31	PS2	0.30
	CS3	0.85	PS3	0.85	CS3	0.29	PS3	0.29
	CS4	0.95			CS4	0.31		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.67	CS1	3.67	PS1	3.00
		CS2	3.67	PS2	3.00
		CS3	3.22	PS3	4.33
		CS4	4.11		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.40	PS1	0.42
		CS2	0.69	PS2	0.42
		CS3	0.65	PS3	0.85
		CS4	0.60		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.42	PS1	0.40
		CS2	0.36	PS2	0.41
		CS3	0.38	PS3	0.36
		CS4	0.37		

Identity Variant

Current Self 1	DIFFUSION
Current Self 2	INDETERMINATE
Current Self 3	INDETERMINATE
Current Self 4	INDETERMINATE
Past Self 1	INDETERMINATE
Past Self 2	DIFFUSION
Past Self 3	CONFIDENT

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.41	0.57	0.54	0.52
PS2	0.41	0.57	0.54	0.52
PS3	0.64	0.78	0.76	0.72

Project : PhD Client Suicide
Instrument : PhD Instrument C
Respondent : C5 - BMA - 230204

EGO-INVOLVEMENT AND EVALUATION
in descending order of ego-involvement

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
2 me when I'm overwhelmed by life's cs	5.00	0.08
17 a person who died by suicide	4.70	0.22
1 me as I would like to be	4.60	1.00
12 a person I dislike (nominate)	4.40	-0.20
18 a psychiatrist	4.30	-0.06
4 me before I started work	4.10	0.06
6 me after I knew about suicide	4.10	0.77
16 a person who attempted suicide	4.00	0.08
7 me when I'm working	3.80	0.59
19 my friend/partner/spouse (nominate)	3.80	0.70
14 a person with suicidal thoughts	3.70	-0.13
5 me before I knew about suicide	3.50	0.16
9 me as my work colleagues see me	3.50	0.27
3 me when I feel enhanced by life's ws	3.40	0.64
8 me when I'm relaxing	3.30	0.50
10 my parents or guardians	3.20	0.38
11 a person I admire (nominate)	3.20	0.50
20 a suicide survivor (or person remai)	3.20	0.13
13 me as my family sees me	3.10	0.52
15 a depressed person	3.00	0.00

EGO-INVOLVEMENT AND EVALUATION
in descending order of evaluation

Ego-involvement range from 0.00 to 5.00
Evaluation range from -1.00 to +1.00

ENTITY	Ego-involvement	Evaluation
1 me as I would like to be	4.60	1.00
6 me after I knew about suicide	4.10	0.77
19 my friend/partner/spouse (nominate)	3.80	0.70
3 me when I feel enhanced by life's ws	3.40	0.64
7 me when I'm working	3.80	0.59
13 me as my family sees me	3.10	0.52
8 me when I'm relaxing	3.30	0.50
11 a person I admire (nominate)	3.20	0.50
10 my parents or guardians	3.20	0.38
9 me as my work colleagues see me	3.50	0.27
17 a person who died by suicide	4.70	0.22
5 me before I knew about suicide	3.50	0.16
20 a suicide survivor (or person remai)	3.20	0.13
2 me when I'm overwhelmed by life's cs	5.00	0.08
16 a person who attempted suicide	4.00	0.08
4 me before I started work	4.10	0.06
15 a depressed person	3.00	0.00
18 a psychiatrist	4.30	-0.06
14 a person with suicidal thoughts	3.70	-0.13
12 a person I dislike (nominate)	4.40	-0.20

STRUCTURAL PRESSURE ON CONSTRUCTS
Structural Pressure range from -100 to 100

CONSTRUCT	Structural Pres.	Polarity	Ego-Rating
2 ...wonders what life is all about	65.96	1	3
9 ...believes in the irreplaceable vag	63.92	1	3
15 ...continues to develop personal vas	51.78	1	3
6 I feel a special responsibility for.	51.04	1	3
11 ...feels that safe expression of eml	50.10	-1	3
13 I have warm feelings towards...	44.70	-1	3
17 ...believes that suicide may be antn	44.05	-1	3
3 ...questions who s/he is	40.83	-1	3
7 ...feels that grief following suicil	37.17	1	3
8 ...relies on family support at times	36.87	-1	3
20 ...believes suicide can occur 'out n	32.31	1	3
10 ...believes that suicide demands coy	30.28	-1	3
16 I feel encouraged by...	29.29	-1	3
1 ...is highly sensitised to the issue	23.59	-1	3

INCONSISTENTLY EVALUATIVE DIMENSIONS OF IDENTITY (-20 to +20)

12 ...seeks and develops good relations	19.38	1	3
4 ...feels that s/he continues to be e	10.11	-1	3
14 ...considers that most suicides coud	8.57	1	3
19 ...uses alternative or complementar	5.60	-1	3
18 ...can usually be alone without fee	4.91	1	3
5 ...feels momentary bouts of psycholt	-17.99	-1	3

POSITIVE ROLE MODELS OR REFERENCE GROUPS
Idealistic-identification range from 0.00 to 1.00

ENTITY	Idealistic-identification
19 my friend/partner/spouse (nominate)	0.95
11 a person I admire (nominate)	0.85
10 my parents or guardians	0.70
17 a person who died by suicide	0.60
16 a person who attempted suicide	0.55
18 a psychiatrist	0.55
15 a depressed person	0.50
20 a suicide survivor (or person remai)	0.50
12 a person I dislike (nominate)	0.40
14 a person with suicidal thoughts	0.30

NEGATIVE ROLE MODELS OR REFERENCE GROUPS
Contra-identification range from 0.00 to 1.00

ENTITY	Contra-identification
12 a person I dislike (nominate)	0.55
14 a person with suicidal thoughts	0.50
16 a person who attempted suicide	0.45
18 a psychiatrist	0.45
15 a depressed person	0.45
17 a person who died by suicide	0.40
20 a suicide survivor (or person remai)	0.40
10 my parents or guardians	0.25
11 a person I admire (nominate)	0.15
19 my friend/partner/spouse (nominate)	0.05

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 a depressed person	0.80	0.41	0.50	0.33
17 a person who died by se	0.80	0.53	0.60	0.39
16 a person who attemptede	0.75	0.47	0.45	0.44
11 a person I admire (nom)	0.65	0.82	0.85	0.67
18 a psychiatrist	0.65	0.59	0.65	0.56
14 a person with suicidals	0.60	0.24	0.30	0.17
10 my parents or guardians	0.55	0.65	0.80	0.50
19 my friend/partner/spou)	0.55	0.88	0.85	0.78
20 a suicide survivor (or)	0.55	0.47	0.60	0.33
12 a person I dislike (no)	0.40	0.47	0.50	0.44

EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
11 a person I admire (nom)	0.63	0.61	0.90
18 a psychiatrist	0.63	0.33	0.60
10 my parents or guardians	0.58	0.67	0.75
17 a person who died by se	0.58	0.56	0.65
20 a suicide survivor (or)	0.58	0.61	0.55
14 a person with suicidals	0.53	0.44	0.35
15 a depressed person	0.53	0.44	0.55
16 a person who attemptede	0.53	0.44	0.60
19 my friend/partner/spou)	0.53	0.61	1.00
12 a person I dislike (no)	0.37	0.56	0.35

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State
Indices range from 0.00 to 1.00

ENTITY	CS1	CS2	CS3	CS4
15 a depressed person	0.60	0.43	0.47	0.39
16 a person who attemptede	0.58	0.46	0.45	0.44
17 a person who died by se	0.57	0.46	0.49	0.39
14 a person with suicidals	0.55	0.35	0.39	0.29
18 a psychiatrist	0.54	0.52	0.54	0.50
12 a person I dislike (no)	0.47	0.51	0.52	0.49
20 a suicide survivor (or)	0.47	0.43	0.49	0.36
10 my parents or guardians	0.37	0.40	0.45	0.35
11 A person I admire (nom)	0.31	0.35	0.36	0.32
19 my friend/partner/spou)	0.17	0.21	0.21	0.20

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self
Indices range from 0.00 to 1.00

ENTITY	PS1	PS2	PS3
18 a psychiatrist	0.53	0.39	0.52
14 a person with suicidals	0.51	0.47	0.42
15 a depressed person	0.49	0.44	0.50
16 a person who attemptede	0.49	0.44	0.52
17 a person who died by se	0.48	0.47	0.51
20 a suicide survivor (or)	0.48	0.49	0.47
12 a person I dislike (no)	0.45	0.55	0.44
10 my parents or guardians	0.38	0.41	0.43
11 a person I admire (nom)	0.31	0.30	0.37
19 my friend/partner/spou)	0.16	0.17	0.22

METAPERSPECTIVES OF SELF

ENTITY	Ego-invl'mt	Eval'n	Ideal Id.	Contra Id.
9 me as my work colleague	3.50	0.27	0.60	0.35
13 me as my family sees me	3.10	0.52	0.80	0.15

	Empathetic Id'fn				Ident'fn Conflicts			
9 me as my work colle	CS1	0.50	PS1	0.47	CS1	0.42	PS1	0.41
	CS2	0.71	PS2	0.39	CS2	0.50	PS2	0.37
	CS3	0.60	PS3	0.55	CS3	0.46	PS3	0.44
	CS4	0.67			CS4	0.48		
13 me as my family see	CS1	0.45	PS1	0.53	CS1	0.26	PS1	0.28
	CS2	0.71	PS2	0.39	CS2	0.33	PS2	0.24
	CS3	0.80	PS3	0.75	CS3	0.35	PS3	0.34
	CS4	0.61			CS4	0.30		

SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.60	CS1	5.00	PS1	4.10
		CS2	3.40	PS2	3.50
		CS3	3.80	PS3	4.10
		CS4	3.30		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.08	PS1	0.06
		CS2	0.64	PS2	0.16
		CS3	0.59	PS3	0.77
		CS4	0.50		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.48	PS1	0.44
		CS2	0.42	PS2	0.42
		CS3	0.43	PS3	0.43
		CS4	0.39		

Identity Variant

Current Self 1 CRISIS
 Current Self 2 DIFFUSION
 Current Self 3 DIFFUSION
 Current Self 4 INDETERMINATE

Past Self 1 CRISIS
 Past Self 2 CRISIS
 Past Self 3 DIFFUSION

Self Esteem (weighted)

	CS1	CS2	CS3	CS4
PS1	0.07	0.32	0.32	0.26
PS2	0.11	0.39	0.38	0.32
PS3	0.39	0.71	0.68	0.65

APPENDIX – 7

Target Case Studies

Appendix 7: Target case studies

7.0 Introduction

This appendix contains a detailed case study that was prepared for each of the 11 target group respondents. These studies describe each participant's clinician survivor experience in the context of their personal and professional status and situation. Relevant excerpts from respondents' narratives are included for illustrative purposes where the researcher considered that the respondent's own words added perspective and appropriate poignancy and authenticity when 'telling their story'.

In 5 of these studies (A12 – Ruth; A14 – Eric; A15 – Debbie; A16 – Mark and A17 – Matthew) an overview was removed and re-located in Appendix 10. However in all 11 target case studies, a detailed analysis of respondents' past and current identification processes, paying particular attention to suicide-related entities is provided. Respondents' aspirational beliefs and values systems by way of core and conflicted evaluative dimensions are described and positive and negative role models are elaborated.

Summaries and conclusions are set down regarding the influence upon clinician survivors' identity development of suicidal behaviour in self, clients and others. Each study is self-contained and self-standing. In chapter 7, 'Case Study Summaries and Findings' (see volume 1, pages 153-192) case summaries for target, comparison and control group case studies are presented.

7.1.0 Case Study A1 – alias Paula

7.1.1 Respondent Paula – personal information

This respondent will be referred to using the pseudonym 'Paula'. Paula was in her mid-fifties with two grown up children, living in the United Kingdom (UK) with her husband. When interviewed she was working in a rehabilitation centre for homeless men with associated issues including substance abuse. She was educated to counselling diploma level, was studying for a master's degree and was an accredited member of professional counselling associations. Paula's clients included centre residents and private referrals and she also worked as a counselling supervisor and consultant. She had worked as a counsellor for over 10 years.

7.1.1.1 Paula completed ISA instrument A (see appendix 5) in 2002 following an audiotaped semi-structured interview with the researcher. Before interview she voluntarily completed a consent form (see appendix 4).

7.1.2 Respondent Paula – professional context

Substance-related mental disorders were categorised using psychiatric diagnostic criteria including ‘substance dependence, abuse, intoxication and withdrawal’ (American Psychiatric Association, 2000: 105-151). There was a ‘marked association between drug abuse and both self-injury and death (including suicide)’ (Report of the National Task Force on Suicide, 1998: 10). Specifically ‘the potential for suicide in persons suffering from depression, alcohol abuse (and) substance abuse’ was acknowledged. (Report of the National Task Force on Suicide, 1998: 12) A number of treatment approaches were developed for chronic substance abusers, including the ‘twelve steps’ recovery fellowship, Alcoholics Anonymous (AA) and several derivatives including Narcotics Anonymous (NA). The latter organisation followed a similar ‘twelve steps path’ as AA but argued that ‘alcoholism is too limited a term for us [addicts]; our problem is not a specific substance, it is a disease called addiction’ (Narcotics Anonymous, 5th Ed., 1988: xv). Paula’s rehabilitation centre offered residents the chance to reach towards the goal of healthy independent living, initially through abstention from all abusive behaviours, in a safe, respectful and non-judgemental environment. One to one counselling and group meetings were regarded as an essential element in the recovery programme for residents. Counselling therapies including cognitive behavioural psychotherapy were accessible by all residents in a personal and confidential context without fee and outreach counselling support was offered to former residents.

7. 1.3 Respondent Paula – Preliminary comments

Paula acknowledged that she lost a client through suicide – hence she was by definition a clinician survivor. Her highest ego-involvement was with ‘*a client who recovered after a serious suicide attempt*’ (5.0). This demonstrated her high level of commitment to clients in the aftermath of a failed suicide attempt and was perhaps not unexpected in the context of her work with men whose substance abuse could be construed as self-harming behaviour. Her highest self-evaluations were ‘*me after my client’s suicidal behaviour*’ (0.94) and ‘*me when I feel enhanced by life’s wonders*’ (0.86). This appeared surprising

but perhaps referred to her level of acceptance in relation to the former entity ('a *client who recovered after a serious suicide attempt*') and the level of her belief in the efficacy of the counselling process. Paula said:

...to set the scene a bit...our clients as you would call them we would call them residents...are all classed as vulnerable adults...they would on occasion...talk about throwing the rope up...and how I deal with that is that if I hear somebody or anybody reported to be talking like that...I have them in and we talk about it...if it's something that we need to look at then they're taken right away down to accident and emergency in the local hospital...

However she had a very low evaluation of '*a client with suicide ideation*' (-0.27). This might not be at odds with her highest self-evaluation when placed in the context of Paula having considered taking her own life:

Researcher: ...have you ever seriously considered suicide...?
Paula: Yes...

Her low evaluation of '*a suicide survivor*' (-0.09) appeared at odds with her highest self-evaluation '*me after my client's suicidal behaviour*' (PS3 0.94) since, as stated above, this respondent was a clinician survivor. Her highest empathetic identification with '*a client who died by suicide*' (CS1 0.68; CS3 0.73) illustrated her perceived similarity to that individual in the context of their path to suicide. Paula said:

We had in the recent past [15 months earlier] a resident who had left us...two or three weeks [earlier] who...committed suicide...outside and the effect...that it had on me and the residents who were there at the time [caused me] to initiate extra group meetings and we talked at length about how suicide affects us...that seemed to be useful as a container...I took it to my own supervision...

7.1.4 Respondent Paula - Primary analysis

As set out in Table 7.1.1 below, Paula's identity states in the context of '*me when I am overwhelmed by life's cruelties*' (CS1), '*me when I am working*' (CS3) and '*me when I am relaxing*' (CS4) were classified as 'diffusion'. Her identity state '*me when I feel enhanced by life's wonders*' (CS2) is classified as 'diffuse high self-regard'. All four identity variant classifications represented vulnerabilities in respect of identity transitions across current contexts.

Table 7.1.1 Respondent Paula – Self Image

		SELF IMAGE			
		Ideal Self	Current Self		Past Self
Ego-Involvement (0.00 to 5.00)	4.38	CS1	4.26	PS1	4.38
		CS2	4.57	PS2	4.32
		CS3	3.95	PS3	4.13
		CS4	4.20		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.47	PS1	0.54
		CS2	0.86	PS2	0.79
		CS3	0.70	PS3	0.94
		CS4	0.40		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.44	PS1	0.45
		CS2	0.43	PS2	0.43
		CS3	0.43	PS3	0.43
		CS4	0.43		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	DIFFUSE HIGH SELF-REGARD				
Current Self 3	DIFFUSION				
Current Self 4	DIFFUSION				
Past Self 1	DIFFUSION				
Past Self 2	DIFFUSION				
Past Self 3	DIFFUSE HIGH SELF-REGARD				

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

The respondent's past selves '*me before I became a psychotherapist/counsellor*' (PS1) and '*me before my client's suicidal behaviour*' (PS2) were classified as 'diffusion' while past self '*me after my client's suicidal behaviour*' (PS3) was classified as 'diffuse high self-regard'. All three identity variant classifications represented vulnerabilities in

relation to identity transitions across past contexts. It was suggested that this respondent was currently unable to resolve identification conflicts and consequently had difficulty making commitments (Weinreich, 1992: 22, 23, 36; Irvine, 1994: 102-109; and Black, 2000: 9-21):

Vulnerable identities are of different kinds. Diffuse identities are likely to be over-receptive to varieties of values and beliefs potentially reinforcing or adding to the vulnerability of existing confusion, uncertainties and vacillations...but diffusion engenders thought and effort to redefine one's circumstances...as one strives to resolve conflicted identifications in a complex world...change in, and further elaboration of, one's identity are the likely consequences of identity diffusion (Weinreich, 2003: 81-82).

One of Paula's close relatives had killed himself before Paula began to work as a counsellor (PS1). Although this was up to fifteen years before being interviewed, she remained negatively affected. This was evidenced in her description of her response when a female relative of her deceased client attended Paula for counselling. Paula said:

Having had...a cousin's son who committed suicide and watching the trauma that they [deceased family] had gone through I suppose it's made me very angry about people who commit suicide within families and...meeting that girl again...in...counselling...I've had to deal with a lot of my anger around...the man [her client] who committed suicide...she was feeling...guilty and angry...there was a lot of very complicated emotions going on...with her...mine was a wee bit more structured...I identified with my [bereaved] cousin...who was like a sister to me...

However her very high self-evaluation of '*me after my client's suicidal behaviour*' (PS3 0.94) exceeded her self-evaluation of '*me when I feel enhanced by life's wonders*' (CS2 0.86). But the latter was only slightly higher than her self-evaluation of '*me before my client's suicidal behaviour*' (PS2 0.79). Consequently her overall vulnerability was benign suggesting that she was progressing through that identity transition generated in the experience of her client's suicidal behaviour.

7.1.5 Respondent Paula – Conflicted identifications: influence of suicide phenomenon

As set out in Table 7.1.2 below, Paula had very high conflicted identifications with her *father* based in two of her currently situated selves (CS3 0.52 CS4 0.52) and high and very high conflicted identifications, respectively, with her *mother* based in the same two

situated selves (CS3 0.43 CS4 0.51). Her ongoing conflicted identification with the suicide phenomenon was evident in her high conflicted identifications, respectively, with a *client with suicide ideation* (CS1 0.59, CS2 0.42, CS3 0.45, CS4 0.45), with a *client who recovered after serious suicide attempt* (CS1 0.45, CS2 0.45, CS3 0.47, CS4 0.43), with a *suicide survivor* (CS1 0.50, CS2 0.45, CS3 0.47, CS4 0.42) and with a *client who died by suicide* (CS1 0.43, CS2 0.40, CS3 0.44, CS4 0.39).

Further in her appraisal of *me when I am overwhelmed by life's cruelties* (CS1) she identified in a highly conflicted manner with a *client with suicide ideation* (0.59) and with a *suicide survivor* (0.50). In her appraisal of herself before she became a psychotherapist / counsellor, Paula also had high or very high conflicted identifications, respectively, with a *client with suicide ideation* (PS1 0.57), with a *client who recovered after serious suicide attempt* (PS1 0.47), with a *suicide survivor* (PS1 0.47) and with a *client who died by suicide* (PS1 0.39). In her appraisal of herself both before and after her client's suicide behaviour, Paula continued to experience high conflicted identifications with a *client with suicide ideation* (PS2 0.42, PS3 0.48), with a *client who recovered after serious suicide attempt* (PS2 0.45, PS3 0.49), with a *suicide survivor* (PS2 0.45, PS3 0.50) and with a *client who died by suicide* (PS2 0.43, PS3 0.43).

These results illustrated problematic identity processes related to Paula's experiences of family suicide, client suicide and the ongoing risk or threat of suicide – by way of her own past suicidal ideation and present in at least some of her clientele – which permeated her personal and professional lives.

Table 7.1.2 Respondent Paula - Conflicts in Identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suiciden	0.59	0.42	0.45	0.45
16 A depressed client	0.50	0.45	0.47	0.43
22 A suicide survivor (p	0.50	0.45	0.47	0.42
11 Mother	0.47	0.47	0.43	0.51
20 A psychiatrist	0.47	0.44	0.44	0.42
17 A client who recoveret	0.45	0.45	0.47	0.43
21 My partner/spouse	0.45	0.49	0.43	0.43
12 Father	0.43	0.49	0.52	0.52
18 A client who died by e	0.43	0.40	0.44	0.39
14 A person I dislike (n)	0.41	0.36	0.36	0.48
19 My counselling supervr	0.30	0.32	0.35	0.33
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
15 A client with suiciden	0.57	0.42	0.48	
21 My partner/spouse	0.55	0.49	0.49	
16 A depressed client	0.52	0.45	0.50	
11 Mother	0.51	0.47	0.38	
17 A client who recoveret	0.47	0.45	0.49	
22 A suicide survivor (p	0.47	0.45	0.50	
12 Father	0.46	0.54	0.49	
20 A psychiatrist	0.44	0.47	0.47	
18 A client who died by e	0.39	0.43	0.43	
13 A person I admire (no)	0.33	0.38	0.38	
19 My counselling supervr	0.29	0.34	0.34	

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me after my client's suicidal behaviour'
 CS4 'me when I'm relaxing'

Paula's conflicted identifications in three out of four appraisals that related to suicidal behaviour, increased and became more problematic in the period after her client's suicidal behaviour. This was significant in illustrating her diminishing ability to tolerate the debilitating influence of living and working in an atmosphere permeated by suicidality. Finally this respondent's high or very high conflicted identifications with her *mother* and *father*, respectively, continued throughout her appraisal of her past and currently situated selves [*Mother* (PS1 0.51, PS2 0.47, PS3 0.38 CS1 0.47, CS2 0.47, CS3 0.43, CS4 0.51); *Father* (PS1 0.36, PS2 0.50, PS3 0.41, CS1 0.43, CS2 0.49, CS3 0.52, CS4 0.52)].

Paula's conflicted identifications were reflected in her extremely low evaluation of her *mother* (eval -0.56) and her very low evaluation of her *father* (eval -0.11). Her very low evaluation of a *client with suicide ideation* (eval -0.27), her low evaluations of a

suicide survivor (eval -0.09) and a *client who recovered after a serious suicide attempt* (eval 0.23) contrasted with the moderate evaluation (eval 0.43) of a *client who died by suicide*.

These results offered interesting insights about Paula's value system: she appraised *a client who died by suicide* more highly (eval 0.43) and with greater intensity (ego inv 4.26) than *me when I am relaxing* (eval 0.40; ego inv 4.20), showing how her client's death by suicide continued to be a dominant influence outside working hours.

7.1.5.1 Conflicted identifications with 'a suicide survivor' entity #22 and with 'a client who recovered after serious suicide attempt' # 17

Entity # 22 '*a suicide survivor*' was carefully and fully defined as a '*person remaining alive after the suicide death of individual with whom they had a significant relationship or emotional bond*' on each relevant page of the research instrument that Paula completed. This explicitly and perhaps pedantically but clearly distinguished it (in words) from entity #17 '*a client who recovered after serious suicide attempt*.' The relative similarity in the levels of her conflicted identifications with both of these entities confirmed interview evidence of her 'dual survivor' status as family '*suicide survivor*' and client '*suicide survivor*' or *clinician survivor*.

Paula's conflicted identifications with '*a suicide survivor*' merited further comment. She had high but slightly different conflicted identifications with '*a suicide survivor*' (CS1 0.50; CS4 0.42; PS3 0.50) when compared with '*a client who recovered after serious suicide attempt*' (CS1 0.45; CS4 0.43; PS3 0.49) in contexts related to life's cruelties (CS1), relaxing (CS4) and post client suicide (PS3). But her high conflicted identifications with '*a suicide survivor*' (CS2 0.45; CS3 0.47; PS1 0.47; PS2 0.45) are exactly the same as those with '*a person who recovered after serious suicide attempt*' (CS2 0.45; CS3 0.47; PS1 0.47; PS2 0.45) in contexts related to life's wonders (CS2), working (CS3), pre-counselling (PS1) and pre-client suicide (PS2).

These results indicated that this respondent was aware that each of these two entities represented a recognisable state of herself that did not accord with her identity aspirations (Weinreich, 2003: 73). These included for example, acknowledgement of the *uniquely painful grief following (family and/or client) suicide* (SP 72.65), belief in the *irreplaceable value of each person* (SP 65.76) while considering that *most suicides were*

unavoidable (SP 60.46), *occurred out of the blue* (SP 54.33) and *demanding considerable bravery* (SP 49.08). [For further analysis of Paula's evaluative dimensions of identity see par 7.1.9 below.]

7.1.6 Respondent Paula – Empathetic Identifications

This respondent increasingly empathetically identified (see Table 7.1.3 below) with '*my counselling supervisor*' as she appraised herself from '*me before I became a counsellor/psychotherapist*' to '*me after my client's suicidal behaviour*' (PS1 0.59; PS3 0.82). She continued increasing her empathetic identification with '*my counselling supervisor*' at a less marked rate as she appraised herself from '*me after my client's suicidal behaviour*' to '*me when I'm working*' (PS3 0.82; CS3 0.86).

Overall this showed that she increasingly shared her supervisor's characteristics and was feeling closer to him/her. Her high empathetic identification with '*my counselling supervisor*' remained unchanged (PS2 0.82; PS3 0.82) as she appraised herself from '*me before my client's suicidal behaviour*' to '*me after my client's suicidal behaviour*'. This was indicative of some distancing of herself as counsellor, from her suicidal clients/residents by her apparent adoption of her supervisor's necessarily somewhat detached overview of Paula's work. Notably Paula felt much the same about 'a client who died by suicide' whether she was 'working' (CS3 emp idfcn 0.73) or 'overwhelmed' (CS1 emp idfcn 0.68).

She decreasingly empathetically identified with '*my partner/spouse*' (husband) as she appraised herself from '*me before I became a counsellor / psychotherapist*' to '*me after my client's suicidal behaviour*' (PS1 0.73; PS3 0.59). This tendency was also evident as she appraised herself in relation to '*my partner/spouse*' (husband) from '*before I became a counsellor / psychotherapist*' to '*me when I'm working*' (PS1 0.73; CS3 0.45) and was maintained as she appraised herself in relation to '*my partner/spouse* (husband) from '*me when I'm working*' to '*me when I'm relaxing*'. These results indicated that she felt that she shared fewer characteristics with her husband and felt less close to him.both in relation to her working life and her life away from work.

Again, as this respondent appraised herself from '*me before my client's suicidal behaviour*' to '*me after my client's suicidal behaviour*' she substantially empathetically identified with '*a client who died by suicide*' (PS2 0.68; PS3 0.68), with '*my counselling*

supervisor' (PS2 0.82; PS3 0.82) and with '*a person I admire*' (PS2 0.89; PS3 0.82). These results confirmed Paula's propensity to see 'a degree of similarity' (Weinreich, 2003: 60) between the qualities she admired in her supervisor, the qualities – albeit of a lesser order – that she admired in a deceased client who died by suicide and the attributes she recognised in herself (see also par 7.1.5 above).

Table 7.1.3 Respondent Paula - Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
18 A client who died by e	0.68	0.59	0.73	0.55
13 A person I admire (no)	0.64	0.82	0.77	0.77
19 My counselling supervr	0.64	0.73	0.86	0.77
15 A client with suiciden	0.55	0.27	0.32	0.32
16 A depressed client	0.55	0.45	0.50	0.41
17 A client who recoveret	0.50	0.50	0.55	0.45
21 My partner/spouse	0.50	0.59	0.45	0.45
22 A suicide survivor (p	0.50	0.41	0.45	0.36
20 A psychiatrist	0.41	0.36	0.36	0.32
12 Father	0.32	0.41	0.45	0.45
11 Mother	0.27	0.27	0.23	0.32
14 A person I dislike (n)	0.23	0.18	0.18	0.32
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.73	0.59	0.59	
13 A person I admire (no)	0.59	0.82	0.82	
16 A depressed client	0.59	0.45	0.55	
19 My counselling supervr	0.59	0.82	0.82	
17 A client who recoveret	0.55	0.50	0.59	
18 A client who died by e	0.55	0.68	0.68	
15 A client with suiciden	0.50	0.27	0.36	
22 A suicide survivor (p	0.45	0.41	0.50	
12 Father	0.36	0.50	0.41	
20 A psychiatrist	0.36	0.41	0.41	
11 Mother	0.32	0.27	0.18	
14 A person I dislike (n)	0.23	0.18	0.14	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Finally as this respondent appraised herself from '*me before I became a counsellor/psychotherapist*' to '*me when I'm working*' she increasingly empathetically identified with '*a client who died by suicide*' (PS1 0.55; CS3 0.73) but decreasingly empathetically identified with '*a client with suicide ideation*' (PS1 0.55; CS3 0.32) while her levels of empathetic identification were unchanged in relation to '*a client who recovered from a serious suicide attempt*' (PS1 0.55; CS3 0.55) and remained relatively low in relation to '*a suicide survivor*' (PS1 0.45; CS3 0.45). There were worrying implications from these results. When working with her vulnerable clientele, Paula did not see herself sharing the characteristics of '*a suicide survivor*' (CS3 0.45) despite her dual 'suicide survivor' status (see par. 7.1.5 above) but rather was much as '*a client who died by suicide*' (CS3 0.73). These alarming results matched her acknowledgement that she had 'seriously considered suicide' (see par 1.3 above), inferred that she was sub-consciously suicidal, i.e. without conscious suicidal ideation, and resonated with her core evaluative dimensions of belief (see par. 7.1.5 above and par. 7.1.9 below).

7.1.7 Respondent Paula – Negative and Positive Role Models of the Suicide Survivor

Paula strongly contra-identified with her *mother* (0.82) and *father* (0.59). She also contra-identified highly with '*a client with suicide ideation*' (0.64) and '*a suicide survivor*' (0.50) and also with '*a client who recovered after a serious suicide attempt*' (0.41). She wished to dissociate her own characteristics from these people. This raised issues around difficulties that this respondent experienced in working with clients exhibiting suicidal tendencies, consciously or unconsciously, particularly in relation to counsellors' aspirations, through their training and experience, to develop an 'unconditional positive regard' for their clients:

‘By this I mean that he (the therapist) does not simply accept the client when he is behaving in certain ways, and disapprove of him when he behaves in other ways. It means an outgoing positive feeling without reservations, without evaluations.’ (Rogers, 1998: 62).

A less idealistic view might argue that Rogers' aspiration for counsellors is somewhat unrealistic in that we will tend to evaluate others' behaviours and attitudes according to our own systems of values and beliefs.

Paula had very high idealistic identification with her *counselling supervisor* (0.82) and with *a person I admire* (0.82) and was highly ego involved with these people (4.57, 4.51). The respondent also idealistically identified to a moderate extent with three (out of four) suicide-related entities: *a client who died by suicide* (0.68), *a client who recovered after a serious suicide attempt* (0.59) and *a suicide survivor* (0.50). She clearly evidenced some element of admiration for those who acted out their suicidal tendencies, including to completed suicide (Shneidman, 1985/1994: 121-149).

7.1.8 Respondent Paula – Structural pressures on constructs

Very high structural pressures on the constructs ‘...relies mainly on prescribed medication to relieve psychological pain’ / ‘**...always uses complementary / alternative remedies where possible**’ (88.39) (where the preferred pole is in bold) and ‘...sticks rigidly to beliefs and values of parents and guardians’ / ‘**...continues to develop personal values and beliefs**’ (77.47) epitomised Paula’s progressive approach to psychological change for vulnerable people, perhaps like herself: they represented core evaluative dimensions of her identity. She had between moderately high and very high self-evaluation (self eval range 0.40 to 0.86 in Table 7.1.1 above) indicating that she currently saw herself as quite or very successfully fulfilling her identity aspirations, as illustrated by these two core evaluative dimensions of identity.

High structural pressure on the construct ‘...feels that grief following suicide is like any other’ / ‘**...feels that grief following suicide is uniquely painful**’ (72.65) reflected the respondent’s adaptation to the deaths of both her relative and her client by suicide – she was a dual ‘suicide survivor’ – and represented a further core evaluative dimension of her identity. Paula said:

There’s something harsher about [suicide]. There’s something...much more emotive about it...well grief is very emotive. There seems to be an intensity with suicide that isn’t with – could you call it natural death [through] an illness or...heart [disease]...because there’s an answer for it in some way...an official answer...You can almost hang your anger on that...but somehow suicide although it isn’t within our control people seem to take you know *it is mine* [with emphasis] I could have done something...if I had been there it wouldn’t have happened...if I had said...if we had talked more...whereas illness or old age [is] more natural...[while suicide has] unnatural causes...it is very unnatural so I think the grief’s very unnatural...it’s very different. This seems to be in the realms of fantasy out there... [suicide] bereavement you know there’s no containing it...

Pressures on two constructs ‘...does not value some human beings very highly’ / **‘...believes each human being is of irreplaceable value’** (65.76) and ‘...considers that most suicide could be prevented’ / **‘...considers that most suicides are unavoidable’** (60.46) demonstrated the respondent’s realistic and mutually reinforcing perceptions of the human predicament, reflected her inability to prevent family or client suicides and represented two further core evaluative dimensions of her identity. The choice of pole – suicide was ‘unavoidable’ rather than ‘preventable’ – was contrary to much conventional thinking within the caring professions (Jenkins et al., 1994: 31). But this evidenced Paula’s experience-based realism that was informed by lengthy working knowledge and first hand experience of authentic suicidal behaviours in both family context and in the context of a rehabilitation centre for homeless substance abusers.

Moderately high structural pressure on the construct ‘...withdraws from human contact’ / **‘...seeks and develops human relationships’** (57.64) exemplified the respondent’s need for involvement with others and represented albeit at a moderate level a core evaluative dimension of her identity. This was evidenced in her work to establish and develop a reputable rehabilitation centre from modest beginnings.

Pressures on two suicide-related constructs, viz. ‘...believes that suicide and depression are inextricably linked’ / **‘...believes that suicide can occur out of the blue without depression being evident’** (54.33) and **‘...believes that suicide demands considerable bravery’** / ‘...believes that suicide is the act of a coward’ (49.08) revealed that Paula aspired towards attitudes to suicidal behaviour that acknowledged surprise and shock as well as respect and admiration (see par 7.1.5 above) for those who acted upon suicidal impulses. Her admiration for ‘suicidal bravery’ was an element of her own albeit unconscious tendency towards suicidality.

Lower structural pressure on the construct **‘...believes that suicide cannot be predicted by overt behaviour’** / ‘...believes that suicide may be anticipated by perceptive observation’ (28.87) represented a conflicted dimension of Paula’s identity where her own thinking was problematic and uncertain. In relation to herself as well as those residents and clients on behalf of whom she exercised a duty of care, this pointed towards raised levels of risk for self and others. During interview Paula said:

[post suicide grief] seems to get worse in my...experience...personally I didn't read anything about suicide...I'm telling you that I'm not contaminated by anybody's way of it here because I decided not to do that. I don't want to be an expert. I want to tell you how it is for me...that cousin that we're talking about...they're getting worse instead of better. I mean...they're very educated people...the girl [viz. the relative of her client who suicided]...she's struggling...she said she was fine after a year and a half (sic) and went away and bought me a present...but she's done nothing...I hear on the grapevine she's chaotic...and so it seems with my cousin so you know...it seems to get worse as time goes by not better.

Low pressures on two constructs, viz. **'...was totally changed by suicide of person with whom s/he had a significant relationship or emotional bond'** / **'...was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond'** (8.82) and **'...does not think about people committing suicide'** / **'...is highly sensitised to the issue of suicide'** (3.65) specifically referred to aspects of suicide and were inconsistently evaluative dimensions of identity signifying problematic areas for the respondent. These were conflicted areas for Paula and her own thinking of what was desirable and likely to vacillate from 'significance' to 'little importance' concerning suicide.

Low structural pressure on two further constructs, viz. **'...takes life for granted'** / **'...wonders what life is all about'** (19.88); and **'...continues to be the person s/he was into the foreseeable future'** / **'...feels that the person s/he was is dead'** (-6.94) similarly represented issues about which the respondent remained uncertain and indecisive. These results were possible indicators of Paula's distressed state concerning her life and about her uncertainty and indecisiveness around continuing to live.

7.1.9 Respondent Paula – Summary

Problematic areas for Paula evidenced by way of low structural pressures on constructs included the difficult issues of life and death (respectively, constructs #1 and #18) and the suicide phenomenon and her dual status as a suicide survivor (respectively constructs #10 and #21). She contended with these by pursuing her primary core aspirations by way of her core evaluative dimensions of identity – belief in alternative remedies as opposed to prescribed medication, continuing to develop her own values and beliefs rather than remaining with those of her parents, thinking that grief following suicide was uniquely

painful compared with it being like any other, and so on. She felt that she was doing this successfully via her moderate to high self evaluation.

But Paula showed inconsistency in appraising her social world in relation to aspects of suicide – its potency as a psychological change event and awareness of suicidal behaviour in others – through responses linked to her own family and client suicide experiences and her professional work with at-risk individuals. She contended with these stressful issues by way of her aspirations, designated above as her core evaluative dimensions of identity.

Paula did not highly value the way clients saw her : '*me as my clients see me*' (meta eval 0.14). This contrasts with her evaluation of how her colleagues saw her: '*me as my colleagues see me*' (meta eval 0.74). Further her identification with the way her clients saw her (meta conf idfcn CS3 0.49) was substantially more conflicted than with her metaperspectives based in colleagues (meta conf idfcn CS3 0.34). This implied that she was more in tune with her colleagues' view of her than with her clients' view of her.

Her ongoing identity processes indicated that she empathetically identified with her counselling supervisor more closely while at the same time she decreasingly empathetically identified from her husband. Suicidal behaviour of her clients (PS2/PS3) evidenced increased or stable conflicted identification levels across all suicide-related entities but this trend was reversed in relation to '*mother*' (PS2 0.47; PS3 0.38) and '*father*' (PS2 0.54; PS3 0.49). The latter conflicts increased again based in '*me after my client's suicidal behaviour*' (PS3) to '*me when I am working*' (CS3): '*mother*' (0.38; 0.43) '*father*' (0.49; 0.52).

Paula's very high conflicted identifications and modulations in empathetic identifications in how she appraised herself during the period preceding her taking up psychotherapy/counselling work to date provided an indication of continuing, deep impact upon her identity of contending with suicide trauma. Experience of family suicide and its aftermath coincided with the start of her counselling training / practice. Further work would be needed to disaggregate and assess relative levels of influence upon her identity of her '*before I became a psychotherapist/counsellor*' experiences and her '*me when I'm working*' as a psychotherapist/counsellor experiences. There was little evidence of any conscious attempt by the respondent to resolve her identification conflicts other

than through her strongly supportive relationship with her counselling supervisor. However her identity variant classifications ‘*diffusion*’ and ‘*diffuse high self-regard*’, respectively, in her currently situated selves indicated her continuing sense of vulnerability in her identity. Her very highly idealistic identification with her *counselling supervisor* appeared to contrast with her idealistic identification with persons involved in suicidal loss.

7.1.10 Respondent Paula – Conclusions

As an observer, one doubted whether Paula’s current mode of contending with the issues that are problematic for her would be appropriate in the longer term. A follow-up study would be needed to illuminate this further. If she valued characteristics associated with suicide, e.g. ‘*client who died by suicide*’ (eval 0.43) and thought on balance that it was brave to commit suicide (construct #3 SP 49.08) her identity processes could conceivably lead her there, not so much as a negative act but in empathetically identifying with ‘*a client who died by suicide*’ (CS1 0.68; CS3 0.73).

Note: Key for graphs 7.1.1, 7.1.2, 7.1.3 and 7.1.4 below

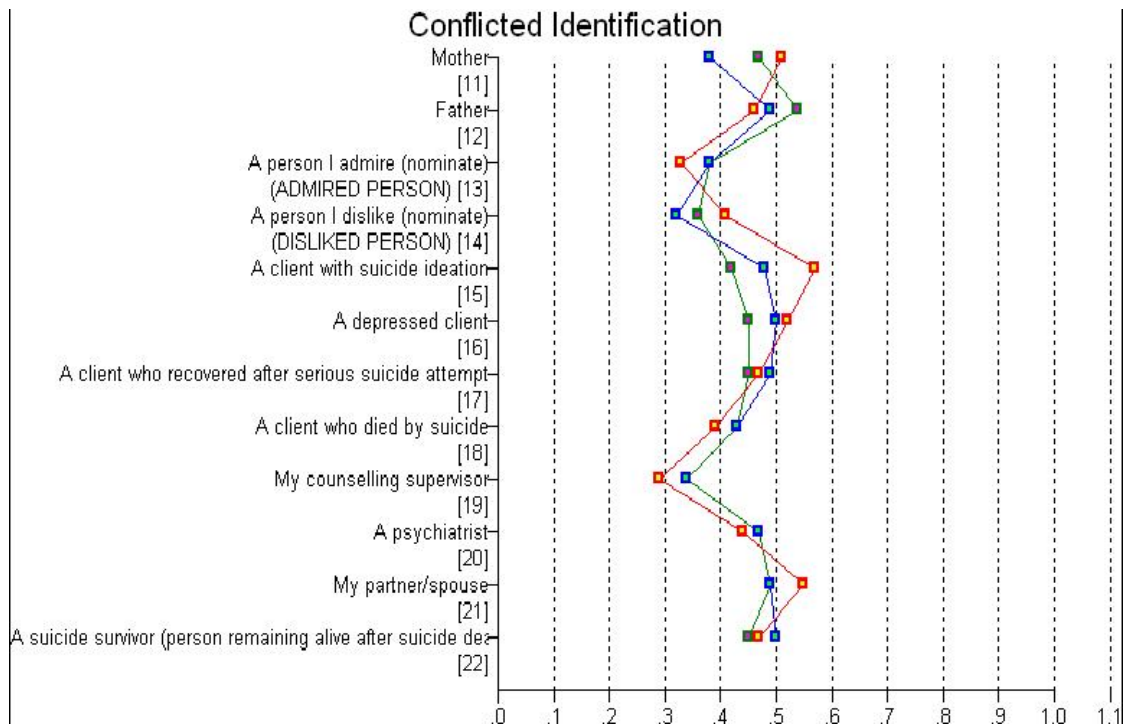
PS1 & CS1= red

PS2 & CS2=green

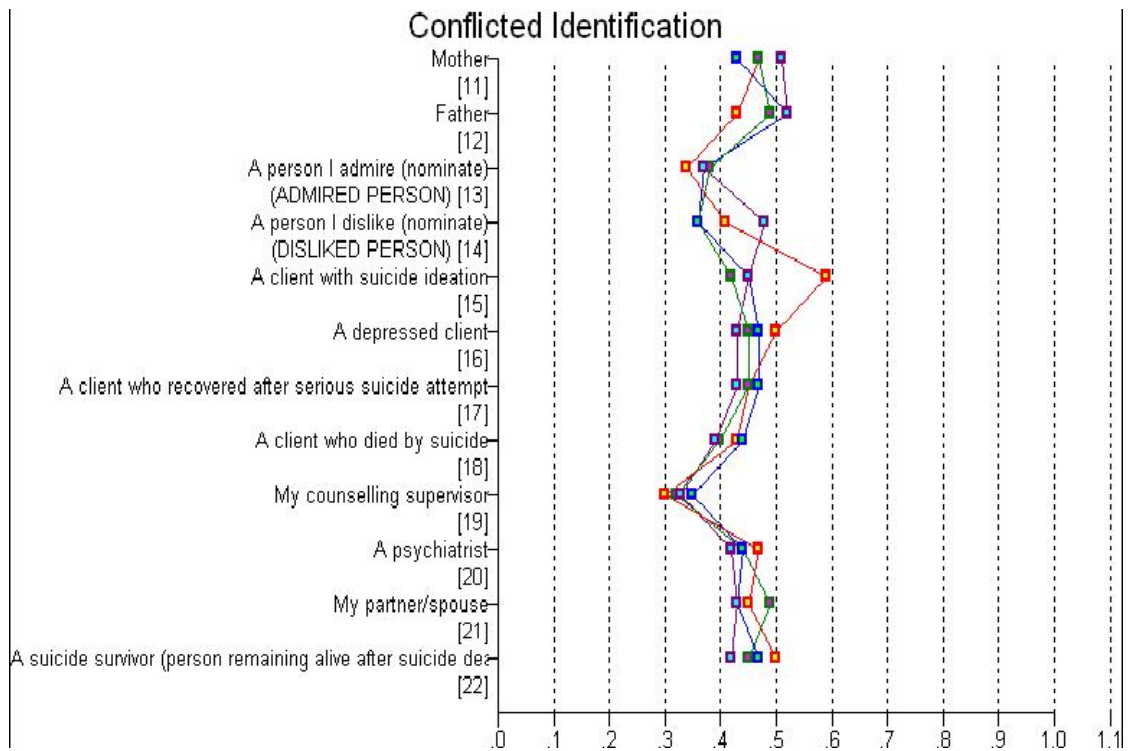
PS3 & CS3= blue

CS4=purple/maroon

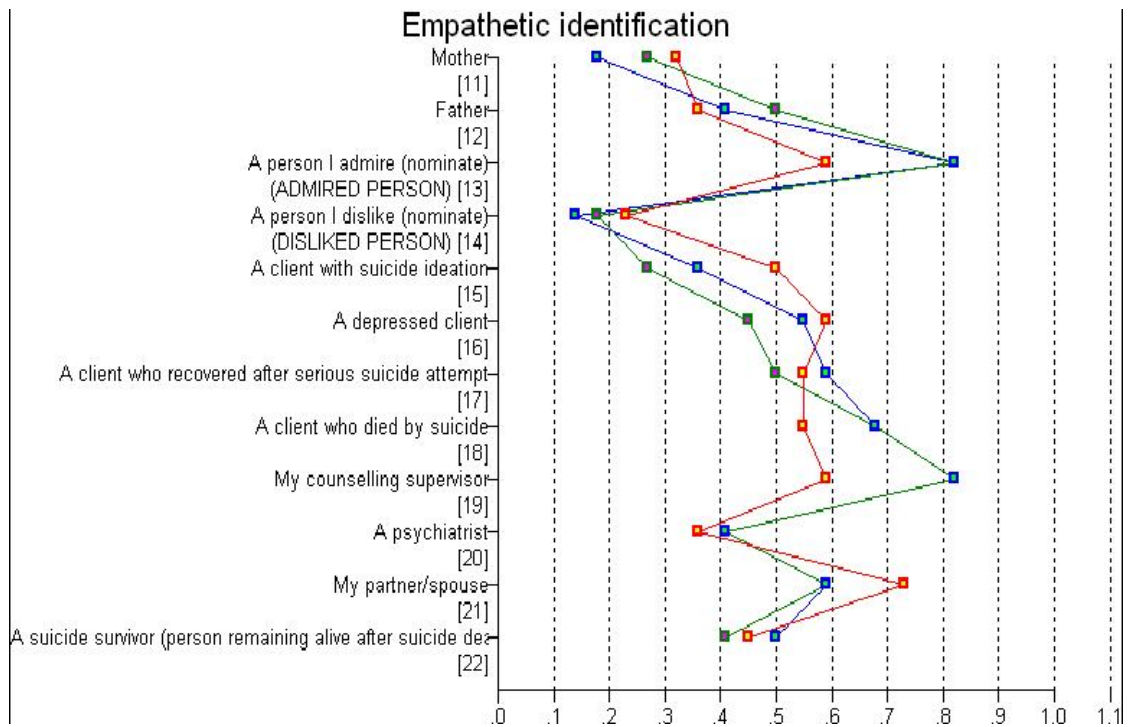
Graph 7.1.1 IDEX A1 'Paula' conf idfcn PS1, PS2, PS3 comparison



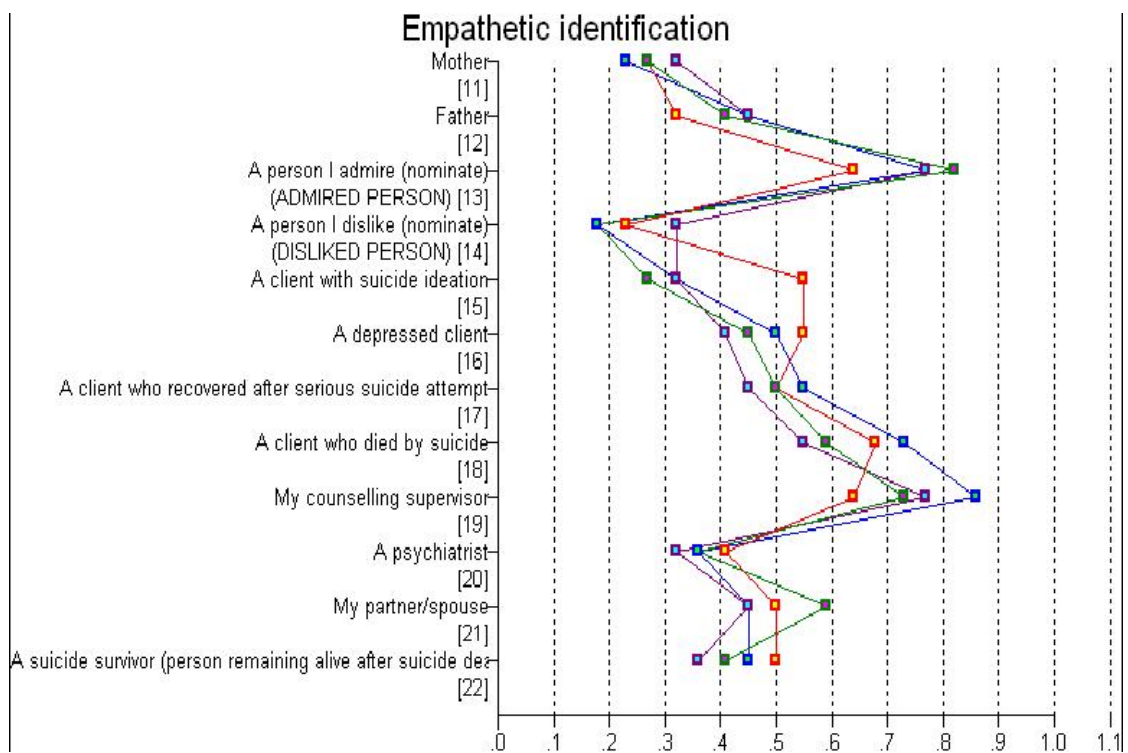
Graph 7.1.2 IDEX A1 'Paula' conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.1.3 IDEX A1 'Paula' emp idfcn PS1, PS2, PS3 comparison



Graph 7.1.4 IDEX A1 'Paula' emp idfcn CS1, CS2, CS3, CS4 comparison



7.2.0 Case Study A2 – alias Basil

7.2.1 Respondent Basil - Personal and professional information

This respondent will be referred to using the pseudonym ‘Basil’. Basil was a male counsellor aged in his mid-forties resident in the UK. He qualified as a teacher and had worked with individuals and groups in a range of educational, advisory, research and psychotherapeutic settings, locally and overseas, for several years. His early education and training included a university degree and professional qualifications. More recently Basil completed a postgraduate counselling diploma, several higher degrees involving counselling research programmes and had published in psychotherapy journals and textbooks. When interviewed he was working full-time in an educational setting and part-time in a psychotherapeutic setting.

7.2.2 Respondent Basil – Identity Structure Analysis

Basil completed ISA Instrument ‘A’ (see appendix 5) in September 2003 after a taped semi-structured interview with the researcher. Before being interviewed he voluntarily completed a consent form (see appendix 4).

7.2.3 Respondent Basil – Preliminary remarks

Basil acknowledged that he had worked in psychotherapeutic relationships with several clients who had subsequently taken their own lives.

‘...I kind of identified in my mind four circumstances where I’ve had exposure to suicide.’

He was by definition a multiple suicide survivor although his ego-involvement with ‘*a suicide survivor*’ was quite low (ego-inv 2.79). His ego-involvement with ‘*a client who died by suicide*’ (ego-inv 4.14) and with ‘*a client with suicide ideation*’ (ego-inv 3.94) was relatively high while his evaluation of each of these two entities was very low indeed (eval - 0.33). It seemed that Basil’s life was quite highly influenced by entities that he valued very unfavourably. However his highest ego-involvement was with ‘*me as I would like to be*’ (ego-inv 5.00) and with ‘*me when I’m relaxing*’ (ego-inv 5.00). This indicated that when the instrument was completed the respondent was somewhat self-absorbed and quite content with himself. His highest self-evaluation was ‘*me when I feel*

enhanced by life's wonders' (eval 1.00). Other facets of self that were highly evaluated included '*me as I would like to be*' (eval 0.91) and '*me when I'm relaxing*' (eval 0.80). This reflected Basil's very high ego-involvement with self and perhaps pointed to underpinning bases for his apparently high level of contentment. But the intensities of his ego-involvement with '*a client who died by suicide*' (ego inv 4.14), with '*a person I dislike*' (ego inv 3.94) and with '*a client with suicide ideation*' (ego inv 4.14) pointed to vulnerable aspects of Basil's multifaceted self.

7.2.4 Respondent Basil – Primary Analysis

The classification of identity variants was based solely upon the underlying parameters of identity diffusion and self-evaluation. This global classification did not take account of individual characteristics indicated in detail by the full range of identity indices for the respondent (Weinreich, 1992: 36). In the classification set out in Table 7.2.1 below, Basil's current self '*me when I am overwhelmed by life's cruelties*' (CS1) was classified as 'crisis' regarded as a vulnerable identity state. Basil knew what it was like to be 'in a crisis' although this did not dominate his sense of self (ego inv 2.21). Basil's current self '*me when I feel enhanced by life's wonders*' (CS2) was classified as 'confident' regarded as a well-adjusted identity state. His current selves '*me when I'm working*' (CS3) and '*me when I'm relaxing*' (CS4) were both classified as 'indeterminate'. All three of Basil's past situated selves '*me before I became a psychotherapist/counsellor*' (PS1), '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) were also classified as 'indeterminate'. These five classifications would be regarded as well-adjusted identity states.

Table 7.2.1 Respondent Basil – Self Image

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SELF IMAGE

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	2.21	PS1	3.46
		CS2	4.62	PS2	3.17
		CS3	3.37	PS3	3.46
		CS4	5.00		
Self-Evaluation (-1.00 to +1.00)	0.91	CS1	-0.07	PS1	0.60
		CS2	1.00	PS2	0.55
		CS3	0.69	PS3	0.47
		CS4	0.80		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.46	PS1	0.32
		CS2	0.30	PS2	0.32
		CS3	0.31	PS3	0.33
		CS4	0.31		
.Identity Variant					
Current Self 1	CRISIS				
Current Self 2	CONFIDENT				
Current Self 3	INDETERMINATE				
Current Self 4	INDETERMINATE				
Past Self 1	INDETERMINATE				
Past Self 2	INDETERMINATE				
Past Self 3	INDETERMINATE				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.34	0.83	0.65	0.72	
PS2	0.29	0.82	0.62	0.70	
PS3	0.26	0.77	0.58	0.66	

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me after my client's suicidal behaviour'
 CS4 'me when I'm relaxing'

There was a noticeable decline in Basil's self-evaluations from '*me before I became a psychotherapist*' (PS1 0.60), through '*me before my client's suicidal behaviour*' (PS2 0.55) to '*me after my client's suicidal behaviour*' (PS3 0.47). This indicated the negative effect of experiencing the suicide death of a client early in his counselling career. Basil said:

...this would have been...a middle-aged man...he had a terminal illness taken he and his younger wife and little child on holidays and in the middle of the night

drowned himself in a...swimming pool that was a very tragic affair...So that was my first experience. So that's suicide in that...role some time ago.

In relation to attempted suicide, Basil's self evaluation '*me when I'm overwhelmed by life's cruelties*' (CS1 – 0.07) was numerically similar to his evaluation of '*a client who recovered after serious suicide attempt*' (eval – 0.07). As mentioned at par 7.2.3 above, this respondent had a very low evaluation of '*a client who died by suicide*' (eval - 0.33). Basil said:

...there is also a consideration that we haven't really addressed...that is the positive outcome that there can be for the clinician therapist...been exposed to suicide in the positive outcomes of that impact: you know that it doesn't always have to have negative ramifications...I kind of reflect on my personal circumstances...those exposures to both the attempted and the actual circumstances of suicide that I've outlined (and) one or two that I have not outlined...

It was difficult immediately to reconcile this particular narrative with Basil's evaluation results unless perhaps it led him to value more highly his experiences of 'life's wonders' (CS2) and of relaxation (CS4).

7.2.5 Respondent Basil – Conflicted identifications: influence of suicide phenomenon

In his appraisals of his currently situated self '*me when I am overwhelmed by life's cruelties*' (CS1), as set out in Table 7.2.2 below, Basil has very highly conflicted identifications with '*a depressed client*'(0.73), '*Mother*'(0.62), '*Father*'(0.55), '*a client with suicide ideation*'(0.54), '*a client who died by suicide*'(0.52) and '*a suicide survivor*'(0.52) and a highly conflicted identification with '*a client who recovered after serious suicide attempt*' (0.44). [Further consideration of '*Mother*' and '*Father*' is postponed until par. 7.2.11 below, except to note Basil's consistently highly conflicted identifications with his parents.]

Table 7.2.2 Respondent Basil - Conflicts in Identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.73	0.30	0.36	0.37
11 Mother	0.62	0.46	0.46	0.41

12 Father	0.55	0.46	0.43	0.44
15 A client with suiciden	0.54	0.31	0.36	0.43
18 A client who died by e	0.52	0.25	0.30	0.35
22 A suicide survivor (p	0.52	0.37	0.40	0.39
14 A person I dislike (n)	0.47	0.19	0.19	0.18
17 A client who recoveret	0.44	0.31	0.34	0.34
20 A psychiatrist supervr	0.23	0.31	0.29	0.32
21 My partner/spouse	0.22	0.31	0.31	0.30
13 A person I admire (no)	0.21	0.30	0.30	0.28

<u>CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self</u>				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
11 Mother	0.42	0.39	0.35	
16 A depressed client	0.42	0.38	0.41	
15 A client with suiciden	0.41	0.44	0.43	
12 Father	0.40	0.42	0.44	
22 A suicide survivor (p	0.40	0.37	0.36	
17 A client who recoveret	0.37	0.35	0.31	
18 A client who died by e	0.35	0.35	0.38	
19 My counselling supervr	0.32	0.32	0.29	
21 My partner/spouse	0.30	0.30	0.29	
13 A person I admire (no)	0.29	0.29	0.26	
14 A person I dislike (n)	0.18	0.18	0.30	

CS1 'me when I am overwhelmed by life's cruelties'	PS1 'me before I became a psychotherapist/counsellor'
CS2 'me when I feel enhanced by life's wonders'	PS2 'me before my client's suicidal behaviour'
CS3 'me when I'm working'	PS3 'me after my client's suicidal behaviour'
CS4 'me when I'm relaxing'	

The four above-mentioned suicide-related entities generated either very high or high levels of identification conflict (conf idfcn range 0.44 to 0.54) for Basil in his appraisal of *'me when I'm overwhelmed by life's cruelties'* (CS1). Further, in the transition from *'me when I'm enhanced by life's wonders'* (CS2) to *'me when I'm overwhelmed by life's cruelties'* (CS1) Basil's levels of identification conflict increased markedly in his appraisals of all four suicide-related entities. This indicated that while Basil's identifications with several aspects of the suicide phenomenon were problematic when *'overwhelmed by life's cruelties'* (CS1), *'client suicide'* (CS2 0.25; CS10.52) rather than *'a suicide survivor'* (CS20.37; CS1 0.52) may be among the most challenging. Basil said:

I suppose my view of suicide and death the actuality of death is very much bound up in my own experience of those who have attempted suicide and those who have committed the act successfully.

Note that Basil's conflicted identifications in three out of four appraisals that related to suicidal behaviour became marginally less problematic in the transition from *before* to

after his client's suicidal behaviour: 'ideation' (PS2 0.44, PS3 0.43); 'survivor' (PS2 0.37, PS3 0.36) and 'recovered' (PS2 0.35, PS3 0.31). In contrast, however in Basil's appraisal of self in relation to 'a client who died by suicide' his level of identification conflict actually increased (PS2 0.35; PS3 0.38) and became slightly more problematic. Basil's narrative poignantly recalled his direct experience:

...my own thinking about the issue of suicide was in a very highly pressurised environment in the build-up to...war and a period which actually straddled the three months leading up and into the...war where military personnel had been involved in attempted suicides and actual suicides of which I had direct involvement in six actual and twelve attempted [suicides]...

When Basil was not working his appraisal of 'me when I'm relaxing' (CS4) exhibited highly conflicted identifications with three of the four suicide-related entities: 'a client with suicide ideation' (0.43), 'a suicide survivor' (0.39) and 'a client who died by suicide' (0.35) while his identification conflict in relation to 'a client who recovered after serious suicide attempt' (0.34) was moderately high. Yet the respondent's joint highest level of self-involvement and his third highest self-evaluation was with 'me when I'm relaxing' (ego inv 5.00; eval 0.80). Conflicted identifications arise from empathetic identifications with others while simultaneously contra-identifying with these same others. Some elements of both aspects of the respondent's conflicted identifications were evident in Basil's narrative:

I find it difficult to envisage the young guy (who blew his head off...who for six months had been having marital difficulties) who was in crisis even being able to entertain...different ways of coping with his circumstance...there must be circumstances where someone is so consumed by crisis that being able to entertain alternatives would be difficult in itself.

These results indicated that Basil was aware that each suicide-related entity represented a recognisable state of himself that did not accord with his identity aspirations. Among these were several of his key aspirations, based upon high structural pressures on constructs that included his beliefs in the 'irreplaceable value of each human being' (SP 92.08), in his 'warm feelings towards others' (SP 74.25), in his 'not thinking about people committing suicide' (SP 70.34). See also par 7.2.9 below.

7.2.6 Respondent Basil – Empathetic identifications and the suicide survivor

Basil increasingly empathetically identified (see Table 7.2.3 below) with *'my counselling supervisor'* and *'my partner/spouse'*, respectively, as he appraised himself from *'me before my client's suicidal behaviour'* to *'me when I am working'* (PS2 0.74, CS3 0.81; PS2 0.89, CS3 0.94). He felt supported by these people during his transition into a counselling career. But he decreasingly empathetically identified with them as he appraised himself from *'me before my client's suicidal behaviour'* to *'me after my client's suicidal behaviour'* (PS2 0.74, PS3 0.60; PS2 0.89, PS3 0.85). This reflected Basil's dissociation from these persons in the immediate aftermath of multiple incidents of client suicidal behaviour occurring over a ten year period, as evidenced in the respondent's narrative:

...I reflected on the frustration...where I felt that there was not enough either understanding or support for those who'd been involved...where a number of suicides had taken place...suicides happened and suicide attempts took place but...those responsible did not address the question or questions that suicide raised.

Again the respondent increasingly empathetically identified with *'my partner/spouse'* and *'my counselling supervisor'*, respectively, as he appraised himself from *'me when I am overwhelmed by life's cruelties'* to *'me when I feel enhanced by life's wonders'* (CS1 0.50, CS2 0.94; CS1 0.43, CS2 0.75). Basil identified increasingly strongly with the perceived characteristics of both entities in the latter context where he felt closer to them (Weinreich, 2003: 60). But in stark contrast, the respondent's empathetic identifications with each of the four suicide-related entities, *'a client who recovered after serious suicide attempt'*, *'a suicide survivor'*, *'a client with suicide ideation'* and *'a client who died by suicide'*, respectively, were consistently decreasing as he appraised himself during the transition from *'feeling overwhelmed by cruelties'* (CS1) to *'feeling enhanced by life's wonders'* (CS2): (CS1 0.50, 0.64, 0.57, 0.57; CS2 0.25, 0.31, 0.19, 0.13). Suicide as experienced in Basil's narrative was invariably perceived by him to be more 'cruelty' than 'wonder':

...one young guy who was having marital difficulties...he'd had a 'Dear John' letter from the UK...I had spent some time with him. I felt that he was particularly vulnerable...for that period...I would have seen him every day...he would have received medical support...he was receiving support from his friends

and colleagues. So there were all those supportive mechanisms in place... [but] ...we sent him back to the UK to face whatever circumstance it was that he had to face and within 48 hours he'd hung himself in his own quarters...I remember feeling an immense sadness that...we were unable to continue the level of support...somehow there wasn't the commitment to the same level of support back at home.

Table 7.2.3 Respondent Basil -Empathetic Identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
11 Mother	0.79	0.44	0.44	0.35
16 A depressed client	0.79	0.13	0.19	0.20
12 Father	0.71	0.50	0.44	0.45
22 A suicide survivor (p	0.64	0.31	0.38	0.35
15 A client with suiciden	0.57	0.19	0.25	0.35
18 A client who died by e	0.57	0.13	0.19	0.25
17 A client who recoveret	0.50	0.25	0.31	0.30
21 My partner/spouse	0.50	0.94	0.94	0.90
13 A person I admire (no)	0.43	0.88	0.88	0.80
19 My counselling supervr	0.43	0.75	0.81	0.70
14 A person I dislike (n)	0.36	0.06	0.06	0.05
20 A psychiatrist	0.29	0.50	0.44	0.55
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.89	0.89	0.85	
13 A person I admire (no)	0.84	0.84	0.70	
19 My counselling supervr	0.74	0.74	0.60	
20 A psychiatrist	0.53	0.58	0.55	
11 Mother	0.37	0.32	0.25	
12 Father	0.37	0.42	0.45	
17 A client who recoveret	0.37	0.32	0.25	
22 A suicide survivor (p	0.37	0.32	0.30	
15 A client with suiciden	0.32	0.37	0.35	
16 A depressed client	0.26	0.21	0.25	
18 A client who died by e	0.26	0.26	0.30	
14 A person I dislike (n)	0.05	0.05	0.15	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Only when '*feeling overwhelmed by life's cruelties*' (CS1) did Basil empathetically identify with a 'suicide survivor' (empath id 0.64). Otherwise he did not see himself as a

client 'suicide survivor': when working with clients, there was little of the 'clinician survivor' in him (emp idfcn 0.38)..

7.2.7 Respondent Basil – Negative and positive role models of the suicide survivor

Contra-identifications pointed to negative role models. They acknowledged the similarity between the qualities one attributed to the other and those from which one wished to dissociate (Weinreich, 2003: 58). Basil's highest contra-identifications were with '*a depressed client*' (0.67), '*a person I dislike*' (0.62), '*Mother*' (0.48) and '*Father*' (0.43) and his evaluations, respectively, of these entities were very low: -0.29, -0.60, 0.09 and 0.01). His contra-identifications with suicide-related entities were also high: '*a client with suicide ideation*' (0.52), '*a client who died by suicide*' (0.48), '*a suicide survivor*' (0.43) and '*a client who recovered after serious suicide attempt*' (0.38) and he reserved his lowest evaluations for the above mentioned suicide-related people, respectively, -0.33, -0.33, -0.19 and -0.07.

In order to contra-identify with another and thus to seek to dissociate from another, one required knowledge of the relevant characteristics of the other (Weinreich, 2003: 58). Basil's knowledge of others' suicidal behaviour caused him to address the potential threat of his own suicidal tendencies by 'using coercive power' (Weinreich, 2003: 56) to suppress any such tendency. One consequence was his very low evaluation of *all* suicide-related entities, including '*the suicide survivor*', who was the innocent victim of another's suicidal act! The possibility existed that, as a therapist survivor, Basil contended with his own suicidal tendencies by contra-identification with all aspects of client suicidal behaviour. In other words a negative appraisal of his professional self following the suicide of a client was separated from 'self as therapist': thus this 'phase' was appraised as an atypical distressing event but not as a continuing salient feature of self.

Although completed suicide was plainly the act of 'killing the self' this overt aspect was envisaged as but a fatal side-effect of the victim's superior intention: to kill their existential pain (Shneidman, 1996: 158). The following dialogue was illuminating:

Researcher: ...Shneidman says there's no such thing as an unnecessary suicide...suicides don't kill themselves: they kill the pain. A side effect is that they kill the self...they don't distinguish between the self and the pain...

Basil: I'm sure that's quite accurate. I'm trying to draw the distinction in my mind between the self and the pain. I don't think that's possible.

An extension of this disposition was that Basil was unable or unwilling to separate the person from the act. This explained his choice to contra-identify with all suicide-related entities, including an innocent victim of another's suicidal act, viz. '*a suicide survivor*'. Basil's most negative suicidal-related role model was '*a client with suicide ideation*' (contra-idfcn 0.52; eval – 0.33).

Basil exhibited very high idealistic-identification with '*my partner/spouse*' (0.86) and quite high idealistic-identification with '*my counselling supervisor*' (0.67): the former (ego-inv 4.2) was a far more dominant influence than the latter (ego-inv 2.02). They represented qualities that Basil aspired to as part of his ideal self-image. He had low levels of idealistic-identification with four suicide-related entities including '*a suicide survivor*' (0.33). Hence the positive role model for his professional life was '*my counselling supervisor*': his clinician survivor status was much less influential since in his professional life he did not see himself as a therapist survivor (emp idfcn '*a suicide survivor*' CS3 0.38).

7.2.8 Respondent Basil - Structural pressures on constructs

Very high structural pressures on two constructs: '*...does not value some human beings very highly*' / '*...believes each human being is of irreplaceable value*' (SP 92.08) (where the preferred pole is in bold) and '*...feels that safe expression of emotional feelings is always healthy*' / '*...feels that expression of emotions often indicates loss of control*' (SP 88.98) epitomised key values and beliefs that were central to Basil's identity: they represented stable or core evaluative dimensions of his identity. These values are resonant of the Rogerian philosophy (Rogers, 1961) that underpinned Basil's university-based person-centred training during a five year period before interview.

His client suicide experiences began over 10 years earlier after he began work at home as a pastoral counsellor following appropriate education and training. These events extended had concluded before his further university training commenced. Basil reported up to 10 client suicide occurrences – the first during pastoral work, eight when working abroad and one when he returned home. Basil said:

...you were dealing with people's regret, bereavement...at ...different layers of intensity all at the same time...[but] I cannot say that as a [pastoral counsellor] in a community...my relationship... with [clients who died by suicide]...was in any way close...some [limited] contact ...but at a very superficial level in the sense that I would not have known about...domestic crises...until afterwards...

High structural pressures on four constructs '**I have warm feelings towards...**'/ 'I loathe...(SP 74.25), '**...takes life for granted**'/ 'wonders what life is all about' (SP 71.46), '**...does not think about people committing suicide**'/ '...is highly sensitised to the issue of suicide' (SP 70.34) and '...withdraws from human contact'/ '**...seeks and develops human relationships**' (SP 70.05) represent further core evaluative dimensions of the respondent's identity. It might be inferred from these data that Basil regarded himself as 'biased towards the positive' exemplified in his response to the proposition that all clients of psychotherapists are by definition (potentially) suicidal clients, in the relevant narrative:

I find that a very negative perspective to take because...most of us in the psychological world talk about being driven by the positivity bias...that notion would very much drive against the positivity bias...that is [a] very negative perspective of an individual...in crisis...in that whole business of change are there not degrees to which people want to change without ever considering the issues of harm or suicide ideation...or the more radical termination of life?

Structural pressures on two constructs were quite high: 'I feel distressed by...'/ '**I feel encouraged by...**' (SP 69.65), '...questions who s/he is'/ '**...remains sure of who s/he is**' (SP 67.15). They represented further core aspects of Basil's identity. He evidenced these even in somewhat depressing and pessimistic circumstances, as in the narrative about a client who took his own life:

...it was in his empty quarters [abroad] that he committed suicide. He hung himself from...electric light...wires...so...I was saddened by that...I thought there was a good degree of hope that no matter what he faced [at home] things were going to be OK.

Structural pressures on a further five constructs are moderately high: '**...considers that most suicides could be prevented**'/ '...considers that most suicides are unavoidable' (SP 59.93), '**...continues to be the person s/he was into the foreseeable future**'/ 'feels that the person s/he was is dead' (SP 58.98), '...sticks rigidly to values and beliefs of

parents and guardians’/ **‘...continues to develop personal values and beliefs’** (SP 57.11), **‘...relies mainly on prescribed medication to relieve psychological pain’**/ **‘...always uses complementary/alternative remedies where possible’** (SP 56.96) and **‘I feel a special responsibility for the well-being of...’**/ **‘I don’t have any particular responsibility for the well-being of...’** (SP 53.31). These constructs also represented core elements of the respondent’s identity, partially evidenced in this narrative concerning a serious suicide attempt:

I think there are many cries for help some...have been radical in my experience...a young man...that I had some contact with...beforehand but no knowledge of any kind of suicide ideation...I don’t think I would have had any concern for his mortality...managed to swallow 72 paracetamol and survived...I had connection with him (both) in a training environment and then ongoing...support...after the act had occurred and for some time afterwards...

Structural pressures on two constructs are high enough to merit consideration as secondary evaluative dimensions of identity: **‘...feels momentary bouts of psychological discomfort’** / **‘...suffers unendurable psychological pain’** (SP 42.44) and **‘...relies on family support at times of threat or crisis’**/ **‘does not need family support at difficult times’** (SP 33.57). Basil acknowledged some personal psychological vulnerability and also a degree of dependence upon family support in difficult circumstances.

Low structural pressures on four constructs: **‘...believes that suicide cannot be predicted by overt behaviour’**/ **‘believes that suicide may be anticipated by perceptive observation’** (SP16.64), **‘...believes that suicide demands considerable bravery’**/ **‘...believes that suicide is the act of a coward’** (SP 4.50), **‘...feels that grief following suicide is like any other’**/ **‘...feels grief following suicide is uniquely painful’** (SP 3.87) and **‘...believes that suicide and depression are inextricably linked’**/ **‘...believes suicide can occur ‘out of the blue’ without depression being present’** (SP -2.61) specifically referred to aspects of suicide and were inconsistently evaluative dimensions of identity signifying areas that may be stressful for the respondent. Around these areas the respondent’s ‘behaviour may be problematic and perhaps unpredictable’ (Weinreich, 1992: 21). For example some ambivalence was evident in four extracts from Basil’s narrative, recorded immediately preceding completion of the ISA instrument:

- a) I'm trying to envisage as to whether this young guy [who took his own life] was suffering from a mental health issue';
- b) I have no doubt that mental health eh issues may well lead an individual to commit an act [of suicide]'
- c) I was saddened by that circumstance [i.e. a young man hangs himself]; and
- d) Both [young men who took their own lives] had received bad news and felt totally inadequate at being able to address the personal crises...

Low structural pressure on the construct 'carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had a significant relationship or emotional bond' / **'believes that people with whom s/he had a significant relationship or emotional bond are entirely responsible for their own circumstances'** (SP18.53) designated this construct as a conflicted or inconsistently evaluative dimension of the respondent's identity. As stated above, per high structural pressures on **'seeks and develops human relationships'** (SP 70.05), Basil's search for human relationship is a core evaluative dimension of his aspirational self. As a counsellor, Basil sought to develop significant relationships with clients. In the counselling relationship, clients remained responsible for their own choices and actions. When client suicide detonated that relationship, this created in its place a network of human interaction and communication involving family members, work colleagues and wider society. In the context of client suicide and its aftermath, Basil's behaviour around close or intimate relationships may be problematic and perhaps unpredictable. This is illustrated in the narrative:

There are always a number of dilemmas [following a client's suicide] because you were not just dealing with the family of the individual particularly since this was overseas...you were dealing with families at the distance. You were dealing with the individuals who were intimately involved but you were also dealing with a community of people...in the...group that he worked with who were part of a larger group...the social community.

Low structural pressure on the construct: '...never feels lonely or uncomfortable when alone with self' / **'...often feels the need for human contact when alone with self'** (SP 12.92) indicated that this construct represented another inconsistently evaluative dimension of the respondent's identity in respect to being alone or needing to have company.

Structural pressures on the construct ‘...was totally changed by suicide of person with whom s/he had significant relationship or emotional bond’/ ‘...was not much affected by suicide of person with whom s/he had significant relationship or emotional bond’ (**) were indeterminate because the ISA internal anchoring procedure failed. Construct polarity is zero: Basil did not use this construct to appraise ‘*me as I would like to be*’ or ‘*a person I dislike*’ or ‘*a person I admire*’ (Weinreich, 1992: 20). He was either unable, or did not wish fully to endorse this construct with these entities. He appraised the construct inter alia with ‘*a suicide survivor*’ (scale pt 2; polarity –1) and with several other people, obtaining the same result (i.e. scale pt 1, polarity –1) for ‘*client who died by suicide*’; ‘*client who recovered after...suicide attempt*’; ‘*client with suicide ideation*’ and ‘*me when overwhelmed by life’s cruelties*’. By using ‘*a suicide survivor*’ as a surrogate for ‘*a therapist survivor (of multiple client suicide)*’, it was evident that Basil believed himself *quite changed* by his client suicide experiences although he was less adversely affected in the identity context ‘*overwhelmed by life’s cruelties*’ (CS1). It was not considered useful to speculate further about Basil’s level of perception of himself as ‘*a suicide survivor*’.

7.2.9 Respondent Basil – Discussion

Problematic areas for Basil evidenced by low structural pressures on constructs included some aspects of the suicide phenomenon for example whether suicide could be anticipated (#13), whether suicide was brave or cowardly (#3), whether suicidal grief was uniquely painful (#7) and regarding links between depression and suicide (#15) and the survivor’s predicament (#21). Other areas of uncertainty and ambivalence for him included human relationships in particular, responsibility for others (# 2) and contact with others (# 19).

Basil contended with these troubling aspects of suicide and human engagement by pursuing the aspirations evident in his core evaluative dimensions of identity – belief in the irreplaceable value of each human being, the safe expression of emotion, having warm feelings towards others, taking life for granted and being open to human relationships. He appeared to contend with his uncertainties around suicidal behaviour by not dwelling excessively on the phenomenon (# 10) as indicated in the narrative:

I'm trying to understand that, in that whole business of change, are there not degrees to which people want to change without ever considering the issues of harm or suicide ideation...or the more radical termination of life ?

Basil's own self-evaluation ranged from very low (eval CS1 – 0.07) to very high (eval CS2 1.00, CS 40.80, CS3 0.69). In par. 7.2.6 above, it was noted that Basil identified with suicide as an aspect of life's cruelties (CS1). But low ego-involvement (CS1 ego inv 2.21) with this context indicated that this state did not dominate his self. Rather his more dominant states were when '*relaxing*' CS4 (ego inv 5.00) and when '*enhanced by life's wonders*' (CS2 ego inv 4.62). Perhaps surprisingly his identity state when '*working*' (CS3 ego inv 3.37) was less dominant.

Basil showed ambivalence in appraising his social world in relation to aspects of suicide – its potency as a psychological change event and awareness of suicidal behaviour in others – through his responses to his past client suicide experience and his current professional work with clients. He confirmed that he had no experience of client suicide since leaving both services' and pastoral counselling contexts to live and work in the 'civilian' social world:

No, fortunately not, that [viz. client suicide] hasn't been my experience since then. The nature of my counselling experience is very different these days in the sense that most of my work revolves around work-place counselling.

Basil contended with current stressful issues by way of his aspirations, designated by the above-mentioned core evaluative dimensions of his identity, including the use of complementary / alternative remedies (SP 56.96), taking life for granted, (SP 71.46) and by healthy expression of his feelings (SP 88.98).

Basil distinguished only marginally his evaluation of '*me as my clients see me*' (0.57) from his evaluation of '*me as colleagues see me*' (0.56). But he was more concerned about '*me as my clients see me*' (ego-inv 3.17) than with '*me as colleagues see me*' (ego-inv 2.98). Further his identification with the way clients saw him (CS3 0.22) had a similar level of conflict with metaperspectives based in colleagues (CS3 0.22). Although appearing to be more involved with clients than with colleagues he seemed equally in tune with both.

Basil's highly conflicted identifications and modulations in empathetic identifications in how he appraised himself during the period before he took up counselling/psychotherapy work (PS1) until the date of his interview (CS3) indicated that he contended with client suicidal behaviour of clients according to the particular attributes of each behaviour. The respondent's transition from *'before I became a counsellor/psychotherapist'* (PS1) to *'me when I'm working'* (CS3) showed partial resolution of his identity conflicts with suicide. His high identification conflicts in relation to all four suicide related entities as he appraises himself from PS1/CS3 are either decreasing: *'a client with suicide ideation'* (PS1 0.41; CS3 0.36); *'a client who recovered following serious suicide attempt'* (PS1 0.37; CS3 0.34) and *'a client who died by suicide'* (PS1 0.35; CS3 0.30) or stable: *'a suicide survivor'* (PS1 0.40; CS3 0.40), i.e. his conflicted identifications with *'a suicide survivor'* were unchanged across a lengthy time period in excess of 15 years. This partial resolution was paralleled by increasing empathetic identifications with *'my counselling supervisor'* (PS1 0.74; CS3 0.81), *'my partner/spouse'* (PS1 0.89; CS3 0.94) and *'me as colleagues see me'* (PS1 0.79; CS3 0.94). Basil saw himself as *'a suicide survivor'* only in the context of *'life's troubles'* (emp idfcn CS1 0.64) and the intensity of his engagement with suicide survivors was modest (ego inv 2.79).

The respondent's identity variant classification *'crisis'* in his currently situated self *'me when I am overwhelmed by life's cruelties'* (CS1) indicated some sense of vulnerability in his identity. He had high idealistic identifications with *'my partner/spouse'* and *'my counselling supervisor'* and quite low levels of idealistic identification with each of the four suicide-related entities

7.2.10 Respondent Basil – Conclusions

Basil did not regard himself as *'a suicide survivor'* although his several experiences of client suicide (and the suicide of a close friend during his early student days) qualified him for this status. Only *'when overwhelmed by life's cruelties'* (CS1 emp idfcn 0.64) did he see himself in these terms, although it did not dominate his being (ego-inv 2.21). His other more dominant identity states are far removed from that of a suicide survivor (emp idfcn CS2 0.31, CS3 0.38, CS4 0.35).

His experience of dealing with suicidal people and actual suicide was profoundly significant in the current development of his social world such that his use of discourses about suicidal themes was substantially conflicted when appraising self and others. He contended with his ambivalence and conflict over suicide ideation and behaviour through primary identity aspirations that included beliefs that ‘each human being is of irreplaceable value’ and ‘safe expression of emotional feelings is always healthy’ which strongly promoted an anti-suicide stance. He believed himself successful in this stance except he felt overwhelmed by life’s cruelties, a less dominant identity state.

Yet even in this latter state Basil was more as his mother and his father, respectively (CS1 emp idfen 0.79, 0.71). Life’s cruelties were more associated with them than with a suicide survivor, or suicidal clients. In this state he problematically identified with the aura of suicide but even more so with his father, and to a greater extent his mother. This vulnerable *identity crisis* state did not dominate his being where instead, when working (CS3 ego-inv 3.37), or enhanced by life’s wonders (CS2 ego-inv 4.62) or being in a relaxed state (CS4 ego-inv 5.00), these three well-adjusted states did so increasingly.

Note: Key for graphs 7.2.1, 7.2.2, 7.2.3 and below

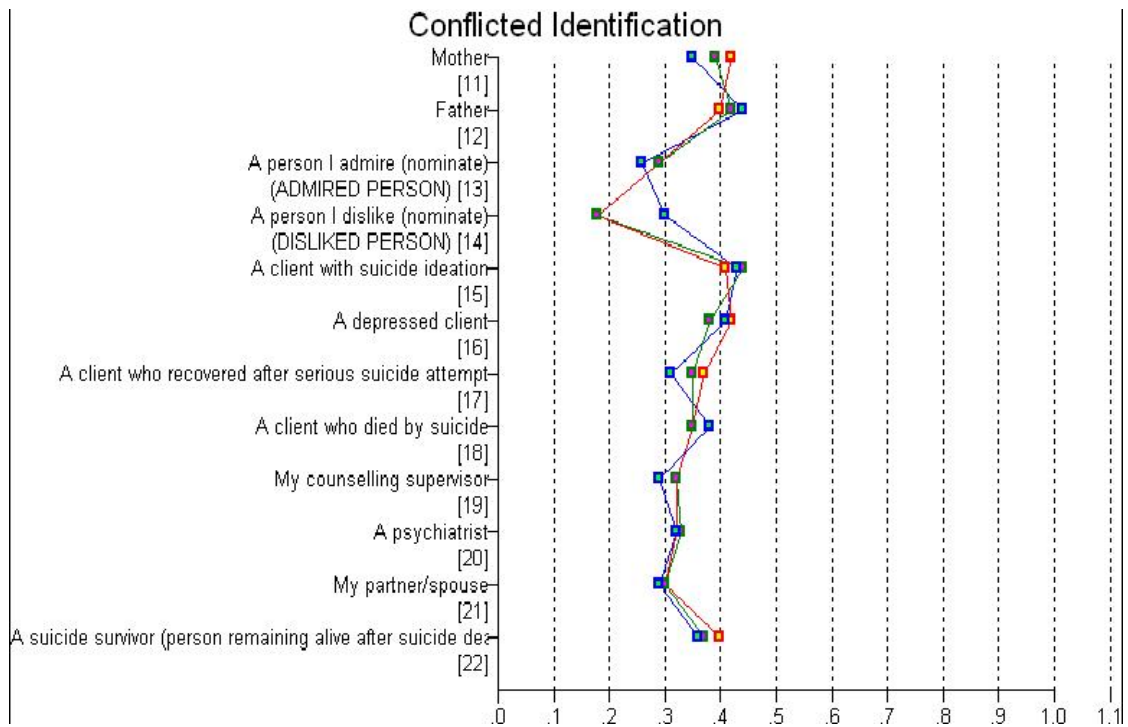
PS1 & CS1= red

PS2 & CS2=green

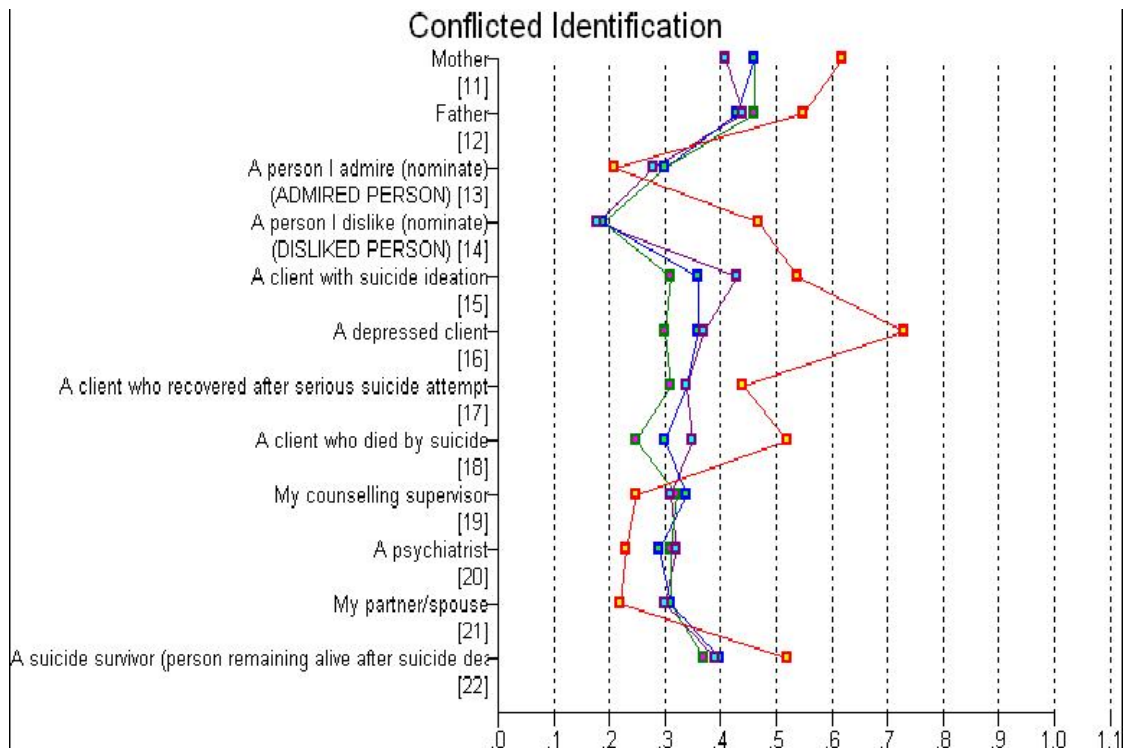
PS3 & CS3= blue

CS4=purple/maroon

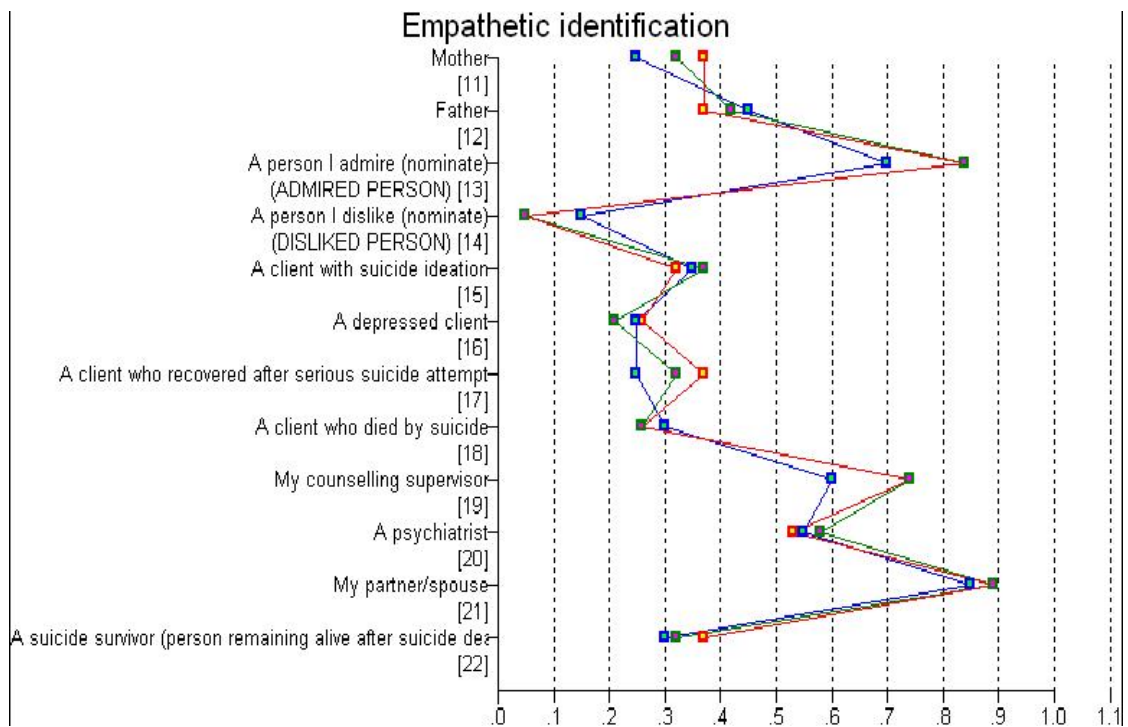
Graph 7.2.1 IDEX A2 ‘Basil’ conf idfcn PS1, PS2, PS3 comparison



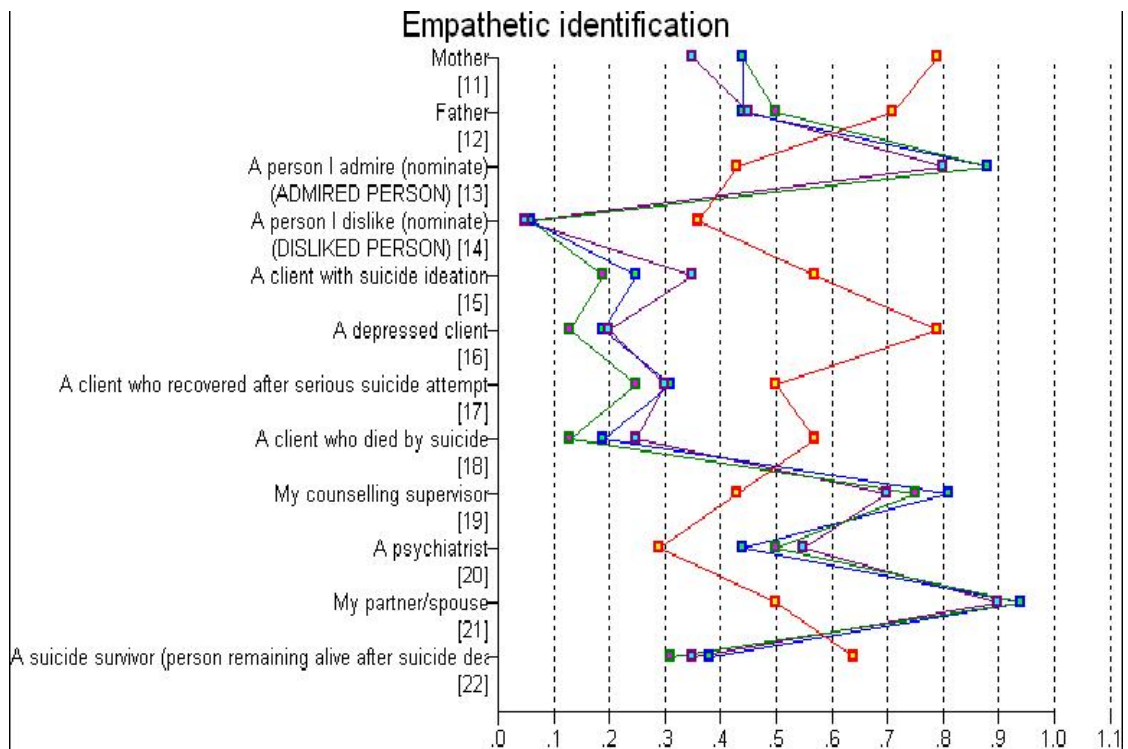
Graph 7.2.2 IDEX A2 ‘Basil’ conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.2.3 IDEX A2 'Basil' emp idfcn PS1, PS2, PS3 comparison



Graph 7.2.4 IDEX A2 'Basil' emp idfcn CS1, CS2, CS3, CS4 comparison



7.3.0 PhD Case Study A5 – alias Michael

7.3.1 Respondent Michael – Personal and professional information

This respondent will be referred to using the pseudonym ‘Michael’. Michael was a counsellor, supervisor, tutor and trainer aged in his late 50’s and a UK resident. He had worked in psychotherapy for over twenty years, initially as an agency counsellor and later in private practice and as a counselling supervisor. He was a tutor in counselling and supervision theory and skills to university diploma level. His education and training included social work, and counselling and supervision qualifications and when interviewed Michael was completing a master’s programme. Michael also had specialist training and experience – earned by way of work in UK and Europe, USA, South Africa and elsewhere – in a range of person-centred and Gestalt therapeutic techniques including inner voice therapy and separation theory (Firestone, 1997) and in leading life, death and transition workshops (Kübler-Ross, 1982/1997) particularly in group settings.

7.3.2 Respondent Michael – Identity Structure Analysis

Michael completed ISA instrument ‘A’ (see appendix 5) in October 2002 following a taped, semi-structured interview with the researcher. Before being interviewed he voluntarily completed a consent form (see appendix 4).

7.3.3 Respondent Michael – Preliminary remarks

Michael confirmed that he had recently experienced client suicide:

...a client of mine...committed suicide earlier this year. And that is the first time in 20 odd years doing this work that a client has committed suicide while officially signed up with me. And it was a shocking experience.

Michael revealed that this deceased client was a counselling practitioner working in an environment where she interacted with colleague counsellors in an agency setting and in training and supervision activities:

...the irony of this is...this client was herself a counsellor and was surrounded by counsellors...she had a very deep investment in...presenting herself as competent. Consequently I think that played a part in her...difficulty in...revealing herself to me. I think that played a major part in it. It’s one thing for...I don’t know...a housewife or woman who owns a shop you know and runs a business to come along and reveal herself but another counsellor...there does seem to be some stuff goes on when counsellors go to counsellors. There’s an added difficulty of

revealing one's vulnerable side, one's shadow, because of this need to appear competent.'

It became clear that this deceased client was also respondent A7's (alias 'Barbara') deceased 'line manager' and respondent A4i's (alias 'Lucy') deceased 'classmate'.

7.3.4 Respondent Michael – Overview

Michael was a clinician survivor by virtue of the suicidal death of his client within the counselling relationship. He was most ego involved with '*me when I feel enhanced by life's wonders*' (CS2 ego inv 5.00) and evaluated that situated self very highly (0.84). This was his dominant identity state. He idealistically identified most highly with '*a person I admire*' (0.90) and '*my counselling supervisor*' (0.81) and highly contra-identified with '*a client who died by suicide*' (0.52) and '*a person I dislike*' (0.48).

In his past identity state before he became a counsellor Michael empathetically identified most closely with '*a client with suicide ideation*' (PS1 0.63) and '*father*' (PS1 0.56). In his subsequent identity state before his client's suicidal behaviour his highest empathetic identifications were with '*a person I admire*' (PS2 0.95), '*my counselling supervisor*' (PS2 0.84) and '*my partner/spouse*' (PS2 0.74), and at a somewhat lower level with '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' (PS2 both 0.58). In the period after his client's suicidal behaviour he maintained high empathetic identifications with '*a person I admire*' (PS3 0.95), '*my counselling supervisor*' (PS3 0.80) and '*my partner/spouse*' (PS3 0.70) and at a somewhat lower level with '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' (PS3 both 0.55).

Currently when overwhelmed by life's cruelties, Michael most closely empathetically identified with '*a person I admire*' (CS1 0.69) and '*my counselling supervisor*', '*my partner/spouse*', and '*a suicide survivor*' (CS1 all 0.62). When feeling enhanced by life's wonders, he more closely empathetically identified with '*a person I admire*' (CS2 0.90), '*my counselling supervisor*' (CS2 0.75) and '*my partner/spouse*' (CS2 0.65) but less so with '*a suicide survivor*' (CS2 0.50). He continued to do so more strongly in the context of work in relation, respectively, to these four entities (CS3 0.95, 0.84, 0.74, 0.58). In the context of relaxation, the respondent's levels of empathetic identification were maintained but at a lower level in relation to '*a person I admire*' (CS4

0.82), *'my counselling supervisor'* (CS4 0.71) and *'my partner/spouse'* (CS4 0.53). However Michael's empathetic identifications in this context were much reduced in relation to *'a suicide survivor'* (CS4 0.41).

In relation to his past identity states, before becoming a counsellor Michael's problematic (conflicted) identifications were with *'a client with suicide ideation'* (PS1 0.52) and *'a client who died by suicide'* (PS1 0.51).

Currently in the context of being overwhelmed by life's cruelties Michael's most problematic identifications were focused on *'father'*, *'a client with suicide ideation'* and *'a depressed client'* (CS1 all 0.44) and *'a client who died by suicide'* (CS1 0.35). When feeling enhanced by life's wonders, his highest problematic identifications are with *'father'* (CS2 0.36) and *'a person I dislike'* (CS2 0.35). In other current contexts of work and relaxation, his problematic identifications areas, though at diminished levels, remained with suicidal and depressed clients (range 0.19 to 0.33). He did not have significant identification conflicts with *'a suicide survivor'* in any of his past or currently situated selves.

In respect of Michael's metaperspectives, he clearly differentiated between the view that colleagues had of him from that of clients. He empathetically identified more closely with colleagues than with clients across all current and past contexts. Further his identification conflicts with his colleagues' view of him in these contexts although quite low (range 0.12 to 0.21) contrasted with an absence of any identification conflicts with clients' view of him (range 0.00).

Only when Michael felt overwhelmed by life's cruelties was his identity state, *'indeterminate'* and considered to be well-adjusted. In all other six contexts his identity state was considered to be mainly defensive.

His conflicted dimensions of identity (low SP's on constructs) were in respect of being *'highly sensitised to the issue of suicide'* (contrasted with *'not thinking about people committing suicide'*), *'feeling a special responsibility for the well-being of (others)'* (contrasted with *'not feeling a special responsibility for the well-being of (others)'*) and *'feeling that grief following suicide is uniquely painful'* (contrasted with *'feeling that grief following suicide is like any other'*). These represented issues and dilemmas over which Michael experienced uncertainty. In relation to *'believes suicide*

demands considerable bravery' (contrasted with 'believes suicide is the act of a coward') Michael was highly uncertain, being unable or unwilling to express a preference, one way or another.

Michael contended with the stress and uncertainty over these issues by aspiring to implement his core evaluative dimensions of identity (high SP's on constructs). These were 'believing each human being is of irreplaceable value' (contrasted with 'not valuing some human beings very highly'), 'continuing to develop personal values and beliefs' (contrasted with 'sticking rigidly to values and beliefs or parents and guardians'), 'feeling that safe expression of emotional feelings is always healthy' (contrasted with 'feeling that expression of emotions often indicates loss of control'), 'having warm feelings towards (others)' (contrasted with 'loathing (others)'), 'believing that people with whom he had a significant relationship or emotional bond are entirely responsible for their own circumstances' (contrasted with 'carries a terrible responsibility for the fortunes and misfortunes of people with whom s/he had a significant relationship or emotional bond') and 'believing that suicide may be anticipated by perceptive observation' (contrasted with 'believing that suicide cannot be anticipated by overt behaviour'.)

The last mentioned construct may represent the 'exception that proves the rule': the deceased client's deception in concealing her suicide ideation from Michael meant that his aspiration towards 'perceptive observation' was unavailing about anticipating her suicidal thoughts and plans, never mind her completed suicide.

7.3.5 Respondent Michael – Primary analysis

In the classification of Michael's identity variants in Table 7.3.1, his current self '*me when I am overwhelmed by life's cruelties*' (CS1) was classified 'indeterminate', a well-adjusted identity state.

Table 7.3.1 Respondent Michael – Self image

SELF IMAGE					
	Ideal Self		Current Self		Past Self
Ego-Involvement (0.00 to 5.00)	4.74		CS1	2.84	PS1 4.14
			CS2	5.00	PS2 4.05
			CS3	4.31	PS3 4.48
			CS4	4.40	
Self-Evaluation (-1.00 to +1.00)	0.92		CS1	0.53	PS1 -0.21
			CS2	0.84	PS2 0.83
			CS3	0.88	PS3 0.87
			CS4	0.57	
Id. Diffusion (weighted) (0.00 to 1.00)			CS1	0.25	PS1 0.33
			CS2	0.20	PS2 0.20
			CS3	0.20	PS3 0.20
			CS4	0.20	
Identity Variant					
Current Self 1	INDETERMINATE				
Current Self 2	DEFENSIVE HIGH SELF-REGARD				
Current Self 3	DEFENSIVE HIGH SELF-REGARD				
Current Self 4	DEFENSIVE				
Past Self 1	NEGATIVE				
Past Self 2	DEFENSIVE HIGH SELF-REGARD				
Past Self 3	DEFENSIVE HIGH SELF-REGARD				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.09	0.36	0.34	0.19	
PS2	0.71	0.83	0.85	0.69	
PS3	0.74	0.85	0.87	0.72	

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me after my client's suicidal behaviour'
 CS4 'me when I'm relaxing'

Two of his remaining three current selves '*me when I feel enhanced by life's wonders*' (CS2) and '*me when I'm working*' (CS3) were both classified 'defensive high self regard', a vulnerable identity state.

In the context of '*life's wonders*' his self evaluation was very high (eval 0.84): he judged himself successful in pursuing his identity aspirations, e.g. believing in the irreplaceable value of each human (SP 76.39) while his low level of identity diffusion (CS2 id diff 0.20) indicated his tendency to defend against low levels of identification conflicts, e.g. with '*a suicide survivor*' in the transition from '*cruelties*' (CS1 0.25) to '*wonders*' (CS2 0.22). This was Michael's most dominant identity state (CS2 ego inv 5.00)

In the context '*me when I'm working*' Michael thought very highly of himself (eval 0.88): he found success in pursuing his identity aspirations, e.g. in continuing to develop personal values and beliefs (SP 70.33) while his low level of identity diffusion (CS3 id diff 0.20) pointed to his ongoing defensive efforts to maintain his identification conflicts at a low level, e.g. with '*a suicide survivor*' in the transition from '*wonders*' (CS2 0.22) to '*working*' (CS3 0.24).

In the context '*me when I'm relaxing*' (CS4) Michael was classified 'defensive', a vulnerable identity state. His self-evaluation was moderate (eval 0.57) indicating his assessed level of success in achieving some identity aspirations, e.g. in having warm feelings towards others (SP 56.99) while his low level of identity diffusion (CS4 id diff 0.20) evidenced defensiveness in reducing his identification conflicts to a low level, e.g. with '*a suicide survivor*' in the transition from '*working*' (CS3 0.24) to '*relaxing*' (CS4 0.20).

His past self '*me before I became a psychotherapist/counsellor*' (PS1) was classified 'negative', a vulnerable identity state. In this identity state Michael placed a very low value on himself (eval - 0.21) and did not believe he was successful in achieving his identity aspirations, e.g. never feeling lonely or uncomfortable (SP 45.31) while moderate identity diffusion (PS1 id diff 0.33) acknowledged 'optimal levels...of residually conflicted identifications' (Weinreich, 2003: 105). Michael's pre-counselling identity state was a dominant influence (PS1 ego inv 4.14) that was reinforced by his very high identification conflicts with '*client with suicide ideation*' (PS1 0.52), '*client who died by suicide*' (PS1 0.51) and '*Father*' (PS1 0.49) therein. Suicidal thoughts and death by suicide were issues that troubled Michael at that stage of life as did his relationship with his father.

Michael's remaining two past selves '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) were both classified 'defensive high self-regard', a vulnerable identity state.

In the former identity state, Michael valued himself highly (PS2 eval 0.83) and believed he was achieving success in his identity aspirations, e.g. feeling that safe expression of feelings was always healthy (SP 56.99) while low identity diffusion (PS2 id diff 0.20) indicated defensiveness in keeping his identification conflicts at a low level.

Michael's high ego-involvement (PS2 ego inv 4.05) pointed to his intense engagement with this identity state while moderate level identification conflicts with suicidal and depressed clients (both 0.33), father (0.30) and his partner/spouse (0.32) were higher than his identification conflicts with *a client who died by suicide*, with *a client who recovered following a serious suicide attempt* and with *a suicide survivor* (all 0.24). These results illustrated that, in this identity state, Michael's lack of direct experience of *actual* client suicidal behaviour, e.g. in the death of a client by suicide, caused him to be more concerned about *perceived* suicide risk, both in himself and in his clients, as represented in suicide ideation and depression.

In the identity state '*after client's suicidal behaviour*' (PS3), Michael valued himself highly (eval 0.87), judging himself successful in achieving identity aspirations, e.g. believing that those with whom he had a significant relationship or emotional bond, viz. clients, family members, etc. were entirely responsible for their own circumstances (SP 56.42). Low identity diffusion (PS3 id diff 0.20) pointed to defensiveness regarding his low identification conflicts. Michael's very high ego-involvement with this identity state (PS3 ego inv 4.48) indicated intense engagement with a client's suicidal behaviour although levels of identification conflict remained at similar levels in the transition (PS2/PS3) with the exception of father (PS2/PS3 0.30/0.33). Michael's identification process across this transition maintained his defensiveness largely unaffected regarding everyone, viz. clients, mother, partner and disliked person, but excepting his father: after actual client suicidal acting out, he saw in himself additional attributes of his father from which he wished to dissociate.

Michael evaluated his aspirational self '*me as I would like to be*' very highly (0.92) but evaluated '*a person I admire*' even more highly (1.00). His self evaluation varied across contexts but remained very high (range 0.71 to 0.88) with three exceptions. '*Me when relaxing*' (CS4 0.57), '*me when I am overwhelmed by life's cruelties*' (CS1 0.53) and '*me before I became a psychotherapist/counsellor*' (PS1 -0.21). The last mentioned evaluation together with moderate identity diffusion (PS1 0.33) contributed to his past 'negative' identity state. But his view of himself developed positively during his counselling career evidenced by his very high self-evaluation of '*me when I'm working*'

(CS3 0.88) and very high empathetic identifications with '*my counselling supervisor*' (CS3 0.84) and with '*me as colleagues see me*' (CS3 0.89).

7.3.6 Respondent Michael – Positive and negative role models of the suicide survivor

Michael idealistically identified very highly with '*a person I admire*' (0.90), '*my counselling supervisor*' (0.81) and '*my partner/spouse*' (0.67). These people represented his positive role models. He contra-identified with '*a client who died by suicide*' (0.52), '*a person I dislike*' (0.48), '*father*' (0.43), '*a client with suicide ideation*' (0.43) and '*a depressed client*' (0.43). These people represented those from whom he wished to dissociate.

The respondent idealistically identified, at a lower level, with '*a client who recovered after serious suicide attempt*', '*a suicide survivor*' and '*a psychiatrist*' (all 0.52). He attributed some qualities to these people that he would like to possess as his ideal self-image. This was illustrated to an extent in Michael's narrative:

...I construe [a general practitioner as being in part a therapist.] I actually construe not only a GP but I construe it for psychiatrists who lose patients [by suicide] in some cases on a one-a-week basis. I also construe it...further along the spectrum towards the surgeon who "saves" some people and doesn't save others and has the problem of (a) learning from his "failures" and (b) discerning how much responsibility to take from a given situation and how much responsibility not to take.

7.3.7 Respondent Michael - Conflicted identifications and the suicide survivor

Michael recalled times past and accessed a reconstructed memory in his appraisals of his past self, '*me before I became a psychotherapist/counsellor*' (PS1). He had very highly conflicted identifications with '*a client with suicide ideation*' (0.52) and with '*a client who died by suicide*' (0.51) and highly conflicted identifications with '*father*' (0.49) and '*a depressed client*' (0.46), as set out in Table 7.3.2.

Conflicted identification levels with these four entities diminished to moderate levels in his appraisals, respectively, of past and current selves: PS2 0.33, 0.24, 0.30, 0.33; PS3 0.33, 0.23, 0.33, 0.33; CS2 0.29, 0.16, 0.36, 0.33; CS3 0.33, 0.24, 0.30, 0.33; CS4 0.32, 0.18, 0.35, 0.32. Only in relation to his appraisals of '*me when I am*

overwhelmed by life's cruelties' (CS1) were highly conflicted identification levels maintained with these entities: CS1 0.44, 0.35, 0.44, 0.44. Client suicidal behaviour only marginally altered these levels of conflicted identification which were maintained whether the respondent was working or relaxing. Michael had low levels of conflicted identification with '*a client who recovered after serious suicide attempt*' (range 0.19 to 0.24) and '*a suicide survivor*' (range 0.18 to 0.25) in his appraisals across all past and current selves. Again these conflicted identification levels were maintained despite client suicidal behaviour and whether the respondent was working or relaxing.

Table 7.3.2 Respondent Michael – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
12 Father	0.44	0.36	0.30	0.35
15 A client with suiciden	0.44	0.29	0.33	0.32
16 A depressed client	0.44	0.33	0.33	0.32
18 A client who died by e	0.35	0.16	0.24	0.18
11 Mother	0.30	0.24	0.25	0.21
21 My partner/spouse	0.29	0.30	0.32	0.27
22 A suicide survivor (p	0.25	0.22	0.24	0.20
17 A client who recoveret	0.21	0.22	0.24	0.19
14 A person I dislike	0.20	0.35	0.32	0.37
20 A psychiatrist	0.14	0.15	0.16	0.13
13 A person I admire (no)	0.00	0.00	0.00	0.00
19 My counselling supervr	0.00	0.00	0.00	0.00
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
15 A client with suiciden	0.52	0.33	0.33	
18 A client who died by e	0.51	0.24	0.23	
12 Father	0.49	0.30	0.33	
16 A depressed client	0.46	0.33	0.33	
14 A person I dislike (n)	0.43	0.32	0.31	
11 Mother	0.29	0.25	0.24	
21 My partner/spouse	0.26	0.32	0.31	
17 A client who recoveret	0.22	0.24	0.23	
22 A suicide survivor	0.18	0.24	0.23	
20 A psychiatrist	0.12	0.16	0.16	
13 A person I admire (no)	0.00	0.00	0.00	
19 My counselling supervr	0.00	0.00	0.00	

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me after my client's suicidal behaviour'
 CS4 'me when I'm relaxing'

Michael's very highly and highly conflicted identifications with '*a client with suicide ideation*', '*a client who died by suicide*' and '*a depressed client*' were context specific

while his low conflicted identifications with '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' were context neutral. These results were consistent with Michael's high contra-identifications with '*a client who died by suicide*', '*a client with suicide ideation*' and '*a depressed client*'. They were also consistent with his very low evaluations, respectively, of these three clients (eval -0.47, -0.24, -0.24). Michael's narrative provided a background to these results:

I later spoke to others who had...known [the client who died by suicide], colleagues and so on...in a sense everyone had felt somewhat conned in that I like others had been told [by her] that everything was fine, [she was] on top of things, everything was OK and so...there was a sense of having been ripped off. That's what the initial feeling was and feeling very angry...the anger...was focused... this relates to my own conceptualising of how suicide works. Or how suicide comes to be. That there is within people an internal oppressor...and my rage would be focused on that...part of that person that was so brutal, so punitive, so punishing, so...destructive that their only escape from that was to die...My anger goes beyond that internal oppressor to her actual oppressors... people... who had oppressed her as a child quite seriously...quite systematically. And so I had a lot of anger for that. A lot of anger...I had a lot of fury for that ...and then sadness, sadness. It seemed like...a terrible waste... I learned that she'd been admitted to hospital for three days...her own spin on this was that it was an accident...that she had needlessly taken too many sleeping tablets...not enough to kill but enough to render her comatose... her own spin...was that it was an accident...she slept for 20 hours...wakened up in hospital... Included among the people who had been taken in...were two psychiatrists, each of whom [was] persuaded that she was fine and that she should be discharged...I don't know whether they agreed or whether they simply submitted to her version of events and so she was signed out.

Michael did not see himself in any context as 'there with the suicide survivor' while in certain respects 'wishing not to be there' (Weinreich, 2002: 61).

7.3.8 Respondent Michael – The suicide survivor and life's cruelties

In his appraisals of his currently situated self '*me when I am overwhelmed by life's cruelties*' (CS1), as set out in Table 7.3.2, Michael had highly conflicted identifications with three suicide-related entities : '*a client with suicide ideation*' (CS1 0.44), '*a depressed client*' (CS1 0.44) and '*a client who died by suicide*' (CS1 0.35). His conflicted identifications with '*a suicide survivor*' (CS1 0.25) and with '*a client who recovered after serious suicide attempt*' (CS1 0.21) were significantly lower. In the identity state '*me when I am enhanced by life's wonders*' (CS2) his levels of conflicted identification

were markedly lower with '*a client with suicide ideation*' (CS2 0.29), '*a depressed client*' (CS2 0.33) and '*a client who died by suicide*' (CS2 0.16) but are only slightly lower in relation to '*a suicide survivor*' (CS2 0.22) and '*a client who recovered after serious suicide attempt*' (CS2 0.22). His self-evaluation is high in Michael's dominant identity state '*life wonders*' (CS2 ego-inv 5.00; eval 0.84) but much reduced when subject to '*life's cruelties*' (CS1 ego-inv 2.84; eval 0.53).

These results indicate that Michael's identifications with some suicide-related entities, including a client with suicide ideation, a depressed client and a client who died by suicide, are more problematic for him than others, viz. a suicide survivor and a client who recovered after serious suicide attempt, when he feels overwhelmed by life's cruelties. His evaluations of the latter entities (suicide survivor eval 0.47; client who recovered eval 0.33) are much higher than his evaluations of the former entities, respectively (eval -0.24; -0.24; -0.47) while he is more engaged with the former entities, respectively (ego-inv 2.76; 2.59; 2.93) than with the latter entities, respectively (ego-inv 2.07; 1.64). The following narrative provided a background to these results:

[My client's suicide] revealed to me immediately...my lack of knowledge of this client. I didn't really know this client...despite having been seeing this person for about six months as a client. What I also realised with a certain amount of post-shock was that the client had been very skilful in preventing me from getting to know her. That was a revelation...I had been successfully led to believe certain things about the person...that they were competent, they were on top of things, they were hard-working...and felt well-sucked in to accept these things about this person...Now what was important...in looking at that with my supervisor was to tease out what had happened there...first of all the time frame was short...I actually thought I had more time than there was but then I wasn't thinking of suicide. There was no mention of suicide...there had been no mention of suicidal thoughts or if they had been there...they must have been there...they were never mentioned. These were one of the areas that the client was keeping back. So I couldn't factor it in. I would have had to have had for some other reason, the insight or the idea to ask the person out of the blue whether they had suicidal thoughts.

7.3.9 Respondent Michael – Empathetic identifications and the suicide survivor

As set out in Table 7.3.3, Michael highly empathetically identified across all but one (viz. PS1) of seven situated selves with ‘*a person I admire*’ (emp idfcn range 0.69 to 0.95). He likewise maintained close empathetic identifications with ‘*my partner/spouse*’ (emp idfcn range 0.53 to 0.74) and ‘*my counselling supervisor*’ (emp idfcn range 0.62 to 0.84).

Table 7.3.3 Respondent Michael – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
13 A person I admire (no)	0.69	0.90	0.95	0.82
19 My counselling supervr	0.62	0.75	0.84	0.71
21 My partner/spouse	0.62	0.65	0.74	0.53
22 A suicide survivor (p	0.62	0.50	0.58	0.41
11 Mother	0.46	0.30	0.32	0.24
12 Father	0.46	0.30	0.21	0.29
15 A client with suiciden	0.46	0.20	0.26	0.24
16 A depressed client	0.46	0.25	0.26	0.24
17 A client who recoveret	0.46	0.50	0.58	0.35
20 A psychiatrist	0.38	0.45	0.53	0.35
18 A client who died by e	0.23	0.05	0.11	0.06
14 A person I dislike (n)	0.08	0.25	0.21	0.29
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
15 A client with suiciden	0.63	0.26	0.25	
12 Father	0.56	0.21	0.25	
16 A depressed client	0.50	0.26	0.25	
17 A client who recoveret	0.50	0.58	0.55	
18 A client who died by e	0.50	0.11	0.10	
21 My partner/spouse	0.50	0.74	0.70	
11 Mother	0.44	0.32	0.30	
14 A person I dislike (n)	0.38	0.21	0.20	
13 A person I admire (no)	0.31	0.95	0.95	
20 A psychiatrist	0.31	0.53	0.50	
22 A suicide survivor (p	0.31	0.58	0.55	
19 My counselling supervr	0.25	0.84	0.80	

CS1 ‘me when I am overwhelmed by life’s cruelties’

CS2 ‘me when I feel enhanced by life’s wonders’

CS3 ‘me when I’m working’

CS4 ‘me when I’m relaxing’

PS1 ‘me before I became a psychotherapist/counsellor’

PS2 ‘me before my client’s suicidal behaviour’

PS3 ‘me after my client’s suicidal behaviour’

Michael moderately empathetically identified with ‘*a client with suicide ideation*’ before he became a counsellor (PS1 0.63). He shared some common characteristics with that entity, while highly contra-identifying with them (0.45). This indicates that before he became a counsellor he experienced suicide ideation* (see par 7.3.11 below).

The magnitude of the respondent’s empathetic identifications with ‘*a suicide survivor*’ were moderate and relatively stable before and after his client’s suicidal

behaviour (PS2 0.58; PS3 0.55). When overwhelmed by life's cruelties his empathetic identification with '*a suicide survivor*' remained moderate (CS1 0.62). But when enhanced by life's wonders the respondent's empathetic identification with this entity was much reduced (CS2 0.50). When working, Michael's empathetic identification with '*a suicide survivor*' was the same as before his client's suicidal behaviour (CS3 0.58). The respondent's experience of client suicide gave him the nominal status of a suicide survivor: he was a clinician survivor. These moderate empathetic identifications, the respondent's moderate evaluation of '*a suicide survivor*' (0.47) and his low ego-involvement with '*a suicide survivor*' (ego inv 2.07) indicated the modest extent of his acknowledgement of this status. The following narrative provided a background to these results:

My training is to go with the client from the beginning and follow them. But usually in the development of that relationship of trust people will confide in me that they have had or are currently having thoughts about not wanting to live and so on. And then I can pursue that. I would normally pursue that. But this was a unique situation in the sense – unique for me – in the sense that here was a person who in a way led me away from that aspect of herself. So...there's a lot of learning in it for me. A lot of learning in that. If I had a wish about this my wish would be that there was less taboo...My sense is that there is kind of a taboo around talking about it in professional terms. I've been getting the *Counselling News* since it was first printed whenever that was [17 years before] I can't recollect people openly discussing "How it was for me when my client committed suicide" [or] "How I feel when people talk in suicidal terms."...There's much more of that other discussion that goes on that says: "As soon as there's a whiff of that [suicide] you have to do XYZ to keep yourself right..."

7.3.10 Respondent A5 – Suicide survivor: Graphs of changes in identifications

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented in pars 7.3.4, 7.3.7, 7.3.8 and 7.3.9 above with particular reference to '*a suicide survivor*'.

Graph 7.3.1 and 7.3.2 showed Michael's conflicted identifications with '*a suicide survivor*' as insignificant and clustered within the range PS1 0.18 to CS1 0.25.

Graphs 7.3.3 and 7.3.4 showed Michael's empathetic identifications with '*a suicide survivor*' as much higher both before and after his client's suicidal behaviour than they were before he became a counsellor (PS1 0.31; PS2 0.58; PS3 0.55). Also his

empathetic identifications modulated considerably being highest when he felt overwhelmed by life's cruelties (CS1 0.62) and lowest when he was relaxing (CS4 0.41).

These graphs illustrated Michael's acknowledgement of his status as a suicide survivor through absence of significant conflicted identifications along with presence of moderate empathetic identifications and a moderate evaluation of '*a suicide survivor*'. His client suicide experience conferred upon him the status of '*a suicide survivor*' but instead of seeing himself in that person, his highest empathetic identifications with a person he admired, his counselling supervisor and his partner/spouse were the most highly significant for Michael's self-image.

7.3.11 Respondent Michael – Beliefs and values of the suicide survivor

Structural pressures (SPs) on three constructs related to suicide – ranging from 55.28 to 23.74 – represented core and secondary evaluative dimensions of this respondent's identity: '...believes that suicide cannot be predicted by overt behaviour' / '**...believes that suicide may be anticipated by perceptive observation**' (55.28) (where the preferred pole is in bold); '**...considers that most suicides could be prevented**' / '...considers that most suicides are unavoidable' (46.64) and '**...was totally changed by the suicide of person with whom s/he had a significant relationship or emotional bond**' / '...was not much affected by the suicide of person with whom s/he had a significant relationship or emotional bond' (23.74). This respondent's past suicide ideation (see par 7.3.9 above at *), his single recent experience of client suicide, his long experience of working with depressed and suicidal clients and with clients who were suicide survivors and his knowledge of psychiatric approaches to suicidal behaviour were sources for these dimensions. The following dialogue provided an illustrative background:

Michael: '...she [the client who died by suicide] saw three psychiatrists one of whom...was very black and white and said in effect to her: "You're having me on. You are suicidal. You're also a couple of other things that you're denying and...if I have anything to say about this you'll be detained." However two other psychiatrists were involved...she managed to persuade [them] of her spin on the story and that it was...one of those things. She'd had a lot of stress. She couldn't sleep. So she thought 10 or 12 paracetamol or whatever...it was to help her to sleep. It did. And that was her story. She slept for 20 hours...wakened up in hospital...'

Researcher: 'That would be known to be a lethal dose, wouldn't it?'

Michael: 'I don't know.'

Researcher: 'Paracetamol? It would be [AFTERNOTE – Doctors recommend no more than 8 paracetamol in 24 hours].

Michael: 'I don't know. I'm not even sure it was paracetamol. It was whatever she took.'

Researcher: 'A sleeping tablet?'

Michael: 'It could have been a sleeping tablet of some kind you know.'

Researcher: 'So she OD'd for a pragmatic reason as opposed to a self-harming reason...she said?'

Michael: 'That was her spin...and that was the spin she gave me...because she actually told me the story in the very last interview...this was one of the things that [made] me realise that I wasn't really ever fully getting the full person...my intuition was that this person was actually "playing me" – that is to say I was being treated rather like an authority figure as opposed to a therapist. I was getting treated rather like a supervisor or a line manager...I actually said that and expressed a heartfelt feeling to continue the relationship...re-contract...with me and that somehow we would find a way for her to feel safe enough - because safety was a major issue for her – to begin to relate to me...as someone who was there for her not over her...to cut a long story short she said she would think about it. That was our last conversation.'

Michael aspired to believe he was changed albeit in a conflicted way (SP 23.74) by his client's suicide. But stronger evaluative dimensions of his identity were represented in his aspirations to believe that suicide may be anticipated by perceptive observation (SP 55.28) and that most suicides could be prevented (SP 46.64). Michael said:

I think what concerns counsellors and therapists...is [whether suicide is] preventable or unpreventable...it's like there's a knowledge that some suicides are preventable...in other words some people can be saved and offered an alternative strategy. Some aren't and I think what I do and I keep doing to myself is: a surgeon in 2002 can save lives that in 1962 could not be saved...that's how it is.

Low SPs on three constructs pointed up problematic areas around the suicide phenomenon for this respondent including: '**...believes that depression and suicide are inextricably linked**'/ '...believes suicide can occur out of the blue without depression being evident' (20.43), '...does not think about people committing suicide'/ '**...is highly sensitised to the issue of suicide**' (18.26) and '...feels that grief following suicide is like any other'/ '**...feels that grief following suicide is uniquely painful**' (7.07). He was unsure about the content or dimensions of his affective response as a suicide survivor and remained uncomfortable about his heightened awareness of the potential suicidal

tendencies of clients whether they presented as ‘depressed’ or not. His uncertainty around the construct ‘...believes that suicide demands considerable bravery’/ ‘believes that suicide is the act of a coward’ was indicated by his decision not to express a preference for either discourse.

Michael contended with his difficulties around these issues through core beliefs and values exemplified in five constructs with high SPs: ‘...does not value some beings humans very highly’/ ‘**...believes each human being is of irreplaceable value**’ (76.39), ‘...sticks rigidly to values and beliefs of parents and guardians’/ ‘**...continues to develop personal values and beliefs**’ (70.33), ‘**...feels that safe expression of emotional feelings is always healthy**’/ ‘...feels that expression of emotions often indicates loss of control’ (69.50), ‘**I have warm feelings towards...**’/ ‘I loathe...’ (56.99) and ‘...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had significant relationship or emotional bond’/ ‘**...believes that people with whom s/he had significant relationship or emotional bond are entirely responsible for their own circumstances**’ (56.42). He aspired to value all of his clients very highly and also aspired to hold warm feelings towards them while aspiring to believe in client autonomy: each was responsible for their own destiny. But in fact he evaluated some clients at quite a low level: ‘*a client with suicide ideation*’; ‘*a depressed client*’ (both eval – 0.24); ‘*a client who died by suicide*’ (eval – 0.47). He aspired to believe that expressing emotional feelings, rather than withholding them, was healthy: this contrasted fatally with his deceased client’s apparent preference for deception of three psychiatrists as well as of Michael, her psychotherapist.

Michael’s other core and secondary evaluative dimensions included ‘**momentary bouts of psychological discomfort**’ (SP 31.52) / ‘suffers unendurable psychological pain’; ‘**relies on family support at times of stress or crisis**’ (SP 33.43) / ‘does not need family support at difficult times’; ‘**never feels lonely or uncomfortable when alone with self**’ (SP 45.31); ‘takes life for granted’ / ‘**wonders what life is all about**’ (SP 54.79); ‘**seeks and develop human relationships**’ (SP 28.765) / ‘withdraws from human contact’; ‘**feels encouraged by others**’ (SP 52.19) / ‘feels distressed by others’; ‘**continues to be the person he was into the foreseeable future**’ (SP 41.39) / ‘feels that the person he was is dead’; ‘**remains sure of who he is**’ (SP 28.51) / ‘questions who he

is'. The low values (SP <35) for several of these discourses evidenced that Michael was conflicted regarding them and would experience some uncertainty and vacillation about them, e.g. psychological discomfort, family support, human relationships, and 'remaining sure of who he is'.

7.3.12 Respondent Michael – Conclusions

Michael was a clinician survivor for the first time following over 20 years of therapeutic practice. He saw himself in these terms more when he felt 'overwhelmed by life's cruelties' (CS1 emp idfcn 0.62) than when he was 'working' (CS3 emp idfcn 0.58). His ego-involvement with the 'working' identity state (CS3 4.31) indicated the level of his commitment to his counselling activities with a range of clients – suicidal or otherwise – as an experienced counsellor. Michael said:

...with major things that happen in therapy both good and bad, you learn. And it's really important you do learn. I think that's one of the key things in professional life...that you learn from things that happen. You kind of internalise that. Some part of you from now on will be looking for that...[it] applies to many things...people come in and present themselves. You learn to notice speech patterns, body language, things that you don't learn in training, that you don't read in books but you learn to pick up. You learn to kind of remember [you] kind of go "I think I know what this is"...I had some intuitions about this person [viz. the client who killed herself]...that she was actually playing me...I was getting treated [by her] as an authority figure as opposed to a therapist [and] I actually said that [to her]...

While the identity states 'working' (CS3) and 'me when I'm relaxing' (CS4) had significance, Michael's predominant current identity state was 'me when I am enhanced by life's wonders' (CS2 ego inv 5.00). His ego-involvement with 'a suicide survivor' (ego inv 2.07) was low while he engaged only at a moderate level with 'a client who died by suicide' (ego inv 2.93). Overall, he was influenced to a limited extent only by his client suicide experience. Michael said:

[I] was able to take it to my supervisor. We spent four and a half hours over a period of time talking about it...I consider myself fortunate...that I'm not the kind of person who...is going to get into recrimination...I didn't have a kickback where I went around going "F*ck me I should have seen that and I should have [done] this and I should have [said] that...[and] why didn't I [do] X, or Y or Z....That's not my type...I was upset as in angry and sad...it's made me think again...[about] putting aside all considerations of my person-centredness...would it be important to screen every client...a la the way psychologists do?

There was clear evidence that following 20 years plus experience of working with vulnerable people, a single, 'shocking experience' [Michael's words] of client suicide was profoundly significant in his social world appraisals albeit there is an absence, in the results presented herein, that he has 'come to terms' with this 'shocking experience': he was angry but not 'well adjusted' to the event and its aftermath. Thus his use of discourses around suicidal themes was somewhat conflicted when appraising self and others. He attempted to contend with his conflict over suicide ideation and behaviour by his beliefs that 'each human being is of irreplaceable value', that 'safe expression of emotional feelings is always healthy' and by 'continuing to develop personal values and beliefs' as an approach to suicide prevention.

The outcomes of this strategy meant that when he felt 'overwhelmed by life's cruelties', he was as much 'a person I admire', 'my counselling supervisor' and 'my partner/spouse', respectively, (CS1 emp idfcn 0.69, 0.62, 0.62) as he was 'a suicide survivor' (emp idfcn 0.62). Although taken aback and angered by the client suicide incident, Michael remained relatively unaffected by 'this shocking event'. His defensive high regard identity states indicated that he defended his identity against acknowledging and addressing his 'failure' at 'being conned' by the incident.

Note: Key for graphs 7.3.1, 7.3.2, 7.3.3 and 7.3.4 below

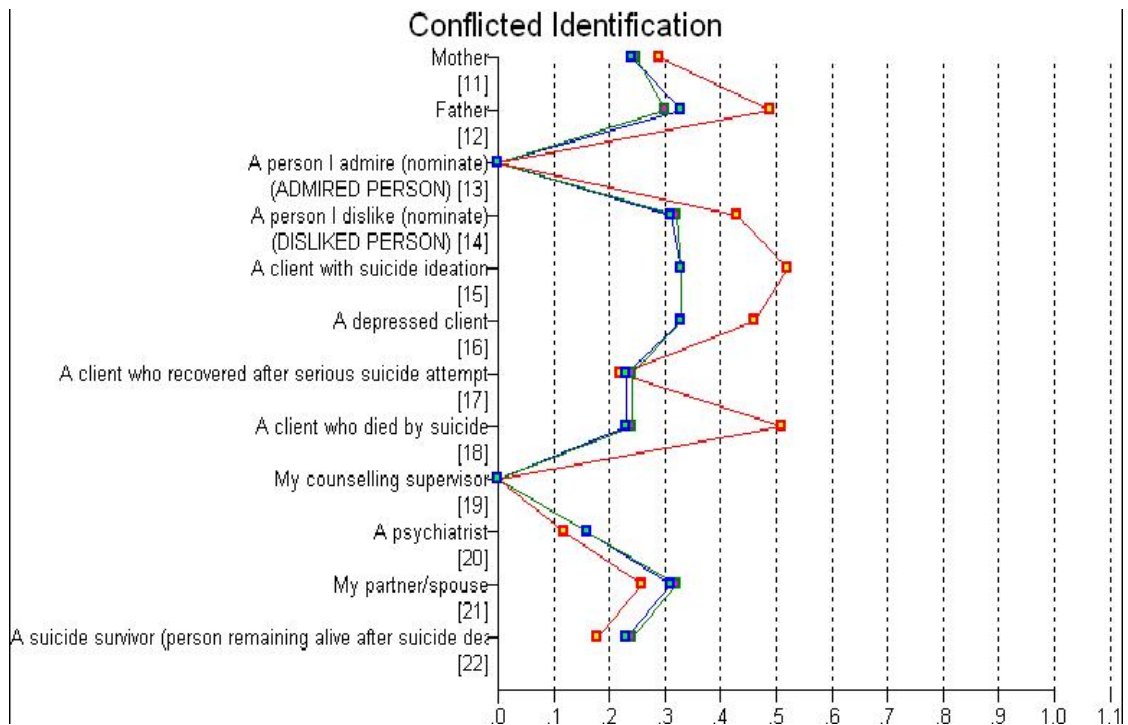
PS1 & CS1= red

PS2 & CS2=green

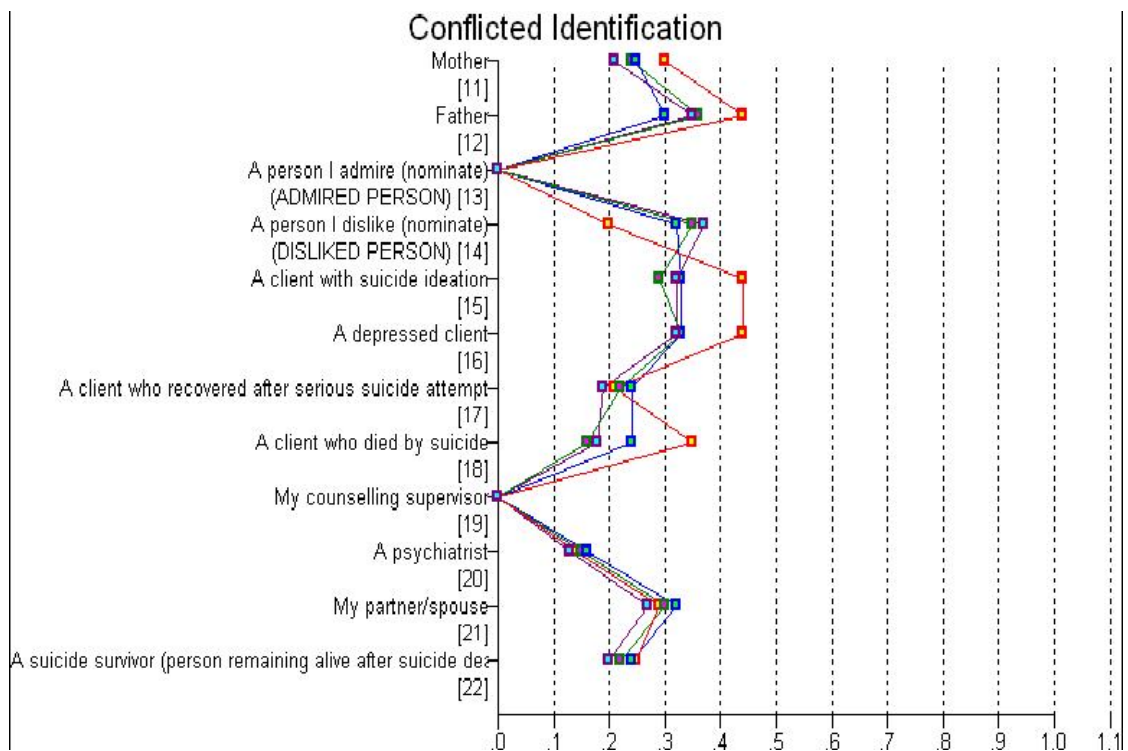
PS3 & CS3= blue

CS4=purple/maroon

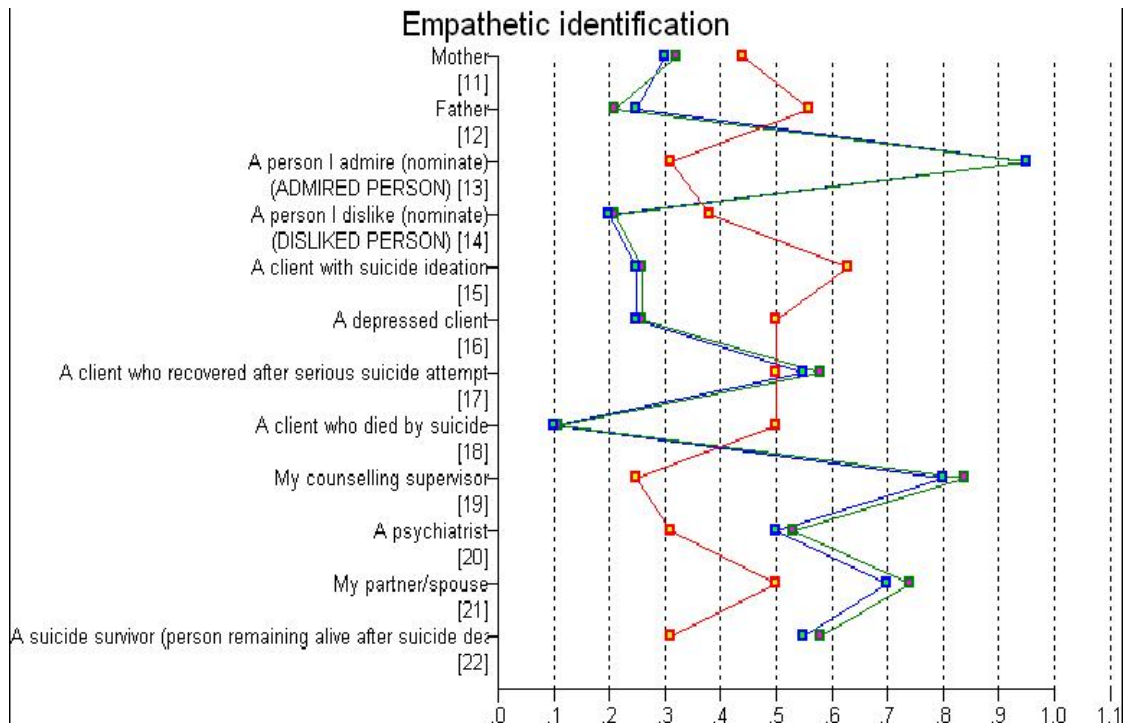
Graph 7.3.1 IDEX A5 ‘Michael’ conf idfcn PS1, PS2, PS3 comparison



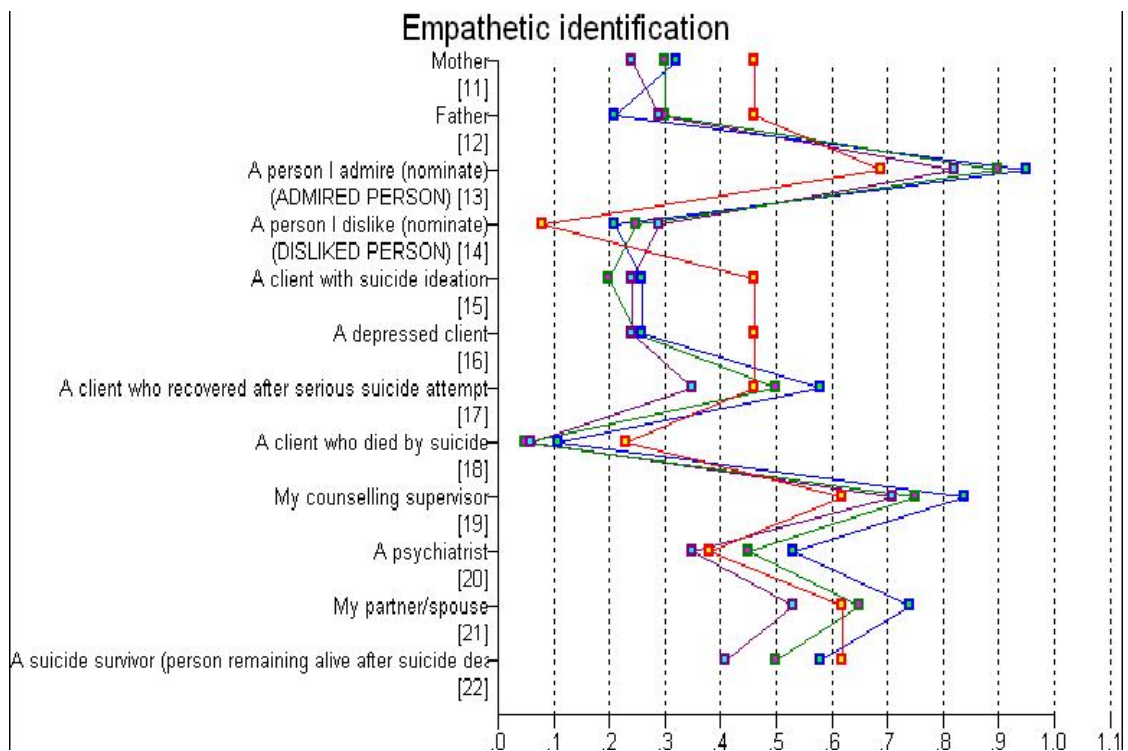
Graph 7.3.2 IDEX A5 ‘Michael’ conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.3.3 IDEX A5 ‘Michael’ emp idfcn PS1, PS2, PS3 comparison



Graph 7.3.4 IDEX A5 ‘Michael’ emp idfcn CS1, CS2, CS3, CS4 comparison



7.4.0 PhD Case Study A6 – alias Frank

7.4.1 Respondent Frank – Personal and professional information

This respondent will be referred to using the pseudonym ‘Frank’. Frank was an experienced psychotherapist in his mid-thirties. He had completed a clinical psychology doctorate and, including a period under doctoral supervision, had worked in UK in a number of positions in mental health. A high proportion of his clients were referred for psychological support by general medical practitioners and/or other healthcare workers. Many were vulnerable people including some with learning difficulties, children and young people and adults with diagnosed mental disorders. He had previously been a Samaritan volunteer for some years. In addition to his doctorate, Frank held a range of qualifications including a degree in psychology and specialist qualifications in mental health.

7.4.2 Respondent Frank – Identity Structure Analysis

Frank completed ISA instrument ‘A’ (see appendix 5) in October 2002 following an audiotaped, semi-structured interview with the researcher. Before being interviewed Frank voluntarily completed a consent form (see appendix 4).

7.4.3 Respondent Frank – Preliminary remarks

When interviewed, Frank disclosed his loss of a client by suicide:

...it was quite awkward the way it happened. I was informed of the client’s suicide after I had parted company with them...we’re talking maybe four months...so I wasn’t having any direct contact with the client up to the point of the suicide...sessions had finished. It was a brief...one-off assessment I was carrying out with this man...But when I heard that he had killed himself...it did change me a lot. It made me realise that you cannot take for granted these people who you are...assessing or...actively involved in some kind of...counselling relationship with...it...just made me realise that anybody can be suicidal even the people you think are not at risk can surprise you at the end of the day...I was seeing this client...I...only spent three sessions with this client. It was a one-off assessment but I always felt very...I don’t know...I was simply asked to do a neurological assessment of this man who had Korsakov’s syndrome [“a chronic syndrome in which memory deficit was accompanied by confabulation and irritability (Victor and Yakoviev, 1955; Korsakov, 1889)...the term usually implies impairment of memory and learning out of proportion to other cognitive functions” (Gelder et al., 1994: 354)] with chronic alcoholism and he was having

difficulties with memory and various sort of...worries about his general sort of cognitive functioning. So I did a one-off assessment but it didn't occur to me to actually enquire about his mental health in much detail...if I (had) I feel that I might have uncovered the fact that he was actually very, very depressed underneath all of this...so...I feel that I missed out there. But then my brief was to go in, assess and get out you know so that it made me feel...wary that way. Now even if I'm going in for a mundane neuropsychological assessment, even if it's a one-off session with somebody, I would always ask...well I would always actively ask about the depression anyway or if somebody was feeling depressed. But I think more so, it's made me more aware that there's a lot underlying all of this.'

Client interactions occurred around two years before Frank established contact with the researcher:

'...that happened in...the first year of my doctorate course and that was in [date]...I was seeing this client...it was coming into the autumn...because I remember it was very cold walking down to this hostel...I saw this client [for] about three sessions...it was round about November [date]...He killed himself...in December...he had thrown himself in front of a train...two weeks after I saw him [last] and...I found out about the suicide...about February [date]...It was about two or three months after the suicide itself.'

Frank also revealed that, before he became a psychotherapist, he personally had experienced suicide ideation:

I don't know how long I was in the Samaritans was it about 5 maybe 6 years altogether between [UK location #1] and [UK location#2]...there...as you know suicide is the focus and it's talked about freely and...very sensibly...and again...I suppose...I'm comfortable talking about it...the reason I went into the Samaritans in the first place was because I had suicidal feelings many years ago...I felt I've kind of had different experiences of it from different perspectives you know and I think that's probably why suicide does rack up...a lot of emotion in me...not fear...[nor] trying to run away from it as [to] discuss more about it. It's just something I've always been aware of. I kind of [have] a lot of empathy for anybody involved in a suicide.

7.4.4 Respondent Frank – Overview

Frank was a clinician survivor following the suicide of a client with whom he had worked in a counselling relationship two weeks previously. He was most ego involved with '*me before I became a psychotherapist*' (PS1 5.00) and moderately evaluated that situated self (PS1 0.51). His earlier life was unsatisfactory in some ways and he continued to be

strongly influenced by this. His own past suicidal behaviour contributed to Frank idealistically identifying most highly with '*a client who recovered after serious suicide attempt*' (id idfcn 0.95) and he regarded this person as a positive role model. Other positive role models of lesser significance to him in that context included '*my counselling supervisor*' (id idfcn 0.86) and his '*mother*', '*a person I admire*', '*a psychiatrist*' and '*a suicide survivor*' (id idfcn all 0.82). His most important negative role model was '*a person I dislike*' (id idfcn 0.59).

In his past identity state before he became a psychotherapist, he empathetically identified most closely with '*a client who recovered after serious suicide attempt*' (PS1 0.82), '*my counselling supervisor*' and '*a psychiatrist*' (both PS1 0.73). On reflection upon his own past suicidality he felt close to these people.

In his subsequent identity state before his client's suicidal behaviour his highest empathetic identifications were also with these entities, respectively, but at a higher level: (PS2 0.91, 0.91, 0.86). After entering the psychotherapy profession he developed an increased sense of closeness with these individuals in that context but also felt as close to '*mother*' and '*a person I admire*' (both PS2 0.86) in that identity state.

Later, in the period after his client's suicidal behaviour his high empathetic identifications eased in relation to '*my counselling supervisor*' (PS2/PS3 0.91/0.82) and '*a psychiatrist*' (PS2/PS3 0.86/0.77). Frank distanced himself somewhat from these fellow professionals in response to their perceived incompetence following the suicidal loss of his client. Frank saw himself as '*a suicide survivor*' in these contexts but his client's death did not reinforce that perception evidenced in his appraisal of that entity (PS2/PS3 emph id both 0.77).

Currently when overwhelmed by life's cruelties, he most closely empathetically identified with '*a client who recovered after serious suicide attempt*' (CS1 0.86), with '*mother*' and '*my counselling supervisor*' (both CS1 0.76) and with '*a person I admire*', '*a client with suicide ideation*', '*a psychiatrist*' and '*a suicide survivor*' (all CS1 0.71). In the transition in identity context from '*life's cruelties*' (CS1) to '*feeling enhanced by life's wonders*' (CS2), Frank felt the same degree of closeness to '*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' (both CS2 0.86) while seeing even more of himself in '*mother*', '*a person I admire*' and '*a psychiatrist*' (all

three CS2 0.82). In this transition, Frank dissociated somewhat from potentially suicidal clients, e.g. '*a depressed client*' (CS1/CS2 0.67/0.55) and '*a client with suicide ideation*' (CS1/CS2 0.71/0.59) but distanced himself strongly from '*a client who died by suicide*' (CS1/ CS2 0.62/0.45). He continued to see himself as '*a suicide survivor*' (CS1/CS2 0.71/0.73) in these contrasting contexts.

In his work context, Frank empathetically identified very closely with '*a client who recovered after serious suicide attempt*' (CS3 0.90), '*a person I admire*' and '*my counselling supervisor*' (CS3 both 0.85), '*mother*' and '*a psychiatrist*' (both CS3 0.80) and '*a suicide survivor*' (CS3 0.75): Frank was closest to seeing himself as a *clinician survivor* when working but this identification left the pattern of empathetic identifications, established in the '*wonders*' (CS2) context, with potentially suicidal clients, unchanged across the transition to the '*work*' (CS3) context, viz. '*a depressed client*' (CS2/CS3 both 0.55) and '*a client with suicide ideation*' (CS2/CS3 0.59/0.60). At work Frank was closer to '*a client who died by suicide*' (CS2/CS3 0.45/0.60) and with '*father*' (CS2/CS3 0.50/0.60).. Further data analysis and biographical evidence was needed to establish possible connections that existed for Frank between '*father*' and '*death by suicide*' in this context.

When relaxing, Frank empathetically identified most highly with '*a person I admire*' (CS4 0.90) while his empathetic identifications moderated for all remaining entities. In the transition to his non-working context, Frank was less close to clients and much less close to '*father*' (CS3/CS4 0.60/0.43).

In relation to his past identity states, before becoming a psychotherapist his problematic (conflicted) identifications were with '*a depressed client*' (PS1 0.49) and '*a client with suicide ideation*' (PS1 0.47). These were somewhat reduced, respectively, (PS2 0.45, 0.43) in the period before his client's suicidal behaviour and remained unchanged in the period after his client's suicidal behaviour (PS3 0.45, 0.43). These transitions illustrated Frank's professional development from Samaritan volunteer to practitioner psychotherapist: in each role he typically engaged with depressed and suicidal clients and his problematic identifications lessened in the latter role.

Currently, in the context of being overwhelmed by life's cruelties, his most problematic identifications were with clients who were *depressed* (CS1 0.52), had *suicide*

ideation (CS1 0.48) or who *died by suicide* (CS1 0.47) and also with '*father*' (CS1 0.39). When feeling enhanced by life's wonders, his problematic identifications with clients moderated somewhat (CS2 0.47, 0.43, 0.40) while increasing with '*father*' (CS2 0.45). When working his problematic identifications increased only with '*a client who died by suicide*' (CS3 0.46) but were stronger with '*father*' (CS3 0.50) in this context. When relaxing Frank was slightly less conflicted in his identifications with vulnerable clients, as in '*depressed*' (CS4 0.44), had '*suicide ideation*' (CS4 0.43) or '*died by suicide*' (CS4 0.43) and these moderated somewhat with '*father*' (CS4 0.42) across this transition. Frank did not have problematic identification conflicts with '*a suicide survivor*' in any of his past or currently situated selves.

In respect of his metaperspectives, Frank clearly differentiated between his colleagues' view of him from that of clients. He empathetically identified more closely with his colleagues' views of him (range 0.77 to 1.00) than with his clients' views (range 0.64 to 0.82) across all current and past contexts. Also his identification conflicts with his colleagues' views of him in these contexts were high (range 0.37 to 0.42) and these differed only marginally with his clients' views of him in the same contexts (range 0.38 to 0.43).

Frank's identity states in all seven contexts were either 'indeterminate' (PS1, PS2; CS1, CS2, CS4) or 'confident' (CS3, PS3): they were considered to be well-adjusted. His most dominant identity state was 'me before I became a psychotherapist' (ego-inv 5.00) although across all contexts he was highly ego-involved (range 4.12 to 5.00) and his self-evaluation consistently extended from moderate to very high (range 0.51 to 0.86). His identity diffusion was maintained at a moderate level (range 0.35 to 0.36).

His conflicted dimensions of identity (low SP's on constructs) were in respect of '*often feeling the need for human contact when alone with self*' (contrasted with '*never feeling lonely or uncomfortable when alone with self*'), '*carrying a terrible responsibility for the fortunes or misfortunes of people with whom he had as significant relationship or emotional bond*' (contrasted with '*believing that people with whom he had a significant relationship or emotional bond are entirely responsible for their own circumstances*'), '*seeking and developing human relationships*' (contrasted with '*withdrawing from human contact*'), '*believing that suicide can occur "out of the blue" without depression*

being evident’ (contrasted with ‘believing that suicide and depression are inextricably linked’) and ‘*feeling momentary bouts of psychological discomfort*’ (contrasted with ‘suffering unendurable psychological pain’). These represented issues and dilemmas over which Frank would be likely to vacillate and corresponded to the uncertainty about where he stood about them.

Frank contended with the stress and uncertainty over these issues by aspiring to implement his core evaluative dimensions of identity (high SP’s on constructs). These were: ‘*believing that each human being is of irreplaceable value*’ (contrasted with ‘not valuing some human beings very highly’), ‘*feeling that grief following suicide is uniquely painful*’ (contrasted with ‘feeling that grief following suicide is like any other’), ‘*being highly sensitised to the issue of suicide*’ (contrasted with ‘not thinking about people committing suicide’), ‘*feeling that the safe expression of emotional feelings is always healthy*’ (contrasted with ‘feeling that expression of emotions often indicates loss of control’), ‘*feeling a special responsibility for the well being of others*’ (contrasted with ‘not having any particular responsibility for the well being of others’), ‘*believing that suicide demands considerable bravery*’ (contrasted with ‘believing that suicide is the act of a coward’), ‘*wondering what life is all about*’ (contrasted with ‘taking life for granted’), ‘*believing that suicide may be anticipated by perceptive observation*’ (contrasted with ‘believing that suicide cannot be predicted by overt behaviour’), ‘*considering that most suicides could be prevented*’ (contrasted with ‘considering that most suicide are unavoidable’) and ‘*having warm feelings towards others*’ (contrasted with ‘loathing others’).

It was worth reiterating that although Frank’s former client’s suicide occurred two weeks after their brief psychotherapeutic relationship had ended, he did not learn of the death for up to three months after the death. This fact effectively precluded any direct preventive action by Frank between the ending of his therapeutic relationship and his former client’s suicide.

7.4.5 Respondent Frank – Primary analysis

All seven of Frank’s past and current identity variants in Table 7.4.1, were regarded as well-adjusted being either ‘indeterminate’ or ‘confident’.

Table 7.4.1 Respondent Frank – Self Image

SELF IMAGE						
	Ideal Self		Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.78		CS1	4.78	PS1	5.00
			CS2	4.85	PS2	4.12
			CS3	4.26	PS3	4.41
			CS4	4.71		
Self-Evaluation (-1.00 to +1.00)	1.00		CS1	0.60	PS1	0.51
			CS2	0.79	PS2	0.68
			CS3	0.86	PS3	0.81
			CS4	0.64		
Id. Diffusion (weighted) (0.00 to 1.00)			CS1	0.36	PS1	0.35
			CS2	0.35	PS2	0.35
			CS3	0.36	PS3	0.35
			CS4	0.35		
Identity Variant						
Current Self 1	INDETERMINATE					
Current Self 2	INDETERMINATE					
Current Self 3	CONFIDENT					
Current Self 4	INDETERMINATE					
Past Self 1	INDETERMINATE					
Past Self 2	INDETERMINATE					
Past Self 3	CONFIDENT					
Self Esteem (weighted)						
	CS1	CS2	CS3	CS4		
PS1	0.55	0.65	0.67	0.57		
PS2	0.64	0.74	0.77	0.66		
PS3	0.71	0.80	0.84	0.73		

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me when I'm relaxing'
 CS4 'me when I'm relaxing'

Frank evaluated his aspirational self '*me as I would like to be*' very highly (1.00). He also evaluated very highly '*a client who recovered after serious suicide attempt*' (0.90) and '*a person I admire*' (0.75). His self-evaluation varied across contexts being very high with respect to '*me when I'm working*' (CS3 0.86), '*me after my client's suicidal behaviour*' (PS3 0.81) and '*me when I feel enhanced by life's wonders*' (CS2 0.79) and moderately high with respect to '*me before my client's suicidal behaviour*' (PS2 0.68).

Frank's view of himself developed positively during his psychotherapy career evidenced by the growth in his self-evaluation from moderate before he became a psychotherapist (PS1 0.51), through moderately high when overwhelmed by life's cruelties (CS1 0.60), towards very high when enhanced by life's wonders (CS2 0.79) and even higher when respondent is working in psychotherapy (CS3 0.86). The latter statistic is reinforced by his very high empathetic identifications with '*my counselling supervisor*' and '*me as colleagues see me*' (both CS3 0.85): he saw himself as sharing many of the characteristics of these people.

7.4.6 Respondent Frank – Positive and negative role models of the suicide survivor

Frank idealistically identified very highly with '*a client who recovered after serious suicide attempt*' (0.95) and almost as highly with five other people – see par.7.4.4 above. These people represented his positive role models: it was clear that Frank had survived a serious suicide attempt while also being a clinician survivor.

He contra-identified with '*a person I dislike*' (0.59) and '*a depressed client*' and '*father*' (both 0.41). At a lower level, he contra-identified with '*a client who died by suicide*' (0.36) and '*a client with suicide ideation*' (0.32). These people represented those from whose characteristics he wished to dissociate. There was something revealing here in how his idealistic and contra identifications discriminated between the four suicide-related entities: the parasuicide and the suicide survivor represented strongly his 'positive role models'. Frank sought to emulate them to some extent. The suicide victim and the client with suicide ideation represented highly his 'negative role models'. Frank sought to dissociate from them: he resisted suicidal thoughts and defended himself against suicidal behaviour. Frank's personal engagement with his own suicidal past influenced his professional stance. An excerpt from the respondent's narrative was illustrative:

The proportion of people that I...have seen so far that would have been suicidal...would be a significant number...maybe not actively suicidal but would have had a history of suicide...at the time [of his interaction with the client who later killed himself] I had myself at the top in terms of awareness about these issues...maybe I was too hard on myself but I just felt...guilty about going in and doing this assessment. I did what I was supposed to do but I felt guilty that I didn't do that little bit more perhaps that wasn't asked of me.

7.4.7 Respondent Frank – Conflicted identifications and the suicide survivor

In his appraisals of his past self, *'me before I became a psychotherapist/counsellor'* (PS1) Frank had highly conflicted identifications with *'a depressed client'* (0.49), *'a client with suicide ideation'* (0.47), *'a client who died by suicide'* (0.44) and *'father'* (0.36), as set out in Table 7.4.2. Conflicted identification levels with these entities remained high in his appraisals, respectively of most past and current selves: PS2; PS3; CS2; CS3; CS4. But in relation to his appraisals of *'me when I am overwhelmed by life's cruelties'* (CS1) his conflicted identifications for these entities intensified (CS1 range 0.39 to 0.52). These high levels also remained high whether Frank was working (CS3) or relaxing (CS4) although his identification conflicts were slightly reduced in the latter context.

Frank had similarly high levels of conflicted identification with *'a client with suicide ideation'* (range 0.43 to 0.48) and with *'a client who died by suicide'* (range 0.40 to 0.47) in his appraisals of all his past and current situated selves. In contrast he had consistently moderate levels of identification conflict with *'a suicide survivor'* (range 0.31 to 0.33) and with *'a client who recovered after serious suicide attempt'* (range 0.20 to 0.21) in these appraisals. Perceived risk levels were influential therein.

Table 7.4.2 Respondent Frank – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
16 A depressed client	0.52	0.47	0.47	0.44
15 A client with suiciden	0.48	0.43	0.44	0.43
18 A client who died by e	0.47	0.40	0.46	0.43
12 Father	0.39	0.45	0.50	0.42
11 Mother	0.33	0.34	0.33	0.34
19 My counselling supervr	0.33	0.35	0.34	0.33
13 A person I admire (no)	0.32	0.34	0.34	0.35
20 A psychiatrist	0.32	0.34	0.33	0.32
22 A suicide survivor	0.32	0.32	0.32	0.31
14 A person I dislike (n)	0.24	0.23	0.17	0.17
17 A client who recoveret	0.21	0.21	0.21	0.20
21 My partner/spouse	##	##	##	##
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
16 A depressed client	0.49	0.45	0.45	
15 A client with suiciden	0.47	0.43	0.43	
18 A client who died by e	0.44	0.40	0.40	
12 Father	0.36	0.43	0.43	
19 My counselling supervr	0.32	0.36	0.34	
20 A psychiatrist	0.32	0.35	0.33	
11 Mother	0.31	0.35	0.35	

13 A person I admire (no)	0.31	0.35	0.35
22 A suicide survivor	0.31	0.33	0.33
14 A person I dislike (n)	0.29	0.17	0.17
17 A client who recoveret	0.20	0.21	0.21
21 My partner/spouse	##	##	##

CS1 'me when I am overwhelmed by life's cruelties'
CS2 'me when I feel enhanced by life's wonders'
CS3 'me when I'm working'
CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
PS2 'me before my client's suicidal behaviour'
PS3 'me after my client's suicidal behaviour'

Frank's highly conflicted identifications with '*a depressed client*', '*a client with suicide ideation*' and with '*a client who died by suicide*' modulated with context. But this pattern was absent in relation to his moderate conflicted identifications with '*a suicide survivor*' and '*a client who recovered after serious suicide attempt*': these were largely context neutral. Frank idealistically identified highly inter alia with '*a client who recovered after serious suicide attempt*' (0.95) and with '*a suicide survivor*' (0.82) while contra-identifying quite highly with '*a depressed client*' (0.41), '*a client who died by suicide*' (0.36) and '*a client with suicide ideation*' (0.32). This was consistent with his low and moderate evaluations, respectively, of the latter three entities: 0.21, 0.16 and 0.31 and his high evaluations, respectively of the former two entities: 0.90 and 0.68.

These appraisals revealed contrasting evidence: his conflicted identifications distinguished clearly between the five suicide-related entities – the depressed, the attempted suicide, the suicide survivor, the client who died by suicide and the client with suicide ideation – indicating that he construed each quite differently. However the levels of his ego-involvements with these people showed that '*a client who recovered after serious suicide attempt*' (ego inv 4.85) had more impact upon him than '*a suicide survivor*' (ego inv 4.26) and was very close to the identity state that was dominant for him: 'me before I became a psychotherapist/counsellor (ego inv 5.00). Frank's narrative offered some background to these results:

I mean that's why I'm a clinical psychologist now. I had some experience of being the client you know when I was sort of like in my late teens. I was the client and I has a therapist for a short period of time...it helped me immensely and I think that's what drags you into it. Certainly it's what drags me into it...you just discover being a therapist is something that sounds like a good job...whether it pays well [or not] I think you have to have [experienced] the [psychotherapeutic] process yourself to get in there. I think definitely that's what happened to

me...it's kind of knowledge of suicidal feelings I think that triggered it off...triggered off my career as a psychologist now anyway you know...

7.4.8 Respondent Frank – The suicide survivor and life's cruelties

In his appraisals of his currently situated self 'me when I am overwhelmed by life's cruelties' (CS1), as set out in Table 7.4.2, Frank had very highly conflicted identifications with three suicide-related entities: '*a depressed client*' (0.52), '*a client with suicide ideation*' (0.48) and '*a client who died by suicide*' (0.47). In this identity state, when affected by 'life's cruelties', Frank's sense of himself was strongly influenced by some attributes that he shared with them, such as feeling depressed or suicidal, while not wishing to experience those emotions. His conflicted identifications with '*a suicide survivor*' (0.32) and '*a client who recovered after serious suicide attempt*' (0.21) were significantly lower.

In the identity state 'me when I am enhanced by life's wonders' (CS2) his conflicted identifications modulated but remained quite high in relation to '*a depressed client*' (0.47), were reduced in relation to '*a client with suicide ideation*' (0.43) and '*a client who died by suicide*' (0.40) but remained unchanged in relation to '*a suicide survivor*' (0.32) and '*a client who recovered after serious suicide attempt*' (0.21). In this identity state feeling 'enhanced by life's wonders', Frank's sense of himself was influenced less strongly by such problematic attributes as being depressed or suicidal that he sought to dissociate himself from. He evaluated himself very highly (eval 0.79) and had the second highest possible ego-involvement (ego-inv 4.85) when experiencing '*life's wonders*' (CS2) but much reduced self-evaluation (eval 0.60) while retaining very high ego-involvement (ego-inv 4.78) when subject to '*life's cruelties*' (CS1).

These results indicated that when he felt overwhelmed by life's cruelties (CS1) Frank's identifications with depressed and suicidal clients and with a client who died by suicide were much more problematic for him than his identifications with '*a suicide survivor*' and '*a client who recovered after serious suicide attempt*'. These problematic identifications were maintained at a reduced level in the transition to 'life's wonders' (CS2). But his identifications with '*a suicide survivor*' and with '*a client who recovered after serious suicide attempt*' remained low and stable in both contexts. His evaluations of the latter two entities ('*a suicide survivor*' 0.68; '*a client who recovered after serious*

suicide attempt' 0.90) were much higher than his evaluations of the former three entities (*'a depressed client*' 0.21; *'a client with suicide ideation*' 0.31; *'a client who died by suicide*' 0.16) while he was somewhat less highly ego-involved with the former three entities (*'a depressed client*' 3.38; *'a client with suicide ideation*' 3.46; *'a client who died by suicide*' 3.53) than with the latter two entities (*'a suicide survivor*' 4.26; *'a client who recovered after serious suicide attempt*' 4.85). The following narrative provided a background to these results:

I would always ask [clients] if I felt it was appropriate and if I felt that they were at risk of suicide or were at risk of thinking about suicide – I would always check that out...in a year-long placement...in adult mental health working with some very vulnerable people ...the whole concept of suicide was kind of...at the front of my mind, you know, and I would ask quite regularly if people...had thoughts about suicide. A lot of these people had attempted suicide before so it was naturally something you'd want to monitor...there would be a significant number I would think...have a history of suicide – maybe not actively suicidal just now – but would have a history of suicide...I only spent three sessions with this client [who subsequently died by suicide] it was a...neurological assessment...a one-off assessment but it did not occur to me to enquire about his mental health in much detail...

7.4.9 Respondent Frank – Empathetic identifications and the suicide survivor

As set out in Table 7.4.3, Frank highly empathetically identified with five entities across all seven situated selves: *'a client who recovered after serious suicide attempt*'; *'my counselling supervisor*'; *'a psychiatrist*'; *'mother*' and *'an admired person*'. While he shared common characteristics with these five entities, he highly idealistically identified with in relation to *'a client who recovered after serious suicide attempt*' (id idfcn 0.95) which indicated that he had made a serious suicide attempt.

His empathetic identification with *'a suicide survivor*' was moderately high before he became a psychotherapist (PS1 0.68). His empathetic identifications intensified but remained stable before and after his client's suicidal behaviour (PS2 & PS3: both 0.77). When overwhelmed by life's cruelties his empathetic identification with *'a suicide survivor*' lessened (CS1 0.71); it increased slightly when he felt enhanced by life's wonders (CS2 0.73) and continued to increase when he was working. Only when he was relaxing did it ease back to his pre-counselling levels (CS4 0.67).

Table 7.4.3 Respondent Frank – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
17 A client who recoveret	0.86	0.86	0.90	0.81
11 Mother	0.76	0.82	0.80	0.81
19 My counselling supervr	0.76	0.86	0.85	0.76
13 A person I admire (no)	0.71	0.82	0.85	0.90
15 A client with suiciden	0.71	0.59	0.60	0.57
20 A psychiatrist	0.71	0.82	0.80	0.71
22 A suicide survivor (p	0.71	0.73	0.75	0.67
16 A depressed client	0.67	0.55	0.55	0.48
18 A client who died by e	0.62	0.45	0.60	0.52
12 Father	0.38	0.50	0.60	0.43
14 A person I dislike (n)	0.10	0.09	0.05	0.05
21 My partner/spouse	##	##	##	##
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
17 A client who recoveret	0.82	0.91	0.91	
19 My counselling supervr	0.73	0.91	0.82	
20 A psychiatrist	0.73	0.86	0.77	
11 Mother	0.68	0.86	0.86	
13 A person I admire (no)	0.68	0.86	0.86	
15 A client with suiciden	0.68	0.59	0.59	
22 A suicide survivor (p	0.68	0.77	0.77	
16 A depressed client	0.59	0.50	0.50	
18 A client who died by e	0.55	0.45	0.45	
12 Father	0.32	0.45	0.45	
14 A person I dislike (n)	0.14	0.05	0.05	
21 My partner/spouse	##	##	##	

CS1 'me when I am overwhelmed by life's cruelties' PS1 'me before I became a psychotherapist/counsellor'
 CS2 'me when I feel enhanced by life's wonders' PS2 'me before my client's suicidal behaviour'
 CS3 'me when I'm working' PS3 'me after my client's suicidal behaviour'
 CS4 'me when I'm relaxing'

Frank's experience of a single incidence of client suicide gave him the status of a suicide survivor. His moderately high levels of empathetic identification allied with his moderate evaluation of 'a suicide survivor' (eval 0.68) indicated the extent of his acknowledgement of this status. The following narrative provided a background to these results:

I don't know how long I was in the Samaritans...there...as you know...suicide is the focus and it's talked about freely...the reason I went into the Samaritans in the first place was because I had suicidal feelings many years ago...I've had different experiences of it from different perspectives...that's probably why suicide does rack up a bit of...a lot of emotion for me...not fear of trying to run away from it as discuss more about it. It's just something I've always been aware of...I kind of [have] a lot of empathy for anyone involved in a suicide.

7.4.10 Respondent Frank – Suicide survivor: Graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars 7.4.4, 7.4.7, 7.4.8 and 7.4.9 above with particular reference to '*a suicide survivor*'.

Graphs 7.4.1 and 7.4.2 showed Frank's conflicted identifications with '*a suicide survivor*' as moderate and clustered within the range PS1/CS4 0.31 to PS2/PS3 0.33. Graphs 7.4.3 and 7.4.4 showed Frank's empathetic identifications with '*a suicide survivor*' as somewhat higher before and after his client's suicidal behaviour than they were before he became a psychotherapist (PS1 0.68; PS2 0.77; PS3 0.77). His current empathetic identifications with '*a suicide survivor*' modulated somewhat being highest when he was working (CS3 0.75) and lowest when he was relaxing (CS4 0.67).

These graphs illustrated the respondent's acknowledgement of his status as a suicide survivor through the presence of moderate conflicted identifications along with the presence of moderately high empathetic identifications and a moderate evaluation of '*a suicide survivor*'. His client suicide experience conferred on him the status of '*a suicide survivor*': but his highest empathetic identifications were with '*a client who recovered after serious suicide attempt*' (range 0.81 to 0.91), '*my counselling supervisor*' (range 0.73 to 0.91), '*a psychiatrist*' (range 0.71 to 0.86), '*mother*' (range 0.68 to 0.86) and '*an admired person*' (0.68 to 0.86) compared to '*a suicide survivor*' (range 0.67 to 0.77). It can be concluded that although he saw himself as '*a suicide survivor*' his highest empathetic identifications – referred to above – were at least as highly significant for Frank's sense of himself or self-image.

7.4.11 Respondent Frank – Beliefs and values of the suicide survivor

Structural pressures on six constructs – ranging from 94.32 to 33.55 – that were related to suicide represented core and secondary evaluative dimensions of this respondent's identity: '*...feels that grief following suicide is like any other*'/ '**...feels that grief following suicide is uniquely painful**' (94.32) (where the preferred pole is in bold); '*...does not think about people committing suicide*'/ '**...is highly sensitised to the issue of suicide**' (94.14); '**...believes that suicide demands considerable bravery**'/ '*...believes that suicide is the act of a coward*' (72.56); '*...believes that suicide cannot be predicted by overt behaviour*'/ '**...believes that suicide can be anticipated by**

perceptive observation' (68.19); **'...considers that most suicides could be prevented'/**
'...considered that most suicides are unavoidable' (67.14) and **'...was totally changed**
by suicide of person with whom s/he had significant relationship or emotional
bond'/ **'...was not much affected by suicide of person with whom s/he had significant**
relationship or emotional bond' (33.55).

This respondent's past suicide ideation (see Frank's narrative in par. 7.4.3 above), his serious suicide attempt (see Frank's narrative in par 7.4.6), his single experience of client suicide (see Frank's narrative in par 7.4.3 above), his voluntary and professional activities with vulnerable people, his interaction with medical practitioners, his recent advanced studies in clinical psychology and his stated interest in the psychology of suicide were among the sources for these dimensions. Frank's narrative offered further illustrative background:

...I met with this man over three sessions at a hostel for the homeless and at a time he was moving into a new home...he had chronic alcoholism...there were concerns that he might have Korsakov's Syndrome...I went in to try to work out where this guy is now and also assess...his level of functioning...we concluded it was his alcoholism so it was only three sessions...I came out wrote up the report...handed it to my supervisor...four (sic) months later...at a ...conference on continuing professional development the [colleague] who was supervising me at the time I assessed this man – I always had doubts about [their] competencies – came up to me during a break and...sat beside me and says "Hello, how are you – how's it going, I haven't seen you for a few months." I say "Not too bad." Very, very insensitively and out of the blue [s/he] announced that this man I'd been seeing had thrown himself in front of a train at a railway station two weeks after I'd seen him. Then s/he left the room....And do you know I haven't thought much about it until you asked me...if I would like to get involved in the study. I just remember feeling shocked, upset that he had killed himself. Upset at the way I was told he had killed himself in that very insensitive way...a little bit later I felt...he...was perhaps very depressed at the time...and so that's why he killed himself...And then I felt a little bit guilty...could I have maybe picked up on that and referred him...nobody knows about this at all. I've never spoken to anybody about this. That's not to say I couldn't have...I think it was something very important to talk about - something I should have talked a lot more about in...supervision...but it didn't get mentioned...no one really knew about it and I wasn't going to start talking about it, you know.

Low structural pressures on one construct indicated conflicted, inconsistently, or non-evaluative dimensions of identity pointing to problematic areas around the suicide phenomenon for this respondent: **'...believes that depression and suicide are inextricably**

linked’/ **‘...believes suicide can occur “out of the blue” without depression being evident’** (- 0.19). He was unsure about the content and dimensions of his affective response as a suicide survivor and remained uncomfortable around the potential suicidal tendencies of clients especially regarding depression. His aspirations were to contend with this through heightened sensitivity to the issue of suicide (SP 94.14).

Other problematic areas for this respondent, indicated by low SPs, included: ‘...never feels lonely or uncomfortable when alone with self’/ **‘...often feels the need for human contact when alone with self’** (19.91); **‘...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had a significant relationship or emotional bond’**/ ‘...believes that people with whom /she had significant relationship or emotional bond are entirely responsible for their own circumstances’ (17.53); ‘...withdraws from human contact’/ **‘...seeks and develops human relationships’** (16.08) and **‘...feels momentary bouts of psychological discomfort’**/ ‘...suffers unendurable psychological pain’ (-5.11).

He aspired to contend with his difficulties through core beliefs and values exemplified in constructs with high structural pressures including: ‘...does not value some human beings very highly’/ **‘...believes each human being is of irreplaceable value’**(100.00): this extremely high parameter might indicate that Frank aspired towards a view that was unrealistic even idealistic in the context of his chosen profession and his highly vulnerable clients; **‘I feel a special responsibility for the well-being of [others]’**/ ‘I don’t have any particular responsibility for the well-being of [others]’ (81.64) and ‘...sticks rigidly to values and beliefs of parents and guardians’/ **‘...continues to develop personal values and beliefs’** (42.91).

7.4.12 Respondent Frank – Summary

Frank was a clinician survivor of client suicide. He had experienced suicidal feelings and had made a serious suicide attempt. He saw himself as *‘a suicide survivor’* in all his past or current situated selves, in particular when he was working (CS3 emp idfcn 0.75) and *‘before and after my client’s suicidal behaviour’* (PS2/PS3 both emp idfcn 0.77) although slightly less so when he was *‘overwhelmed by life’s cruelties’* (CS1 emp idfcn 0.71).

‘A client who recovered after serious suicide attempt’ (id idfcn 0.95) was Frank’s strongest positive role model whom he evaluated very highly (eval 0.90), and with whom

he was very highly ego-involved (ego inv 4.85). ‘A suicide survivor’ was a less strongly positive role model (id idfcn 0.82) whom he evaluated less highly (eval 0.68) and with whom he was less ego-involved (ego inv 4.26). Frank several other positive role models included a family member, viz. ‘mother’ (id idfcn 0.82), and professional colleagues, viz. ‘supervisor’ (id idfcn 0.86) and ‘psychiatrist’ (id idfcn 0.82). Further, his evaluation of ‘a client who died by suicide’ was very low (0.16): he was less than intensely preoccupied with his former client (ego inv 3.53) although the event and its aftermath did impact upon him. Frank said:

Although I didn’t really get into much of a relationship with this man I had all the natural empathy and felt sorry for him...I was upset about it but it wasn’t something – it wasn’t interfering with my work. I was still getting up in the morning and going to work doing the same old job. I mean it [client suicide] doesn’t plague me. It doesn’t give me nightmares or anything but it does make me [reflect]...I’ve moved on...[I have] a different supervisor. I’ve put that [viz. client suicide] to bed...but the feelings still [live] on in me about what happened to that man...I did really feel sorry for this man...I felt he wasn’t getting appropriate services...and felt a lot more could have been done for him. But because he had Korsakov’s Syndrome and was a chronic alcoholic he got pushed down the list, you know.

Frank’s evaluations and levels of ego-involvement with two remaining suicide related clients, respectively, were even lower: ‘a client with suicide ideation’ (eval 0.31; ego inv 3.46); ‘a depressed client’ (eval 0.21; ego inv 3.38).

Frank’s interest in the psychology of suicide developed before he decided to become a psychotherapist and was rooted in his resolution of own suicidal feelings and suicidal behaviours at that time. His current professional role as a clinical psychologist was initiated and energised by his efforts to understand the suicide phenomenon. His well-adjusted identity states in all his situated selves pointed towards appropriate accommodation to his client suicide experience. His status as a clinician survivor did not impede his efficacy in working with vulnerable clients including the depressed and the suicidal. Frank had indeed ‘moved on’.

Note: Key for graphs 7.4.1, 7.4.2, 7.4.3 and 7.4.4 below

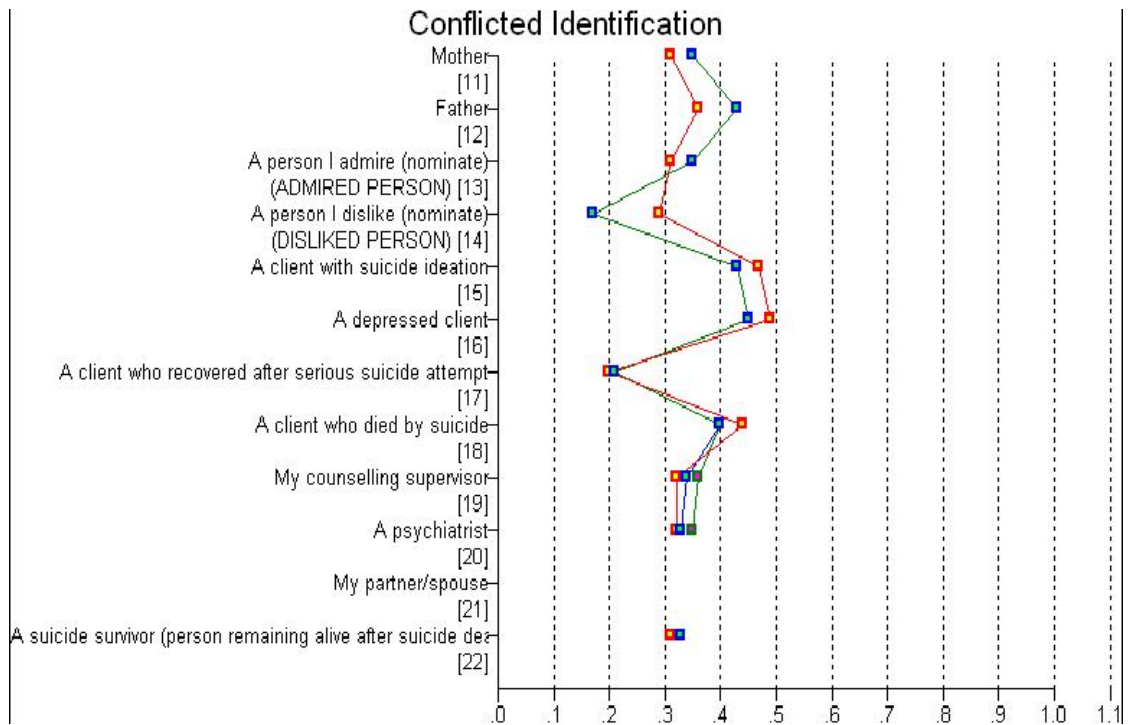
PS1 & CS1= red

PS3 & CS3= blue

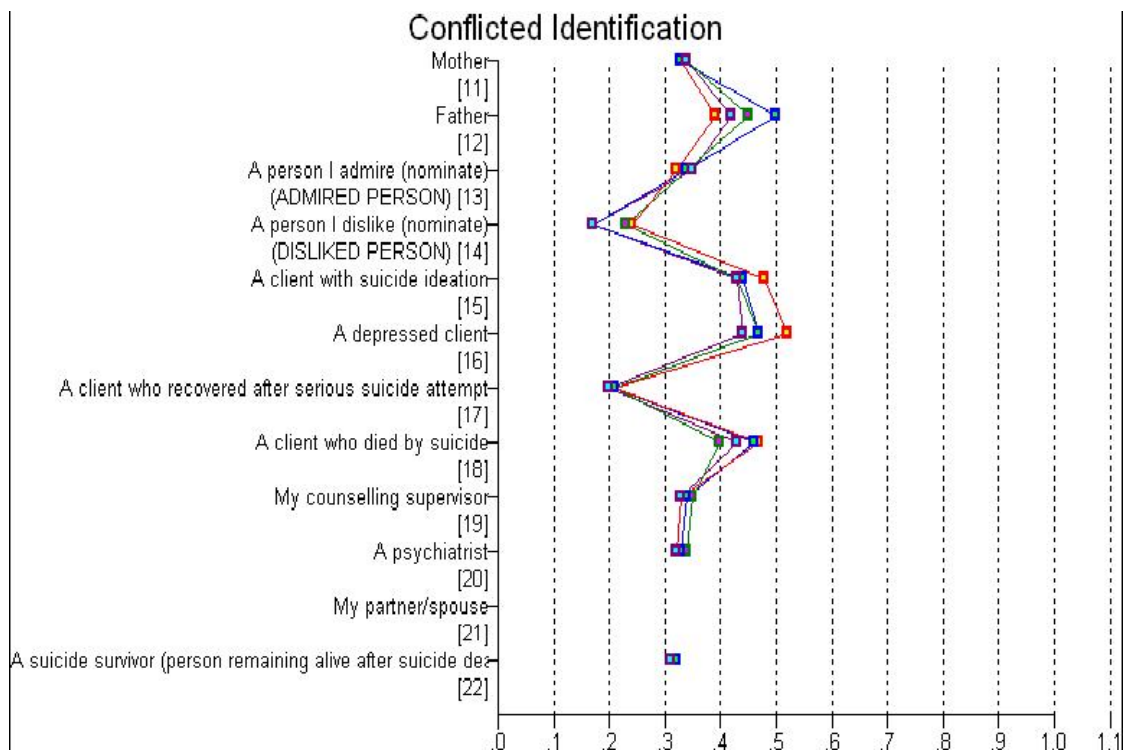
PS2 & CS2=green

CS4=purple/maroon

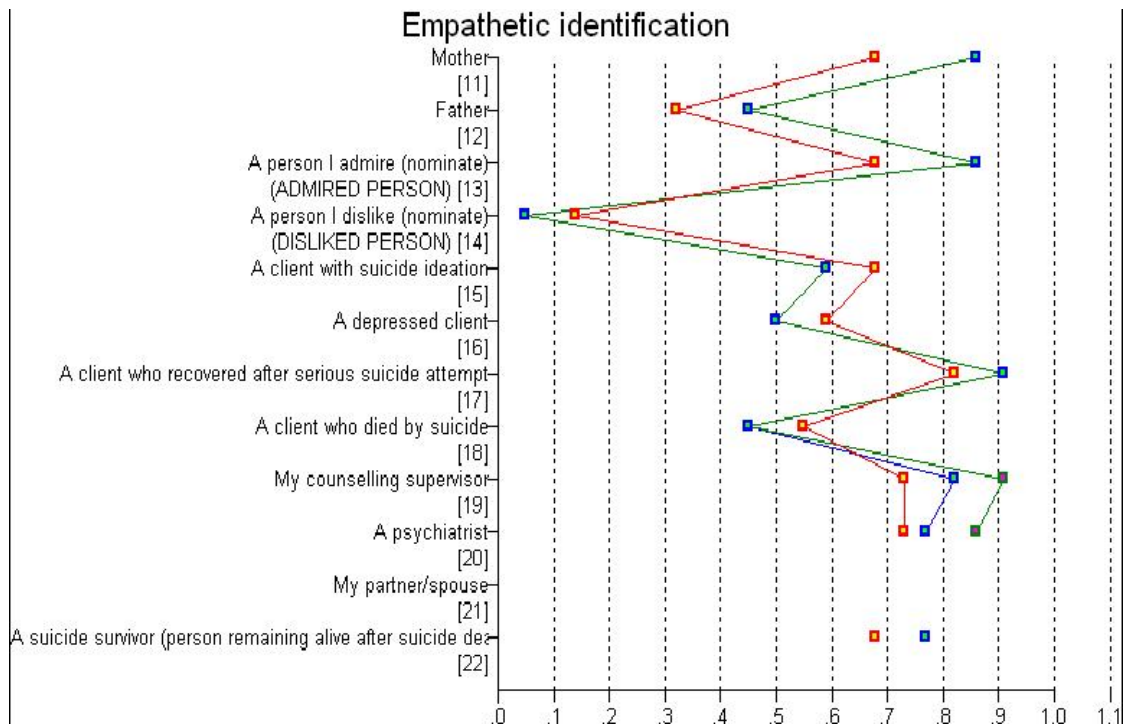
Graph 7.4.1 IDEX A6 'Frank' conf idfcn PS1, PS2, PS3 comparison



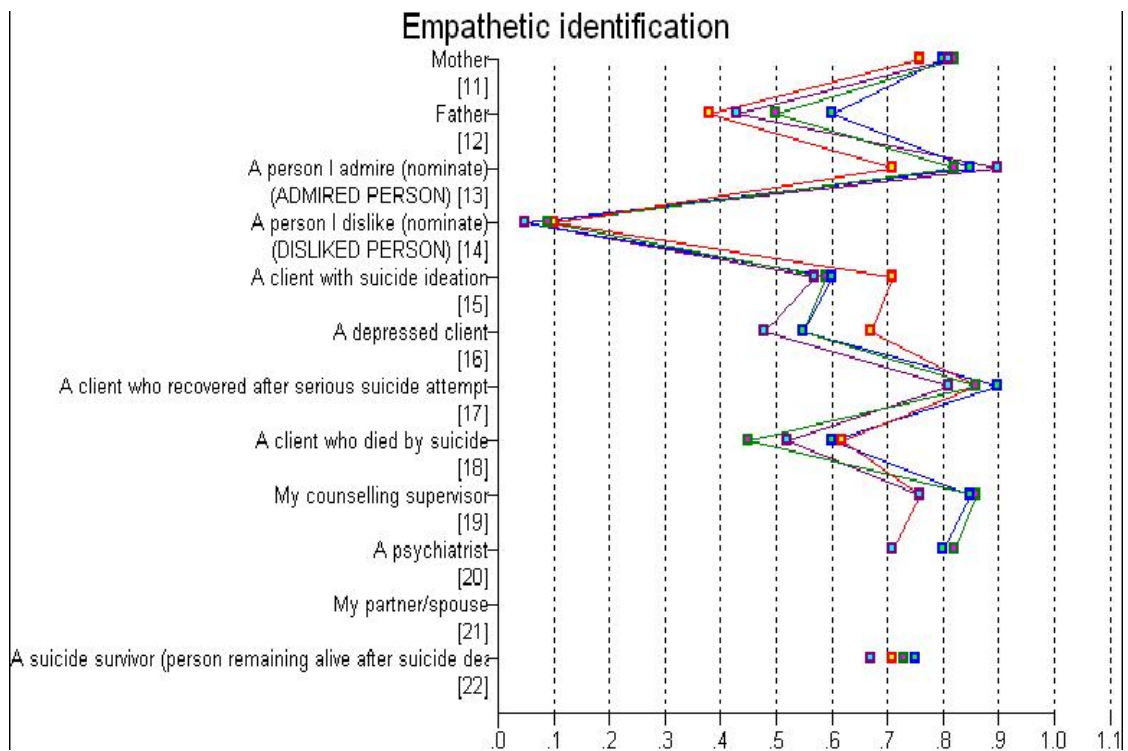
Graph 7.4.2 IDEX A6 'Frank' conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.4.3 IDEX A6 'Frank' emp idfcn PS1, PS2, PS3 comparison



Graph 7.4.4 IDEX A6 'Frank' emp idfcn CS1, CS2, CS3, CS4 comparison



7.5.0 PhD Case Study A9 – alias Dorothy

7.5.1 Respondent Dorothy – Personal and professional information

This respondent will be referred to using the pseudonym ‘Dorothy’. Dorothy was a woman aged in her late thirties. She was currently employed as a practitioner counsellor in a counselling agency in UK for almost one year. This followed about several years experience as a volunteer counsellor. She was particularly interested in counselling children and young people but also worked when appropriate with the full range of her agency's clientele. She held a university certificate in counselling and an advanced diploma in counselling from an accredited, recognised counselling training organisation. Her employing agency was an organisational member of a professional counselling association (BACP or IACP) and Dorothy was working towards professional accreditation. She was not participating in a formal course of study at the time of interview but through experiential learning and reflection, reading, networking and in-service training she sought to keep up-to-date regarding counselling approaches particularly in relation to addictions.

7.5.2 Respondent Dorothy – Identity Structure Analysis

Dorothy completed ISA Instrument 'A' (see appendix 5) in January 2003 following an audiotaped, semi-structured interview with the researcher. Before being interviewed Dorothy voluntarily completed a consent form (see appendix 4).

7.5.3 Respondent Dorothy – Preliminary remarks

Dorothy disclosed that she had experienced the loss of a client by suicide. The death occurred less than four months before the researcher's interview and Dorothy was particularly careful to protect the identity of her deceased client:

I mean...to protect the client here as well...I don't want to give a name [and] to try to keep that...side of it totally confidential for both the client and me...I can't get into names...

She went on to describe the circumstances of her client's death:

I had a client who committed suicide a few months ago...it was very difficult for me personally...it was a very violent suicide...the only thing that person had on them was a card – a card, a [name of counselling agency] card with my name on it...that's how...they [the police] contacted...the assistant director. She contacted me with a description. So that's how...the body was identified, which was...a very strange sort of thing to go through....After the phone call I was just watching television and I thought 'Did that just happen?' and then I was left with all that stuff. I didn't know what to do with it...[the deceased client] was late twenties...he was [in] counselling for gambling...he was a gambler...the main problem [was] alcohol...but more so the gambling side of it...he was referred to me by another counsellor [in the agency]...

This client was related through marriage to another agency counsellor:

...so that kind of did make it...harder...because when I had to then...meet up with [the agency counsellor] again it was very like...what way's it going to go...what way's she feeling...I took [on] a lot of [guilt] as you do. You blame yourself...did I miss anything...was there anything there...so that was...very difficult.

Dorothy described the counselling relationship:

He [the client] cancelled the last two appointments but I had seen him for about four or five [weekly] sessions. Very honest. He was very open...you know with some clients it's hard for the relationship to build up and...they move at different paces...in different ways...but he was very forthcoming and very honest and very open...he phoned and cancelled...because of shift work he couldn't actually make it.

Dorothy offered limited information about her counselling approach or strategy:

...because we do work with substance abuse...we would get...most people coming in [with related presenting issues] but that's only the problem they come in with whether it's solvents...a drugs-related problem...that's what they come in with but that's not what they work on...by the time you get underneath all of that...when the referral was made I was happy enough to take it...it was...an [alcohol/gambling] problem...a few [other] problems and it was just left for the client to disclose what he was happy to disclose...his relationship with his partner had broken up...

Dorothy sensed that her client was making some albeit limited progress:

He would have been a lot more...aware...when things got too much...he either went on a binge or...went straight into gambling until he had...no money left...so it was one or the other...he was able to identify the triggers...and to...recognise that there was a pattern...he was a lot more aware of himself in that way...he had

started to look at...what else you could put in place...but we never got any [further].

Dorothy described 'a very violent suicide':

I've been told there would be an inquest...they did a full 'tox-screen'...to see what he had taken if anything [but] they haven't released that...I suppose from where I'm coming...it would be easier if he'd taken a load of stuff and didn't...feel anything...better than if he'd been sober...but it was very violent...he hung himself. But it was with that stuff you get round parcels, plastic [cord]...they actually had to cut it through. It was right through the neck...he'd jumped off a twelve foot wall...it was very violent, very deliberate.

Dorothy felt unable to attend the funeral or to send a sympathy card to the family and remained unable either to visit the grave or to make contact with the deceased client's family.

7.5.4 Respondent Dorothy – Overview

Dorothy was a clinician survivor by virtue of the suicidal loss of a client with whom she had recently developed a counselling relationship. She was most ego-involved with '*my counselling supervisor*' (5.00) and she placed her highest evaluation upon that entity (1.00). She idealistically identified most highly with '*my counselling supervisor*' (1.00) but she also included '*a psychiatrist*' (0.82), '*a person I admire*' (0.77), '*mother*' (0.73) and '*a suicide survivor*' (0.68) among her positive role models. She contra-identified very highly with '*my partner/spouse*' (1.00) and '*a person I dislike*' (0.95) while '*father*' (0.86), '*a depressed client*' (0.86), '*a client with suicide ideation*' (0.77) and '*a client who died by suicide*' (0.77) were also among her negative role models.

In her past identity state, before she became a counsellor she empathetically identified most closely with '*a client with suicide ideation*' (PS1 0.77), '*a depressed client*', '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (all three PS1 0.68). Later and before her client's suicidal behaviour, her highest empathetic identifications were with '*my counselling supervisor*' (PS2 0.86), '*a person I admire*' (PS2 0.82), '*a psychiatrist*' (PS2 0.77) and '*mother*' (PS2 0.73). In the short period after her client's suicidal behaviour she maintained an even closer level of empathetic identification with '*my counselling supervisor*' (PS3 0.91) and a similar or

slightly lower level, respectively, of empathetic identification with '*a person I admire*' (PS3 0.77), '*mother*' and '*a psychiatrist*' (both PS3 0.73). During this period she also empathetically identified closely with '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' (both PS3 0.68).

Currently, when overwhelmed by life's cruelties, she most closely empathetically identified with '*a person I admire*' (CS1 0.91), '*mother*' (CS1 0.82) '*my counselling supervisor*' and '*a psychiatrist*' (both CS1 0.77) '*a suicide survivor*' (CS1 0.73) and somewhat less closely with '*a client who recovered after serious suicide attempt*' (CS1 0.64). When feeling enhanced by life's wonders she most closely empathetically identified with five of the six above-mentioned entities: '*my counselling supervisor*' (CS2 0.91), '*a psychiatrist*' (CS2 0.82), '*a person I admire*' (CS2 0.77), '*mother*' (CS2 0.73) and '*a suicide survivor*' (CS2 0.68). She empathetically identified somewhat less closely with '*a client who recovered after serious suicide attempt*' (CS2 0.59) when feeling enhanced by life's wonders.

In the work context she empathetically identified even more closely with '*my counselling supervisor*' (CS3 1.00) and maintained the same levels of empathetic identification with each of the six above mentioned entities: '*a psychiatrist*' (CS3 0.82), '*a person I admire*' (CS3 0.77), '*mother*' (CS3 0.73), '*a suicide survivor*' (CS3 0.68) and '*a client who recovered after serious suicide attempt*' (CS3 0.59). When relaxing the respondent continued to empathetically identify at precisely the same levels with each of the above-mentioned six entities, respectively, as she had when working (CS4: 1.00, 0.82, 0.77, 0.73, 0.68 and 0.59). It was as if she did not discriminate readily between her 'working' self and her 'relaxing' self.

In relation to her past identity states before becoming a counsellor, Dorothy experienced very high levels of problematic or conflicted identification with '*my partner/spouse*' (PS1 0.80), '*a client with suicide ideation*' (PS1 0.77), '*a depressed client*' (PS1 0.76), '*a person I dislike*' (PS10.75), '*a client who died by suicide*' (PS1 0.72), '*father*' (PS1 0.71) and, somewhat less highly, with '*a client who recovered after serious suicide attempt*' (PS1 0.53). These very high levels were considerably reduced in the period before her client's suicidal behaviour, although Dorothy remained highly conflicted in relation to all five suicide-related entities: '*a client with suicide ideation*'

(PS2 0.46), *'a depressed client'* (PS2 0.39), *'a client who died by suicide'* (PS2 0.46), *'a client who recovered after serious suicide attempt'* (PS2 0.47) and *'a suicide survivor'* (PS2 0.45). In the period after her client's suicidal behaviour, Dorothy experienced higher levels of conflicted identification with *'a client with suicide ideation'* (PS3 0.50), *'a depressed client'* (PS3 0.44), *'a client who died by suicide'* (PS3 0.50) and *'a suicide survivor'* (PS3 0.47). During this period her very high level of conflicted identification with *'a client who recovered after serious suicide attempt'* (PS3 0.53) remained unchanged.

Currently, in the context of being overwhelmed by life's cruelties, her most problematic identifications were with *'a client with suicide ideation'* (CS1 0.53) and *'a client who recovered after serious suicide attempt'* (CS1 0.51). She also experienced high levels of conflict with *'father'*, *'a depressed client'*, *'my partner/spouse'* and *'a suicide survivor'* (all four CS1 0.48) and *'a client who died by suicide'* (CS1 0.46). When feeling enhanced by life's wonders, her problematic identifications were reduced across all of these entities while remaining high in relation to all five suicide-related entities: *'a client with suicide ideation'* (CS2 0.42), *'a client who recovered after serious suicide attempt'* (CS2 0.49), *'a depressed client'* (CS2 0.35), *'a suicide survivor'* (CS2 0.47) and *'a client who died by suicide'* (CS2 0.42). Whether working or relaxing, Dorothy's identification conflicts remained at precisely the same high levels in relation both to the five suicide-related entities and to the remaining six featured entities (See Table 7.5.2).

In respect of her metaperspectives, she did not differentiate between the view that her colleagues or clients had of her. Her empathetic identifications in respect of colleagues' views of her were the same as her empathetic identifications in respect of her clients' views of her across all seven situated identity states (range 0.36 to 1.00), being lowest in relation to the period before the respondent became a counsellor (PS1 0.36). Her identification conflicts with her colleagues' views of her and with her clients' views of her were recorded at zero across all seven situated identity states.

Dorothy's identity states were either *'crisis'* (PS1), *'indeterminate'* (PS2), *'confident'* (PS3), *'indeterminate'* (CS1 and CS2), *'defensive high self-regard'* (CS3) or *'defensive'* (CS4). The identity states *'indeterminate'* and *'confident'* were considered to be well-adjusted while the remaining identity states – *'crisis'*, *'defensive'* and *'defensive high*

self-regard' – were designated vulnerable identities of various kinds. Dorothy was highly ego-involved (range 3.67 to 4.87) across all seven identity states while her self-evaluation varied from very low, before she became a counsellor (PS1 -0.20) to very high, before (PS2 0.71), and somewhat higher after, her client's suicidal behaviour (PS3 0.81), to moderate, when overwhelmed by life's cruelties (CS1 0.56) and to very high when enhanced by life's wonders (CS2 0.78), when working (CS3 0.98) and when relaxing (CS4 0.79). Her identity diffusion was very high before the respondent became a counsellor (PS1 0.59) while remaining moderate (range 0.22 to 0.36) across all six remaining identity states.

Dorothy's appraisals indicated few conflicted dimensions of identity through low structural pressures on constructs included in the identity instrument. Hence few issues or dilemmas were found over which Dorothy was likely to experience uncertainty. The lowest of her levels of structural pressures on constructs were: *'believes that suicide demands considerable bravery'* (contrasted with 'believes that suicide is the act of a coward' SP 26.04). Dorothy contended with any stress and uncertainty over these issues by aspiring to implement her core evaluative dimensions of identity.

Constructs with high SPs were considered to represent the Dorothy's stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to Dorothy's identity: she used these principally to judge the merits of self and others. They were likely to be resistant to change (Weinreich, 1992: 21).

Dorothy's principal core evaluative dimensions of identity were: *'feeling that safe expression of emotional feelings is always healthy'* (contrasted with 'feeling that expression of emotion often indicates loss of control'); *'feeling that grief following suicide is uniquely painful'* (contrasted with 'feeling that grief following suicide is like any other'); *'continuing to develop personal values and beliefs'* (contrasted with 'sticking rigidly to values and beliefs of parents and guardians'); *'seeking and developing human relationships'* (contrasted with 'withdrawing from human contact'); *'feeling a special responsibility for others'* (contrasted with 'not having any particular responsibility for the well-being of others'); *'always using complementary/alternative remedies where possible'* (contrasted with 'relying mainly on prescribed medication to relieve psychological pain'); *'believing that suicide may be anticipated by perceptive observation'* (contrasted with

'believing that suicide cannot be predicted by overt behaviour'); '*believing each human being is of irreplaceable value*' (contrasted with 'not valuing some human beings very highly'); '*continuing to be the person s/he was into the foreseeable future*' (contrasted with 'feeling that the person s/he was is dead') and '*considering that most suicides could be prevented*' (contrasted with 'considering that most suicide are unavoidable').

Dorothy's client killed himself following cancellation of two scheduled counselling sessions. He offered his counsellor plausible reasons - shift work - for his inability to attend. Dorothy had not identified clear indicators of suicide ideation during her counselling interactions with the client but, afterwards, she questioned herself:

Was (sic) there signs there...going back over it...notes and all...there wasn't... [there were] no signs [of suicide ideation] you know...I've been working with [suicidal] people and you get alarm bells going off...but there was no...sign...[I asked myself] was there something I missed...it's something every counsellor dreads happening...the reality is that they don't think it's going to happen...and when it does happen...it can knock you...'

No effective preventive active by Dorothy was possible between the client's telephoned cancellation of his final scheduled counselling session and his suicide four days later.

7.5.5 Respondent Dorothy – Primary analysis

In the classification of Dorothy's identity variants in Table 7.5.1, her current self '*me when I am overwhelmed by life's cruelties*' (CS1) was classified as 'indeterminate', a well-adjusted identity state. Her remaining three current identity states were classified as follows:

'me when I feel enhanced by life's wonders' (CS2) – identity state 'indeterminate, a well adjusted identity state;

'me when I'm working' (CS3) – identity state 'defensive high self-regard': this was designated as a vulnerable identity state;

'me when I'm relaxing' (CS4) – identity state 'defensive': this was regarded as a vulnerable identity state.

Table 7.5.1 Respondent Dorothy – Self Image

	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.67	CS1	3.87	PS1	3.67
		CS2	4.27	PS2	3.93
		CS3	4.87	PS3	4.87
		CS4	3.93		
Self-Evaluation (-1.00 to +1.00)	0.94	CS1	0.56	PS1	-0.20
		CS2	0.78	PS2	0.71
		CS3	0.98	PS3	0.81
		CS4	0.79		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.36	PS1	0.59
		CS2	0.29	PS2	0.30
		CS3	0.22	PS3	0.31
		CS4	0.22		
Identity Variant					
Current Self 1	INDETERMINATE				
Current Self 2	INDETERMINATE				
Current Self 3	DEFENSIVE HIGH SELF-REGARD				
Current Self 4	DEFENSIVE				
Past Self 1	CRISIS				
Past Self 2	INDETERMINATE				
Past Self 3	CONFIDENT				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.19	0.33	0.47	0.31	
PS2	0.64	0.74	0.86	0.75	
PS3	0.70	0.80	0.89	0.80	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

When '*working*' Dorothy valued herself extremely highly (CS3 eval 0.98): she felt herself to be successful in pursuing her identity aspirations, e.g. that the safe expression of emotional feelings was always healthy (SP 97.59) while her low level of identity diffusion (CS3 id diff 0.22) pointed to her efforts to maintain her identification conflicts at a low level, e.g. with '*a person I dislike*' in the transition from '*wonders*' (CS2 0.36) to '*working*' (CS3 0.22). '*Working*' and '*after client's suicide behaviour*' (PS3) were Dorothy's dominant identity states (PS3, CS3 both ego-inv 4.87).

When '*relaxing*' Dorothy evaluated herself less highly (CS4 eval 0.79) than when '*working*': she continued to feel that she was successful in pursuing identity aspirations, e.g. seeking and developing human relationships (SP 87.33) while her low identity diffusion (CS4 id diff 0.22) evidenced her attempts to keep identification conflicts at a

modest level, e.g. with '*a psychiatrist*' in the transition from '*working*' to '*relaxing*' CS3, CS4 both 0.34).

Dorothy's past self '*me before I became a counsellor/psychotherapist*' (PS1) was classified as 'crisis': this was regarded as a vulnerable identity state. Her remaining two identity states were classified as follows:

'me before my client's suicidal behaviour' (PS2) – identity state 'indeterminate', a well-adjusted identity state;

'me after my client's suicidal behaviour' (PS3) – identity state 'confident', a well-adjusted identity state.

Before she became a counsellor Dorothy evaluated herself at a very low level (PS1 eval –20): she believed herself to be unsuccessful in achieving her identity aspirations, e.g. in continuing to develop personal values and beliefs (SP 91.06) while very high identity diffusion (PS1 id diff 0.59) indicated the wide range and magnitude of her conflicted identifications in this identity state, e.g. with family members: partner/spouse (PS1 id conf 0.80), father (PS1 id conf 0.71); and with vulnerable people: suicidal person (PS1 id conf 0.77), depressed person (PS1 id conf 0.76).

Dorothy evaluated her aspirational self '*me as I would like to be*' very highly (0.94) but she evaluated '*me when I'm working*' more highly (CS3 0.98) and '*my counselling supervisor*' even more highly (1.00). Her self-evaluation varied across contexts being very low in relation to '*me before I became a counsellor/psychotherapist*' (PS1 -0.20), increasing hugely '*before my client's suicidal behaviour*' (PS2 0.71) and continuing this upward trend with respect to '*me after my client's suicidal behaviour*' (PS3 0.81). This esteem measure diminished considerably in relation to '*me when I feel overwhelmed by life's cruelties*' (CS1 0.56) but was restored '*when I feel enhanced by life's wonders*' (CS2 0.78), '*when I am working*' (CS3 0.98) and '*me when I'm relaxing*' (CS4 0.79). Dorothy's enhanced view of herself was triggered and nurtured by her counselling activities, being transformed from very low *before she became a counsellor* towards very high when *working*. Her very high self-evaluations before and after her client's suicidal behaviour contrasted strongly with remarkably low evaluations, respectively, that she made of the five suicide-related entities: '*a suicide survivor*' (eval

0.22); '*a client who recovered after serious suicide attempt*' (eval 0.07); '*a client with suicide ideation*' (eval -0.33); '*a depressed client*' (eval -0.51) and '*a client who died by suicide*' (eval -0.53). These latter results merited further exploration in view of the core principles under-pinning the person-centred approach to counselling that she purported to practice. Dorothy said:

...every counsellor has their own sort of approach. I would be more...person-centred...

7.5.6 Respondent Dorothy – Positive and negative role models of the suicide survivor

Dorothy idealistically identified very highly indeed with '*my counselling supervisor*' (1.00) and at a high level with '*a psychiatrist*' (0.82), '*a person I admire*' (0.77) and '*mother*' (0.73). These people represented her positive role models. Although she also idealistically identified quite highly with '*a suicide survivor*' (0.68) and somewhat less so with '*a client who recovered after serious suicide attempt*' (0.59) she sought much more strongly to emulate counselling professionals and, personally, her mother.

She contra-identified very highly indeed with '*my partner/spouse*' (1.00), '*a person I dislike*' (0.95), '*father*' and '*a depressed client*' (both 0.86), '*a client with suicide ideation*' and '*a client who died by suicide*' (both 0.77). These people represented those from whom the respondent wished to dissociate: they included three of the five suicide-related entities.

Dorothy's identifications with entities representing aspects of suicidality discriminated between those regarded as *idealistic* that were positive role models whom she wished to emulate and those regarded as *contra* that were negative role models from which she sought to dissociate. The *suicide survivor* and the *client who recovered after serious suicide attempt* represented, respectively, a highly positive and a moderately positive 'role model' while the *depressed client*, the *client with suicide ideation* and the *client who died by suicide* were very strongly 'negative role models'.

An excerpt from Dorothy's narrative was illustrative of her post-client suicide attitude:

...people [i.e. clients] coming in and even mentioning suicide in any formal manner I was very alert...I just changed the way I approached the [suicidal] thought because there was this thing about it...'you don't mention it'...but...if it's mentioned [by the client] I bring it very much into the [counselling] room...if it's

mentioned at all [by the client] then that support's there...if you feel things get too much...bring it out...and talk about it. There is that thought - 'It won't happen' or 'It's not real' – but there's no training...no support...that is there for the counsellors who deal with what you know [may happen]...you have to protect yourself and...not go into it too much [with the client] because you would have people phoning you four or five times a day...so...for me it was finding a balance.

Dorothy did not refer to the 24/7 listening service of the Samaritans, a highly reputable and well-publicised voluntary organisation dedicated to suicide prevention. Expert counsellors working with the suicidal usually informed clients as appropriate about how to access, by a local telephone call, this 'round the clock' support between scheduled counselling sessions.

7.5.7 Respondent Dorothy – Conflicted identifications and the suicide survivor

In her appraisals of her past self, '*me before I became a counsellor/psychotherapist*' (PS1), Dorothy had very high identification conflicts with '*my partner/spouse*' (0.80), '*client with suicide ideation*' (0.77), '*a depressed client*' (0.76), '*a person I dislike*' (0.75), '*a client who died by suicide*' (0.72), '*father*' (0.71) and '*a client who recovered after serious suicide attempt*' (0.53). She also experienced highly conflicted identifications with '*a suicide survivor*' (0.43), as set out in Table 7.5.2 below. High identification conflicts with depressed and suicidal people, including those deceased by suicide, indicated that in this context she was depressed and suicidal. These results provided detailed evidence of her 'crisis' identity state in this context and pointed up the degree of her felt isolation. There were few in her life then from whom, in varying degrees, she did not wish to dissociate. She said:

...my marriage had just ended and I was going through the divorce part of it...I started [basic] training [as a counsellor] more for myself...I suppose to get to know me a bit better...

Inspection of data for '*me before client's suicidal behaviour*' (PS2) and '*me after client's suicidal behaviour*' (PS3) showed that her client's unforeseen suicide intensified Dorothy's conflicted identification levels for all five suicide-related entities: these intensifications were most evident in relation to '*a client who recovered after serious suicide attempt*' (PS2 0.47; PS3 0.53), and '*a client with suicide ideation*' and '*a client who died by suicide*' (both PS2 0.46; PS3 0.50).

In her current appraisals Dorothy's levels of conflicted identification were consistently lower in respect of three of the five suicide-related entities: '*a client with suicide ideation*' (range 0.42 to 0.53); '*a depressed client*' (range 0.35 to 0.48) and '*a client who died by suicide*' (range 0.42 to 0.46). By contrast the remaining two suicide-related entities evidenced Dorothy's conflicted identification levels that remained consistently high across all four currently situated selves with respect to '*a client who recovered after serious suicide attempt*' (range 0.49 to 0.51) and '*a suicide survivor*' (range 0.47 to 0.48). Dorothy shared much in common with those she appraised who *intended to kill themselves but did not succeed* and others who were *bereaved by suicide*: she was 'there with [them] while in certain respects [she] wishe[d] not to be there' (Weinreich, 2003: 61).

It was also evident that in relation to the five suicide-related entities, Dorothy's highly conflicted identification levels were context specific in relation to her past situated selves, PS1, PS2 and PS3. Dorothy clearly distinguished each of these entities, both individually and in relation to 'past self' context indicating that, with one apparent exception, she construed each entity quite differently. The exception was evident in her appraisal of '*a client who recovered after serious suicide attempt*' where she experienced the same very high levels of conflicted identification (con idfcn both 0.53) in relation to two of her three past situated selves: '*before I became a counsellor / psychotherapist*' (PS1) and '*after my client's suicidal behaviour*' (PS3). These latter identifications confirmed Dorothy's past suicidal behaviours, including serious suicide attempt(s).

By contrast, Dorothy's high levels of conflicted identification in relation to these five entities were not context specific in relation to three of her four currently situated selves: '*a client with suicide ideation*' (CS2, CS3, CS4 all 0.42); '*a depressed client*' (CS2, CS3, CS4 all 0.35); '*a client who died by suicide*' (CS2, CS3, CS4 all 0.42); '*a client who recovered after serious suicide attempt*' (CS2, CS3, CS4 all 0.49) and '*a suicide survivor*' (CS2, CS3, CS4 all 0.47). These identifications revealed that Dorothy's disposition in relation to suicide was entity-dependent, rather than context based regarding 'wonders', working' and 'relaxing' entities.

In her remaining currently situated self, '*me when I am overwhelmed by life's cruelties*' (CS1) Dorothy experienced higher levels of conflicted identification than in any

of her three remaining currently situated selves in relation to the five suicide-related entities. These modulations were lower in relation to '*a client who recovered after serious suicide attempt*' (CS1 0.51; CS2, CS3, CS4 all 0.49), '*a suicide survivor*' (CS1 0.48; CS2, CS3, CS4 all 0.47) or for '*a client who died by suicide*' (CS1 0.46; CS2, CS3, CS4 all 0.42) than for '*a depressed client*' (CS1 0.48; CS2, CS3, CS4 all 0.35) or '*a client with suicide ideation*' (CS1 0.53; CS2, CS3, CS4 all 0.42). The modulations in Dorothy's identifications with a range of suicidal dilemmas, acting out and outcomes, indicated the extent of her biographical engagements with suicidality in self and others.

Table 7.5.2 Respondent Dorothy – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.53	0.42	0.42	0.42
17 A client who recoveredt	0.51	0.49	0.49	0.49
12 Father	0.48	0.44	0.35	0.35
16 A depressed client	0.48	0.35	0.35	0.35
21 My partner/spouse	0.48	0.30	0.00	0.00
22 A suicide survivor (pe	0.48	0.47	0.47	0.47
13 A person I admire (nom)	0.46	0.42	0.42	0.42
18 A client who died by se	0.46	0.42	0.42	0.42
14 A person I dislike (no)	0.41	0.36	0.22	0.22
11 Mother	0.38	0.36	0.36	0.36
20 A psychiatrist	0.33	0.34	0.34	0.34
19 My counselling supervir	0.00	0.00	0.00	0.00
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.80	0.37	0.30	
15 A client with suicide n	0.77	0.46	0.50	
16 A depressed client	0.76	0.39	0.44	
14 A person I dislike (no)	0.75	0.29	0.36	
18 A client who died by se	0.72	0.46	0.50	
12 Father	0.71	0.39	0.44	
17 A client who recoveredt	0.53	0.47	0.53	
22 A suicide survivor (pe	0.43	0.45	0.47	
13 A person I admire (nom)	0.37	0.43	0.42	
11 Mother	0.30	0.36	0.36	
20 A psychiatrist	0.22	0.33	0.32	
19 My counselling supervir	0.00	0.00	0.00	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

As referred to at par 7.5.6 above, Dorothy idealistically identified quite highly with '*a suicide survivor*' (0.68) and somewhat less so with '*a client who recovered after serious suicide attempt*' (0.59) while contra-identifying very highly indeed with '*a depressed client*' (0.86) and '*a client with suicide ideation*' (0.77). This was consistent with her

extremely low evaluations, of the latter two entities, -0.51 and -0.33, respectively, and her quite low evaluations, of the former two entities: 0.22 and 0.07, respectively. The dark threat, posed by her suicidal and depressed clients, but carried out by the client who died by suicide, generated the defensive response evident in her contra-identifications with her suicidal and depressed clients: she wished to distance herself from them and their power to create a negative affective stance by that threat (Weinreich, 2003: 58). In relation to her deceased client, Dorothy's very high contra-identification with the '*client who died by suicide*' (cont-idfcn 0.77) was articulated in her unmet need for closure: her narrative offered insights into her ongoing integration of the experience of client suicide:

I (Researcher) – Is talking to me [about your client's suicide] disturbing for you or is it healing, therapeutic, cathartic?

R(Dorothy) – It's helpful yes because...at times you're limited in who you can go and talk to...because...my own family and friends...I couldn't talk to anybody in any detail...that would be kind of supportive...in a sense they didn't understand...the effect it had on me you know both as a counsellor and as a person. Because I'd got to know him quite well and so it was juggling that but I mean the support from here [her counselling agency employer] was fantastic...a few of the other counsellors have had similar experiences...they had an understanding of where I was coming from...[my] external supervisor was tremendous...'

7.5.8 Respondent Dorothy – The suicide survivor and life's cruelties

As mentioned at par 7.5.7 above, in her appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) Dorothy had very highly or highly conflicted identifications (range 0.47 to 0.53) with all five suicide-related entities: '*a client with suicide ideation*' (0.53), '*a client who recovered after serious suicide attempt*' (0.51), '*a suicide survivor*' and '*a depressed client*' (both 0.48) and '*a client who died by suicide*' (0.47). In the identity state '*me when I feel enhanced by life's wonders*' (CS2) her conflicted identifications (range 0.35 to 0.49) were lower but remained high, respectively: 0.42, 0.49, 0.47, 0.35 and 0.42. She evaluated herself very highly (0.78) and was highly ego-involved (4.27) when experiencing '*life's wonders*' (CS2) but experienced much reduced self-evaluation (0.56) and a lower level of ego-involvement (3.87) when subject to '*life's cruelties*' (CS1).

These results indicated that Dorothy's identifications with all suicide-related entities were quite problematic when she felt overwhelmed by life's cruelties. These

identifications continued, albeit at a lesser level, to be problematic when she felt enhanced by life's wonders. Her extremely low evaluations, respectively, of three suicide-related entities: '*a client with suicide ideation*' (-0.33), '*a depressed client*' (-0.51) and '*a client who died by suicide*' (-0.53) contrasted with the somewhat higher evaluations of '*a suicide survivor*' (0.22) and '*a client who recovered after serious suicide attempt*' (0.07). However she remained very highly ego-involved with '*a client who died by suicide*' (4.27) while experiencing much lower levels of ego-involvement, respectively, with the remaining four suicide related entities: '*...suicide ideation*' (3.13), '*depressed...*' (3.73), '*...suicide survivor*' (3.00) and '*recovered after...suicide attempt*' (2.07).

The following narrative offered a background to these results. Dorothy said:

...for me there was no closure [following client's suicide]...it would be nice to be able to go and ... maybe visit the grave or you know even...at the time you might have sent a card...that would have been closure from me to the family...later on I did learn that...the family had discovered that he [the client] had been in counselling...as the [family's] emotions recede[d]...they were grateful that he had someone to speak to...there's still the sense that I have [come] as far as I can with it regarding my own [resolution]...working with other clients I have resolved that end of it but there's still that wee bit at the end that's...stopping the closure...I suppose if it even meant going with a card to the family or sending a card...it would be some kind of...closure or ending to it.

7.5.9 Respondent Dorothy – Empathetic identifications and the suicide survivor

As set out in Table 7.5.3, Dorothy empathetically identified very highly or quite highly (range 0.77 to 0.68) with each of the four suicide-related entities in her appraisals of '*me before I became a counsellor/psychotherapist*' (PS1): '*a client with suicide ideation*' (0.77), '*a depressed client*', '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (all three 0.68). Her level of empathetic identification with '*a suicide survivor*' (0.59) was somewhat lower. These results offered a window into Dorothy's engagement with the suicide phenomenon before she commenced her counselling activities (PS1).

Table 7.5.3 Respondent Dorothy – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
13 A person I admire (nom)	0.91	0.77	0.77	0.77
11 Mother	0.82	0.73	0.73	0.73
19 My counselling supervir	0.77	0.91	1.00	1.00
20 A psychiatrist	0.77	0.82	0.82	0.82
22 A suicide survivor (pe	0.73	0.68	0.68	0.68
17 A client who recoveredt	0.64	0.59	0.59	0.59
15 A client with suicide n	0.36	0.23	0.23	0.23
12 Father	0.27	0.23	0.14	0.14
16 A depressed client	0.27	0.14	0.14	0.14
18 A client who died by se	0.27	0.23	0.23	0.23
21 My partner/spouse	0.23	0.09	0.00	0.00
14 A person I dislike (no)	0.18	0.14	0.05	0.05
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
15 A client with suicide n	0.77	0.27	0.32	
16 A depressed client	0.68	0.18	0.23	
17 A client who recoveredt	0.68	0.55	0.68	
18 A client who died by se	0.68	0.27	0.32	
21 My partner/spouse	0.64	0.14	0.09	
12 Father	0.59	0.18	0.23	
13 A person I admire (nom)	0.59	0.82	0.77	
14 A person I dislike (no)	0.59	0.09	0.14	
22 A suicide survivor (pe	0.59	0.64	0.68	
11 Mother	0.50	0.73	0.73	
19 My counselling supervir	0.36	0.86	0.91	
20 A psychiatrist	0.36	0.77	0.73	
<div> <div>CS1 'me when I am overwhelmed by life's cruelties'</div> <div>CS2 'me when I feel enhanced by life's wonders'</div> <div>CS3 'me when I'm working'</div> <div>CS4 'me when I'm relaxing'</div> </div> <div> <div>PS1 'me before I became a psychotherapist/counsellor'</div> <div>PS2 'me before my client's suicidal behaviour'</div> <div>PS3 'me after my client's suicidal behaviour'</div> </div>				

This level of recognition in self of attributes of others was maintained by way of quite high levels of empathetic identification across her remaining six situated selves only in respect of two suicide-related entities: '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' (emp idfcn range PS2 to CS4 0.55 to 0.73).

However after commencing her counselling career, she maintained even higher levels of empathetic identification with four entities, respectively, across six situated selves including: '*a person I admire*', '*mother*', '*my counselling supervisor*' and '*a psychiatrist*': (emp idfcn range PS2 to CS4 0.73 to 1.00). It was as if her engagement with vulnerable clients reminded her of more positive characteristics that she shared with family, friends and professional colleagues.

Dorothy's experience of client suicide gave her the status of suicide survivor or more specifically clinician survivor. Looking more closely at Dorothy's empathetic identification with '*a suicide survivor*', a relatively low level (PS1 0.59) before she commenced counselling increased steadily as she worked with non-suicidal clients (PS2 0.64) and continued to increase as she worked with suicidal clients (PS3 0.68). When overwhelmed by life's cruelties her empathetic identification with '*a suicide survivor*' increased markedly (CS1 0.73) and then eased back and remained high but stable (0.68) when enhanced by life's wonders (CS2), working (CS3) or relaxing (CS4). The following narrative provided a background to these results. Dorothy said:

'...I sort of feel that the final escape for some suicides...would be a final escape from whatever they're going through here...in their life. They've just got to the point where it was just too much and that was their final decision and their final choice and maybe any control that they had if you want to use that word...it would be a final escape for them from whatever pain or whatever [difficulty] that they just can't...they just can't take any more. And they choose then to...escape from it.'

7.5.10 Respondent Dorothy – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars 7.5.4, 7.5.7, 7.5.8 and 7.5.9. above with particular reference to the entity '*a suicide survivor*'.

Graphs 7.5.1 and 7.5.2 showed Dorothy's conflicted identifications with '*a suicide survivor*' as high and clustered within the range PS1 0.43 to CS1 0.48. Graphs 7.5.3 and 7.5.4 showed Dorothy's empathetic identifications with '*a suicide survivor*' as somewhat higher before, and even higher after, her client's suicide behaviour than they were before she became a counsellor (PS1 0.59; PS2 0.64; PS3 0.68). Her current empathetic identifications with '*a suicide survivor*' were highest when she felt overwhelmed by life's cruelties (CS1 0.73), they eased when she felt enhanced by life's wonders (CS2 0.68) and stabilised at a moderately high level when the respondent was working (CS3 0.68) or relaxing (CS4 0.68).

These graphs illustrated Dorothy's idiosyncratic acknowledgement of her status as a suicide survivor through the presence of high current levels of conflicted identifications together with the presence of quite high current empathetic identifications with '*a suicide survivor*'. When these results were associated with her low evaluation of

'a suicide survivor' (0.22), it was clear that she wished to distance herself from some attributes of this entity since she valued herself very highly in all but one of her past selves (the exception being before she became a counsellor: PS1 eval -0.20) viz. PS2 eval 0.71, PS3 eval 0.81 while maintaining this high self-evaluation in all but one of her currently situated selves (the exception being when overwhelmed by life's cruelties: CS1 eval 0.56) viz. CS2 eval 0.78, CS3 eval 0.98, CS4 0.79.

Her client suicide experience conferred the status of 'a suicide survivor' on her but her highest empathetic identifications, as a counsellor, were with 'my counselling supervisor' (range 0.77 to 1.00), 'an admired person' (range 0.77 to 0.91), 'mother' and 'a psychiatrist' (both range 0.73 to 0.82). It can be concluded that although she saw herself as 'a suicide survivor' her highest empathetic identifications, mentioned above, were even more highly significant for the Dorothy's self-image.

Dorothy's narrative offered illustrative background to these results, when she spoke about her own suicidality through the medium of a friend's experience. Dorothy said:

I (Researcher) - Would you consider suicide yourself?

R (Respondent) - No.

I – Under any circumstances?

R – No. I mean I've been through some knocks...throughout my life and I've actually lived through an experience [PS1 context] that...I was with a friend of mine when something happened when we were younger and she attempted suicide. She just...I believe...people can kind of have different coping mechanisms you know and maybe I was lucky enough because I had a supportive family...you have to take into account where that person's at...at that given time...and that's how they cope. But at that time I was lucky enough to have family support, she didn't. And she's not even ready to look at it herself [today] that's where she's at. She is stuck back [then]...I would say you know...the event...it would have been a lead up to a lot of events in her life...but she's stuck back years ago. I mean she hasn't moved [on].'

7.5.11 Respondent Dorothy – Beliefs and values of the suicide survivor

Structural pressures on six constructs – ranging from 93.32 to 42.03 – that were related to suicide represented core and secondary evaluative dimensions of Dorothy's identity:

'...feels that grief following suicide is like any other' / **'...feels that grief following suicide is uniquely painful'** (93.32) (where the preferred pole is in bold); '...believes that suicide cannot be predicted by overt behaviour' / **'...believes that suicide may be anticipated by perceptive observation'** (82.00); **'...considers that most suicides could be prevented'** / '...considers that most suicides are unavoidable' (78.23); **'...was totally changed by suicide of person with whom s/he had a significant relationship or emotional bond'** / '...was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond' (65.11); '...does not think of people committing suicide' / **'...is highly sensitised to the issue of suicide'** (42.11) and '...believes that depression and suicide are inextricably linked' / **'...believes suicide can occur “out of the blue” without depression being evident'** (42.03).

The sources of Dorothy's core and evaluative identity dimensions included her own rejection of suicide 'under any circumstances' allied to her personal experience of a friend's suicide attempt (see narrative at par. 7.5.10 above), her single experience of client suicide, her voluntary and professional activities with vulnerable people, her uncertainty regarding the high incidence of suicide in her community of origin and her interactions with medical practitioners including 'a psychiatrist' whom she evaluated quite highly (0.58). Dorothy's narrative offered further illustrative background:

'...I mean the rate of suicide in [among young males in Dorothy's community of origin]...would be [among] the highest in Europe. It is very high. And...people can argue that it's because of the drugs problem or it's because of the “Troubles” here [in Northern Ireland], it's because of a whole load of things...and again there's nothing to back any of that up....the [Northern Irish] community [that] I'm from [is] at a loss to [know] what can be done to [address] what's happening here [and] why it is happening...after a suicide everyone is left with a feeling of guilt, [with] a sense of [despair]...every community's flawed...[my] community has changed dramatically...[it] is not the same as what it was even five years ago [1998]...'

Dorothy aspired to contend with the exigencies of her counselling activities with vulnerable people through core beliefs and values exemplified in high structural pressures (above 80.00) on constructs: '...feels that the expression of emotions often indicates lack of control' / **'...feels that the safe expression of emotion feelings is always healthy'** (97.59) (where the preferred pole is in bold); '...sticks rigidly to values and beliefs of parents and guardians' / **'...continues to develop personal values and beliefs'** (91.06);

'...withdraws from human contact' / '**...seeks and develops human relationships**' (87.33); '**I feel a special responsibility for the well-being of (others)**' / 'I don't have any particular responsibility for the well-being of...' (85.67); '...relies mainly on prescribed medication to relieve psychological pain' / '**...always uses complementary/alternative remedies where possible**' (83.10) and '...does not value some human beings very highly' / '**...believes each human being is of irreplaceable value**' (81.83).

Except for one construct: '**...believes that suicide demands considerable bravery**' / '...believes that suicide is the act of a coward' (26.04) in relation to which she was somewhat uncertain, Dorothy did not evidence conflicted, inconsistently or non-, evaluative dimensions of identity or consistently incompatible evaluative dimensions of identity through low or negative structural pressures on constructs. Her aspirations were confirmed in her narrative, as in the following excerpt concerning her approach to counselling the suicidal client, whether the client was in denial or open regarding suicidal feelings. Dorothy said:

...and you know before that [her client's suicide]...suicide was a taboo...like in training there's nothing to say [how to respond] if this happens...so...it's left me with a more open approach to it. That if [and] whenever it is mentioned [by a client] there's not that "Oh, I'll not go there" [response] in case you know I hit the wrong note or in case you know it's taboo...[Now] I thought... that [her client's suicide] was the client's choice and their final decision...and if they weren't bringing it...if it's not brought into the [counselling] room then there's no way I could influence that or even try to make anything of it...[but] where a client is now saying to me like "I just can't cope" it's brought into the room. Then if there's even a slight risk I will [address] it "Let's look at it for what it is"...I think [the suicide question] would need to be...brought into the [counselling] contract at the start. I think it would be [valuable]. It could be left to your own judgement whether you bring it into the room but it's a straightforward question...you try to get a wider picture of what is going on for the client [asking] "Have you any health problems?" and...just to even mention that "[the suicide question] is part of our contract."...To ask about suicide should be part of the working relationship.

7.5.12 Respondent Dorothy – Summary

Dorothy was a clinician survivor of client suicide. She saw herself as '*a suicide survivor*' in all her past and currently situated selves. In particular when she was working or

relaxing (CS3/CS4 both emp idfcn 0.68), *'before / after my client's suicidal behaviour'* (PS2/PS3 emp idfcn 0.64/0.68), more so *'when overwhelmed by life's cruelties'* (CS1 emp idfcn 0.73) but less so *'when enhanced by life's wonders'* (CS2 0.68). Although she aspired to 'believe that each human being is of irreplaceable value' (high SP 81.83), she evaluated *'a suicide survivor'* at a low level and had a low level of ego-involvement with this entity (eval 0.22; ego inv 3.00). Further she evaluated four remaining clients with issues around suicide at very low levels (eval range 0.07 to -0.53). She was highly ego-involved with *'a client who died by suicide'* (ego inv 4.27) but had low to moderate ego-involvement with the three remaining suicide-related entities (ego inv range 2.07 to 3.73). Dorothy's narrative placed these results in perspective:

'...when a client comes through the door...regardless of age, gender or anything...I'm always treating them as equals...if you treat..a [client] as an equal from the start...you're not sitting up here as a professional or higher than them or better than them...that you're down there with them...and you treat them as equals, their perception of themselves...and of the relationship, will move a lot quicker because they're not climbing up the ladder to reach you. They're already level with you – it's then their perception will change...quite rapidly...quite quickly...'

Dorothy's highest empathetic identification based in *'before I became a counsellor / psychotherapist'* (PS1) was with *'a client with suicide ideation'* (emp idfcn 0.77). Her relevant identity variant *'crisis'* (PS1) exemplified 'an uncomfortable state of affairs' represented in highly conflicted identifications (PS1 id diff 0.59) and low self-evaluation (PS1 eval -0.20). This context (PS1) stands out as being a very significant phase when she was herself profoundly suicidal. Her transition into counselling training and practice (PS1/PS2) facilitated much reduced empathetic and conflicted identifications (confl idfcn PS1/PS2 0.77/0.46; emph idfcn PS1/PS2 0.77/0.27) with *'a client with suicide ideation'* as she contended with some success with her own suicidality. When working her identity variant *'defensive high self regard'* exemplified her very high level of self evaluation (CS3 eval 0.98) and moderate identity diffusion (CS3 id diff 0.22). When relaxing her identity variant *'defensive'* exemplified a lower level of self-evaluation (CS4 eval 0.79) with the same level of identity diffusion (CS4 id diff 0.22). Dorothy's current defensiveness and the fact that her work self and her relaxed self were essentially the

same showed that her defensive work / career self dominated and seemed to be a refuge and where being 'off-duty' i.e. relaxed, Dorothy was still her work self.

Dorothy's approach to working with potentially suicidal clients was informed by her own pre-counselling identification with suicide ideation and her counselling experience with vulnerable clients, including the suicidal. But she was challenged and deeply affected by her recent 'out of the blue' experience of client suicide, having been largely unprepared for this 'worst nightmare' experience. As a clinician survivor she continued to accommodate to the latter experience while relying heavily upon the active support of colleague counsellors and her professional supervisor.

Note: Key for graphs 7.5.1, 7.5.2, 7.5.3 and 7.5.4 below

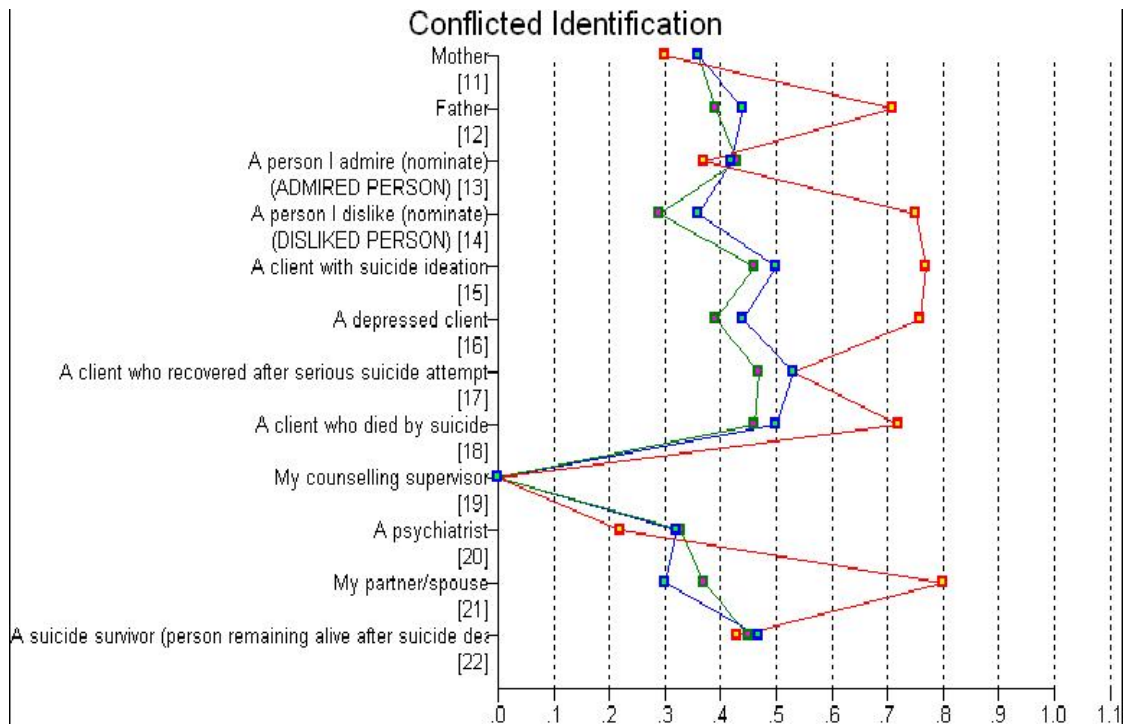
PS1 & CS1= red

PS2 & CS2=green

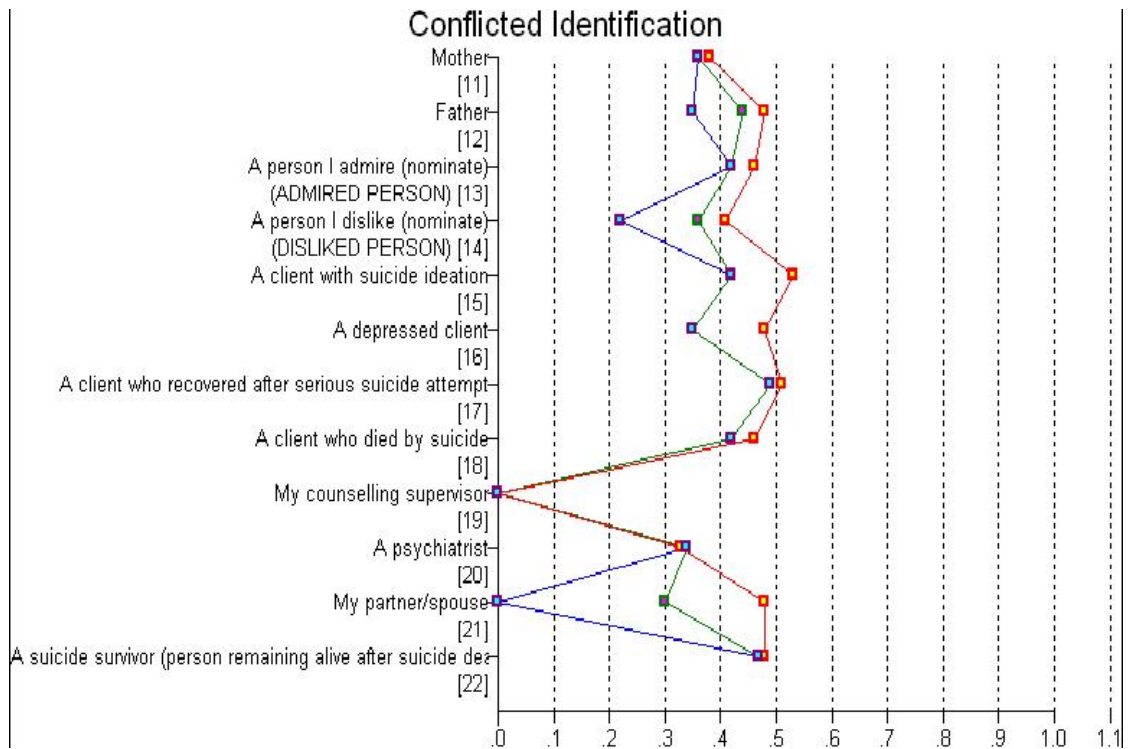
PS3 & CS3= blue

CS4=purple/maroon

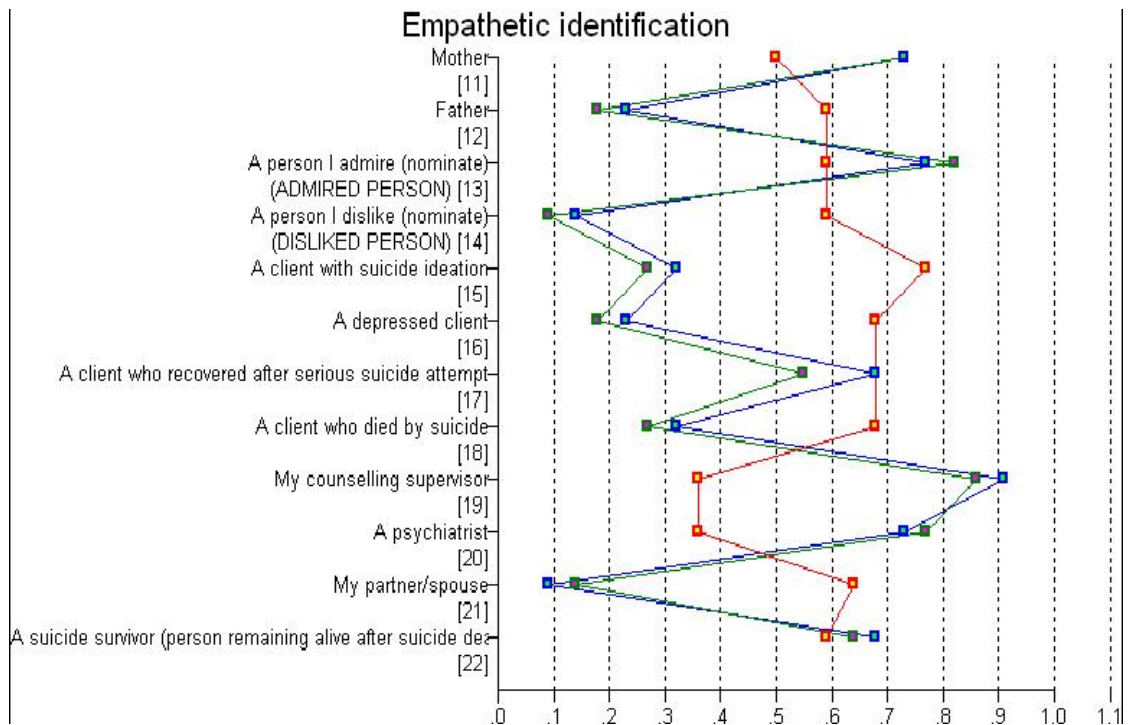
Graph 7.5.1 IDEX A9 'Dorothy' conf idfcn PS1, PS2, PS3 comparison



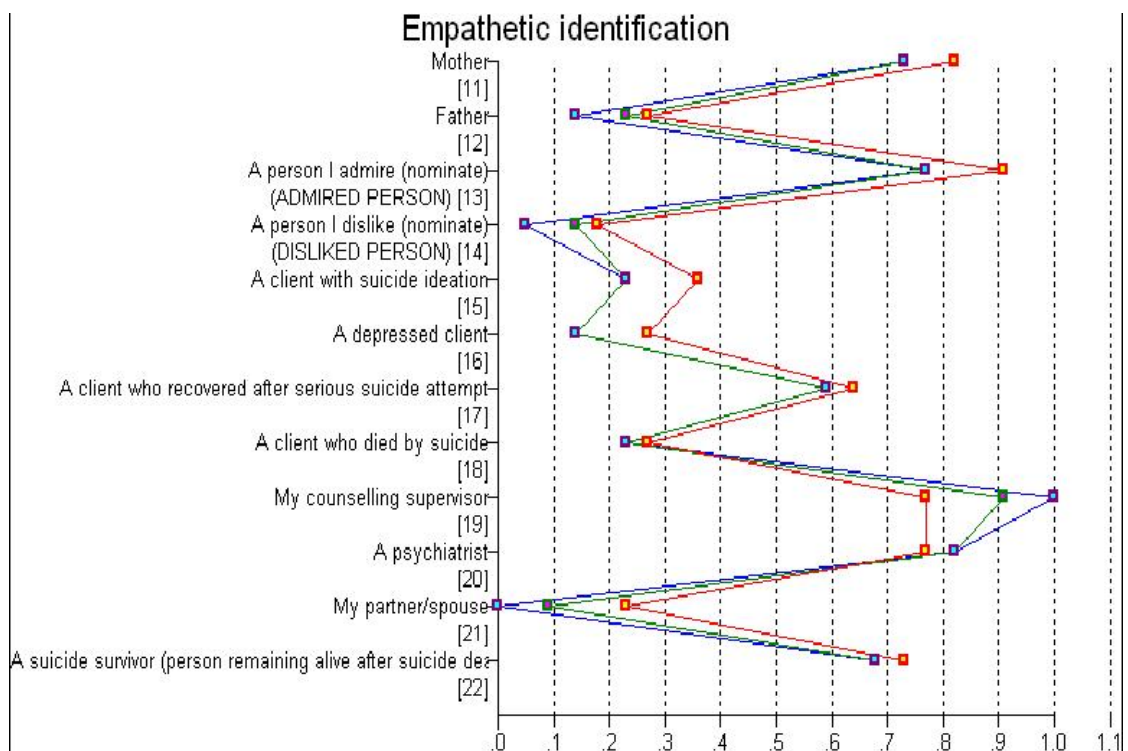
Graph 7.5.2 IDEX A9 'Dorothy' conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.5.3 IDEX A9 ‘Dorothy’ emp idfcn PS1, PS2, PS3 comparison



Graph 7.5.4 IDEX A9 ‘Dorothy’ emp idfcn CS1, CS2, CS3, CS4 comparison



7.6.0 PhD Case Study A11 – alias Hannah

7.6.1 Respondent Hannah – Personal and professional information

This respondent will be referred to using the pseudonym ‘Hannah’. Hannah was a woman in her mid-to-late forties. When interviewed she was employed as a practitioner counsellor in counselling agencies for over five years. Her previous experience included work in psychiatric nursing and training and in counselling inter alia for HIV and AIDS and for substance abuse. In addition to nursing and counselling qualifications, training and experience, she was a university honours graduate in psychology. Her employing organisation was an organisational member of a counselling organisation (BACP or IACP) and she was working towards professional accreditation. Although she was not a registered student at the time of interview, she participated in continuous professional development events including attendance at conferences and seminars. Her extensive professional knowledge and experience suggested that she could be considered to be ‘an expert counsellor’.

7.6.2 Respondent Hannah – Identity Structure Analysis

Hannah completed ISA Instrument ‘A’ (see appendix 5) in January 2003 following an audio-taped, semi-structured interview with the researcher. Before being interviewed Hannah voluntarily completed a consent form (see appendix 4).

7.6.3 Respondent Hannah – Preliminary remarks

Hannah acknowledged that she had experienced the loss by suicide of four men: two family relatives and two clients in relation to whom she had a professional duty of care. An uncle died by drowning up to thirty years ago ‘when I was 17’ while a male cousin was found hanged only a few years ago. While engaged some years ago in psychiatric nursing in England and between these family tragedies, Hannah experienced the loss of a patient who died after apparently jumping in front of a train. More recently, eighteen months before an interview with the investigator, a current client of Hannah’s was found hanged. Hannah said:

I've been...processing...issues around my feelings, my views and my experience in respect to suicide both in terms of my personal experience...and in the context of working with other human beings who may...decide for whatever reason that that's the only...viable decision for them at that point in their lives...

She briefly described each of these four suicide events: she used the term 'committed suicide' in relation to three of the deceased and 'decided to end his life' in relation to the fourth deceased, her client. Hannah spoke about her reflections on these events in relation to her participation in this research study. She said:

...when I was thinking about your visit...there are two separate aspects: there's stuff to do with intellectualising and then there's the stuff to do with individual feelings and emotions involved. In my experience, those two aren't even first cousins – they don't connect...I think that my view is that...the act of suicide is one of life's demonstrations of how little control we have...around the decisions other people make and the choices they make about their lives and that can feel professionally quite deskilling.

Hannah spoke about her inner response:

...in terms of the feelings and emotions involved I suppose the predominant one for me...would be a sense of...it sort of oscillates between a desperate sense of sadness that any human being would feel that that was the only choice...for them...and [of] anger and frustration...that we live in a society which doesn't in my view necessarily give people permission or language or...the ability to talk about what they feel...without perhaps some sense of that being not a particularly masculine or manly thing to do...I suppose that's how I feel about it.

She described how she learned about the most recent suicide, that of her client:

I'd been off on annual leave...I'd been back to work for a couple of days...what actually happened was very shocking in itself...I'd been in the building for a couple of days, was expecting this client to turn up [for his appointment]...he never failed to attend appointments...[it was] rare for him to be late...if anything he was always here at least 15 minutes to half an hour early for appointments...he didn't appear...and so I popped my head out [of my counselling room] to check if he was there and he wasn't and I'd come back into the agency's office and said "...that's very unusual...my client isn't here...has anyone received a phone call?" and at that point one of...my colleagues...said "God has nobody told you"...I said "Told me what?" and they said "...he was...he was found dead...he'd hung himself...on [the previous] Friday evening...and was discovered by his father and his brother."...so I'd been in the building already for a full working day [Monday]...and...I was expecting him for his next appointment which was the Tuesday.

Hannah explained that an exceptional oversight had apparently occurred:

I think just because of a kind of sequence of events...It was unusual...in this environment that you wouldn't know as soon as you came through the door that you wouldn't sort of say "Look Hannah I need a word with you" bring you in, sit you down and say "This has happened..." but because I suppose at that time of year [viz. mid-summer] there was a lot of annual leave, people were off sick, the person who had said that they would talk to me about it had had to go off to an...emergency meeting...so as it happened I'd actually been in the building for a working day, gone home that evening totally unaware that this had occurred...it wasn't until the next day when I came in and the...individual would have been my first appointment of [that] day...and when he wasn't in the waiting room then this sort of unfolded...'

Hannah described her feelings on learning of her client's suicide in the context of her recollections of the last time that she worked with this client:

'...I was quite incredulous that this had happened not because I wasn't aware of as a...fairly distinct possibility perhaps but because the last time we met...things appeared to be going fairly positively for this client. He had...just moved home...[a] big change but it was a change that he had...very much welcomed...he was talking about...what he was doing in his new environment to sort of claim it as his own...he was very positive about the decision to move...but there was that sort of separation anxiety of moving on... a big question mark over what lies beyond this but he had moved and had come in with carrier bags and on his way to the appointment had popped into a couple of shops...was gathering things for his...new place...my sense when he left that session – which was in effect our last session – was that perhaps he had turned a corner...he was saying very overtly...he felt things were on the up for him...that would have been on a Monday [he took his own life] on...Friday of that same week...'

Hannah disclosed that her deceased client had 'outed himself' as homosexual in adolescence after which his relationship with his family of origin deteriorated markedly. About fifteen years later while in a counselling relationship for up to six months with his expert therapist, Hannah, this man had killed himself by hanging.

7.6.4 Respondent Hannah - Overview

Hannah was a clinician survivor by virtue of the suicidal loss of a client with whom she had an ongoing counselling relationship. She was most ego-involved with '*me when I feel enhanced by life's wonders*' (5.00) and she placed her highest evaluation on three persons: '*me when I feel enhanced by life's wonders*' (1.00); '*me as I would like to be*'

(1.00); and *'a person I admire'* (1.00). She idealistically identified most highly with *'a person I admire'* (1.00) and to a lesser extent with *'my counselling supervisor'* (0.95); *'my partner/spouse'* (0.86); *'a psychiatrist'* (0.77) and *'Father'* (0.73). She contra-identified highly with *'a client with suicide ideation'* (0.68); *'a depressed client'* (0.68); *'a client who recovered after serious suicide attempt'* (0.59) and *'a client who died by suicide'* (0.59).

In her past identity state before she became a counsellor, she empathetically identified most closely with *'a person I admire'* (PS1 0.95) and *'my counselling supervisor'* and *'my partner/spouse'* (both PS1 0.91) but less closely with *'a psychiatrist'* (PS1 0.82) and with *'father'* (0.77). In her subsequent identity state before her client's suicidal behaviour, her highest empathetic identifications with *'a person I admire'* (PS2 0.95) and *'my counselling supervisor'* (PS2 0.91) remained stable but were somewhat lower in relation to *'my partner/spouse'* (PS2 0.82), *'a psychiatrist'* (PS2 0.73) and *'father'* (PS2 0.68). In her identity state following the suicidal behaviour of her client, her empathetic identifications modulated, becoming lower respectively with *'a person I admire'* (PS3 0.82), with *'my counselling supervisor'* (PS3 0.86) and with *'a psychiatrist'* (PS3 0.68) while increasing with *'my partner/spouse'* (PS3 0.86) and *'father'* (PS3 0.73). It was not insignificant that Hannah's empathetic identifications with *'a suicide survivor'* (PS1 0.59; PS2 0.68; PS3 0.73) increased steadily across these three identity states in view of her several suicide survivor experiences.

Currently, when overwhelmed by life's cruelties, she most closely empathetically identified with *'my counselling supervisor'* and *'my partner/spouse'* (both CS1 0.86), with *'a person I admire'* (CS1 0.82) and with *'mother'*, *'father'* and *'a suicide survivor'* (all three CS1 0.73) but less so with *'a psychiatrist'* (CS1 0.68). When feeling enhanced by life's wonders she most closely empathetically identified with *'a person I admire'* (CS2 0.95), *'my counselling supervisor'* (CS2 0.91), *'my partner/spouse'* and *'a psychiatrist'* (both CS2 0.82). But she empathetically identified much less with *'mother'* and *'a suicide survivor'* (both CS2 0.59) when feeling enhanced by life's wonders.

In the work context, Hannah's very high empathetic identifications were maintained with *'a person I admire'* (CS3 0.95), *'my counselling supervisor'* (CS3 0.91) and *'my partner/spouse'* (CS3 0.82) while they decreased with *'a psychiatrist'* (CS3

0.73) and increased with '*a suicide survivor*' (CS3 0.68). When relaxing, she empathetically identified less closely with the above mentioned five entities, respectively, than she had when working (CS4 0.91, 0.86, 0.77, 0.68 and 0.64).

In relation to her past identity states before becoming a counsellor, Hannah experienced a very high or high level of problematic or conflicted identification, respectively, with '*a client who recovered after serious suicide attempt*' (PS1 0.52), with '*mother*', '*a person I dislike*', '*a client with suicide ideation*', '*a depressed client*' (all four PS1 0.49) and with '*father*', '*a client who died by suicide*' and '*a suicide survivor*' (all three PS1 0.46). These very high and high levels of conflicted identifications were maintained or modulated slightly in the period before her client's suicidal behaviour in relation to the above mentioned eight entities, respectively (PS2 0.52, 0.46, 0.46, 0.49, 0.49, 0.43, 0.46, 0.49). This respondent was therefore highly conflicted in relation to all five suicide-related entities: '*a client who recovered after serious suicide attempt*' (PS2 0.52), '*a client with suicide ideation*' and '*a depressed client*' (both PS2 0.49), '*a client who died by suicide*' (PS2 0.46) and '*a suicide survivor*' (PS2 0.49). In the period after her client's suicidal behaviour, Hannah experienced even higher levels of conflicted identification with each of the five suicide-related entities: '*a client with suicide ideation*' (PS3 0.58), '*a depressed client*' (PS3 0.58), '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (both PS3 0.54) and '*a suicide survivor*' (PS3 0.51).

Currently, in the context of being overwhelmed by life's cruelties, her most problematic identifications were with '*a client with suicide ideation*' and '*a depressed client*' (both CS1 0.58), '*a client who recovered after serious suicide attempt*' (CS1 0.54), '*mother*' and '*a suicide survivor*' (both CS1 0.51) and a '*client who died by suicide*' (CS1 0.49). When feeling enhanced by life's wonders, her conflicted identifications were lower in varying degrees across all six of these entities while remaining relatively high in relation to all five suicide-related entities: '*a client with suicide ideation*' and '*a depressed client*' (both CS2 0.43), '*a client who recovered after serious suicide attempt*', '*mother*', '*a suicide survivor*' and '*a client who died by suicide*' (all four CS2 0.46). When working, Hannah's conflicted identifications were very high in relation to '*a client who recovered after serious suicide attempt*' (CS3 0.52) and quite

high in relation to the remaining four suicide-related entities: '*a client with suicide ideation*', '*a depressed client*', '*a suicide survivor*' (all three CS3 0.49) and '*a client who died by suicide*' (CS3 0.46). When relaxing, the respondent's conflicted identifications with all five suicide-related entities, although slightly lower, remained quite high: '*a client who recovered after serious suicide attempt*' (CS4 0.49), '*a suicide survivor*' (CS4 0.48), '*a client with suicide ideation*' and '*a depressed client*' (both CS4 0.47) and '*a client who died by suicide*' (CS4 0.43).

With respect to her metaperspectives, she differentiated slightly between her appraisals of colleagues' view of her and appraisals of her clients' view of her in relation to her very high ego involvement with each entity ('*me as colleagues see me*': ego inv 4.56; '*me as clients see me*': ego inv 4.30) and in relation to her very high evaluation of self ('*me as colleagues see me*': eval 0.87; '*me as clients see me*': eval 0.81). Hannah's empathetic identifications in respect of her colleagues' view of her and her clients' view of her differed in respect of a majority of the seven situated identity states. Her empathetic identifications in respect of her colleagues' view of her and of her clients' view of her were the same in respect of two situated selves (both CS1 0.86; both CS2 0.91). Otherwise she empathetically identified more strongly, respectively, with '*me as colleagues see me*' than with '*me as clients see me*' (CS3 1.00, 0.91; CS4 0.95, 0.86; PS2 1.00, 0.91) and less strongly, respectively, with '*me as colleagues see me*' than with '*me as clients see me*' (PS1 0.91, 1.00; PS3 0.77, 0.86). However she did not differentiate other than marginally in this respect in relation to her conflicted identifications.

Hannah's identity variant states were either 'indeterminate' (CS1, PS3) or 'confident' (CS2, CS3, CS4; PS1, PS2). The identity variant states 'indeterminate' and 'confident' were considered to be well-adjusted. The respondent's ego-involvement was consistently high across all seven situated identity states (ego inv range 4.21 to 5.00), progressing from '*me before I became a counsellor*' (ego inv PS1 4.21), to higher levels before and after '*my client's suicidal behaviour*' (ego inv PS2 4.47; ego inv PS3 4.91). These high levels were maintained across all four currently situated identity states (ego inv CS1 4.74; ego inv CS2 5.00; ego inv CS3 4.56; ego inv CS4 4.47). Hannah's self-evaluation was maintained at a very high level across all identity states (eval range 0.71 to 1.00) while being somewhat reduced '*after my client's suicidal behaviour*' (eval PS2

0.84; eval PS3 0.71) and '*when I am overwhelmed by life's cruelties*' (eval CS1 0.71). These very high levels were exemplified in Hannah's levels of self-evaluation '*when enhanced by life's wonders*' (eval CS2 1.00), '*when working*' (eval CS3 0.87) and '*when relaxing*' (eval CS4 0.81). The respondent's identity diffusion was moderately high across all identity states within a narrow range (diff 0.34 to diff 0.40).

Hannah's appraisals indicated five conflicted dimensions of identity evidenced by low structural pressures on constructs included in the identity instrument. These indicated areas of stress for Hannah as follows: '*...questions who she is*' (contrasted with '*...remains sure of who she is*'); '*...believes that people with whom she had a significant relationship or emotional bond are entirely responsible for their own circumstances*' (contrasted with '*...carries a terrible responsibility for the fortunes or misfortunes of people with whom she had significant relationship or emotional bond*'); '*...believes suicide can occur out of the blue without depression being evident*' (contrasted with '*...believes suicide and depression are inextricably linked*'); '*I don't have any particular responsibility for the well-being of...*' (contrasted with '*I feel a special responsibility for the well-being of...*') and '*...believes that suicide may be anticipated by perceptive observation*' (contrasted with '*...believes that suicide cannot be predicted by overt behaviour*'). These constructs represented issues or dilemmas over which Hannah was likely to vacillate and experience uncertainty about where she stood in relation to such issues or dilemmas.

Constructs with high structural pressures were considered to represent the respondent's stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to Hannah's identity: she used these principally to judge the merits of self and others. They were likely to be resistant to change (Weinreich, 1992: 21).

Hannah's principal or core evaluative dimensions of identity were: '*feeling that grief following suicide is uniquely painful*' (contrasted with '*feeling that grief following suicide is like any other*'); '*continuing to develop personal values and beliefs*' (contrasted with '*sticking rigidly to values and beliefs of parents and guardians*'); '*believing that each human being is of irreplaceable value*' (contrasted with '*not valuing some humans very highly*'); '*feeling that the safe expression of emotional feelings is always healthy*'

(contrasted with ‘feeling that expression of emotions often indicates lack of control’); *‘always using complementary / alternative remedies where possible’* (contrasted with ‘relying mainly on prescribed medication to relieve psychological pain’); *‘seeking and developing human relationships’* (contrasted with ‘withdrawing from human contact’); *‘continuing to be the person she was into the foreseeable future’* (contrasted with ‘feeling that the person she was is dead’); *‘being highly sensitised to the issue of suicide’* (contrasted with ‘not thinking about people committing suicide’) and *‘considering that most suicides could be prevented’* (contrasted with ‘considering that most suicides are unavoidable’).

Hannah’s client killed himself approximately four days (Friday) after what was in effect his final counselling session (previous Monday) with Hannah. At this session he had agreed to attend his regular weekly appointment with her on the following Tuesday. Hannah said:

...the striking thing for me...was...I was quite incredulous initially...that this had happened not because I was not aware of it as a distinct possibility perhaps but because the last time we...met...things appeared to be going fairly positively for this client.

No effective preventive action by Hannah was possible during the period between the client’s last session at the counselling centre and his death four days later.

7.6.5 Respondent Hannah – Primary analysis

In the classification of Hannah’s identity variants in Table 7.6.1, her past and current situated selves were classified as follows:

Past situated selves:

‘me before I became a psychotherapist/counsellor’ PS1 – identity variant ‘confident’;

‘me before my client’s suicidal behaviour’ PS2 – identity variant ‘confident’;

‘me after my client’s suicidal behaviour’ PS3 – identity variant ‘indeterminate’;

Current situated selves:

‘me when I am overwhelmed by life’s cruelties’ CS1 – identity variant ‘indeterminate’;

‘me when I feel enhanced by life’s wonders’ CS2 – identity variant ‘confident’;

‘me when working’ CS3 identity variant ‘confident’; and

'me when I'm relaxing' CS4 identity variant *'confident'*.

Each of these identity states, *'confident'* and *'indeterminate'* were regarded as well adjusted.

Table 7.6.1 Respondent Hannah – Self Image

SELF IMAGE						
	Ideal Self		Current Self		Past Self	
Ego-Involvement	4.82		CS1	4.74	PS1	4.21
(0.00 to 5.00)			CS2	5.00	PS2	4.47
			CS3	4.56	PS3	4.91
			CS4	4.47		
Self-Evaluation	1.00		CS1	0.71	PS1	0.83
(-1.00 to +1.00)			CS2	1.00	PS2	0.84
			CS3	0.87	PS3	0.71
			CS4	0.81		
Id. Diffusion (weighted)			CS1	0.39	PS1	0.36
(0.00 to 1.00)			CS2	0.34	PS2	0.35
			CS3	0.35	PS3	0.40
			CS4	0.34		
Identity Variant						
Current Self 1	INDETERMINATE					
Current Self 2	CONFIDENT					
Current Self 3	CONFIDENT					
Current Self 4	CONFIDENT					
Past Self 1	CONFIDENT					
Past Self 2	CONFIDENT					
Past Self 3	INDETERMINATE					
Self Esteem (weighted)						
	CS1	CS2	CS3	CS4		
PS1	0.77	0.92	0.85	0.82		
PS2	0.78	0.93	0.86	0.83		
PS3	0.71	0.86	0.79	0.76		

CS1 'me when I am overwhelmed by life's cruelties'

CS2 'me when I feel enhanced by life's wonders'

CS3 'me when I'm working'

CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'

PS2 'me before my client's suicidal behaviour'

PS3 'me after my client's suicidal behaviour'

Hannah evaluated her aspirational self *'me as I would like to be'* very highly indeed (eval 1.00) but she also evaluated *'me when I feel enhanced by life's wonders'* (CS2 eval 1.00) and *'a person I admire'* (eval 1.00) equally highly. Her self-evaluation varied across other contexts being consistently very high. Her self-evaluation was

somewhat diminished in the transition from *'before my client's suicidal behaviour'* (eval PS2 0.84) to *'after my client's suicidal behaviour'* (eval PS3 0.71). It was diminished to the same level in the transition to *'me when I am overwhelmed by life's cruelties'* (eval CS1 0.71) from *'me when I am enhanced by life's wonders'* (eval CS2 1.00). Although dented by clients' 'suicidal behaviour' and by 'life's cruelties', Hannah's view of herself remained very high and positive throughout her counselling career to date.

However, these self-evaluations contrasted strongly with her low and very low evaluations, respectively, of four suicide-related clients: *'a client who recovered after serious suicide attempt'* (eval – 0.03); *'a client with suicide ideation'* (eval – 0.21); *'a depressed client'* (eval – 0.22) and *'a client who died by suicide'* (eval – 0.27). Hannah's moderately positive evaluation of *'a suicide survivor'* (eval 0.32), whose status was conferred indirectly by another's suicidal behaviour, contrasted with those negative evaluations of those whose status was directly due to their own actions and dispositions. It was noted that Hannah was very highly ego-involved with all four suicide-related clients (ego inv range 4.12 to 4.65) and with *'a suicide survivor'* (ego inv 4.21).

7.6.6 Respondent Hannah – Positive and negative role models of the suicide survivor

Hannah idealistically identified very highly with *'a person I admire'* (1.00), *'my counselling supervisor'* (0.95), *'my partner/spouse'* (0.86), *'a psychiatrist'* (0.77) and *'father'* (0.73). These people represented her positive role models. She identified idealistically to a lesser extent with *'mother'*, *'a person I dislike'* and *'a suicide survivor'* (all three 0.64).

She contra-identified very highly with the four suicide-related entities: *'a client with suicide ideation'* and *'a depressed client'* (both 0.68); *'a client who recovered after serious suicide attempt'* and *'a client who died by suicide'* (both 0.59). These people represented aspects of depression and suicide that Hannah rejected, as 'objectionable and abhorrent' (Weinreich, 2003: 58) and from whom she wished to dissociate.

Hannah was a 'clinician survivor' by reason of her 'client suicide' experiences and a 'suicide survivor' by reason of her 'family suicide' experiences. Her response to her client's death appeared to trigger traumatic linkages with her family suicide experiences as illustrated in Hannah's narrative. She said:

..they [clients] come to talk to me about what ails them...or what's happening in their world and their ability to cope with where they find themselves and their preparedness...how prepared they are to do that...so I suppose I'm always conscious of suicidal ideation or action as a possibility within a continuum of possibility...and when it happens...there's a big blip for me...but there's an inevitability...there's a kind of cause and effect...I can remember going out afterwards when showing my client out and him joking about something on the way to the front door and me coming back in and me thinking...this guy's worked really hard and he's doing really well and having a sense that he was achieving...he was moving in a direction that he had been telling me that he wanted to move in having spent a long time feeling very fearful about moving forward...and there is an inevitable impact in terms of...anxiety around "Oh my God...did I miss something with him?" Does it mean if I miss something with him that I am therefore liable to be missing this potential with other people? And what does that say about my practice as a professional? What does that say about my instinct as a human being? And that you know that...that it will go up but there's almost the same inevitability that over a period of time it goes back down, you know?...I don't think that...anyone could work with human beings who are talking about how their lives are not OK and not have in your head fairly prominently with every client the potential for self harm and as an extreme you know [suicide]. And I think also the thing about the hanging...and I had the same sense when my cousin hung himself there's that thing about the rest of us who are left behind [viz. clinician and family survivors] and...how appalled we are...when somebody takes a handful of tablets – well they're still dead aren't they? But it doesn't feel like that is...so personally violent...my uncle drowned himself...the fact that he drowned himself was... horrifying...the fact that my cousin hung himself was horrifying, the fact that my client hung himself was horrifying...because they were.....well people in my life in a...variety of ways....

7.6.7 Respondent Hannah – Conflicted identifications and the suicide survivor

In her appraisal of her past self, '*me before I became a psychotherapist/counsellor*' (PS1), Hannah had identification conflicts that were very high with '*a client who recovered after serious suicide attempt*' (0.52), and quite high for nine other persons: '*mother*', '*a person I dislike*', '*a client with suicide ideation*' and '*a depressed client*' (all 0.49); '*father*', '*a client who died by suicide*' and '*a suicide survivor*' (all 0.46); '*a psychiatrist*' (0.43) and '*my partner/spouse*' (0.36), as set out in Table 7.6.2 below.

In subsequent appraisals, Hannah maintained high or very high levels of conflicted identification across all contexts in respect of all five suicide-related entities and these were consistently high in two contexts only, viz. '*me after my client's suicidal behaviour*' (PS3) and '*me when I am overwhelmed by life's cruelties*' (CS1) for these

entities: '*a suicide survivor*' (PS3, CS1 both 0.51); '*a client who recovered after serious suicide attempt*' (PS3, CS1 both 0.54); '*a client who died by suicide*' (PS3 0.54; CS1 0.49), '*a client with suicide ideation*' (PS3, CS1 both 0.58) and '*a depressed client*' (PS3, CS1 0.58).

Comparing Hannah's conflicted identifications with '*me before I became a psychotherapist/counsellor*' (PS1) and '*me when I am working*' (CS3) revealed similar high levels for four of the five suicide-related entities. The exception was her slightly higher level of conflicted identification in relation to '*a suicide survivor*' in the context of '*me when I'm working*' (PS1 0.46; CS3 0.49). A similar pattern was evident when comparing Hannah's conflicted identifications with '*me before I became a psychotherapist/counsellor*' (PS1) and '*me before my client's suicidal behaviour*' (PS2). Exactly the same high levels were found in this transition for four of the five suicide-related entities: again the exception was her slightly higher level of conflicted identification with '*a suicide survivor*' (PS1 0.46; PS2 0.49). Before her client's suicide, Hannah's dual status as a survivor both of family suicide and of her psychiatric patient influenced her counselling work with '*a suicide survivor*' whom she compared herself with and wished to dissociate from: her response to this increased her level of identification conflict with this client.

By inspection of Hannah's appraisals of '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) in relation to the five suicide-related entities, it appeared that this transition intensified her conflicted identifications: these intensifications were significantly higher in relation to three entities: '*a client with suicide ideation*' (PS2 0.49, PS3 0.58); '*a depressed client*' (PS2 0.49, PS3 0.58) and '*a client who died by suicide*' (PS2 0.46, PS3 0.54) than in relation to the remaining entities: '*a client who recovered after serious suicide attempt*' (PS2 0.52, PS3 0.54) and '*a suicide survivor*' (PS2 0.49, PS3 0.51). The potential for suicidal acting out, by way of '*ideation*' and '*depression*', and actual suicide, by way of the '*client who died by suicide*', generated intensified levels of conflicted identification for Hannah regarding active suicidality while the aftermath of suicide, represented in a '*survivor*' client and a '*recovered*' client were less problematical in her work as a counsellor.

Table 7.6.2 Respondent Hannah – Conflicted identifications

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.58	0.43	0.49	0.47
16 A depressed client	0.58	0.43	0.49	0.47
17 A client who recoveredt	0.54	0.46	0.52	0.49
11 Mother	0.51	0.46	0.46	0.44
22 A suicide survivor (pe	0.51	0.46	0.49	0.48
18 A client who died by se	0.49	0.46	0.46	0.43
14 A person I dislike (no)	0.48	0.49	0.46	0.44
12 Father	0.44	0.43	0.43	0.42
20 A psychiatrist	0.40	0.43	0.41	0.42
21 My partner/spouse	0.35	0.34	0.34	0.33
19 My counselling supervir	0.21	0.21	0.21	0.21
13 A person I admire (nom)	0.00	0.00	0.00	0.00

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self			
Indices range from 0.00 to 1.00			
ENTITY	PS1	PS2	PS3
17 A client who recoveredt	0.52	0.52	0.54
11 Mother	0.49	0.46	0.51
14 A person I dislike (no)	0.49	0.46	0.48
15 A client with suicide n	0.49	0.49	0.58
16 A depressed client	0.49	0.49	0.58
12 Father	0.46	0.43	0.44
18 A client who died by se	0.46	0.46	0.54
22 A suicide survivor (pe	0.46	0.49	0.51
20 A psychiatrist	0.43	0.41	0.40
21 My partner/spouse	0.36	0.34	0.35
19 My counselling supervir	0.21	0.21	0.21
13 A person I admire (nom)	0.00	0.00	0.00

CS1 'me when I am overwhelmed by life's cruelties'

CS2 'me when I feel enhanced by life's wonders'

CS3 'me when I'm working'

CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'

PS2 'me before my client's suicidal behaviour'

PS3 'me after my client's suicidal behaviour'

With suicide-related entities, Hannah experienced significantly higher conflicted identifications in her appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) in the transition to '*me when I feel enhanced by life's wonders*' (CS2): '*a client with suicide ideation*' and '*a depressed client*' (both CS1 0.58; CS2 0.43); '*a client who recovered after serious suicide attempt*' (CS1 0.54; CS2 0.46); '*a suicide survivor*' (CS1 0.51; CS2 0.46) and '*a client who died by suicide*' (CS1 0.49; CS2 0.46). She was represented – while not wanting to be so represented, to a greater or lesser extent, in these entities depending upon whether the context was 'life's cruelties' or life's wonders'.

Her levels of conflicted identifications across all contexts were the same in her appraisals of both '*a client with suicide ideation*' and '*a depressed client*': (PS1 0.49; PS2 0.49; PS3 0.58; CS1 0.58; CS2 0.43; CS3 0.49 and CS4 0.47). These data were

consistent with the extremely low and remarkably similar evaluations of these persons by the respondent as mentioned in par. 7.6.5 above: '*a client with suicide ideation*' (eval=0.21) and '*a depressed client*' (eval = 0.22). Hannah's responses in dialogue with the researcher were illustrative of some of these data:

Researcher-Your reaction [as] a relative survivor...a survivor related to a person who suicides and as "a clinician survivor"...you're saying it is traumatic...and...qualitatively different from other bereavement experiences, other loss experiences...

Hannah - Absolutely. Because...there's a suddenness about it...you're not talking about people who you know. There's no sense of a kind of a...natural order of things...you're not talking about somebody who's lived a good, full, long [life]...and who kind of you know went out with a whopper of a heart attack...my grandmother did that and yes there was grief and yes there was loss but there was a sense of "that happens – "that's kind of the right order of things"...and I think that there's a difference between the...personal and the professional...in terms of the personal I was surrounded by other people I care about who were individually also traumatised...I was faced with my...father who had to deal with the fact that his youngest brother had drowned himself...There is a huge difference in terms of...it's about that duty of...care when you're working with an individual [client] that your relationship...could be no more than a professional friendship...and by that I mean you are not that person's friend...it's quite essential they don't know a great deal about you because that's not what they are there to do. That's not what it is about, you know...

7.6.8 Respondent Hannah – The suicide survivor and life's cruelties

As mentioned in par 7.6.7 above, in her appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) Hannah had very highly or highly conflicted identifications (range 0.49 to 0.58) with all five suicide-related entities: '*a client with suicide ideation*' and '*a depressed client*' (both 0.58), '*a client who recovered after serious suicide attempt*' (0.54), '*a suicide survivor*' (0.51) and '*a client who died by suicide*' (0.49). In the identity state '*me when I feel enhanced by life's wonders*' (CS2) her conflicted identifications (range 0.43 to 0.46) were lower but remained high, respectively: 0.43, 0.43, 0.46, 0.46 and 0.46. She evaluated herself very highly (eval 1.00) and was very highly ego-involved (ego inv 5.00) when experiencing '*life's wonders*' (CS2) but experienced reduced but still very high self-evaluation (eval 0.71) and a lower but still very high level of ego-involvement (ego inv 4.74) when subject to '*life's cruelties*' (CS1).

These results confirmed that Hannah's identifications with all suicide-related entities were quite problematic when she was '*overwhelmed by life's cruelties*' (CS1). Further her identifications continued to be somewhat problematic when she felt '*enhanced by life's wonders*' (CS2). Her extremely low evaluations, respectively, of four suicide-related entities: '*a client who recovered after serious suicide attempt*' (eval – 0.03), '*a client with suicide ideation*' (eval – 0.21), '*a depressed client*' (eval – 0.22) and '*a client who died by suicide*' (eval – 0.27) contrasted with her moderately high evaluation of '*a suicide survivor*' (eval 0.32). However she maintained very high ego-involvement with all five suicide-related entities (range ego inv 4.12 to 4.65) including '*a suicide survivor*' (ego inv 4.21) being second lowest ranked of the five.

The following narrative offered an insight into these results where Hannah attempted to articulate a clear distinction between the 'family suicide survivor' experience and the 'client suicide survivor' (or 'clinician survivor') experience:

Researcher -...what we might call the family suicide and the client suicide experience – if you could differentiate between those two...are we saying that they are qualitatively, significantly different in your response to them?

Hannah -Yes, yes. I do think they are qualitatively, significantly different. I think that there's a point at which there are...commonalities in terms of you know shock, disbelief, all of those things...with the family one there are additional layers...that comprise our relationships with the other individuals who are [influenced] by that loss who we then have concerns about in terms of 'Oh my God how is my father going to cope with this?'...or 'What will we tell my grandmother – how are we going to deal with this?' In terms of the client one and...and also I think commonality in terms of when I was seventeen and I got news to tell me that my uncle had committed suicide...one of my initial [responses was that] I felt very guilty. I thought...I had a sense of I had failed him...and I also felt that with the client – 'I have failed my client...there's something I did not recognise here...and if I'd recognised that perhaps this wouldn't have happened.

7.6.9 Respondent Hannah – Empathetic identifications and the suicide survivor

As set out in Table 7.6.3, Hannah's empathetic identifications with four of the five suicide-related entities were low (range 0.36 to 0.45) in relation to her appraisals of '*me before I became a psychotherapist/counsellor*' (PS1): '*a client who recovered after serious suicide attempt*' (0.45), '*a client with suicide ideation*', '*a depressed client*' and

'a client who died by suicide' (all three 0.36). Her level of empathetic identification with *'a suicide survivor'* in this context was somewhat higher (PS1 0.59).

These results reflected Hannah's own substantial engagement with family suicide experiences before she commenced her counselling career. But she maintained very high or moderately high levels of empathetic identification across the remaining six situated contexts only in respect of *'a suicide survivor'*: (PS2 0.68, PS3 0.73, CS1 0.73, CS2 0.59, CS3 0.68, CS4 0.64): the range for the remaining four suicide-related entities was much lower (range PS2-CS4 emp idfcn 0.27 to 0.50).

Table 7.6.3 Respondent Hannah - Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
19 My counselling supervir	0.86	0.91	0.91	0.86
21 My partner/spouse	0.86	0.82	0.82	0.77
13 A person I admire (nom)	0.82	0.95	0.95	0.91
11 Mother	0.73	0.59	0.59	0.55
12 Father	0.73	0.68	0.68	0.64
22 A suicide survivor (pe	0.73	0.59	0.68	0.64
20 A psychiatrist	0.68	0.82	0.73	0.68
14 A person I dislike (no)	0.64	0.68	0.59	0.55
15 A client with suicide n	0.50	0.27	0.36	0.32
16 A depressed client	0.50	0.27	0.36	0.32
17 A client who recoveredt	0.50	0.36	0.45	0.41
18 A client who died by se	0.41	0.36	0.36	0.32
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
13 A person I admire (nom)	0.95	0.95	0.82	
19 My counselling supervir	0.91	0.91	0.86	
21 My partner/spouse	0.91	0.82	0.86	
20 A psychiatrist	0.82	0.73	0.68	
12 Father	0.77	0.68	0.73	
11 Mother	0.68	0.59	0.73	
14 A person I dislike (no)	0.68	0.59	0.64	
22 A suicide survivor (pe	0.59	0.68	0.73	
17 A client who recoveredt	0.45	0.45	0.50	
15 A client with suicide n	0.36	0.36	0.50	
16 A depressed client	0.36	0.36	0.50	
18 A client who died by se	0.36	0.36	0.50	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

She maintained very high to quite high levels of empathetic identification (range 0.64 to 0.95) with five entities, respectively, across all seven situated selves, commencing with *'me before I became a psychotherapist/counsellor'*, including *'a person I admire'* (range

0.82 to 0.95); '*my counselling supervisor*' (range 0.86 to 0.91); '*my partner/spouse*' (range 0.77 to 0.91), '*a psychiatrist*' (0.68 to 0.82) and '*father*' (0.64 to 0.77).

In her several experiences of suicide in two contexts – as family member and as a counsellor – Hannah exemplified the 'significant relationships and/or emotional bonds' with the deceased that conveyed the status of 'suicide survivor'. A closer examination of her empathetic identifications with the entity '*a suicide survivor*' revealed an initially moderate level (PS1 0.59) before she commenced counselling which increased steadily when working with clients both before (PS2 0.68) and after (PS3 0.73) their suicidal behaviours. When '*overwhelmed by life's cruelties*', her empathetic identification with '*a suicide survivor*' maintained the very high level reached when working with suicidal clients (CS1 0.73). This level eased back in the context of '*life's wonders*' (CS2 0.59) but increased again to a quite high level '*when I'm working*' (CS3 0.68) before easing again '*when I'm relaxing*' (CS4 0.64). The following narrative provided a background to these results:

Researcher -So what does [client suicide] do...[does it] influence your subsequent practice...your reflection on what happened to your client...

Hannah - Oh absolutely, absolutely...Oh yes. My God...of course it does. It can't not. I think in the short term...the relatively short term...it engendered in me...a level of anxiety around...having this need...if anything check out more with people...where they felt they were on a scale of one to whatever in terms of...feeling positive about the future...what was happening in their lives at the time...their coping strategies...how they were being employed and used...how they were finding the outcomes...so I kind of...in very simplistic terms I'd almost to decide around a want to keep them safe but that was tempered with an awareness of the need to not put upon clients...because that's not my job...and it's not the client's job to take care of me...

7.6.10 Respondent Hannah – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars 7.6.4, 7.6.7, 7.6.8 and 7.6.9 with particular reference to the entity '*a suicide survivor*'.

Graphs 7.6.1 and 7.6.2 showed Hannah's conflicted identifications with '*a suicide survivor*' as high or very high and clustered within the range PS1/CS2 0.46 to PS3/CS1 0.54. Graphs 7.6.3 and 7.6.4 showed the respondent's empathetic identifications with '*a*

suicide survivor’ as somewhat higher before, and even higher after, her client’s suicidal behaviour than they were before she became a counsellor (PS1 0.59, PS2 0.68, PS3 0.73). Her current empathetic identifications with ‘*a suicide survivor*’ were highest when she was ‘*overwhelmed by life’s cruelties*’ (CS1 0.73), they eased when she was ‘*enhanced by life’s wonders*’ (CS2 0.59) and then modulated – upwards ‘*when I’m working*’ (CS3 0.68) and downwards ‘*when I’m relaxing*’ (CS4 0.64).

These graphs illustrated Hannah’s idiosyncratic acknowledgement of her status as a suicide survivor through the presence of high current levels of conflicted identification together with the presence of high current empathetic identifications with ‘*a suicide survivor*’. When these results were associated with her relatively low evaluation of ‘*a suicide survivor*’ (eval 0.32), it was clear that she wished to distance herself from some of the attributes of this entity. She valued herself very highly in all her past selves (PS1 eval 0.83, PS2 eval 0.84, PS3 eval 0.71) while maintaining this very high self-evaluation in all her currently situated selves (CS1 0.71, CS2 1.00, CS3 0.87, CS4 0.81).

Her client suicide experience(s) conferred the status of ‘*a suicide survivor*’ on her but her highest empathetic identifications, as a counsellor, were with ‘*a person I admire*’ (range 0.82 to 0.95), ‘*my counselling supervisor*’ (range 0.86 to 0.91), ‘*my partner/spouse*’ (range 0.82 to 0.86), ‘*a psychiatrist*’ (range 0.73 to 0.82). It was clear that although she saw herself as ‘*a suicide survivor*’, her highest empathetic identifications, mentioned above, were even more highly significant for Hannah’s self-image.

Hannah’s dialogue with the investigator offered illustrative background to these results, when she spoke about her own suicidality in the context a recent American research project (Rogers et al., 2001) about counsellor suicidality:

‘Researcher (R) -...an exercise was done with 1,000 counsellors in the States. They got 240 responses. They [were] asked [inter alia]: ‘Have you ever seriously considered suicide?’ 20% [said yes]...Has that option ever featured in your life, personally or professionally?’

Hannah - No...I have never found myself in a position where I’ve been.....no, no, not where.....I’ve never been in the position where I’ve felt ready to actually throw in the towel but I’ve been in personal situations where.....I know that.....close enough to know that.....close enough I suppose to know that given the right set of circumstances, the right variables,

converging at...any time and space that...any of us would be more than capable of ending our own lives...in the same way I believe that any one of us given the right circumstances would be capable of taking one...

R - So it wouldn't...it would be 'no suicide ideation...no plan'...what you're saying is that you wouldn't...you don't believe yourself to be any different to anyone else...

H - No, I don't believe myself to be any different...

R -...in relation to your life and your control over your own life...

H - No. Not at all.'

7.6.11 Respondent Hannah – Beliefs and values of the suicide survivor

Constructs with low or very low structural pressures, ranging from 16.74 to 8.92, indicated areas of Hannah's identity that were under stress, and around which her behaviour might be problematic and perhaps unpredictable. These constructs were designated as 'conflicted', inconsistently or non-evaluative dimensions of identity. These included two constructs that were related to suicide: '...believes that suicide and depression are inextricably linked' / **'...believes that suicide can occur "out of the blue" without depression being evident'** (12.64) (where the preferred pole is in bold) and '...believes that suicide cannot be predicted by overt behaviour' / **'...believes that suicide may be anticipated by perceptive observation'** (8.92). However a third construct: **'...believes that suicide demands considerable bravery'** / '...believes that suicide is the act of a coward' (25.79) was close enough to the 'somewhat arbitrary' cut-off point of 20 to be considered a conflicted evaluative dimension (Weinreich, 1992: 35).

Hannah coped with any dis-stress around the areas represented in these three suicide-related constructs by accessing resources available through her aspirational core and secondary identity dimensions. Structural pressures on four constructs, ranging from 87.35 to 46.35, that were related to suicide represented core and secondary evaluative dimensions of Hannah's identity: '...feels that grief following suicide is like any other' / **'...feels that grief following suicide is uniquely painful'** (87.35); '...does not think about people committing suicide' / **'...is highly sensitised to the issue of suicide'** (52.21); **'...considers that most suicide could be prevented'** / '...considers that most

suicides are unavoidable' (50.72) and '**...was totally changed by suicide of person with whom s/he had significant relationship or emotional bond**'/ '...was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond' (46.36). These constructs referenced Hannah's values and beliefs in relation to suicide, estimated as being central to her identity in the sense that she used them to judge the merits of self and others.

Hannah's aspirational core values and beliefs were resources for her own albeit qualified rejection of suicide – see Hannah's dialogue in par. 7.6.10 above – allied to her own several post-suicide experiences including family and client/patient suicides. Her consideration of these experiences influenced her orientation to her social world in terms of the characteristics denoted by these constructs. Hannah said that she believed that anyone might have the capability to kill him/herself or another person:

'...given the right set of circumstances, the right variables...converging at any time and space...'

This apparently pessimistic scenario was highly conditional and needed to be placed in the context of her system of aspirational values and beliefs that included sensitivity to the suicide issue, a feeling that grief related to suicide was uniquely painful, belief that most suicides could be prevented and the total change triggered in the survivor by a suicide experience. An extract from Hannah's narrative reflecting upon client autonomy and counsellor limitations as she reflected upon her client's suicide, offered further insights. She said:

Now how utterly arrogant can you be...I know...that's not a kind of a cop out of "Well if people just go and commit suicide then I can't be held responsible for bad practice or inappropriate practice". But the reality is...that we see clients for at most an hour a week and the rest of the time in that week people are living their lives. Life is impacting (sic) on them. They are experiencing things and it's hugely arrogant I think to expect that we [counsellors] are so powerful and so central to an individual's existence – although for some individuals we may be very central to their existence at various times in their process of change – that...we could somehow predict and prevent an action that an individual decided to carry through...'

Hannah aspired to contend with the exigencies of her counselling activities with vulnerable people through core beliefs and values exemplified in high structural pressures (range 49.15 to 81.69) on seven constructs: '...sticks rigidly to values and beliefs of

parents and guardians’/ **‘...continues to develop personal values and beliefs’** (81.69); ‘...does not value some human beings very highly’/ **‘...believes each human being is of irreplaceable value’** (77.34); ‘...feels that expression of emotions often indicates lack of control’/ **‘...feels that the safe expression of emotional feelings is always healthy’** (76.19); ‘...relies mainly on prescribed medication to relieve psychological pain’/ **‘...always uses complementary/alternative medicine where possible’** (72.31); ‘...withdraws from human contact’/ **‘...seeks and develops human relationships’** (68.12); **‘...continues to be the person s/he was into the foreseeable future’**/ ‘...believes the person s/he was is dead’ (61.25) and **‘...feels momentary bouts of psychological discomfort’**/ ‘...suffers unendurable psychological pain’ (49.15).

She used these core and evaluative dimensions of identity to address issues, including problematic, uncertain and unpredictable behaviours, emanating from conflicted dimensions of her identity indicated by low structural pressures (range 16.74 to 11.25) on three constructs: **‘...questions who s/he is’**/ ‘...remains sure of who s/he is’ (16.74); ‘...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had significant relationship or emotional bond’/ **‘...believes that people with whom s/he had significant relationship or emotional bond are entirely responsible for their own circumstances’** (15.31) and ‘I feel a special responsibility for the well-being of others’/ **‘I don’t have any particular responsibility for the well-being of others’** (11.25).

Hannah’s system of aspirational values and beliefs was reflected to some extent in the following narrative about the consequences for her of her client suicide experience in the eighteen months, approximately, that had passed between the suicide event and her interview with the researcher:

Hannah -...I would say most certainly that I...experienced it as traumatic...’

Researcher -You’re using the past tense...can I take it that whatever [the trauma] was it has changed in the...period [since], significantly and substantially changed?

H - I think that...there is a change and the change is that in my experience when we as human beings are removed in...passage of time that is filled with other things, other events, other feelings, other emotions...that we can integrate the memory of it [client suicide] but blessedly perhaps we lose the sharpness of how

that felt at that moment on that day because if we weren't able to do that I don't think we'd be able to function. But that doesn't make it in my view any less shocking. I am still...if you ask me what my predominant feelings [are] there is still that anger around and there is a sense...a real sense of sadness around that for all of those individuals...for whatever reasons for whatever the circumstances in their lives that they actually had reached a point where that, for them, that night was the only decision they either felt they wanted to make or could make...

7.6.12 Respondent Hannah – Summary

Hannah was an expert counsellor whose work with vulnerable clients was informed by her past experiences as a double survivor of family suicide and as a survivor of patient suicide while working in psychiatry. She was also a clinician survivor of client suicide in her counselling work. Her narrative described information acquired after the client's death which was relevant to her ongoing integration of this catastrophic event:

I subsequently learned...about...the sequence of events between me last seeing this individual [her client who killed himself] and him hanging himself...where it had all gone pear shaped for him...the kind of...influences...that were brought to bear...by other people in his life who he had huge difficulty with...I felt so f*cking angry at them...I felt so really, really angry because it felt that he had hurdles that were just too high to get over and...struggle though he did...in the end judgement got him. He was an individual who was exceedingly negatively judged by his family [after] he outed himself as a gay man...a gay adolescent...at which point his parents assured him that...he was their son and that they loved him and they'd always love him and support him...he described this amazing sense of relief because that wasn't what he expected to experience from them...he went off to bed...he got up the next morning to discover his father installing a lock on his younger brother's bedroom door...he went downstairs to be allocated by his mother his own knife, fork, spoon, cup, plate...that's a very powerful message about what their view of him [was] and their knowledge of who he believed himself to be, in terms of their value judgements and how they regarded him...'

Her identity states in all seven contexts were considered to be well-adjusted. But it was evident that she saw herself as '*a suicide survivor*' in all past and current contexts. In particular when she was '*working*' or '*relaxing*' (CS3/CS4 emp idfcn 0.68/0.64), '*before/after my client's suicidal behaviour*' (PS2/PS3 emp idfcn 0.68/0.73), very highly '*when I am overwhelmed by life's cruelties*' (CS1 emp idfcn 0.73), much less so '*when I feel enhanced by life's wonders*' and '*before I became a psychotherapist / counsellor*' (PS1/CS2 emp idfcn both 0.59). Although she aspired to '*believe that each human being*

is of irreplaceable value' (high SP 77.34), she evaluated '*a suicide survivor*' moderately while being highly ego-involved with that entity (eval 0.32; ego inv 4.21). Further she evaluated four remaining clients with issues around suicide at extremely low levels (eval range – 0.03 to – 0.27) while being highly ego-involved with all four of these clients (ego inv range 4.12 to 4.65). In particular, of these five suicide-related persons, Hannah valued '*a client who died by suicide*' (eval – 0.27) lowest of all while her ego-involvement with that person was highest of all these people (ego inv 4.65).

As a clinician survivor, Hannah continued to integrate her 'out of the blue' client suicide experience with the support of her supervisor, her partner/spouse, her professional colleagues and her client work. Acknowledging that her client's suicide was initially a quite traumatising event, the 'suicide survivor' part of herself did not predominate but existed alongside more dominant selves represented in her stronger and more extensive feelings of closeness to her partner / spouse, her supervisor and an admired person. Her life was less influenced by 'life's cruelties' being more engaged by 'life's wonders' although she felt both some anger around and a real sense of sadness for, those who for whatever reasons choose to take their own lives.

Note: Key for graphs 7.6.1, 7.6.2, 7.6.3 and 7.6.4 below

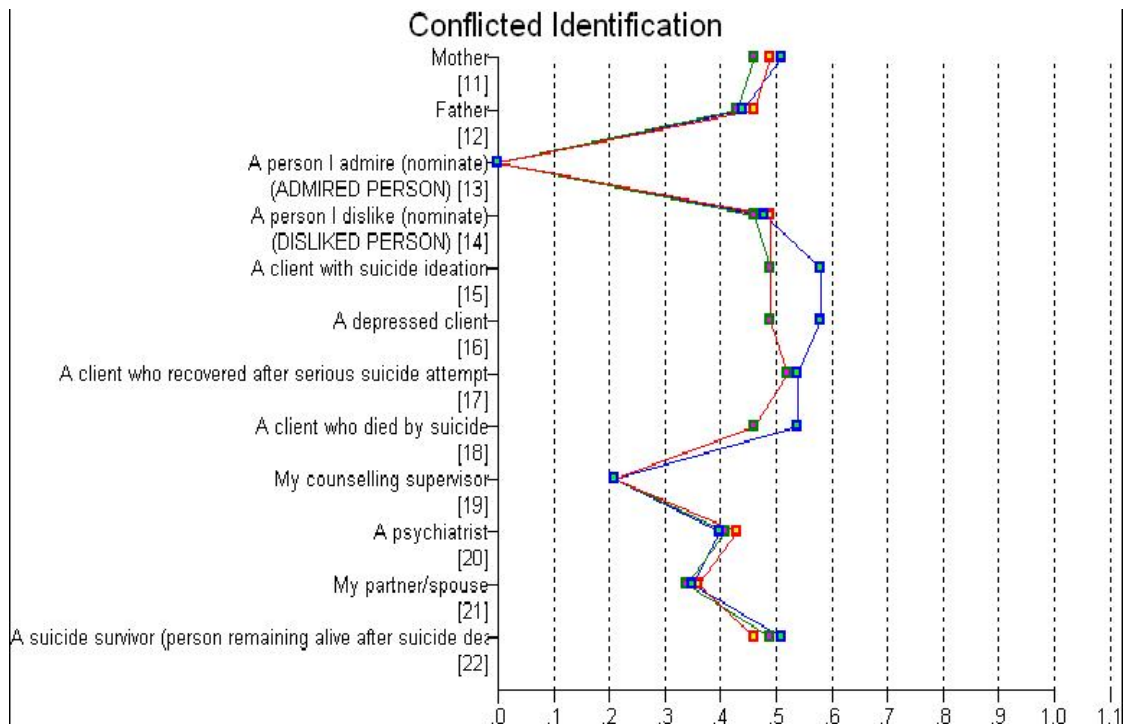
PS1 & CS1= red

PS2 & CS2=green

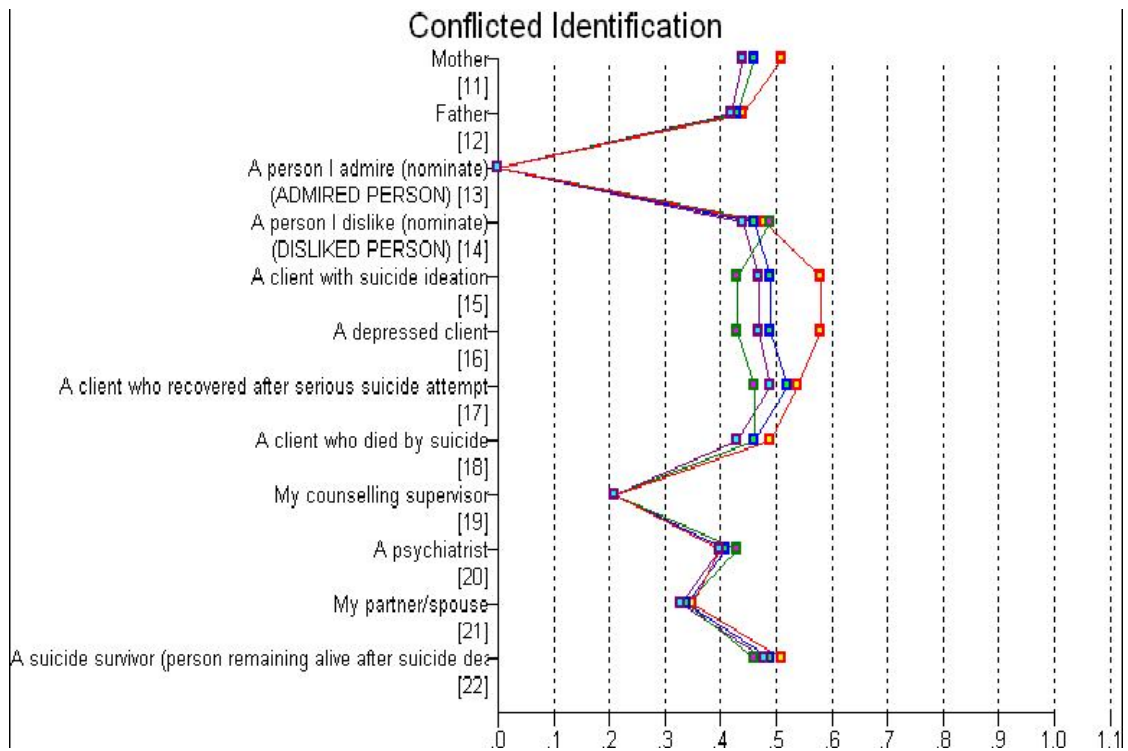
PS3 & CS3= blue

CS4=purple/maroon

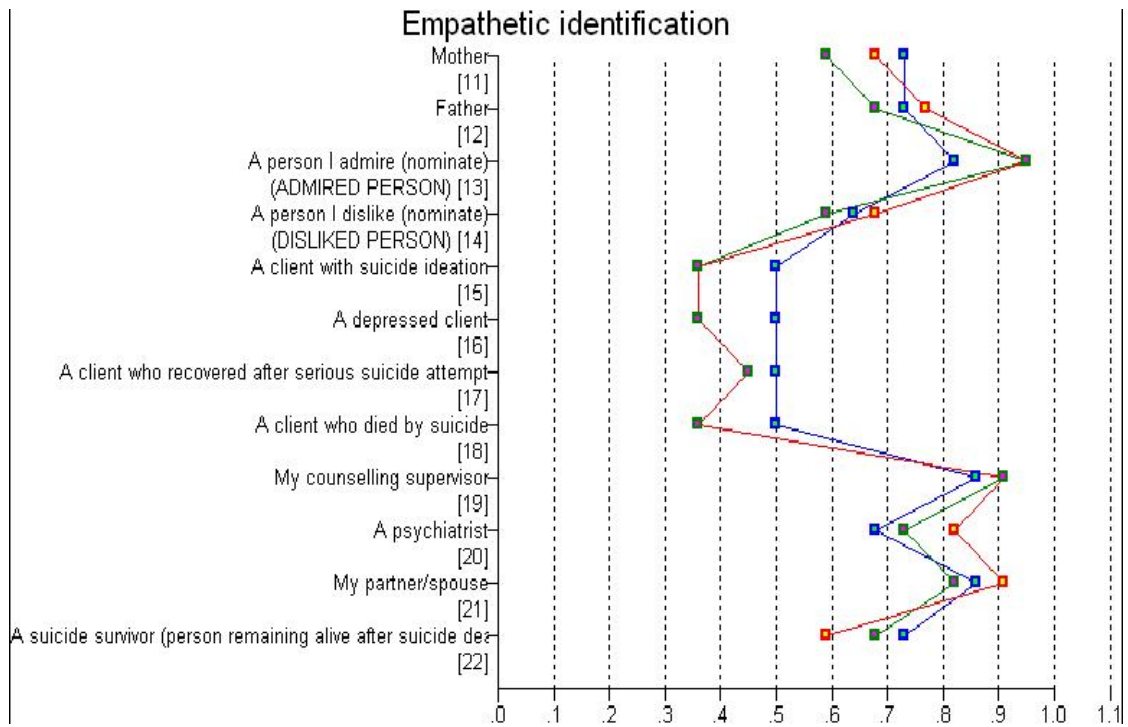
Graph 7.6.1 IDEX A11 'Hannah' conf idfcn PS1, PS2, PS3 comparison



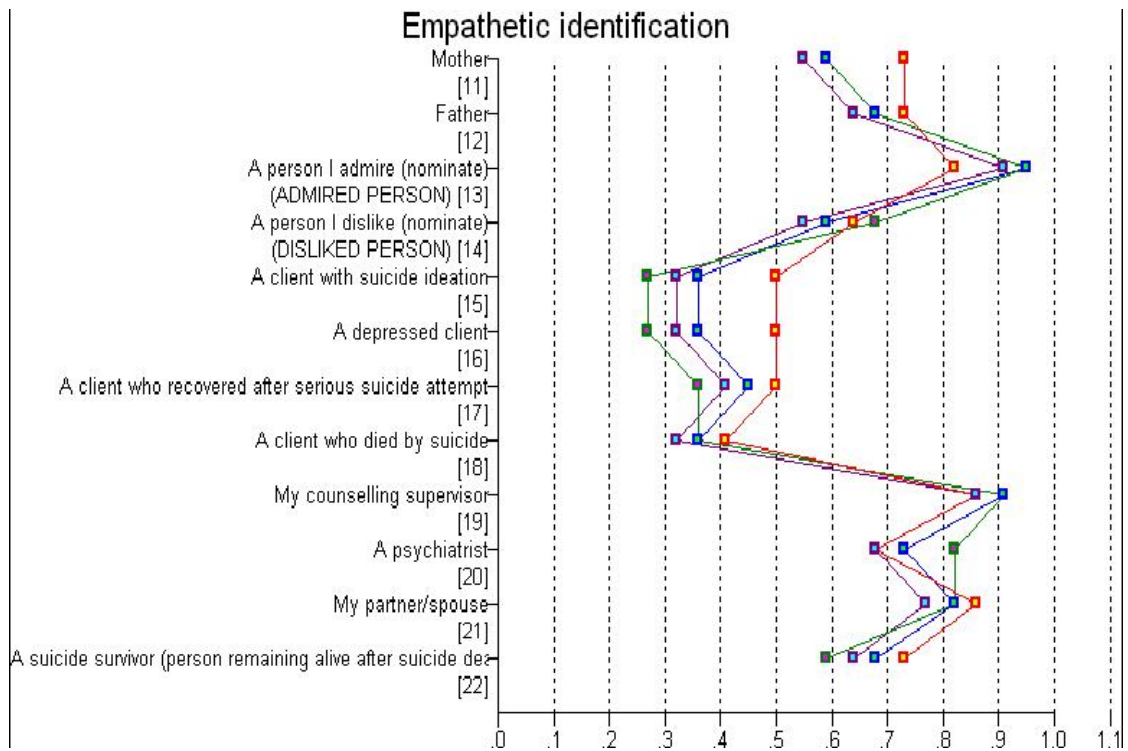
Graph 7.6.2 IDEX A11 'Hannah' conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.6.3 IDEX A11 'Hannah' emp idfcn PS1, PS2, PS3 comparison



Graph 7.6.4 IDEX A11 'Hannah' emp idfcn CS1, CS2, CS3, CS4 comparison



7.7.0 PhD Case Study A12 – alias Ruth

7.7.1 Respondent Ruth – Personal and professional information

This respondent will be referred to using the pseudonym ‘Ruth’. Ruth was a woman in her early-to-mid fifties. When interviewed she was a senior employee in a counselling agency in a rural location in the UK. Her previous experience included periods in mental health, community education and development. She was a counselling practitioner for over ten years having initially been trained and employed in social services work. She was qualified and experienced in systemic family therapy, art therapy and counselling for sexual abuse. Her current work activities also included counselling supervision and a management role within the agency. She was particularly interested in supporting those clients, and their families, in crisis situations especially where suicide might become an active option for such clients. Her considerable and varied professional knowledge and her extensive client experience confirmed Ruth as ‘an expert counsellor’.

7.7.2 Respondent Ruth – Identity Structure Analysis

Ruth completed ISA instrument ‘A’ (see appendix 5) in February 2003 following an audio taped, semi-structured interview with the researcher. Before being interviewed she voluntarily completed a consent form (see appendix 4).

7.7.3 Respondent Ruth – Preliminary remarks

Ruth acknowledged that she had experienced the loss by suicide of two of her clients within a month up to four years before interview:

I worked with two people who have died through suicide. But one of those people I worked with for quite a period of time...about three years intermittent ...in terms of the extent. And I think I worked with a man...very briefly...and that was actually about three weeks after this first suicide of this young woman. So it was very near to one another in that sense...

She contrasted these two client suicides emphasising in particular the brevity of the second counselling relationship and the deep, lasting impression that her second client created:

He [the second suicide] was a male and I think I saw him on two occasions and when I met him again it was a sense...a felt sense...and when I shook his hand his hand was freezing. He...I just felt cold with him. I felt physically cold with him. I remember the sensation too. I remember talking about it later. I suppose in a way he was almost dead already...

She also described a third loss by suicide, before the above client suicides, of the brother of a young female client:

I was working with a young girl, a young teenager in a different setting to this but in a counselling therapeutic setting at the same time...she was very suicidal at one point and there were [legally held] guns in her home...[she was] describing how she would get the gun and how she would kill herself...it was a major high risk situation ...the guns were [removed] from the home...[later] the police allowed the man to have the gun...one gun back in the house...an air rifle...her only brother shot himself through the head with the gun that was brought back into the house...it was so...awful...

Ruth said that she remembered many suicides that had occurred within the communities where she lived and worked:

I mean I've had lots...you know of situations...I may remember other [suicide-related] situations as well as [those] I'm talking [about]...I've been in touch with lots of suicide...I know another family where there's been multiple suicides so I've [experience] in terms of working with a sibling where someone else in the family died through suicide...

A further suicide-related situation that Ruth briefly alluded to involved a minister of religion visiting her several months before interview, seeking guidance from her following a suicide death:

I would have had a priest come to me there before Christmas [two months before interview] he asked me to look at a letter that this young man...he'd shot himself I think...had written to his sister but...the family had kept it from her...[he] was seeking my [view] ...you know the family were obviously wondering what's it got to do with [her] ...he was in a dilemma and I was in a dilemma...I hadn't got permission to look at the letter...so I was very caught...

Ruth commented upon connections between her first client suicide and the family mentioned above who had experienced several suicides:

I'm just actually remembering...God there is so many, there is so many people you know and when you think of this family who've had multiple suicide...three people killed themselves, and it links back to my first, the woman who died...it was one of this family that she was saying "Well I couldn't do it because she hung herself..." this other family...this sixteen year old in this multiple...she was sixteen and she killed herself on ...New Year's Eve...quite prior to this woman's [Ruth's client's] death...so it was like she was saying "I couldn't do it like that...and all...no way" and when she did...

Of significance too was the apparent absence of support for Ruth, who saw herself as a key healthcare worker, from health and social services resources whereas she was tasked by her employers to organise support for her colleague counsellors in the agency:

There's quite a high suicide rate here as well in this area...the community psychiatric team...would have had involvement with the family [of] the woman [Ruth's client who died]...and really there was no connection between us...I felt there needed to be contact with someone who'd worked with her or had some link with her...and I did call up the team...and talked to one person in it and I just had this sense that they wanted to make sure they did everything...in terms of the protocol...that they had checked [whether] she should be in hospital or on medication or on various things...and I felt that this was like...I was only wanting to...say you know "Isn't this awful...awfully sad..." [but] if there was a lack of support it would have been in that you know...[they were] very professional. I didn't see them either you know. It was like I would have wanted to have sat down and had a cup of coffee...but then maybe I didn't ask either...the psychiatric field...it's a bit like [that with] nurses or with "poor" professionals within the voluntary sector...there's something there that's missed out because in that whole area of social work and psychiatric services, there's huge need for support...

Ruth was aware of the risk of vicarious trauma for counsellors working with suicidal clients. She also expressed concern about the reinforcing stressor for a practitioner that was represented by the risk of client suicide:

...I've become interested because of my role as a manager particularly and my own experience of being a [psycho] therapist around like vicarious trauma...that's something I'm trying to pursue...looking for some way of managing that...I coordinate the counselling here so I would be aware of the...case load of people, but none of the [psycho] therapists here have had anyone [yet who died by suicide] yes...definitely people who are thinking or contemplating suicide...'

7.7.4 Respondent Ruth – Overview – See Appendix 10

7.7.5 Respondent Ruth – Primary analysis

Ruth's identity variants of past and current situated selves were classified in Table 7.7.1 below. Note that each identity variant, 'diffusion' and 'diffuse high self-regard' were considered to be vulnerable identity states while identity variant 'indeterminate' was regarded as a well-adjusted identity state.

Table 7.7.1 Respondent Ruth – Self image

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.47	CS1	3.03	PS1	2.88
		CS2	4.54	PS2	3.03
		CS3	4.17	PS3	3.33
		CS4	3.79		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.21	PS1	0.46
		CS2	0.96	PS2	0.58
		CS3	0.87	PS3	0.72
		CS4	0.75		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.50	PS1	0.48
		CS2	0.41	PS2	0.40
		CS3	0.41	PS3	0.43
		CS4	0.43		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	DIFFUSE HIGH SELF-REGARD				
Current Self 3	DIFFUSE HIGH SELF-REGARD				
Current Self 4	DIFFUSION				
Past Self 1	DIFFUSION				
Past Self 2	INDETERMINATE				
Past Self 3	DIFFUSION				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.33	0.76	0.70	0.62	
PS2	0.40	0.81	0.75	0.67	
PS3	0.47	0.85	0.80	0.73	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me after my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Past situated selves

'me before I became a psychotherapist/counsellor' PS1 – identity variant 'diffusion';
 'me before my client's suicidal behaviour' PS2 – identity variant 'indeterminate';
 'me after my client's suicidal behaviour' PS3 – identity variant 'diffusion';

Current situated selves

‘me when I am overwhelmed by life’s cruelties’ CS1 – identity variant ‘diffusion’;
‘me when I feel enhanced by life’s wonders’ CS2 – identity variant ‘diffuse high self regard’;
‘me when I’m working’ CS3 – identity variant ‘diffuse high self regard’;
‘me when I’m relaxing’ CS4 – identity variant ‘diffusion’.

Before she became a counsellor Ruth evaluated herself moderately (PS1 eval 0.46): she believed herself to be fairly successful in achieving her identity aspirations, e.g. using complementary / alternative remedies (SP 87.36). High identity diffusion (PS1 id diff 0.48) indicated the wide range and magnitude of her conflicted identifications in this identity state, e.g. with family members, father (PS1 id conf 0.60), partner/spouse (PS1 id conf 0.56), and with vulnerable people, a suicidal person and a depressed person (both PS1 id conf 0.59). This identity variant, ‘diffusion’, was a vulnerable state due to the coincidence of modest self-evaluation and high diffusion.

Following her client’s suicidal behaviour, Ruth evaluated herself quite highly (PS3 eval 0.72): in this identity state, she believed herself successful in achieving her identity aspirations, e.g. relying upon family support at critical times (SP 86.41). High identity diffusion (PS3 id diff 0.43) pointed to the range and magnitude of her identification conflicts in this identity state, e.g. with family members, father (PS3 id conf 0.51), mother (PS3 id conf 0.50) and partner/spouse (PS3 id conf 0.49) and with vulnerable others, a client who recovered after a serious suicide attempt (PS3 id conf 0.53) and a suicidal person (PS3 id conf 0.49). This identity variant, ‘diffusion’, was a vulnerable state due to the coincidence of modest self-evaluation and high diffusion.

When overwhelmed by life’s cruelties, Ruth evaluated herself quite moderately (CS1 eval 0.21), believing in this identity state, that she had only limited success in achieving her identity aspirations, e.g. having warm feelings for others (SP 80.06). High identity diffusion (CS1 id diff 0.50) indicated the wide range and magnitude of her identification conflicts in the context of ‘life’s cruelties’ e.g. with vulnerable clients, a suicidal client and a depressed client (both CS1 id conf 0.68) and with family members, father (CS1 id conf 0.58) and mother (CS1 id conf 0.53). This identity variant, ‘diffusion’, was a vulnerable state due to the coincidence of modest self-evaluation and high diffusion.

When enhanced by life's wonders, Ruth evaluated herself very highly, (CS2 eval 0.96) believing in this identity state that she had achieved considerable success in achieving her identity aspirations, e.g. feeling that grief after suicide was uniquely painful (SP 79.15). High identity diffusion (CS2 id diff 0.41) indicated the wide range and magnitude of her identification conflicts in the conflicts of 'life's wonders', e.g. with family members, father (CS2 id conf 0.52), 'mother' (CS2 id conf 0.51) and my partner/spouse (CS2 id conf 0.49). This identity variant, 'diffuse high self-regard', was a vulnerable state due to the coincidence of high self-evaluation and high diffusion. This was Ruth's most dominant identity state (CS2 ego-inv 4.54).

When 'working' and when 'relaxing', Ruth evaluated herself highly (CS3 eval 0.87) and moderately (CS4 eval 0.75), respectively, while experiencing high identity diffusion (CS3, CS4 id diff 0.41, 0.43) in each of these identity states. Her respective identity variants were 'diffuse high self regard' and 'diffusion', both of which were regarded as vulnerable identity states, as outlined above.

Ruth evaluated her aspirational self '*me as I would like to be*' very highly indeed (eval 1.00). She also evaluated '*me when I feel enhanced by life's wonders*' (CS2 eval 0.96) almost as highly. This contrasted strongly with her very low evaluation of '*me when I am overwhelmed by life's cruelties*' (CS1 eval 0.21). Her evaluation of '*me before I became a psychotherapist/counsellor*' (PS1 eval 0.46) was moderate. But in both transitions '*me before my client's suicidal behaviour*' (PS2 eval 0.58) and '*me after my client's suicidal behaviour*' (PS3 eval 0.72) her self-evaluations increased steadily before collapsing in the context '*when...overwhelmed by life's cruelties*' (CS1 eval 0.21).

However her self-evaluations were reinvigorated in both contexts '*me when I'm working*' (CS3 eval 0.87) and '*me when I'm relaxing*' (CS4 eval 0.75) although not quite as highly as in the context '*me when...enhanced by life's wonders*' (CS2 eval 0.96). Ruth experienced contrasting appraisals of '*client suicidal behaviour*' and '*life's cruelties*' that were evident in her self-evaluative responses, viz. moderately high with respect to the former and moderately low regarding the latter. It was as if her clients' suicides did not 'overwhelm' her as other 'cruelties' did.

However her self-evaluations varied according to context from low, through moderate to very high, contrasting strongly with consistently very low evaluations,

respectively, of four suicide-related clients: *'a client who recovered after serious suicide attempt'* (eval – 0.10), *'a client with suicide ideation'* (eval – 0.33), *'a depressed client'* (eval – 0.39) and *'a client who died by suicide'* (eval – 0.48). The very low value that Ruth placed upon these clients contrasted strongly with her very high evaluation of *'a suicide survivor'* (eval 0.78). This was explained by Ruth's psychotherapeutic support for family members bereaved by suicide while high ego-involvement with all four suicide-related clients (ego inv range 3.71 to 5.0) and with *'a suicide survivor'* (ego inv 3.79) reflected her intense engagement with many aspects of suicide in counselling and in the community.

7.7.6 Respondent Ruth – Positive and negative role models of the suicide survivor

Ruth idealistically identified very highly with *'a suicide survivor'* (0.91), *'my counselling supervisor'* (0.86) and *'a person I admire'* (0.77). These people represented her positive role models. She also idealistically identified quite highly with *'a person I dislike'*, *'a psychiatrist'* and *'my partner/spouse'* (all 0.64).

She contra-identified very highly with *'a client with suicide ideation'* and *'a depressed client'* (both 0.73) and somewhat less highly with *'a client who recovered after serious suicide attempt'* and *'a client who died by suicide'* (both 0.59). These people represented those from whom this respondent wished to dissociate: they were all suicide-related clients.

Ruth was a clinician survivor by reason of the suicides of two of her clients and she saw herself as such. She linked these clinician experiences with other suicide attempts and suicide deaths that were brought to her notice in her non-clinician roles and that affected her and influenced her:

'I would have had her [deceased client's] mother in a lot coming and going and the family in...in the situation, would have what we called mental health issues, concerns and...members of the family have been in hospital through two suicide attempts...quite significant suicide attempts since [the deceased client's] death actually...I would have...worked with lots of people over the years and ...prior to this woman [i.e. deceased client] who would have been contemplating suicide and aware of suicide...because of the [counselling agency] people come here who've never been to counselling in terms of the counselling ethos or even come in fairly raw...often it would be dealing with a crisis...where people are contemplating or

thinking about suicide you know...I would have worked with people who would present...either very depressed or very high...and who would be thinking of suicide...but I wouldn't have had a theoretical interest...but because of people coming who would be experiencing [suicidal] thoughts...I would have had a way of working with it...I was working...in a counselling therapeutic setting with a young girl [in a school environment] it was a family situation between her parents...she mentioned her only brother and I would have said "How is he?" I'd [also] some level of contact with the mother...a gun was brought back into the house [with police permission]...but anyway this young boy killed himself...shot himself through the head...it was so sort of awful...it was...very shocking...a shock to see a young man you know...I've had lots of situations...I've been in touch with lots of suicide...'

7.7.7 Respondent Ruth – Conflicted identifications and the suicide survivor

In her appraisals of her past self, '*me before I became a psychotherapist/counsellor*' (PS1), Ruth's identification conflicts were very high with seven people: '*my partner/spouse*' and '*a client who recovered after serious suicide attempt*' (PS1 both 0.60), '*a client with suicide ideation*' and '*a depressed client*' (PS1 both 0.59), '*my partner/spouse*' (PS1 0.56), '*a client who died by suicide*' (PS1 0.55) and '*mother*' (PS1 0.54). Her identification conflicts with three people: '*a person I dislike*' (PS1 0.49), '*a psychiatrist*' (PS1 0.46) and '*a person I admire*' (PS1 0.42) were also quite high, as set out in Table 7.7.2 below.

In subsequent appraisals, she maintained very high or high levels of conflicted identification across the remaining six contexts in relation to all ten of the above mentioned entities. Indeed Ruth did not discriminate in relation to her highly conflicted identifications with '*a client with suicide ideation*' and '*a depressed client*' (PS2 both 0.41; PS3 both 0.49; CS1 both 0.68; CS2 both 0.41; CS3 both 0.41; CS4 both 0.48). Further, her identification conflicts with two remaining suicide-related entities maintained similar patterns in these contexts, respectively, in relation to '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*': (PS2 both 0.40; PS3 0.53, 0.47; CS1 0.59, 0.61; CS2 0.46, 0.40; CS3 0.46, 0.40 and CS4 both 0.46). She tolerated high levels of conflicted identification in her appraisals of suicide-related clients regardless of context.

In the transition from '*me before I became a psychotherapist/counsellor*' (PS1) to '*me when I'm working*' (CS3) Ruth's conflicted identifications were considerably

‘resolved by way of reappraising self and others’ (Weinreich, 2003: 61) while remaining quite high for four suicide-related entities, respectively: ‘a client who recovered after serious suicide attempt’, ‘a client with suicide ideation’, ‘a depressed client’ and ‘a client who died by suicide’ – PS1/CS3 0.60/0.46; 0.59/0.41; 0.59/0.41 and 0.55/0.40.

High identification conflicts were similarly resolved in the transition from ‘me before I became a psychotherapist/counsellor’ (PS1) to ‘me before my client’s suicidal behaviour’ (PS2) for the above-mentioned suicide-related entities – PS1/PS2 0.60/0.40; 0.59/0.41; 0.59/0.41 and 0.55/0.40.

Table 7.7.2 Respondent Ruth – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.68	0.41	0.41	0.48
16 A depressed client	0.68	0.41	0.41	0.48
18 A client who died by se	0.61	0.40	0.40	0.46
17 A client who recoveredt	0.59	0.46	0.46	0.46
12 Father	0.58	0.52	0.52	0.57
11 Mother	0.53	0.51	0.51	0.55
14 A person I dislike (no)	0.52	0.43	0.43	0.47
21 My partner/spouse	0.51	0.49	0.49	0.49
20 A psychiatrist	0.45	0.47	0.47	0.43
13 A person I admire (nom)	0.40	0.43	0.43	0.46
22 A suicide survivor (pe	0.26	0.28	0.28	0.28

CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self			
Indices range from 0.00 to 1.00			
ENTITY	PS1	PS2	PS3
12 Father	0.60	0.52	0.51
17 A client who recoveredt	0.60	0.40	0.53
15 A client with suicide n	0.59	0.41	0.49
16 A depressed client	0.59	0.41	0.49
21 My partner/spouse	0.56	0.46	0.49
18 A client who died by se	0.55	0.40	0.47
11 Mother	0.54	0.51	0.50
14 A person I dislike (no)	0.49	0.43	0.48
20 A psychiatrist	0.46	0.43	0.43
13 A person I admire (nom)	0.42	0.46	0.43
22 A suicide survivor (pe	0.28	0.26	0.29

CS1 ‘me when I am overwhelmed by life’s cruelties’
 CS2 ‘me when I feel enhanced by life’s wonders’
 CS3 ‘me when I’m working’
 CS4 ‘me when I’m relaxing’

PS1 ‘me before I became a psychotherapist/counsellor’
 PS2 ‘me after my client’s suicidal behaviour’
 PS3 ‘me after my client’s suicidal behaviour’

In Ruth's appraisals across all contexts of the entity '*a suicide survivor*', her moderate identification conflicts remained largely unresolved (range 0.26 to 0.29).

By inspection of Ruth's appraisals of '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) in relation to four client suicide-related entities mentioned above, it was evident that client suicidal behaviour intensified Ruth's identification conflicts: '*a client who recovered after serious suicide attempt*' (PS2 0.40, PS3 0.53); '*a client with suicide ideation*' and '*a depressed client*' (both PS2 0.41, PS3 0.49) and '*a client who died by suicide*' (PS2 0.40, PS3 0.47).

In relation to client suicide-related entities, Ruth experienced significantly higher identification conflicts in her appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) in the transition to '*me when I feel enhanced by life's wonders*' (CS2): '*a client who recovered after serious suicide attempt*' (CS1 0.59, CS2 0.46); '*a client with suicide ideation*' and '*a depressed client*' (both CS1 0.68, CS2 0.41) and '*a client who died by suicide*' (CS2 0.61, CS2 0.40) : she was much less strongly represented – while not wanting to be so represented – in these clients when the context was 'life's cruelties'.

The data illustrating Ruth's conflicted identifications with '*a client with suicide ideation*' and '*a depressed client*' reflected her extremely low and quite similar evaluations of these persons, as mentioned in par. 7.7.5 above: '*a client with suicide ideation*' (eval – 0.33) and '*a depressed client*' (eval - 0.39). Extracts from the respondent's narratives illustrated some of these data. Ruth said:

Researcher - Now round about when did suicide become a topic? Did that become a topic in the final stages of [the counselling] relationship or was it referred to early on...do you remember?

Ruth - I would certainly have checked it out with her [viz. the deceased client] she was the youngest of...quite a large family...her mother would have [had] significant mental health problems...and I would have checked it with her certainly maybe not in the first year but certainly in the second year of our work together...I can't remember what would have led me to check it with her...it was very enmeshed relationship with her mother...the mother looked after her [viz. the deceased client's] young daughter...In terms of the suicide...she would just be very fragile and feel...very sad and depressed. She would have used the word "depression" a lot and feeling sad a lot and looked very sad a lot of the time. I remember on one occasion at that time...it must have been a holiday period or something and I remember she must have brought a box of chocolates to the [agency] and left them for me and would have said "Thanks very much for

everything” or something and I actually thought she was going to kill herself...I hadn’t received them maybe when she left them in...but when she came back I remember that being...I kind of thought – “She’s definitely going to kill herself”. I don’t know...something very significant...and I would have at that time said to her. She said “I know you thought I was going to kill myself”. She actually said it to me. So I don’t know what was happening at that time but I would have said “Yes, certainly it came into my mind...” and she would have laughed about it and you know said “I could never do that”.

7.7.8 Respondent Ruth – The suicide survivor and life’s cruelties

As mentioned in par 7.7.7 above, in her appraisals of ‘*me when I am overwhelmed by life’s cruelties*’ (CS1) Ruth experienced very highly conflicted identifications (range 0.59 to 0.68) with four suicide-related clients. In the identity state ‘*me when I feel enhanced by life’s wonders*’ (CS2) her conflicted identifications (range 0.40 to 0.46) with these clients remained quite high. She evaluated herself very highly (eval 0.96) and was highly ego-involved (ego inv 4.54) when experiencing ‘*life’s wonders*’ but she evaluated herself very much less (eval 0.21) and was much less ego-involved when experiencing ‘*life’s cruelties*’ (ego inv 3.03).

These results confirmed that Ruth’s identification conflicts with suicidal clients were highly problematic in the context of ‘*life’s cruelties*’ and that they remained quite problematic in the context of ‘*life’s wonders*’. She shared much in common with these clients; she ‘was there’ with these people while ‘wishing not to be there’. Moderate conflicted identifications with ‘*a suicide survivor*’ in both of these contexts (CS1 0.26, CS2 0.28) combined with her high ego-involvement (ego inv 3.79) with and very high evaluation (eval 0.78) of ‘*a suicide survivor*’ provided a strong contrast with those four suicide-related entities.

Ruth was a clinician survivor, by definition, having lost two clients to suicide; her highest idealistic identification was with ‘*a suicide survivor*’ (id idfn 0.91); and her empathetic identifications with ‘*a suicide survivor*’ (CS1 0.73; CS2 0.86) across this transition confirmed her status as ‘*a suicide survivor*’ in each of these contexts. Her extremely low evaluations, respectively, of these entities were: ‘*a client who recovered after serious suicide attempt*’ (eval – 0.10), ‘*a client with suicide ideation*’ (eval – 0.33), ‘*a depressed client*’ (eval – 0.39) and ‘*a client who died by suicide*’ (eval – 0.48) evidenced her very negative appraisals of them. Ruth was highly ego-involved with these

clients (range ego inv 3.71 to 5.00): they exerted a stronger impact upon her negatively than the more positive influence of ‘a suicide survivor’ (ego-inv 3.79).

The following narrative offered an insight into these results as Ruth reflected upon the traumatic consequences of her work with the suicidal:

Researcher - ...people who take their own lives are...ambivalent about it...so this client could have been considered ambivalent perhaps...

Ruth - Well when you asked her directly about the question, there was no ambivalence. She would have said “No, no, no. I couldn’t...” Well, there was a difference in “I couldn’t do that...” and other than “I couldn’t do that I couldn’t...say take my own life” but I think she would have somewhere wanted to. Life was too awful for her. Life...was really very hard for her you know and there was very little in...her setting...she found it very difficult to see positives or any...hopes for her life...so there was that ambivalence at that level. But when you asked her directly there was no ambivalence. The fact was she wouldn’t do that. She couldn’t do that. But sort of signs, signs...poor social contact, very little sense of herself, very shy, very withdrawn except when she was drinking. All of that would indicate that she was...vulnerable to suicide...very definitely very vulnerable at lots of levels...psychologically vulnerable...she was vulnerable socially with other people...she almost couldn’t mind herself...to use that kind of term...there was a sense of family...she was the youngest of quite a large family...and they all saw her I would think in some childlike kind of way...maybe she needed to be protected...

7.7.9 Respondent Ruth – Empathetic identifications and the suicide survivor

As set out in Table 7.7.3, Ruth’s empathetic identifications with three of the four suicide-related entities were low (range 0.48 to 0.52) in her appraisals of ‘*me before I became a psychotherapist/counsellor*’ (PS1): ‘*a client who died by suicide*’ (0.52), ‘*a client with suicide ideation*’ and ‘*a depressed client*’ (both 0.48). Her levels of empathetic identification were higher in this context for ‘*a client who recovered after serious suicide attempt*’ (0.62). She shared more attributes in her self-image of the latter than the three preceding suicide-related entities. Her empathetic identification in this context with ‘*a suicide survivor*’ (0.86) was altogether higher and similar to her empathetic identification with ‘*my partner/spouse*’ (0.86). Ruth’s recognition of self-attributes to those of ‘*a suicide survivor*’ evidenced her experience of suicidal loss before entering counselling work, as in par. 7.7.4 above.

Ruth's very high levels of empathetic identification across all remaining situated contexts were not related to the four suicide-related clients but only in respect of '*a suicide survivor*': (all contexts except PS1 emp idfcn range 0.73 to 0.86).

She maintained very high (>0.70) to quite high (≥ 0.59) levels of empathetic identification with five further entities, respectively, across most situated contexts, including '*my partner/spouse*' (range 0.59 to 0.86); '*a person I admire*' (range 0.68 to 0.9); '*a person I dislike*' (range 0.59 to 0.86); '*mother*' (range 0.62 to 0.73) and '*my counselling supervisor*' (range 0.59 to 0.91). Thus many of her characteristics matched these people to a considerable extent in many contexts.

Table 7.7.3 Respondent A12 – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
14 A person I dislike (no)	0.86	0.59	0.59	0.68
21 My partner/spouse	0.73	0.68	0.68	0.68
22 A suicide survivor (pe	0.73	0.86	0.86	0.86
11 Mother	0.68	0.64	0.64	0.73
12 Father	0.68	0.55	0.55	0.64
13 A person I admire (nom)	0.68	0.82	0.82	0.91
15 A client with suicide n	0.64	0.23	0.23	0.32
16 A depressed client	0.64	0.23	0.23	0.32
18 A client who died by se	0.64	0.27	0.27	0.36
20 A psychiatrist	0.64	0.68	0.68	0.59
17 A client who recoveredt	0.59	0.36	0.36	0.36
19 My counselling supervir	0.59	0.91	0.91	0.91
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.86	0.59	0.67	
22 A suicide survivor (pe	0.86	0.77	0.95	
13 A person I admire (nom)	0.76	0.91	0.81	
14 A person I dislike (no)	0.76	0.59	0.71	
11 Mother	0.71	0.64	0.62	
12 Father	0.71	0.55	0.52	
19 My counselling supervir	0.71	0.82	0.90	
20 A psychiatrist	0.67	0.59	0.57	
17 A client who recoveredt	0.62	0.27	0.48	
18 A client who died by se	0.52	0.27	0.38	
15 A client with suicide n	0.48	0.23	0.33	
16 A depressed client	0.48	0.23	0.33	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me after my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

In her several encounters with suicide in a number of contexts – during her pre-counselling social work career, subsequently in community work and latterly in

counselling – Ruth exemplified the ‘significant relationships and/or emotional bonds’ (American Association of Suicidology (AAS) Website, 2007) with the suicidal deceased that conveyed her status of ‘suicide survivor’.

As she appraised herself in the context of her pre-counselling social work career (PS1), she experienced a very high level of empathetic identification (emp idfcn 0.86) which modulated downwards before her client’s suicidal behaviour (PS2 emp idfcn 0.77) and then intensifying after her client suicide experience (PS3 emp idfcn 0.95).

When ‘*overwhelmed by life’s cruelties*’ (CS1) her empathetic identification with ‘*a suicide survivor*’ remained high but was less pronounced (CS1 emp idfcn 0.73) than for ‘past self’ (viz. PS1, PS2, PS3) contexts.

This level increased substantially in the context of ‘*life’s wonders*’ (CS2 emp idfcn 0.86) and stabilised at that level whether the respondent was ‘*working*’ (CS3 emp idfcn 0.86) or ‘*relaxing*’ (CS4 emp idfcn 0.86).

These results evidenced Ruth’s view of herself as a ‘*suicide survivor*’ both at work and when relaxing. Only her empathetic identifications with ‘*my counselling supervisor*’ were stronger in these contexts: (CS3, CS4 emp idfcn both 0.91). As a supervisor of colleague counsellors in her agency, and in the supervision of her own client work, Ruth regarded herself alternately as ‘*suicide survivor*’ and as ‘*counselling supervisor*’.

The following extract from the respondent’s narrative offered further perspective for these results:

At the time [after her client’s death] her family came here [to the agency] and her mother and brother came in – her mother was in the car – he came in and told me that this had happened and I went out with them to their home...They were in a terrible state...I would know the family...not personally...I would know them through this and I suppose how I contend with [my client’s death is] I knew I did everything that [I] actually could have done and it wasn’t like I was doing a check on myself – “Oh God did I cover myself?” – it was not that sense but I actually knew in my heart I actually did as much as I could for this young woman and actually that was a great sense of “I did everything I could”...and the family would have voluntarily said to me... “It was really good for her to have had what she had in terms of coming [to the agency].” So they would have confirmed for me not by my asking anything...funny...I went to the funeral and the mother would have stopped on the way down as the cortege moved down the church and said “She loved you...you did everything for her”. It was...great...it wasn’t like great you know “brought her back” kind of thing but it was a real genuine sense

of...having journeyed with her you really and really having cared for her you know and so in that sense I really felt “Yeah I did and that was true” (long pause) yes...it certainly would have made me feel emotional thinking about it you know I was being sort of (pause)I was very sad. I really was. I was very upset but you know kind of...it was good...it was “a good upset” if you like....

7.7.10 Respondent Ruth – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars 7.7.4, 7.7.7, 7.7.8 and 7.7.9 with particular reference to the entity ‘*a suicide survivor*’.

Graphs 7.7.1 and 7.7.2 showed Ruth’s conflicted identifications with ‘*a suicide survivor*’ as moderate to low and clustered within the range PS2/CS1 0.26 to PS3 0.29. Graphs 7.7.3 showed her very high empathetic identifications ‘*before I became a psychotherapist/counsellor*’ (PS1 0.86) modulating downwards ‘*before my client’s suicidal behaviour*’ (PS2 0.77) and modulating sharply upwards ‘*after my client’s suicidal behaviour*’ (PS3 0.95). Graph 7.7.4 showed Ruth’s consistently high current empathetic identifications with ‘*a suicide survivor*’ at their lowest value when she was ‘*overwhelmed by life’s cruelties*’ (CS1 0.73) before increasing sharply and stabilizing when ‘*enhanced by life’s wonders*’, ‘*working*’ and ‘*relaxing*’ (CS2/CS3/CS4 0.86).

These graphs illustrated Ruth’s idiosyncratic acknowledgement of her ‘*suicide survivor*’ status through the presence of very high current levels of empathetic identification with ‘*a suicide survivor*’. This meant that she identified characteristics in that person which matched her own. Her very high idealistic identification with ‘*a suicide survivor*’ (ideal id 0.91) together with her very high evaluation of this entity (eval 0.78) confirmed that person as her strongest positive role model.

Her client suicide experiences further conveyed the status of ‘*a suicide survivor*’ on her but her highest empathetic identifications, as a counsellor, were with ‘*my partner/spouse*’ (range 0.59 to 0.73), ‘*a person I admire*’ (range 0.68 to 0.91), ‘*a person I dislike*’ (range 0.59 to 0.86), ‘*mother*’ (range 0.62 to 0.73) and ‘*my counselling supervisor*’ (range 0.59 to 0.91). It can be concluded that although she saw herself as ‘*a suicide survivor*’, her highest empathetic identifications, mentioned above, were equally significant for her self-image.

Ruth's narrative offered illustrative background to these results, when she spoke about client suicide in relation to her psychotherapeutic approach to potentially suicidal clients:

Researcher - ...someone [senior executive of a counselling agency] was telling me that in 50,000 hours of counselling [sessions] in a four year period, two client suicides [had occurred]. In terms of 'client suicide' [the agency person inferred it] is not really an issue [for counsellors]...

Ruth - Well in terms of what we're talking about, I think it is an issue because I mean well it's an issue in a sense for me...I don't know if it's because of training or just experience generally I think I have a back-curtain in my head...I'm always very conscious of what people might be coming in with and presenting with. But I've lots of issues in my head around suicide...paedophilia...abuse...when I meet these [clients], what are their issues, what's behind that...when I have a sense of them...I think it is very necessary in our work...You just don't remain small with the person. I think you have to be big in terms of what you're...hearing and trying to filter out because there's lots of "duties of cares" [aren't] there...so many things that you have to be...aware of...I think those need to be covered in assessment in other kinds of settings...So in terms of suicide...you know what the person is feeling in terms of the intensity of it...how they are presenting physically in their body and in their mood...[so as to be] safe working with people. Certainly if I have a sense that someone is 'query suicide' I will bring that very much into the forum of the work...with the woman [her deceased client] I was talking about I would have no doubt got her to sign a consent form when she...began...I would have talked about suicide and asked her why she was working with me...not to hurt herself...working with people you have to have a broad awareness of all of these issues...

7.7.11 Respondent Ruth – Beliefs and values of the suicide survivor

Constructs with low or very low or negative structural pressures (range 7.84 to – 43.51) indicated areas of Ruth's identity that might be under stress and around which her behaviour might be problematic or perhaps unpredictable. Two of these constructs were designated as conflicted, inconsistently or non-, evaluative dimensions of identity. Both constructs were suicide-related: **'...considers that most suicides could be prevented'**/ **'...considers most suicides are unavoidable'** (SP 7.84) (where the preferred pole is in bold) and **'...was totally changed by the suicide of person with whom s/he had a significant relationship or emotional bond'**/ **'...was not much affected by suicide of person with whom s/he had significant relationship or emotional bond'** (SP 0.66). A 'dual morality dimensions of identity' situation existed in relation to one construct by reason of

the large negative value for the construct's structural pressure: **'...questions who s/he is'**/ **'...remains sure of who s/he is'** (SP – 43.51). This denoted Ruth's tendency to associate the latter pole – **'...remains sure of who s/he is'** with valued others while her preferred pole is **'...questions who s/he is'**.

Ruth contended with any dis-stress around the areas represented in these three constructs by relying upon the resources available through her core and secondary identity dimensions. These were the aspirational values and beliefs estimated as being central to the respondent's identity: she used these principally to judge the merits of self and others. They were likely to be resistant to change. Structural pressures on five constructs (range 79.15 to 42.14) that were related to suicide, represented core and secondary evaluative dimensions of this respondent's identity: **'...feels that grief following suicide is like any other'**/ **'...feels that grief following suicide is uniquely painful'** (SP 79.15); **'...believes that depression and suicide are inextricably linked'**/ **'...believes that suicide can occur "out of the blue" without depression being evident'** (SP 67.05); **'...believes that suicide cannot be predicted by overt behaviour'**/ **'...believes that suicide may be anticipated by perceptive observation'** (SP 62.53); **'...believes suicide demands considerable bravery'**/ **'...believes that suicide is the act of a coward'** (SP 48.01) and **'...does not think about people committing suicide'**/ **'...is highly sensitised to the issue of suicide'** (SP 42.14). These constructs summarized some of Ruth's values and beliefs in relation to suicide.

These aspirational values and beliefs influenced Ruth's responses to her several experiences connected with the suicide phenomenon. Her consideration of these experiences informed her social world in terms of the characteristics denoted by these constructs. For example, her second client suicide experience occurred within weeks of her initial client suicide experience following only two counselling sessions:

Ruth-His [viz. the client's] girl friend had referred him...I saw him on two occasions and when I met him again...I shook his hand, his hand was freezing...I just felt cold with him. I felt physically cold with him...I remember talking about it later...I suppose it was...like he was almost dead already...there was that sense...I was very cold with him, not cold in terms of my manner but cold...he had ridden in...by motorbike...I checked immediately because he presented as very depressed...I think his girlfriend...called and made an appointment...I saw him this week and next week...in some strange way cold...I think he had almost

left you know the planet...[I was informed of client's suicide by] a phone call from the [police] that this lady had called and she obviously wasn't family...I couldn't believe it...but I wasn't at all surprised...not at all...I didn't even feel a connection personally with him...

Researcher - So its overall effect on you? That was a very short...relationship...looking back that one was also 199X...so how much were you affected in your work with other clients...was your awareness heightened...has it remained heightened...

Ruth-I would be very aware (pause)I would be aware enough. It would have heightened my awareness...

Ruth's reflections on this second client suicide event conveyed varying levels of consistency with her aspirational values and beliefs system that included belief in a uniquely painful post-suicide grief, belief in an inextricable link between depression and suicide, a conviction that while suicide might be anticipated, it also demanded bravery and her sensitivity to the issue of suicide.

Ruth aspired to contend with the exigencies of her counselling activities with vulnerable clients including the suicidal, through core values and beliefs exemplified in high structural pressures (SP range 51.44 to 87.36) on ten constructs: '...relies mainly on prescribed medication to relieve psychological pain' / **'...always uses complementary / alternatives remedies where possible'** (SP 87.36); **'...relies on family support at times of threat or crisis'** / '...does not need family support at difficult times' (SP 86.41); **'I have warm feelings towards others...'** / 'I loathe others...' (SP 80.06); 'I feel distressed by others...' / **'I feel encouraged by others...'** (SP 79.08); **'...continues to be the person s/he was into the foreseeable future'** / '...feels that the person s/he was is dead' (SP 76.22); **'...feels that the safe expression of emotional feelings is always healthy'** / '...feels that expression of emotions often indicates lack of control' (SP 73.05); '...does not value some human beings very highly' / **'...believes each human being is of irreplaceable value'** (SP 62.46); '...sticks rigidly to beliefs and values of parents and guardians' / **'...continues to develop personal values and beliefs'** (SP 59.72); **'...feels momentary bouts of psychological discomfort'** / '...suffers unendurable psychological pain' (SP 57.03) and '...takes life for granted' / **'...wonders what life is all about'** (SP 51.44).

Ruth's accurate recall of the fine detail of her first client suicide experience was evident in her interview narratives. The following extract highlighted that seared memory in the context of her aspirational values and beliefs:

...I went to the removal...I went in because she had died by hanging...She had said "I would never do that"...I went to view her body...at the hospital...she was very bruised and that...and I just burst out crying...I just exploded crying and bawling...I was there on my own at the...coffin with her...I just bawled and cried my eyes out...and it was great you know. It was actually good...it was some acknowledgement, in a sense acknowledging your helplessness as well you know...I would have felt supported...by...the [agency] they were conscious [of] and sensitive towards me...and my friends and family...so there was that support with friends that I would have had...I'm saying I was able to talk it out, talk it through as well.

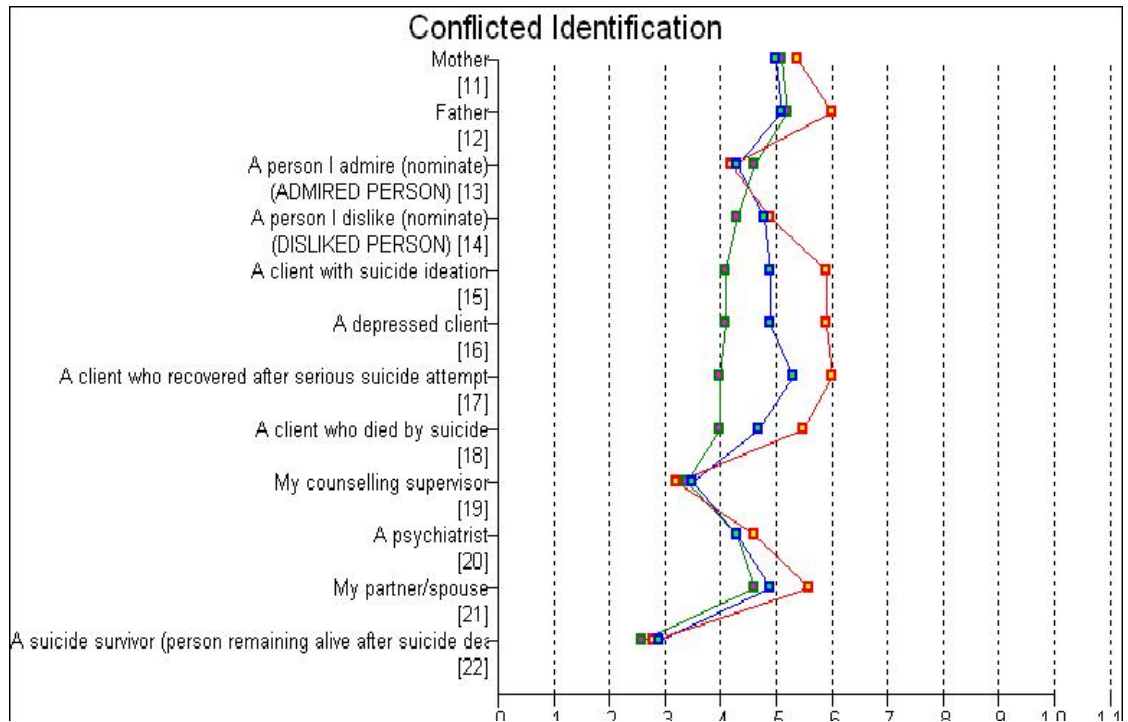
7.7.12 Respondent Ruth – Summary

Ruth was an expert counsellor whose work with vulnerable clients was informed by experiences of the suicide phenomenon in her previous careers in social and community work before she became a counsellor. She was a clinician survivor in her counselling work up to four years before meeting the researcher. She saw herself very much as '*a suicide survivor*' in the best of times (CS2 emp idfcn 0.86), in the worst of times (CS1 emp idfcn 0.73), before (PS2 emp idfcn 0.77) and after (PS3 idfcn 0.95) her clients' suicides, before she became a counsellor, during her current counselling work and even when relaxing (all PS1/CS3/CS4 emp idfcn 0.86). It was as if she was unable to 'be' other than that predominant part of self in varying levels of contextual intensity. Her current identity variants exemplified her ability to continue to work effectively as '*a suicide survivor*' with vulnerable and suicidal clients while tolerating her own highly conflicted and diffused identifications with suicide-related clients, including her two clients who died by suicide. The 'survivor' part of her identity positively resourced her counselling work in accepting her aspiration to experience 'momentary psychological discomfort' associated with client suicide.

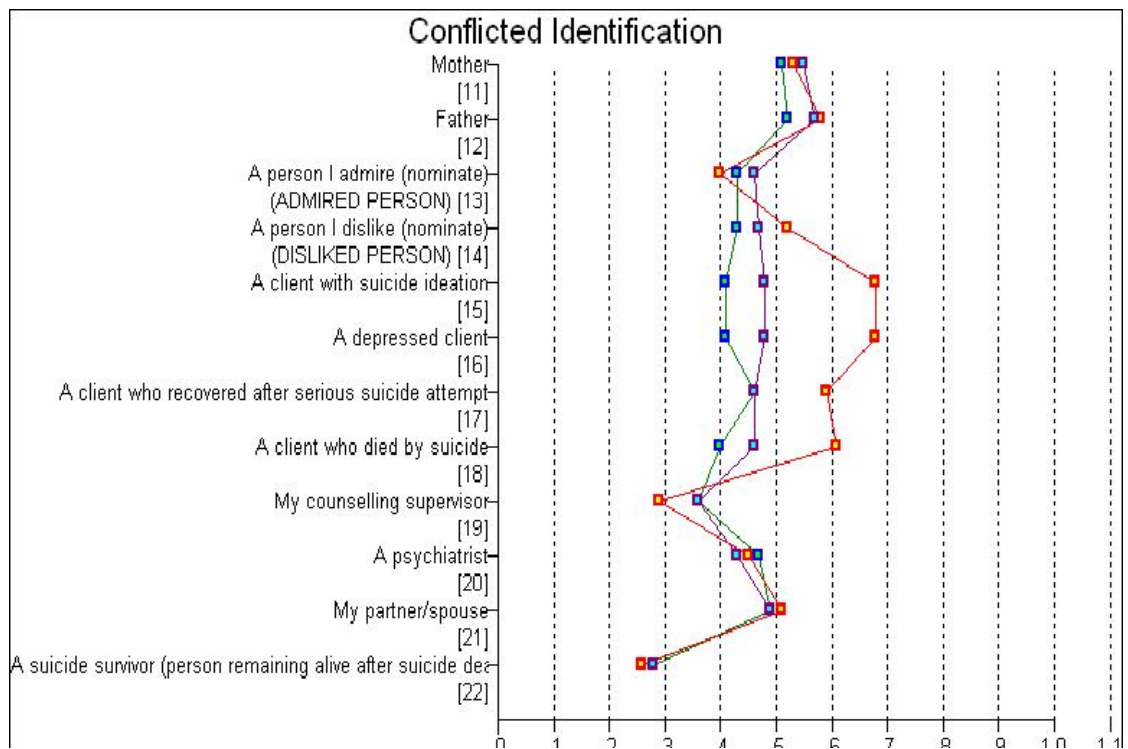
Note: Key for graphs 7.7.1, 7.7.2, 7.7.3 and 7.7.4 below

PS1 & CS1= red PS2 & CS2=green
PS3 & CS3= blue CS4=purple/maroon

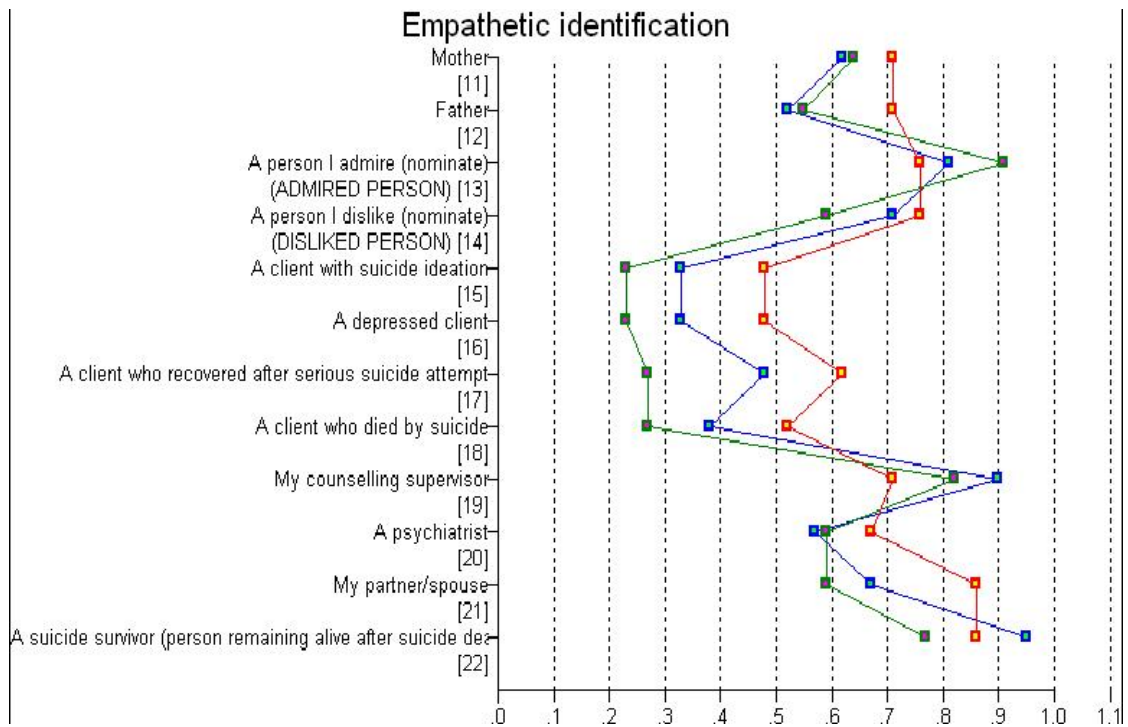
Graph 7.7.1 IDEX A12 ‘Ruth’ conf idfcn PS1, PS2, PS3 comparison



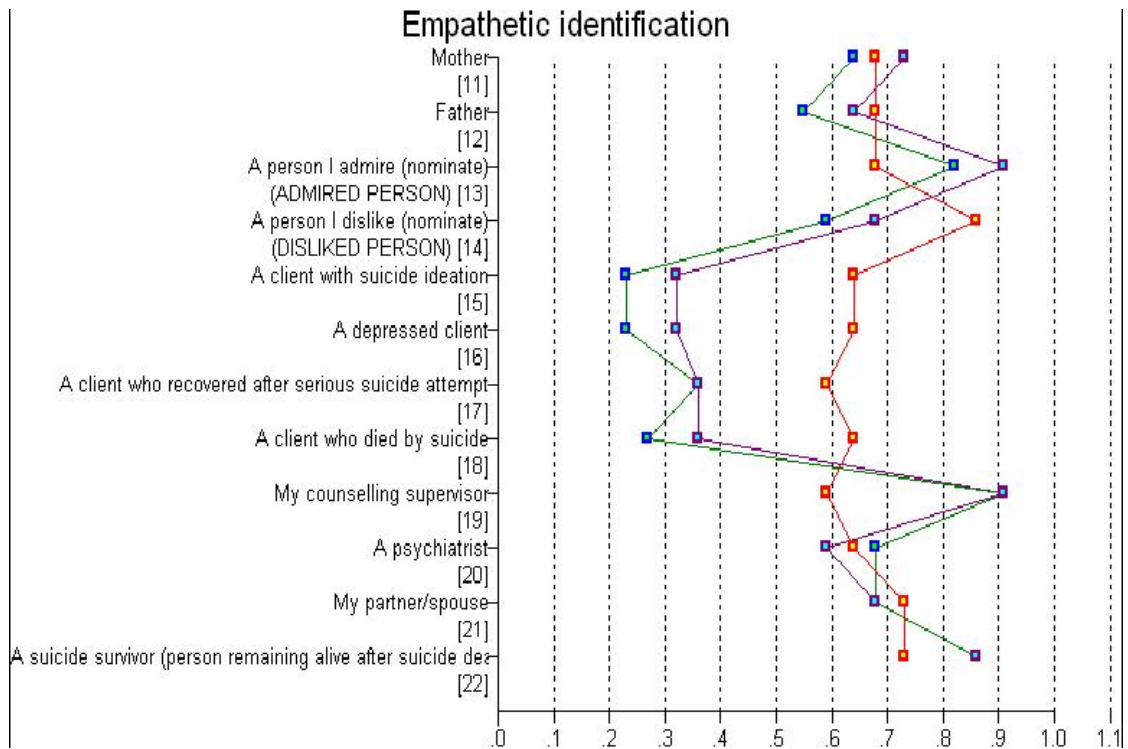
Graph 7.7.2 IDEX A12 ‘Ruth’ conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.7.3 IDEX A12 'Ruth' emp idfcn PS1, PS2, PS3 comparison



Graph 7.7.4 IDEX A12 'Ruth' emp idfcn CS1, CS2, CS3, CS4 comparison



7.8.0 PhD Case Study A14 – alias Eric

7.8.1 Respondent Eric – Personal and professional information

This respondent will be referred to using the pseudonym ‘Eric’. Eric was a psychotherapist aged about 40 years. When interviewed he was in private practice in UK for over five years. He was a trained, experienced hypnotherapist and was also proficient in psychodynamic counselling approaches following training in psychoanalysis. He had recently completed training in advanced counselling skills. Currently he was also working in a voluntary capacity for over a year as a pain relief therapist in a hospice for the terminally ill. As an element in his continuing professional development he was in personal therapy in relation to issues in his life. His considerable and varied professional knowledge and his extensive client experience suggested that Eric was ‘an expert counsellor’.

7.8.2 Respondent Eric – Identity Structure Analysis

Eric completed ISA instrument ‘A’ (see appendix 5) in September 2003 following an audio taped, semi-structured interview with the researcher. Before being interviewed he voluntarily completed a consent form (see appendix 4).

7.8.3 Respondent Eric – Preliminary remarks

While in his hospice support work Eric cared for the terminally ill. When patients died by natural causes he experienced an appropriate grief response. In his private practice he worked with clients who were suicide survivors and with clients who recovered following a serious attempt to end their lives. Eric acknowledged that he had experienced the loss by suicide of two of his clients. The first of these clients was a woman [pseudonym ‘Clare’] who died about three years [mid-2000] before Eric was interviewed:

She came to see me and she had a history of...she told me she tried to commit suicide [several] times and she was coming to me and we did the first session...and she went on her way and then she missed her next appointment...[Later I learned that] she had gone to [a local hospital’s] ETU (Emergency Treatment Unit) [and] climbed [on to the roof] and while they were trying to get her down she slipped and that ended up in her dying.

Eric said that he did not ‘get debriefed or anything’ after this apparent suicide. But a recent occurrence at the same hospital caused a situation to arise ‘where the residue of this [event] came out...dealing with the hospital again’. Eric was working with a hospice patient [pseudonym ‘Neil’] some months before being interviewed for this study (mid-2003). He was not expected to live beyond three months following surgery for removal of a cancerous tumour. In supporting this patient, Eric used meditation, visualization and the notion of ‘fighting the cancer’:

I was convinced – like it never entered my head that he was going to die. You know I thought this is it. This man’s going to you know he’s going to get this beat. He’s going to go through this and then it got to the stage where whenever I met him – now I’m not saying it was all to do with me, not by a long chalk – all the medications he was taking and things like that they were all helping, the love that his family was giving him. It was all helping, you know, and he’d gone from the stage of not getting out of bed because his wife opened the door and the first thing she said to me was “Thank God you’re here maybe you can get him out of bed” to within a matter of ...a month he was...in his jogging bottoms, he was in his trainers, he was going out to [a nearby park] for a walk every day dragging himself out there and I always said that even if he was to drop dead in the middle of a family barbeque with a smile on his face I would rather him do that than be sitting there in bed you know counting the hours...

Later when he was discussing his chemotherapy, Neil mentioned ‘positive thinking’ to his surgeon. His surgeon apparently told him that:

Positive thinking isn’t going to do you any good. The chemotherapy’s the only thing is going to help you. And even then it might [just] buy you some time.

Eric said that within a short time Neil’s situation deteriorated sharply:

And from that day – and it wasn’t just me that noticed it: his wife noticed it – that was it. He just took it on board and in a way I sort of accepted it. In a way thinking well I thought – well we’ll see what happens with the chemotherapy then because he seemed down-hearted [but] I had a quiet acceptance about it. I thought I’ll wait till he gets this chemotherapy over because he seems like he’s got his hopes pinned on this chemotherapy now. The shift had happened in him. Looking back now I can see it... [on] learning that [viz. the consultant’s opinion] he just went downhill...within about three weeks he was dead...’

Eric’s response to Neil’s perceived premature death was complicated by the unresolved loss of his client Clare, by apparent suicide in the same hospital three years earlier:

I was so angry again at that surgeon you know and I thought to myself what right has he got to do that. I thought to myself, if the man was going to go and get a blanket and say “Look I’ve got this charm blanket you know it’s going to help me” you know I would have thought he would have the responsibility to say well if you believe that you know... because I always said to myself a long, a long time ago whenever I went down there to work at the hospice about giving people hope and I would challenge anybody that says you’ve got no right to give anybody false hope because I would ask them: give me your definition of what false hope is. You know I don’t believe that such a thing exists.

Eric described his relationship with a second client [pseudonym ‘Karl’] who took his own life about two and a half years [early 2001] before interview. This client was half-Chinese. He had suffered a racist attack in the street shortly before he died by suicide. He worked with Eric for five weekly sessions but did not attend for his next appointment:

There’s another client ... [Karl] ... who came to see me. This was about ...two and a half years ago...and...he’s affecting me pretty badly because...I say pretty badly because I could associate with him you see. You see he...he was half-Chinese. And I would have had a son who wouldn’t have been not too many years [from him in age]...in fact he reminded me of my son...looks-wise and straightaway when he came in and he was, he was as Irish as an Ulster Fry and...I knew, I knew what he was going to start coming out with. I could see where all his problems would have come through because a lot of his problems growing up ...ethnically, well he wasn’t...he looked ethnic...would have been a lot of problems that I would have come through...myself growing up. And I was able you know we did a lot of work and then he...went about five sessions and there was a lot of emotion was let out and it was great to see that because I knew that you know [with] the release and all, we were really getting places and he trusted me. Maybe it was the transference working both ways. Maybe he could associate with me and he was flying along, absolutely flying along...and then he stopped coming and then his mother rang me up and said “Look eh I just want to ring you and let you know why he’s stopped coming...well because he was talking to a friend one night and his friend had said to him “Look eh if there’s a [problem] – surely if it’s something that your mind has buried, it’s buried it for a reason and that’s where it’s best left”. So he took his friend’s advice and I thought well it was a soft option because he was coming to the crux. Well I believe he was coming to the actual repression that was...at the root of all this. And when you get to that stage it is tough you know...because I believe once someone starts wanting to pull out of therapy...when the [resolution is] close, the resistance is the strongest...[which] shows that you’re close to it. And he pulled out and I just said to the mother “Well that’s OK. But he knows the door’s open.”

Eric learned a month or so later in a further phone call from the client’s mother, that his client, Karl, was found hanged. Although he was apparently suffering social phobia, he

had apparently gone out for a drink one evening shortly before his death and had been badly beaten up on his way home. Eric had felt that with some additional work, his client Karl might have resolved the issues that he [Eric] felt were inextricably linked with his decision to take his own life:

...I felt so helpless but the main crux was that I was feeling so frustrated. I believe that once you start coming to the end of somebody's time you know the client and you know and I'm sure with your own work there's many a time where you've both finished the session and thought to yourself almost...synchronicity has kicked in and gone "You know something - I think that's it"...It's just that moment isn't it...you know yourself that if you press yourself you'd say well I've got a funny feeling it's going to take about two or three more sessions before this is going to be right. Now I can say hand on my heart that we [Eric and Karl, the half-Chinese client] were two sessions away from whatever it was, you know and I do believe that two sessions that was like two hours away from this guy you know being whatever he was meant to be before he was knocked off course and that was the frustration of it. You know to be so close you know and just not having the opportunity to do it.

Eric described his approach to 'debriefing' as a way of addressing the psychological consequences of client losses. He now believed in the efficacy of actively grieving these losses including attendance at wakes and funerals, appropriate communication with relatives and permitting the emotional expression of grief by crying. In the following interview excerpt, Eric described his attendance at the wake for the deceased cancer patient, Neil:

...I went out of the room [where the corpse was laid out] and his wife took me downstairs to have a chat with me and she wanted to know...that he'd accepted it – she wanted to know did he accept it towards the end and as I was talking to her, boy just [Eric made the sound of gushing] and I couldn't stop and I was so full on like and I talked a wee bit more and then it came again and then when I got home a friend had come down visiting and I was sitting there and I just reminisced a wee bit. Like I'd only ever spent five hours with the guy and boom the tears came again and it was only then I realised...I went back to the Hospice and I said 'Look we have to have this debriefing in.' [Now] I'm in the process of getting the debriefing thing for the Hospice. And I said "Look you have to do this. You have to get the debriefing because I've seen it working there and I only worked with this guy for...for five hours and it hit me in that way. God only knows how it is going to affect the nurses and the staff working in the Hospice where they're having to care for someone 24/7 till he passes away." And now it's just fallen into place...if I had have been debriefed on all these different occasions I might not have felt the same amount of grief at [Neil, the cancer patient's] passing away, you know. And a funny thing about it is when I cried on one, two, three occasions

and I think I've talked about three separate people...[the two client suicides, Clare and Karl and the cancer patient, Neil] you know what I mean...'

Eric had described his responses to three deaths: first, in mid-2000, the client suicide of Clare, the woman at a hospital; second, in early 2001, the client suicide of the half Chinese man, Karl and third, in mid-2003, the death by natural causes of the cancer patient, Neil following treatment at the above mentioned hospital.

7.8.4 Respondent Eric - Overview – See Appendix 10

7.8.5 Respondent Eric – Primary analysis

In the classification of Eric's identity variants in Table 7.8.1 his past and current situated selves were designated as follows:

Past situated selves

'me before I became a psychotherapist/counsellor' PS1 – identity variant 'crisis'

'me before my client's suicidal behaviour' PS2 – identity variant 'crisis'

'me after my client's suicidal behaviour' PS3 – identity variant 'diffusion'

Current situated selves

'me when I am overwhelmed by life's cruelties' CS1 – identity variant 'diffusion'

'me when I feel enhanced by life's wonders' CS2 – identity variant 'confident'

'me when I'm working' CS3 - identity variant 'diffusion'

'me when I'm relaxing' CS4 – identity variant 'diffuse high self regard'

Each of the identity variants 'crisis', 'diffusion' and 'diffuse high self-regard' were considered to be vulnerable identity states while 'confident' was regarded as a well-adjusted identity state. Each vulnerable identity variant is explored below.

Before he became a counsellor Eric evaluated himself at a very low level (PS1 eval – 0.21): he believed himself to be unsuccessful in achieving his identity aspirations, e.g. feeling safe expression of emotional feelings was always healthy (SP 83.23). High identity diffusion (PS1 id diff 0.48) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (PS1 id conf 0.62) and partner/spouse (PS1 id conf 0.47), and with vulnerable people, a depressed person (PS1 id conf 0.64) and a suicidal person (PS1 id conf 0.59). This identity variant, 'crisis', was a vulnerable state due to the coincidence of low self-evaluation and high diffusion.

Before his client's suicidal behaviour, Eric evaluated himself at a low level (PS2 eval 0.12): he believed himself to be unsuccessful in achieving his identity aspirations, e.g. believing each human being was of irreplaceable value (SP 80.30). High identity diffusion (PS2 id diff 0.47) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (PS2 id conf 0.58) and with vulnerable people, a depressed person (PS2 id conf 0.68) and a suicidal person (PS2 id conf 0.64). This identity variant, 'crisis', was a vulnerable state due to the coincidence of low self-evaluation and high diffusion.

After his client's suicidal behaviour, Eric evaluated himself moderately (PS3 eval 0.58): he believed himself to be moderately successful in achieving his identity aspirations, e.g. considering that most suicides could be prevented (SP 78.13). High identity diffusion (PS3 id diff 0.47) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (PS3 id conf 0.57) and mother (PS3 id conf 0.52) and with vulnerable people, a depressed client (PS3 id conf 0.61) and a suicidal client (PS3 id conf 0.61). This identity variant, 'diffusion', was a vulnerable state due to the coincidence of low self-evaluation and high diffusion.

When overwhelmed by life's cruelties, Eric evaluated himself moderately (CS1 eval 0.26): he believed himself to be moderately successful in achieving his identity aspirations, e.g. seeking and developing human relationships (SP 76.24). High identity diffusion (CS1 id diff 0.49) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (CS1 id conf 0.56), socially, with 'a disliked person' (CS1 id conf 0.58) and with vulnerable people, a depressed client (CS1 id conf 0.65) and with a suicidal client (CS1 id conf 0.70). This identity variant, 'diffusion', was a vulnerable state due to the coincidence of moderate self-evaluation and high diffusion.

When working, Eric evaluated himself moderately (CS3 eval 0.72): he believed himself to be moderately successful in achieving his identity aspirations, e.g. continuing to develop personal values and beliefs (SP 68.26). High identity diffusion (CS3 id diff 0.43) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (CS3 id conf 0.54), and with vulnerable

people, a depressed client and a suicidal client (both CS3 id conf 0.54). This identity variant, 'diffusion', was a vulnerable state due to the coincidence of moderate self-evaluation and high diffusion.

When relaxing, Eric evaluated himself highly (CS4 eval 0.87): he believed himself to be highly successful in achieving his identity aspirations, e.g. always using complementary / alternative remedies where possible (SP 59.73). High identity diffusion (CS4 id diff 0.41) indicated the wide range and magnitude of his conflicted identifications in this identity state, e.g. with family members, father (CS4 id conf 0.52), and with vulnerable people, a depressed client and a suicidal client (both CS4 id conf 0.47). This identity variant, 'diffuse high self regard', was a vulnerable state due to the coincidence of high self-evaluation and high diffusion.

Eric evaluated his aspirational self '*me as I would like to be*' very highly indeed (eval 1.00). He evaluated '*me when I feel enhanced by life's wonders*' (CS2 eval 0.92) almost as highly. This contrasted with a low evaluation of '*me when I am overwhelmed by life's cruelties*' (CS1 eval 0.26). His evaluation of '*me before I became a psychotherapist / counsellor*' (PS1 eval -0.21) was very low indeed. In both transitions '*me before my client's suicidal behaviour*' (PS2 eval 0.12) and '*me after my client's suicidal behaviour*' (PS3 eval 0.58) these self-evaluations increased to low and moderate, respectively, before collapsing in the context '*...when I am overwhelmed by life's cruelties*' (CS1 eval 0.26). These evaluations were substantially restored in both contexts '*me when I'm working*' (CS3 eval 0.72) and '*me when I'm relaxing*' (CS4 eval 0.87) although not quite as highly as in the context '*me when...enhanced by life's wonders*' (CS2 eval 0.92). Eric's view of himself was conditioned by context: he experienced contrasting appraisals of '*client suicidal behaviour*' and '*life's cruelties*' that were evident in his self-evaluative responses, viz. moderately high with respect to the former and moderately low regarding the latter. It was as if his clients' suicides were not as 'overwhelming' as other 'cruelties'.

However his varied and context-related self-evaluations contrasted strongly with consistently very low evaluations of three out of four suicide-related entities, respectively: '*a client with suicide ideation*' (eval - 0.30), '*a depressed client*' (eval - 0.32) and '*a client who died by suicide*' (eval - 0.42). The very low values that Eric

placed on these clients, that included both suicidal and deceased clients, contrasted with his moderately high evaluations, respectively, of ‘*a suicide survivor*’ (eval 0.51) and of ‘*a client who recovered after serious suicide attempt*’ (eval 0.50).

Table 7.8.1 Respondent Eric – Self image

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.53	CS1	3.45	PS1	3.51
		CS2	5.00	PS2	2.57
		CS3	4.05	PS3	3.85
		CS4	4.12		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.26	PS1	-0.21
		CS2	0.92	PS2	0.12
		CS3	0.72	PS3	0.58
		CS4	0.87		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.49	PS1	0.48
		CS2	0.38	PS2	0.47
		CS3	0.43	PS3	0.47
		CS4	0.41		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	CONFIDENT				
Current Self 3	DIFFUSION				
Current Self 4	DIFFUSE HIGH SELF-REGARD				
Past Self 1	CRISIS				
Past Self 2	CRISIS				
Past Self 3	DIFFUSION				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.02	0.45	0.29	0.37	
PS2	0.20	0.65	0.49	0.58	
PS3	0.43	0.77	0.65	0.73	

CS1 ‘me when I am overwhelmed by life’s cruelties’
 CS2 ‘me when I feel enhanced by life’s wonders’
 CS3 ‘me when I’m working’
 CS4 ‘me when I’m relaxing’

PS1 ‘me before I became a psychotherapist/counsellor’
 PS2 ‘me before my client’s suicidal behaviour’
 PS3 ‘me after my client’s suicidal behaviour’

Eric was very highly ego-involved, respectively, with ‘*a client who died by suicide*’ (ego inv 5.00), ‘*a client with suicide ideation*’ (ego inv 4.86), ‘*a depressed client*’ (ego inv 4.66) and with ‘*a suicide survivor*’ (ego inv 4.32). He was slightly less highly ego-involved with ‘*a client who recovered after serious suicide attempt*’ (ego inv 3.85). The force of the impact (Weinreich, 2003: 48) upon Eric of engagement with suicidal clients, living and deceased, ranged from extremely high, regarding a client

deceased by suicide, to moderate regarding a client who recovered after a serious attempt to kill themselves.

7.8.6 Respondent Eric – Positive and negative role models of the suicide survivor

Eric idealistically identified very highly with '*a person I admire*' (0.77), '*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' (both 0.73) and with '*a psychiatrist*' and '*a suicide survivor*' (both 0.68). Eric also identified quite highly with '*mother*' (0.64). These people represented his positive role models.

Eric contra-identified very highly, respectively, with '*a client with suicide ideation*', '*a depressed client*' and '*a client who died by suicide*' (all three 0.64) and with '*a person I dislike*' (0.59). He also contra-identified quite highly with '*father*' (0.50). These people were those from whom Eric wished to dissociate. Three of the five were suicide-related clients.

Eric was a clinician survivor by reason of the suicides of two of his clients. But his experiences of serious loss included death by natural causes, as in the case of the terminally ill patient in the hospice. He acknowledged his ultimate affective response to serious loss, including by natural causes and suicide, as in this dialogue, where psychological defences may have resulted in a particular grief response being delayed or 'suppressed' for a significant period (early 2001 to mid 2003):

Researcher (R) - Do you think in relation to [the young half-Chinese man, 'Karl'] that you grieved [his suicidal death]...

Eric (E) -...I have to say now looking back – yeah of course I did. It must have been the residue from that there. I was down but I never cried. It was into that wee pocket – it didn't last long...it was only when I thought about it...but it just passed...it wasn't as if I was going through – you know like it wasn't as if I was going through hours of feeling down. You know it was like wee pockets of it...ten minutes. Because I would consider myself a very resilient person and I would have snapped out of it plus...I am quite a busy person. It would be very easy... for me to throw myself into something relevant...not give myself time to think about it...

R- So do you think...at the wake [for the deceased cancer patient, 'Neil'] that there was a kind of combination of...

E -...it would have been suppressed again except for the fact that his [the deceased cancer patient's] wife wanted to talk to me...so in a way she may have basically debriefed me.

R - So that was [the deceased cancer patient's] wife?

E -Yeah. You know I could have walked out of [the wake] and I am so glad that she did that...because if she hadn't [spoken to me] I would be carrying it to now and it would have been affecting – it has to affect me somehow.

7.8.7 Respondent Eric – Conflicted identifications and the suicide survivor

As set out in Table 7.8.2 below in his appraisals of his past self, '*me before I became a psychotherapist/counsellor*' (PS1), Eric had very high identification conflicts with '*a depressed client*' and '*a client who died by suicide*' (PS1 both 0.64), '*a person I dislike*' (PS1 0.63), '*father*' (PS1 0.62) and with '*a client with suicide ideation*' (PS1 0.59).

Table 7.8.2 Respondent Eric – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.70	0.42	0.54	0.47
16 A depressed client	0.65	0.42	0.54	0.47
18 A client who died by se	0.60	0.42	0.54	0.47
14 A person I dislike (no)	0.58	0.43	0.43	0.45
12 Father	0.56	0.54	0.54	0.52
11 Mother	0.49	0.42	0.48	0.46
22 A suicide survivor (pe	0.48	0.43	0.47	0.46
19 My counselling supervir	0.45	0.42	0.44	0.45
20 A psychiatrist	0.41	0.40	0.42	0.43
17 A client who recovered	0.39	0.38	0.38	0.40
21 My partner/spouse	0.39	0.38	0.42	0.40
13 A person I admire (nom)	0.20	0.25	0.25	0.27
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
16 A depressed client	0.64	0.68	0.61	
18 A client who died by se	0.64	0.64	0.57	
14 A person I dislike (no)	0.63	0.54	0.46	
12 Father	0.62	0.58	0.57	
15 A client with suicide n	0.59	0.64	0.61	
21 My partner/spouse	0.47	0.36	0.38	
22 A suicide survivor (pe	0.43	0.43	0.51	
19 My counselling supervir	0.39	0.39	0.48	
11 Mother	0.38	0.43	0.52	
20 A psychiatrist	0.37	0.33	0.43	
17 A client who recovered	0.34	0.36	0.42	
13 A person I admire (nom)	0.20	0.19	0.24	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

He also had high identification conflicts with '*my partner/spouse*' (PS1 0.47), '*a suicide survivor*' (PS1 0.43), '*my counselling supervisor*' (PS1 0.39), '*mother*' (PS1 0.38) and '*a psychiatrist*' (PS1 0.37). Eric also experienced moderately high identification conflict with '*a client who recovered after serious suicide attempt*' (PS1 0.34).

In subsequent appraisals, Eric maintained very high or high levels of conflicted identification across all six remaining contexts in relation to all eleven of the above mentioned entities. But in relation to significantly high levels of identification conflict, he discriminated by context in his appraisals of three entities: '*a depressed client*', '*a client who died by suicide*' and '*a client with suicide ideation*', respectively: PS2 range 0.64 to 0.68; PS3 range 0.57 to 0.61; CS1 0.60 to 0.70; CS2 all three 0.42; CS3 all three 0.54; CS4 all three 0.47. Consistently problematic identifications eased uniformly in the transitions from 'life's cruelties' (CS1) to 'life's wonders' (CS2) and from 'working' (CS3) to 'relaxing' (CS4). Eric's perspective on his clients, was affected by context whether 'cruelties' or 'wonders' and whether 'working' or 'relaxing'. There was also a close comparison – whether by coincidence or otherwise remained unknown – between Eric's high identification conflicts with '*a suicide survivor*' and '*mother*' across these contexts, respectively: PS2 both 0.43; PS3 0.51, 0.52; CS1 0.48, 0.49; CS2 0.43, 0.42; CS3 0.47, 0.48; CS4 both 0.46.

In the transition '*me before I became a psychotherapist/counsellor*' (PS1) and '*me when I'm working*' (CS3) Eric's conflicted identifications retained much reduced but still high levels for three suicide-related entities, respectively: '*a depressed client*', '*a client who died by suicide*' and '*a client with suicide ideation*' – PS1/CS3 0.64/0.54; 0.64/0.54 and 0.59/0.54. In this group, two of the clients were perceived by Eric to be at 'risk of suicide' while the third deceased client had died by suicide. However Eric's identification conflicts in this transition were a little higher with two remaining suicide-related entities, '*a suicide survivor*' and '*a client who recovered after serious suicide attempt*', respectively: PS1/CS3 0.43/0.47; 0.34/0.38. In this second group, the risk of suicide was perceived by Eric to be more complicated than for the former group. Eric resolved his conflicted identifications (PS1) in his new experiences as a counsellor (CS3) by reducing his levels of empathetic identification with clients in the 'at risk of suicide' group, respectively (emp idfcn PS1/CS3 0.64/0.45; 0.64/0.45; 0.55/0.45) and by increasing his

levels of empathetic identification with clients in the 'more complicated' group, respectively (emp idfen PS1/CS3 0.59/0.68; 0.50/0.64) (Weinreich, 2003: 62).

In the transition '*me before I became a psychotherapist/counsellor*' (PS1) to '*me before my client's suicidal behaviour*' (PS2), Eric's identification conflicts were slightly higher for '*a depressed client*' (PS1/PS2 0.64/0.68), '*a client with suicide ideation*' (PS1/PS2 0.59/0.64) and '*a client who recovered after serious suicide attempt*' (PS1/PS2 0.34/0.36). His identification conflicts remained stable in this transition for '*a client who died by suicide*' (PS1/PS2 both 0.64) and '*a suicide survivor*' (PS1/PS2 both 0.43). In this transition, Eric's appraisals of the suicide phenomenon resonated with the primary 'conventional helper' stage of counsellor development where the predominant influence upon the helper was 'one's own personal life' (Skovholt and Ronnestad, 1995: 14-16).

In Eric's appraisals across all contexts of '*a suicide survivor*' he had very high or high identification conflicts that modulated within quite a narrow range (range 0.43 to 0.51). He sought to dissociate from 'survivor' attributes were ever-present in his self-image.

By inspection Eric's appraisals of '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) with respect to Eric's clients, colleagues and family evidenced contrasting outcomes regarding his identification conflicts. In this transition they eased for three suicide-related entities, respectively: '*a depressed client*' (PS2/PS3 0.68/0.61), '*a client who died by suicide*' (PS2/PS3 0.64/0.57) and '*a client with suicide ideation*' (PS2/PS3 0.64/0.61) while they intensified for '*a client who recovered after serious suicide attempt*' (PS2/PS3 0.36/0.42). Eric's conflicted identifications also intensified for '*a suicide survivor*' (PS2/PS3 0.43/0.51) evidencing problematic aspects of his newly acquired status as a clinician survivor. Similarly with Eric's career transition (PS1/ CS3), the present transition (PS2/PS3) evidenced the influence of Eric's perceptions of suicide risk in various suicide-related persons.

In relation to three of the four suicide related entities – the exception being '*a client who recovered after serious suicide attempt*' (CS1/CS2 0.39/0.38) – Eric experienced significant reductions in the levels of his identification conflicts in the transition from '*life's cruelties*' (CS1) to '*by life's wonders*' (CS2): '*a depressed client*' (CS1/CS2 0.65/0.42), '*a client who died by suicide*' (CS1/CS2 0.60/0.42) and in '*a client*

with suicide ideation' (CS1/CS2 0.70/0.42). A smaller easement was evidenced for '*a suicide survivor*' (CS1/CS2 0.48/0.43). As in the transition (PS1/CS3) above, Eric resolved his conflicted identifications in the context of 'life's cruelties' (CS1) in the transition to the context of 'life's wonders' (CS2) by reducing his levels of empathetic identification with clients in the 'at risk of suicide' group, respectively (CS1/CS2 'depressed' 0.65/0.42; 'died by suicide' 0.60/0.42; 'suicide ideation' 0.70/0.42) (Weinreich, 2003: 62).

The data illustrating Eric's conflicted identifications with '*a client with suicide ideation*', '*a depressed client*' and '*a client who died by suicide*' reflected his extremely low, negative evaluations of these persons, as mentioned in par 7.8.5 above: '*a client with suicide ideation*' (eval - 0.30), '*a depressed client*' (eval - 0.32) and '*a client who died by suicide*' (eval - 0.42). Eric's narratives illustrated some of these data:

Eric (E) - ...in the personal life context...I've come across...a friend who...was an alcoholic but she never committed suicide but you could see that she was you know she was more capable of it if [she] were to let it get that low...I find it very difficult as a therapist to be able to switch off whenever you see that...I would have been more of a friend as in giving more advice...I would stop being so...clinical...it would be a different relationship...than I would [have] with a client...

Researcher (R) - ...so you really wouldn't classify the death of a celebrity by suicide which happens every so often...you wouldn't take any of that on board?

E -No

R -You might be interested in passing...

E -Yeah I would...it depends...no no it doesn't...it doesn't bother me.

R -...so the public...for you the public isn't the personal?

E - I can dissociate from that...if I hear maybe somebody talking I'm able to let it go fairly...quickly. It...doesn't stick with me that stuff you know.

7.8.8 Respondent Eric – The suicide survivor and life's cruelties

As mentioned in par 7.8.7 above, in his appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) Eric experienced highly conflicted identifications range (range 0.39 to 0.70) with four suicide-related clients. In the identity state '*me when I feel enhanced by*

life's wonders' (CS2) his conflicted identifications (range 0.38 to 0.42) with these clients remained quite high. He evaluated himself very highly (eval 0.92) and was highly ego-involved (ego-inv 5.00) when experiencing '*life's wonders*' but he evaluated himself very much less (eval 0.26) and was less ego-involved when experiencing '*life's cruelties*' (ego inv 3.45).

These results confirmed that Eric's identification conflicts with suicidal clients were highly problematic in the context of '*life's cruelties*' and that they remained quite problematic in the context of '*life's wonders*'. He shared much in common with these clients; he 'was there' with these people while 'wishing not to be there'. High conflicted identifications with '*a suicide survivor*' in both of these contexts (CS1 0.48, CS2 0.43) combined with high ego-involvement with (ego inv 4.32) and moderate evaluation (eval 0.51) of '*a suicide survivor*' provided a strong contrast with those four suicide-related entities.

Eric was a clinician survivor, by definition, having lost two clients to suicide; his idealistic identification with '*a suicide survivor*' (id idfcn 0.68) was mid-range; and his empathetic identifications with '*a suicide survivor*' (CS1 0.71; CS2 0.59) in the '*cruelties*' / '*wonders*' transition modulated such that he was less '*a suicide survivor*' in the latter context.

Eric's evaluation, and ego-involvement, respectively of '*a client who recovered after serious suicide attempt*' (eval 0.58; ego-inv 3.85) contrasted with extremely low evaluations, respectively, of these entities: '*a client with suicide ideation*' (eval – 0.30), '*a depressed client*' (eval – 0.32) and '*a client who died by suicide*' (eval – 0.42). Eric was very highly ego-involved with these three clients (range ego-inv 4.66 to 5.00): they exerted a strong impact upon him that matched negatively the more positive influence of '*a suicide survivor*' (ego-inv 4.32).

Eric's narrative illustrated some of these data in relation to the emotional consequences for him, given his newly acquired status as clinician survivor, on learning about the suicidal deaths of his two clients:

Re first suicide 'Clare':

I was shocked at first. But it quickly turned into...I was angry...I was angry at the...hospital because...they must have known her history...I thought straight away that it was completely negligent...to let somebody that they deemed not fit

enough to sit in the class who would have a history of...suicide [attempts]...to actually just turn [her] away [due to her intoxication]...the best they could have done was [to put her] to bed to sleep it off or just sat her in a corner somewhere until she sobered up...what got me [was] that I don't think it should have happened...it shouldn't have happened...it was negligent to actually send her home...it would have been an accident waiting to happen...sending her on her way [was] just asking for trouble...[I felt] not so much regret as such [but] sadness yeah...I knew there wasn't anything I could have done.

Re second suicide 'Karl':

And then I heard a month or so after [client ended his therapy] she [client's mother] rang me...and said he'd committed suicide. That he'd hung himself. And she told me...what had happened...he had developed a social phobia...he actually went out for a drink and he hadn't been out for such a long time...he got jumped and he was beaten up and it happened in [name of town] and he hung himself and...I wanted to write a letter [to the local newspaper]...to the effect that...if you're the person who did this I hope you realise you were the final nail in that person's coffin. Next time you feel like being an idiot I would like you to think about the possible repercussions of what your acts could have done...I didn't know what to say to his mother... [she] didn't want to know what came out in the sessions – she knew I couldn't tell her – she wanted to know “Was it me?” and I said “Look you know it wasn't. It was other stuff.” I felt so helpless but the main crux was that I was feeling frustrated...

7.8.9 Respondent Eric – Empathetic identifications and the suicide survivor

As set out in Table 7.8.3, Eric's empathetic identifications with suicide-related people were moderate (range 0.50 to 0.64) in his appraisals of '*me before I became a psychotherapist/ counsellor*' (PS1): '*a client who recovered after serious suicide attempt*' (0.50), '*a client with suicide ideation*' (0.55) and '*a client who died by suicide*' and '*a depressed client*' (both 0.64). Eric recognised fewer attributes of '*a suicide survivor*' (0.59), as he appraised himself. He was much closer to '*father*' (0.77), '*a disliked person*' and '*my partner / spouse*' (both 0.68). He saw much more of himself in his family and his social worlds: the suicide phenomenon did not feature large in his pre-counselling life.

In the transition to his counselling work before his client's suicidal behaviour (PS2), Eric saw less of himself in family members ('*father*' 0.68; '*partner / spouse*' 0.41) and social contacts ('*disliked person*' 0.50). He was closer to '*a depressed client*' (0.73) and '*a suicidal client*' (0.64) and '*a client who recovered after serious suicide attempt*' (0.55) reflecting his therapeutic relationships with clients bringing issues around suicide.

Table 7.8.3 Respondent Eric – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
11 Mother	0.76	0.55	0.73	0.65
15 A client with suicide n	0.76	0.27	0.45	0.35
19 My counselling supervir	0.76	0.64	0.73	0.75
22 A suicide survivor (pe	0.71	0.59	0.68	0.65
16 A depressed client	0.67	0.27	0.45	0.35
17 A client who recoveredt	0.67	0.64	0.64	0.70
12 Father	0.62	0.59	0.59	0.55
20 A psychiatrist	0.62	0.59	0.64	0.70
14 A person I dislike (no)	0.57	0.32	0.32	0.35
18 A client who died by se	0.57	0.27	0.45	0.35
21 My partner/spouse	0.48	0.45	0.55	0.50
13 A person I admire (nom)	0.43	0.68	0.68	0.80
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
12 Father	0.77	0.68	0.64	
14 A person I dislike (no)	0.68	0.50	0.36	
21 My partner/spouse	0.68	0.41	0.45	
16 A depressed client	0.64	0.73	0.59	
18 A client who died by se	0.64	0.64	0.50	
22 A suicide survivor (pe	0.59	0.59	0.82	
15 A client with suicide n	0.55	0.64	0.59	
19 My counselling supervir	0.55	0.55	0.86	
17 A client who recoveredt	0.50	0.55	0.77	
20 A psychiatrist	0.50	0.41	0.68	
11 Mother	0.45	0.59	0.86	
13 A person I admire (nom)	0.45	0.41	0.64	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Eric's experience of client suicide was evidenced in the transition '*after my client's suicidal behaviour*' (PS3). He empathetically identified much more closely with '*a suicide survivor*' (emp idfcn 0.82), '*my counselling supervisor*' and '*mother*' (both emp idfcn 0.86), '*a psychiatrist*' (emp idfcn 0.68) and '*an admired person*' (emp idfcn 0.64). He saw himself as a clinician survivor of his clients' suicides and his response was to feel closer to those he relied upon for support, both professionally and in his family and personal lives. Eric was less close to his '*father*' (0.64) and a little less remote from his '*partner / spouse*' (0.45), and, while he distanced himself even more from '*a disliked person*' (0.36), he became closer in this appraisal of himself to '*an admired person*' (0.64). In this context, Eric's empathetic identifications modulated: he was much closer to '*a client who recovered after serious suicide attempt*' (emp idfcn 0.77) but

considerably less close to '*a suicidal client*', '*a depressed client*' (both emp idfcn 0.59) and '*a client who died by suicide*' (emp idfcn 0.50).

Eric's encounters with the suicide phenomenon before beginning his counselling work and subsequently in psychotherapy practice exemplified the significant relationships and emotional bonds with the suicidal deceased that conveyed to him the status of 'suicide survivor'.

Examination of his empathetic identifications in his pre-psychotherapy life with '*a suicide survivor*' revealed a relatively low level (PS1 emp idfcn 0.59) which remained stable '*before client's suicidal behaviour*' (PS2 emp idfcn 0.59) after he commenced working in psychotherapy. This level of empathetic identification with '*a suicide survivor*' increased sharply (PS3 emp idfcn 0.82) '*after client's suicidal behaviour*' before modulating again, remaining very high (CS1 emp idfcn 0.71) when '*overwhelmed by life's cruelties*'. This level modulated further, decreasing in the context of '*life's wonders*' (CS2 emp idfcn 0.59) before modulating upwards again when Eric was '*working*' (CS3 emp idfcn 0.68) and remaining almost as high when he was '*relaxing*' (CS4 emp idfcn 0.65).

These data illustrated Eric's view of himself as a 'clinician survivor' both at work and when relaxing. But his empathetic identifications in these contexts with '*mother*' (emp idfcn CS3 0.73; CS4 0.64), '*my counselling supervisor*' (emp idfcn CS3 0.73; CS4 0.75) and '*a person I admire*' (emp idfcn CS3 0.68; CS4 0.80) were comparable or exceeded them in intensity. Eric construed in self many more characteristics, both at work and when he was relaxing, than a 'clinician survivor' alone.

This short extract from the dialogue between Eric (E) and the researcher (R) offered some background to these results:

R -...in my [earlier] research [I had] come to some kind of tentative findings about the effectiveness, the value, the importance of psychological support for people who are suicide survivors...I wondered what happens then to a special type of suicide survivor – the psychotherapist who works with someone who for whatever reason chooses to take their own life...to look at that special case...

E - I think it's a case of we have to practice what we preach [repeats this statement] We have to practice what we preach. We have to talk as well. And I have been able to do that. I'm very, very lucky that I have...people...people that I can talk to.'

7.8.10 Respondent Eric – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars 7.8.4, 7.8.7, 7.8.8 and 7.8.9 with particular reference to the entity '*a suicide survivor*'.

Graphs 7.8.1 and 7.8.2 shower Eric's conflicted identifications with '*a suicide survivor*' as quite high and clustered within the range PS1/PS2/CS2 0.43 to PS3 0.51. Graph 7.8.3 showed his quite high empathetic identifications '*before I became a psychotherapist/counsellor*' and '*before my client's suicidal behaviour*' (PS1/PS2 0.59) that modulate sharply upwards '*after my client's suicidal behaviour*' (PS3 0.82). Graph 7.8.4 showed Eric's empathetic identifications with '*a suicide survivor*' modulating according to context from a high value in relation to '*life's cruelties*' (CS1 0.71), then decreasing considerably in relation to '*life's wonders*' (CS2 0.59) before increasing again in the context of '*working*' (CS3 0.68) and then easing in the context of '*relaxing*' (CS4 0.65).

These graphs illustrated Eric's idiosyncratic acknowledgement of his 'clinician survivor' status through the presence of high current levels of empathetic identification with '*a suicide survivor*'. He identified characteristics in that person which matched his own. This was reflected in quite a high level of idealistic identification with '*a suicide survivor*' (ideal id 0.68) together with a moderately high evaluation of that entity (eval 0.51) although '*a client who recovered after serious suicide attempt*' (ideal id 0.73; eval 0.58) was a stronger role model for Eric.

Eric's high current empathetic identifications with '*my counselling supervisor*' (emp idfcn range 0.64 to 0.76) and with '*a psychiatrist*' (emp idfcn range 0.59 to 0.70) were significant when associated with his high idealistic identifications and moderately high evaluations of these entities, respectively: '*my counselling supervisor*' (ideal id 0.73 eval 0.50); '*a psychiatrist*' (ideal id 0.68 eval 0.47). In short, although he saw himself as a 'suicide survivor', he also identified many characteristics in these two entities which matched his own.

A short extract from Eric's dialogue / narrative offered further perspective to these results:

Researcher (R) - So in relation to the young man [client who killed himself]...

Eric (E) - I can bounce...I've talked about this you know and I have...gone into that place...and looked at it but I can still see it...you know...I mean you learn all the time...and I can say I didn't even really cry about him. You know I didn't shed a tear. I was sad and it's only looking back now at that incident with the cancer guy [says name of deceased cancer patient] that the tears I shed for him, the tears I shed for all those [three] people that I've mentioned to you so far because I couldn't control it...but I wasn't given the opportunity to control it...

R - So do you think that in relation to...[your client's suicide]...that you grieved that?

E -...of course I did. It must have been the residue...I was down but I never cried [at the time of his client's death]...and it would have been suppressed again except for the fact that [the deceased cancer patient's wife] wanted to talk to me...so in a way she has debriefed me...'

7.8.11 Respondent Eric – Beliefs and values of the suicide survivor

Constructs with low or negative structural pressures (range 23.58 to -2.68) indicated areas of Eric's identity that were under stress perhaps involving problematic or unpredictable behaviour. Six of these constructs were designated as conflicted, inconsistently or non-, evaluative dimensions of identity, two of which were suicide-related : '...does not think about people committing suicide'/ '**...is highly sensitised to the issue of suicide**' (SP -2.68) (where the preferred pole is in bold), '...questions who s/he is'/ '**...remains sure of who s/he is**' (SP 5.71), '**...continues to be the person s/he was into the foreseeable**'/ '...feels that the person s/he was is dead' (SP 6.47), '...relies on family support at times of crisis'/ '**...does not need family support at difficult times**' (SP 7.71), '...believes that suicide demands considerable bravery'/ '**...believes that suicide is the act of a coward**' (SP 20.44) and '...takes life for granted'/ '**...wonders what life is all about**' (SP 23.58).

Eric contended with any dis-stress around the areas represented in these six constructs by relying upon the resources available through his core and secondary identity dimensions. These were the values and beliefs estimated as being central to Eric's identity and used principally to judge the merits of self and others. They were likely to be resistant to change.

Structural pressures on five constructs (range SP 78.13 to 25.94) that were related to suicide, represented core and secondary evaluative dimensions of Eric's identity: **'...considers that most suicides could be avoided'** / '...considers that most suicides are unavoidable' (SP 78.13); '...feels that grief following suicide is like any other' / **'...feels that grief following suicide is uniquely painful'** (SP 56.42); '...believes that suicide cannot be predicted by overt behaviour' / **'...believes that suicide may be anticipated by perceptive observation'** (SP 55.96); **'...believes that suicide and depression are inextricably linked'** / '...believes that suicide can occur "out of the blue" without depression being evident' (SP 52.90) and **'...was totally changed by suicide of person with whom s/he had a significant relationship or emotional bond'** / '...was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond' (SP 25.94). These constructs referenced Eric's aspirational values and beliefs in relation to suicide.

These aspirational core values and beliefs influenced his responses to his several experiences connected with the suicide phenomenon. His consideration of these experiences informed his social world in terms of the characteristics denoted by these constructs. For example, his first client suicide experience occurred after an initial counselling session and Eric found out about his client's death when he enquired about her non-appearance at her next scheduled appointment:

...she [Eric's client] missed her next appointment...I was a bit worried so I rang her up to find out whether she was OK or not but then I got her boyfriend or somebody on the phone saying that she had actually died...I said how did it happen...they said that she'd gone up to the Emergency Treatment Room (ETU)...they were having some kind of class or something...during the break she nipped out to the pub...came back a little bit worse for wear...they refused to let her back into the group...as a protest she climbed up [to the hospital roof] and while they were trying to get her to come down she slipped and...that ended up in her dying...it was reported to me that it was "accidental" but whether it was suicide or not what got me was that...it shouldn't have happened.'

Eric's aspirational beliefs and values in relation to his first client suicide experience underpinned his narrative to a greater or lesser extent. His reflections conveyed varying levels of consistency with his aspirational values and beliefs system that included considering that most suicides could be prevented, feeling that post-suicide grief was uniquely painful, beliefs that suicide might be anticipated and that an inextricable link

existed between depression and suicide and that suicide totally changed a person who had a strong attachment to the deceased. His uncertainty and possible ambiguity about ‘being sensitised to suicide’ and about whether suicide was ‘the act of a coward’ were less evident in this narrative.

Eric aspired to contend with the exigencies of his counselling activities with vulnerable clients including the suicidal, through core values and beliefs exemplified in high structural pressures (SP range 83.23 to 59.38) on six constructs: **‘...feels that safe expression of emotional feelings is always healthy’**/ ‘...feels that expression of emotion often indicates lack of control’ (SP 83.23); ‘...does not value some human beings very highly’/ **‘...believes each human being is of irreplaceable value’** (SP 80.30); ‘...withdraws from human contact’/ **‘...seeks and develops human relationships’** (SP 76.24); ‘...sticks rigidly to values and beliefs of parents and guardians’/ **‘...continues to develop personal values and beliefs’** (SP 68.26); ‘...relies mainly on prescribed medication to relieve psychological pain’/ **‘...always uses complementary / alternative remedies where possible’** (SP 59.73) and ‘I feel distressed by others’/ **‘I feel encouraged by others’**(SP 59.38).

Eric’s narratives at par 7.8.3 above concerning his second client’s suicide (‘Karl’) offered further insights into how his aspirational values and beliefs influenced his responses to that event and its consequences. This client’s experiences, as recounted in counselling, reminded Eric of similar situations that he experienced as a young man. His attitude to this now deceased client reflected his aspirational belief in the ‘irreplaceable value’ of each human being. He was concerned that his client developed social phobia as a defence against racism in his local area: this contravened Eric’s aspirational belief to seek and develop human relationships. Eric linked the fact that his client was attacked and beaten while engaging in social activity with his subsequent suicide. Eric was also affected by the fact that his client’s parents separated and that his client had little contact with his father:

...his father was “oriental” and his father and mother split up when he was a baby...he’d lost his father. He was still in touch with his father. He grew up separate from his father...every day he looked in the mirror at himself...he was reminded of his father...who wasn’t there...I don’t live with my sons...I knew what was going to start coming out...I didn’t lead him at all...but whenever he

was starting to talk about the school...the events that he'd come across...I was nodding my head...I knew the significance straightaway...I knew because I'd been there...because I knew what it was like to be different...to look different...when that happened it was like that was the first time...in a true sense a suicide...I was touched by it...I only found out after he died that I knew some of his relatives...

Eric aspired to have warm feelings for everyone (SP 38.19) although in his narrative he expressed antipathy towards those he implicated in the suicides of his two clients. He was ambiguous in placing extremely low evaluations upon some suicide-related clients while advocating that as a therapist 'you have to care'. His conflicted dimensions pointed towards ambivalence regarding family support at times of crisis (SP 7.71). Although aspiring to be comfortable with his own company (SP 38.19) he acknowledged momentary bouts of psychological discomfort (SP 24. 38) and aspired not to carry 'a terrible responsibility' for the misfortunes of his suicidal clients (SP 23.91).

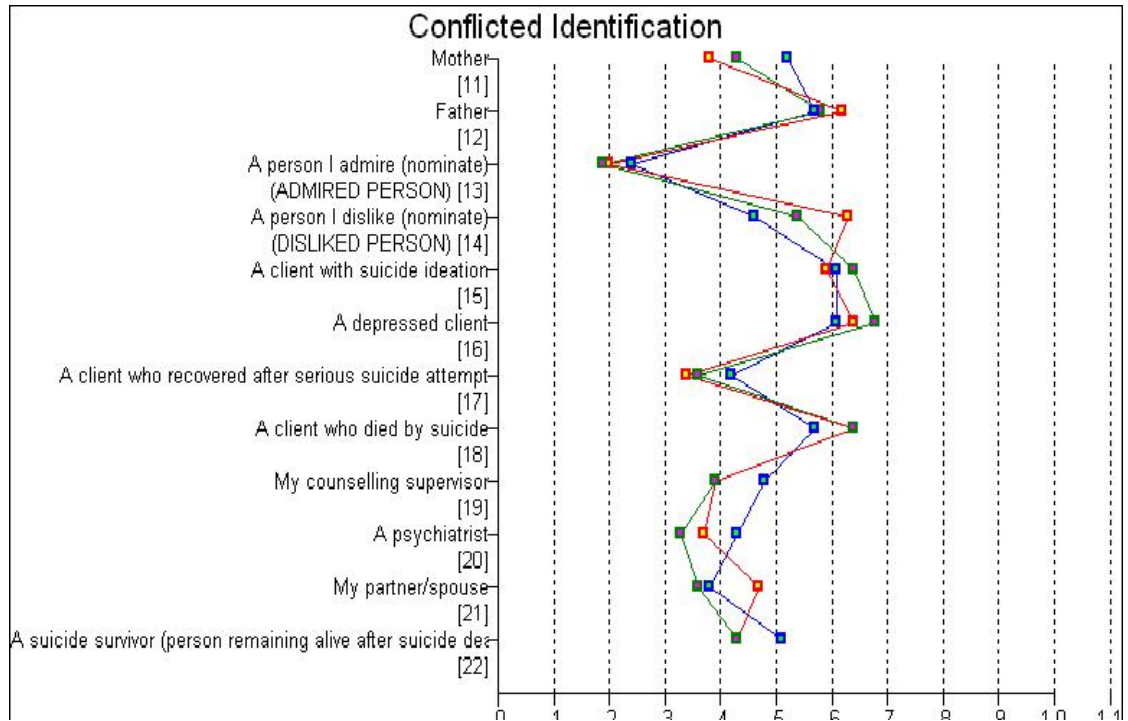
7.8.12 Respondent Eric – Summary

Eric was an expert psychotherapist, hypnotherapist and pain relief therapist whose work with vulnerable clients was informed by experiences of the suicide phenomenon among clients, friends and in the public arena. As a clinician survivor, Eric did not see himself as a 'suicide survivor' before he commenced his counselling career but did so very strongly after his clients' suicides occurred (PS3 emp idfcn 0.82). When working currently, his view of himself was as 'a suicide survivor' (CS3 emp idfcn 0.68) but at a reduced intensity. Six of his identity states – the exception was '*me when I feel enhanced by life's wonders*' (id var CS2 confident) – represented vulnerable identities of various kinds. These results indicated identity development that represented increasing self evaluation as Eric's counselling career continued to develop. He continued to work as a 'clinician survivor' with the vulnerable and the suicidal while resolving his own highly conflicted identifications with suicide-related clients, including his two clients who died by suicide.

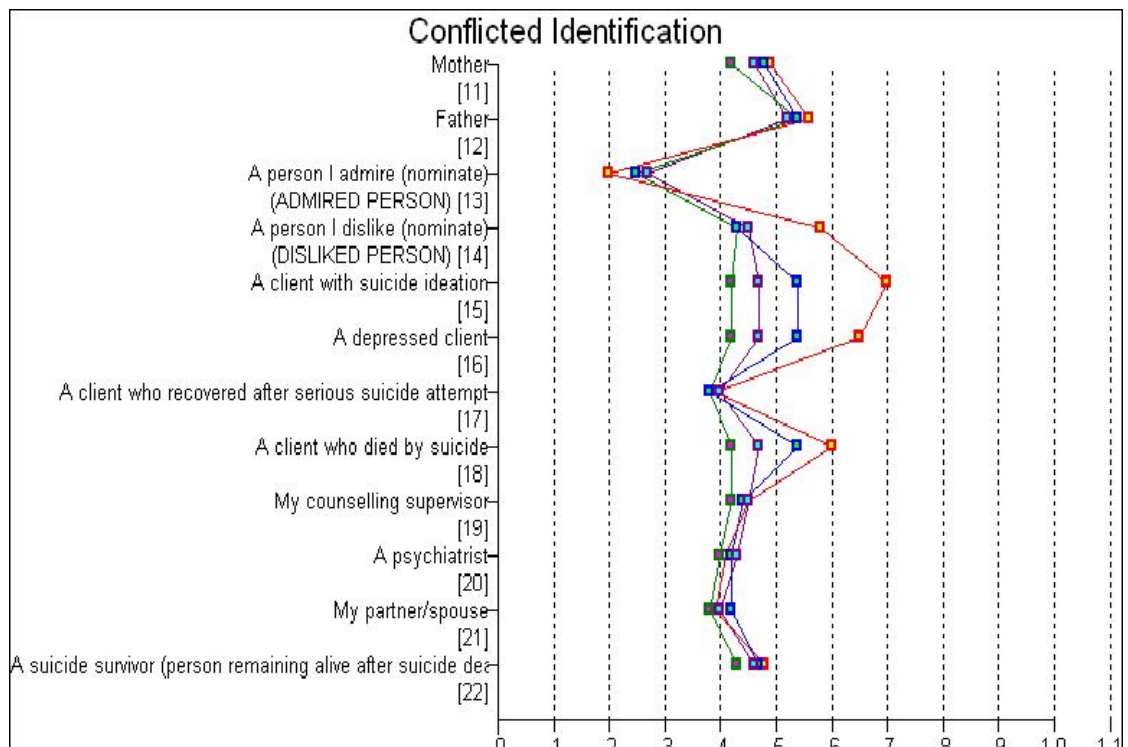
Note: Key for graphs 7.8.1, 7.8.2, 7.8.3 and 7.8.4 below

PS1 & CS1= red PS2 & CS2=green
PS3 & CS3= blue CS4=purple/maroon

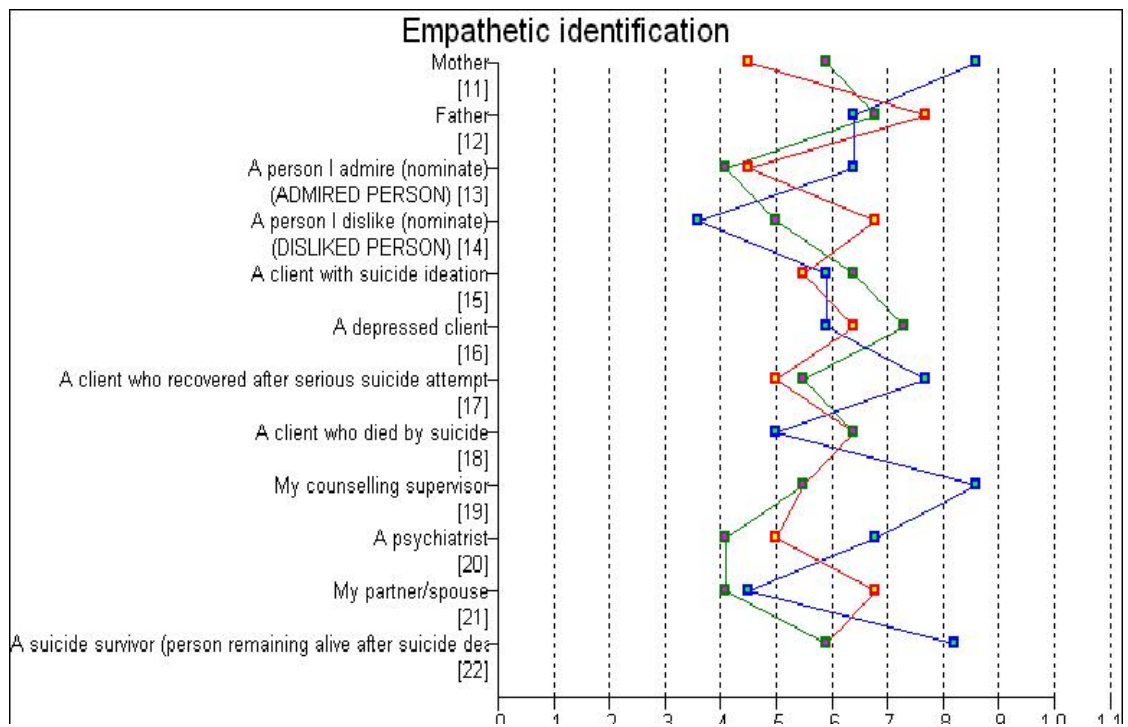
Graph 7.8.1 IDEX A14 ‘Eric’ conf idfcn PS1, PS2, PS3 comparison



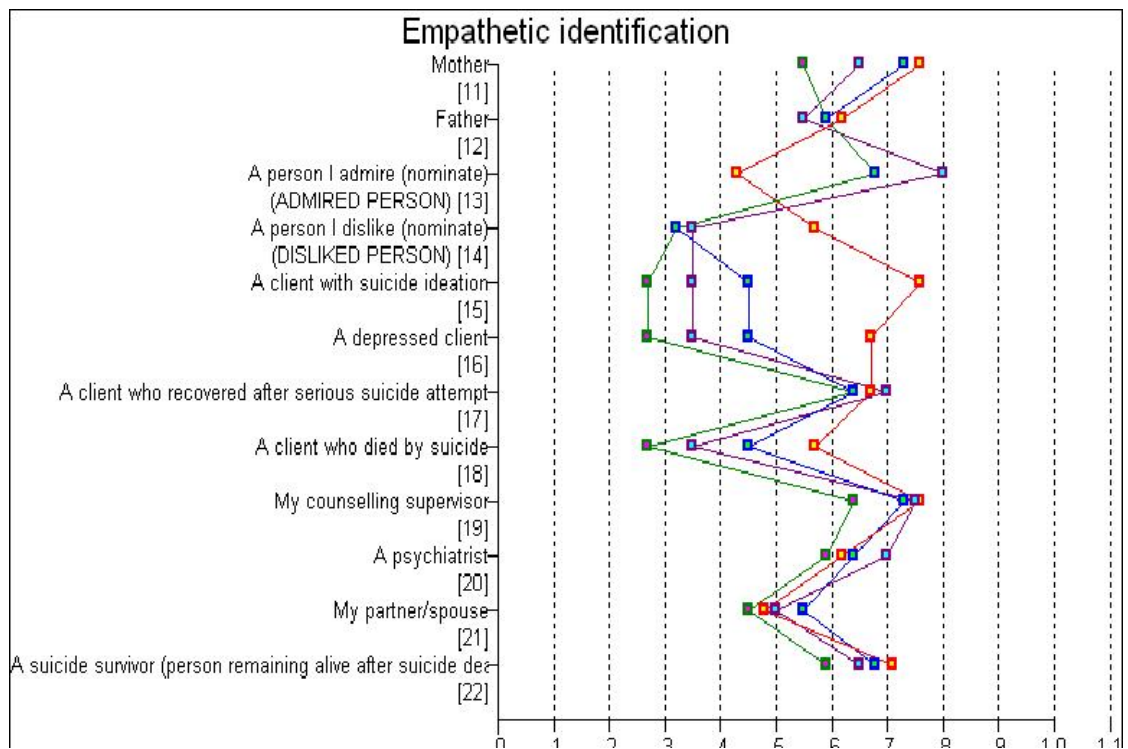
Graph 7.8.2 IDEX A14 ‘Eric’ conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.8.3 IDEX A14 ‘Eric’ emp idfcn PS1, PS2, PS3 comparison



Graph 7.8.4 IDEX A14 ‘Eric’ emp idfcn CS1, CS2, CS3, CS4 comparison



7.9.0 PhD Case Study A15 – alias Debbie

7.9.1 Respondent Debbie – Personal and professional information

This respondent will be referred to using the pseudonym ‘Debbie’. Debbie was a woman aged in her mid-forties. Some time before interview she completed a one year part-time course in drug and alcohol counselling. Debbie’s interest in approaches to recovery from unhealthy addictions was linked to some extent with family members’ experiences. For several years she had been attending Al Anon, a support organisation for relatives and friends of AA (Alcoholics Anonymous) members. More recently Debbie was awarded a certificate in counselling and at interview she was progressing towards advanced diploma level. The practice component of her course required her to complete a significant tranche of supervised counselling sessions in an organisational setting. Four months before interview, Debbie accepted a managed placement in a rehabilitation hostel for people in recovery from drug and alcohol problems. Debbie’s limited but developing knowledge and experience indicated that she was trainee counsellor with reasonable expectations of achieving qualified practitioner status within two years.

7.9.2 Respondent Debbie – Identity Structure Analysis

Debbie completed ISA instrument ‘A’ (see appendix 5) in February 2004 following an audio-taped semi-structured interview with the investigator. Before being interviewed she completed a consent form (see appendix 4).

7.9.3 Respondent Debbie – Preliminary remarks

Debbie disclosed that about four years before interview, a close friend of her partner visited a rehabilitation unit for a short period before returning home again. A short time later he was found hanged having taken his own life. Debbie also learned through her partner of a family in which three sisters had apparently killed themselves:

Researcher (R)-And so...you would have heard of other people say “celebrities”, or even people that you knew – have you ever known anyone who took their own life?

Debbie (D) -Yeah, yeah. My partner’s best friend. He was...alcoholic. He came out of [a rehabilitation hostel] one Saturday morning...went straight home and hung himself. And...there’s...another – there’s a family in [name of town] – I didn’t know them personally but my partner’s always talked about them...three sisters in the one

family...committed suicide. But... [man's name] was my partner's friend. He committed suicide and...he was...the first...close friend that I would have known...to have done it.'

Debbie maintained regular telephone contact with her mother who lived some distance from her. She explained that her mother frequently mentioned suicide in their conversations:

D - ...every time she phones me there's someone else has committed suicide...she lives in [name of town]...and there's a big long pier and...people have a habit (sic) of driving off the pier...and...one of her best friend's sons - he took himself and a six week old baby and drove off the pier. That was about four years ago and she's always very...aware when people...she's always telling me about when people commit suicide, especially young ones...but...there's an awful lot of suicides in [name of region] She always keeps me informed of them, you know. They don't mean anything to me because I don't know them.

R - But it seems as though it might be...that those...deaths were affecting her, that she has to share that with you for some reason...

D - I never thought of that – I never thought about it at all. I just used to wish she'd be quiet and talk about something else...something more cheerful...I never thought about that. I'm not very sympathetic where my mum's concerned. She talks and talks a lot. I get fed up listening to her you know. Maybe you're right, yes. There may be something in that.'

Debbie's most significant experience of the suicide phenomenon involved the suicide of her client just seven weeks before interview. She explained how this client referral occurred. Debbie was contacted by the supervisor of the hostel where she had obtained a student placement:

'D - ...I rang [the hostel and] the supervisor sent me a letter saying she had a potential client for me and asked me to come round to the hostel. And I went round and...that was when he [her client] said he was happy to come to counselling and all that and she says...I think she...I can't remember now...did she set up the appointment...yeah she set up the appointment with...I was going to say his real name then...with "Michael" [pseudonym] she set it up for me.

R - It wouldn't matter if you...used his real name. I won't be using it. So it's OK.

D - I'm always careful of saying it. And then I went to the hostel. It was always at 12 o'clock Friday. It was always on a Friday. And I went round and he was sitting waiting there...waiting for me. And I went and shook his hand. I didn't even know if you were supposed to do that but it was showing a bit of respect you know shaking

his hand...and I was shown to a wee counselling room. And that was how it came about.

Debbie worked with “Michael” during four weekly counselling sessions. She learned about his death on the day agreed for their fifth session:

D - We’d arranged to...see each other for our final session on [date] because he was going to get further treatment so we decided to have the last session before him going to...a treatment unit...the appointment was for 12 o’clock and I went round to the hostel...can I say that...I went round to the hostel where he was and I asked the manageress if he was ready and she told me he’d died...committed suicide and that he’d been found hanging two days previously. I was shocked. I was just...still am shocked. I’m still suffering the after-effects of shock...I was shocked...devastated. I just couldn’t believe it and I sort of blamed myself...I thought had...I been blind, stupid or just incompetent not to see it. Because he hadn’t told...he hadn’t given me any clue...He seemed fine or as fine as he could be in his circumstances...He never, never, never gave me any idea that he was going to commit suicide. I said this...every week I said [to my client]...“if I become aware that you intend to harm yourself” and he always agreed, agreed to...I don’t know it’s just...

Debbie indicated that “Michael’s” suicide occurred “out of the blue” since her expectation of this event was almost negligible. She did recall an author - referred to during her drug and alcohol counselling course - who had pointed to a link between suicide and alcohol and drug addictions:

R - Would you have knowledge of the connection say between the addictive personality, the alcoholic personality in particular and suicide...was that topic mentioned [during your training]?

D - No it wasn’t [specifically addressed]...[but] I’ve got a book as part of the [drug and alcohol counselling] course - Richard Velleman - and it was he who said...there was a high...correlation between drinking and committing suicide...

The suicidal death of her client traumatised Debbie. This man was the first client during her placement. Her previous experience was limited to role plays and a limited amount of ‘real life’ counselling practice in the ‘triad’ format [viz. student trainee counsellor, fellow student client and student observer/s] supervised by her advanced diploma course tutors. She had found that working in a counselling relationship with a ‘real client in an organisational setting’ was extremely challenging and well beyond any expectations that her course practice sessions had given her, as discussed in this narrative:

D - ...see going into your first client - it's totally different... totally different in the outside world...totally different...not a bit like a role play, real issues or...or triads or...not a bit like that...

R - Tell me a bit more about that...what that [first] session was like then and what happened ...to you?

D - I was...do you know...what I felt when I heard his story...with "Michael", you mean? ...I was totally overwhelmed because he was in so much pain...recovering heroin addict...in and out of prison...just been caught for grievous bodily harm on his wife and fighting the addiction, trying to stay off drink and homeless...I'd never...come across so much despair or misery in my life...never...never [like this]...in one of [my] lectures [I'd learned]...never [to] be shocked...[but] I was shocked...I was really shocked at the level of...just everything...it was [a] shock to me. And I had to work really hard not...not to let him [viz. her client] see that...and as soon as I got used to one thing, he'd come back with something else...it was one step below murder you know and I was trying...trying to keep...just trying not to let him see how I was feeling. I was shocked.

R - Let me say this to you. You see now...is there anything now that would shock you?

D - No. No. No. And do you know...he used the term battered...he beat up his wife – grievous bodily harm. She must have been in hospital. He nearly murdered her. And do you know what surprised me about it was...I always had strong views on domestic violence because I witnessed some of that myself and I've had my house wrecked a few times. You see when I was in there with him I never gave it – [I] never gave his wife a thought. I couldn't have cared less about his wife...and that surprised me. You know when you go into the counselling room, you...all that just went...forgotten about... all that...

R - You were with your client.

D - Yeah. You know it surprised me that I could do that.

R - And so it surprised you and perhaps pleased you.

D - I was pleased yeah! I was pleased that I was able to do that.

R - Because your great fear would be that your...own beliefs and values would stop you...would make it an obstacle...

D - Yeah and that I'd look negatively at him...but I didn't do that.

Debbie disclosed her client suicide experience to her counselling supervisor within days of the event and as soon as possible after she learned of it. Two weeks later she shared

her experiences with her advanced diploma course tutors and within four weeks she wrote up her experience with her now deceased client as a trainee's case study which she presented to her student colleagues.

Debbie decided not to work with clients until she assimilated her client suicide experience. However a major rehabilitation centre accepted her as a trainee counsellor and she hoped, following intensive training there, to begin working with clients again in due course.

AFTERNOTE Debbie later achieved a university advanced counselling diploma, with distinction, that required inter alia that she completed at least 150 supervised counselling sessions.

7.9.4 Respondent Debbie – Overview – See Appendix 10

7.9.5 Respondent Debbie – Primary analysis

Table 7.9.1 below presented the classification of Debbie's identity variants in her past and current situated selves.

Past situated selves

'me before I became a psychotherapist/counsellor' PS1 – identity variant 'crisis'

'me before my client's suicidal behaviour' PS2 – identity variant 'diffusion'

'me after my client's suicidal behaviour' PS3 – identity variant 'diffusion'

Current situated selves

'me when I am overwhelmed by life's cruelties CS1 – identity variant 'diffusion'

'me when I feel enhanced by life's wonders' CS2 – identity variant 'diffusion'

'me when I'm working' CS3 – identity variant 'diffusion'

'me when I'm relaxing' CS4 – identity variant 'diffusion'

Each of the identity variants 'crisis' and 'diffusion' were considered to be vulnerable identity states and are explored below.

Before she became a counsellor Debbie evaluated herself at a very low level (PS1 eval – 0.06): she believed herself to be unsuccessful in achieving her identity aspirations, e.g. feeling safe expression of emotional feelings was always healthy (SP 75.20). High identity diffusion (PS1 id diff 0.47) indicated the wide range and magnitude of her conflicted identifications in this identity state, e.g. with family members, 'father' (PS1 id conf 0.59) and 'mother' (PS1 id conf 0.47), and with vulnerable people, e.g. a suicidal person (PS1 id conf 0.59) and a person who recovered after serious suicide attempt (PS1

0.55). This identity variant, ‘crisis’, was a vulnerable state due to the coincidence of low self-evaluation and high diffusion.

Table 7.9.1 Respondent Debbie – Self image

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.37	CS1	4.24	PS1	4.81
		CS2	3.99	PS2	3.48
		CS3	3.61	PS3	4.94
		CS4	3.73		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.24	PS1	-0.06
		CS2	0.63	PS2	0.28
		CS3	0.33	PS3	0.46
		CS4	0.60		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.48	PS1	0.47
		CS2	0.47	PS2	0.47
		CS3	0.47	PS3	0.48
		CS4	0.46		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	DIFFUSION				
Current Self 3	DIFFUSION				
Current Self 4	DIFFUSION				
Past Self 1	CRISIS				
Past Self 2	DIFFUSION				
Past Self 3	DIFFUSION				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.08	0.25	0.11	0.23	
PS2	0.26	0.47	0.31	0.45	
PS3	0.36	0.54	0.41	0.52	

CS1 ‘me when I am overwhelmed by life’s cruelties’

CS2 ‘me when I feel enhanced by life’s wonders’

CS3 ‘me when I’m working’

CS4 ‘me when I’m relaxing’

PS1 ‘me before I became a psychotherapist/counsellor’

PS2 ‘me before my client’s suicidal behaviour’

PS3 ‘me after my client’s suicidal behaviour’

When working, Debbie evaluated herself moderately (CS3 eval 0.33): she believed herself to be moderately successful in achieving his identity aspirations, e.g. always using complementary / alternative remedies where possible (SP 74.26). High identity diffusion (CS3 id diff 0.47) indicated the wide range and magnitude of her conflicted identifications in this identity state, e.g. with family members, father (CS3 id conf 0.59), and with vulnerable people, a suicidal client (CS3 id conf 0.58) and a depressed client (CS3 0.54). This identity variant, ‘diffusion’, was a vulnerable state due to the coincidence of moderate self-evaluation and high diffusion.

Debbie's remaining five identity variants reflected necessary conditions designating 'diffusion', viz. moderate self-evaluation and high diffusion.

Debbie evaluated her aspirational self '*me as I would like to be*' very highly indeed (eval 1.00). She evaluated '*me when I feel enhanced by life's wonders*' moderately highly (CS2 eval 0.63). This contrasted with her low evaluation of '*me when I am overwhelmed by life's cruelties*' (CS1 eval 0.24). Her evaluation of '*me before I became a psychotherapist / counsellor*' (PS1 eval – 0.06) was very low. In the transitions: '*me before my client's suicidal behaviour*' (PS2 eval 0.28) and '*me after my client's suicidal behaviour*' (PS3 eval 0.46) these evaluations increased to low and moderate, respectively, before collapsing in the context of '*...life's cruelties*' (CS1 eval 0.24). These modest evaluations were restored in the context of '*...life's wonders*' (CS2 eval 0.63) but fell away again in the context '*me when I'm working*' (CS3 eval 0.33) before recovering again '*...when I'm relaxing*' (CS4 eval 0.60). Debbie's evaluation of herself was conditioned upon context before and during her counselling activities.

Her varied and context-related self-evaluations contrasted strongly with consistently low or very low evaluations of all four suicide-related entities, respectively: '*a client who died by suicide*' (eval – 0.04), '*a client who recovered after serious suicide attempt*' (eval – 0.06), '*a depressed client*' (eval – 0.09) and '*a client with suicide ideation*' (eval – 0.42). The low values that Debbie placed on these clients (including her deceased client) contrasted with her moderately high evaluation of '*a suicide survivor*' (eval 0.45).

Debbie's highest levels of ego-involvement were with '*a client who died by suicide*' (ego inv 5.00) followed by '*a suicide survivor*' (ego inv 4.87), '*a client with suicide ideation*' (ego inv 4.49), '*a client who recovered following serious suicide attempt*' (ego inv 3.80) and '*a depressed client*' (ego inv 3.67). The shocking experience of client suicide at the commencement of her counselling placement was a dominant influence, focusing her attention upon her deceased client and upon that involuntary part of herself, the clinician survivor.

7.9.6 Respondent Debbie – Positive and negative role models of the suicide survivor

Debbie idealistically identified with '*my counselling supervisor*' (0.91), '*a person I admire*' and '*a psychiatrist*' (both 0.77) and '*a person I dislike*' and '*a suicide survivor*' (both 0.68). These people represented her positive role models.

Debbie contra-identified very highly with '*a client with suicide ideation*' (0.68), '*father*', '*a client who recovered after serious suicide attempt*', '*a client who died by suicide*' (all three 0.55), '*a depressed client*', '*my partner/spouse*' and '*mother*' (all three 0.50). These seven people, including her deceased client, were those from whom Debbie wished to dissociate. Three of the seven were suicide-related clients while four were family members.

Debbie was a clinician survivor by reason of her client suicide experience. But her indirect experiences of death by suicide included those mentioned in her conversations with mother, her husband's friend's suicide and other suicides referred to in casual conversation by her husband. This was the experiential context for her client's suicide, referred to in Debbie's dialogue with the researcher:

'Researcher (R) - ... [do] you think what happened to... "Michael"... that it was "out of the blue"... for you it was "out of the blue"?'

Debbie (D) - I don't know about him but for me... yeah... I had no experience or I just read about suicides... my mother would phone me... she's always going on about [suicide]... I never gave suicide a thought... never... never... it never entered my head.

R - It's not something you would have had any knowledge or experience of yourself?

D - No, no [there] was absolutely nothing like that in the family, no. Never came across it, never.

R - ...have you ever known anyone who took their own life?

D - Yeah, yeah... my husband's friend. He was the first... close friend that I would have known... to have done it... maybe four [years ago]...

R - About four years... the other incidents... your mother ringing and so on... was that a long time ago?

D -...that was about four years ago...there's an awful lot of suicides in [name of region]. She always keeps me informed of them...They don't mean anything to me because I don't know them.'

7.9.7 Respondent Debbie – Conflicted identifications and the suicide survivor

In her appraisals of her past self, '*me before I became a psychotherapist/counsellor*' (PS1), as set out in Table 7.9.2 below, Debbie had very highly conflicted identifications with '*father*' (PS1 0.59), '*a client with suicide ideation*' (PS1 0.58), '*a client who recovered following serious suicide attempt*' and '*a client who died by suicide*' (both PS1 0.55) and '*a depressed client*' (PS1 0.50). She also had very high levels of conflicted identification with '*mother*', '*a person I dislike*' and '*a suicide survivor*' (all three PS1 0.47) and '*my partner/spouse*' (PS1 0.45). In this context, Debbie tolerated a high level of problematic identifications with family members, suicide-related clients, socially – with a disliked person, and with '*a suicide survivor*'.

In subsequent appraisals, Debbie maintained high levels of conflicted identifications across six remaining contexts with all nine above mentioned entities. The range of modulation of these levels across contexts was quite narrow with regard to four suicide-related entities, respectively: '*a client with suicide ideation*', '*a client who recovered after serious suicide attempt*', '*a client who died by suicide*' and '*a depressed client*': PS2 range 0.52 to 0.61; PS3 0.57 to 0.65; CS1 0.54 to 0.63; CS2 0.54 to 0.58; CS3 0.50 to 0.58; CS4 0.52 to 0.55. This narrow range evidenced Debbie's tendency to discriminate minimally between aspects of client suicidal behaviour in relation to context. Her most problematic identifications modulated as she reconstructed her appraisals of self and others with the benefit of hindsight after her client suicide experience.

In the transition '*me before I became a psychotherapist / counsellor*' (PS1) to '*me when I'm working*' (CS3), Debbie's conflicted identifications modulated but remained very high with two suicide-related entities: '*a client who died by suicide*' (PS1 0.55; CS3 0.50) and '*a depressed client*' (PS1 0.50; CS3 0.54) while remaining unchanged with '*a client with suicide ideation*' (PS1/CS3 both 0.58), with '*a client who recovered after serious suicide attempt*' (PS1/CS3 both 0.55) and with '*a suicide survivor*' (PS1/CS3 both 0.47). Debbie's modest success in resolving the consistently high problematic identifications in this transition showed that she continued to be 'there' with people who

were vulnerable to suicide while in certain respects wishing not to be ‘there’ (Weinreich, 2003: 61).

Table 7.9.2 Respondent Debbie – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.63	0.55	0.50	0.52
12 Father	0.59	0.59	0.59	0.61
15 A client with suicide n	0.58	0.58	0.58	0.55
17 A client who recoveredt	0.55	0.55	0.55	0.52
16 A depressed client	0.54	0.54	0.54	0.52
11 Mother	0.47	0.37	0.42	0.34
22 A suicide survivor (pe	0.47	0.47	0.47	0.45
14 A person I dislike (no)	0.43	0.43	0.43	0.45
13 A person I admire (nom)	0.40	0.40	0.40	0.41
21 My partner/spouse	0.40	0.45	0.45	0.47
20 A psychiatrist	0.37	0.40	0.40	0.41
19 My counselling supervir	0.24	0.26	0.24	0.25
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
12 Father	0.59	0.61	0.52	
15 A client with suicide n	0.58	0.61	0.61	
17 A client who recoveredt	0.55	0.52	0.61	
18 A client who died by se	0.55	0.52	0.65	
16 A depressed client	0.50	0.52	0.57	
11 Mother	0.47	0.40	0.45	
14 A person I dislike (no)	0.47	0.45	0.42	
22 A suicide survivor (pe	0.47	0.45	0.51	
21 My partner/spouse	0.45	0.47	0.37	
20 A psychiatrist	0.40	0.38	0.38	
13 A person I admire (nom)	0.34	0.38	0.36	
19 My counselling supervir	0.20	0.23	0.25	

CS1 ‘me when I am overwhelmed by life’s cruelties’
CS2 ‘me when I feel enhanced by life’s wonders’
CS3 ‘me when I’m working’
CS4 ‘me when I’m relaxing’

PS1 ‘me before I became a psychotherapist/counsellor’
PS2 ‘me before my client’s suicidal behaviour’
PS3 ‘me after my client’s suicidal behaviour’

In the transition from ‘*me before I became a psychotherapist/counsellor*’ (PS1) to ‘*me before my client’s suicidal behaviour*’ (PS2) Debbie’s identification conflicts modulated slightly upwards for ‘*a client with suicide ideation*’ (PS1/PS2 0.58/0.61) and for ‘*a depressed client*’ (PS1/PS2 0.50/0.52) while modulating slightly downwards for the remaining suicide-related entities: ‘*a client who recovered after serious suicide attempt*’ (PS1/PS2 0.55/0.52), ‘*a client who died by suicide*’ (PS1/PS2 0.55/0.52) and ‘*a suicide survivor*’ (PS1/PS2 0.47/0.45). Modulations in Debbie’s conflicted identifications with members of her family, professional and social worlds were modest with the exception of ‘*mother*’ (PS1/PS2 0.47/0.40) which referenced Debbie’s significant distancing from her

mother (PS1/PS2 emp idfcn 0.45/0.32) in this transition. In both contexts Debbie was a 'suicide survivor' of her partner's close friend. These data showed that before counselling suicidal clients (PS2) she was aware that suicide risk and suicide actualité were problematic issues for her and difficult to resolve.

In her appraisals across all contexts of '*a suicide survivor*', Debbie had very high or high identification conflicts that modulated across quite a narrow range (id conf range 0.45 to 0.51) and were highest 'after' her client's suicide. This acknowledged her involuntary acquisition of 'trainee clinician survivor' status while not wishing to possess that status.

By inspection of Debbie's appraisals of '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) with respect to the above mentioned suicide-related entities, it was clear that such behaviour, viz. client suicide or the risk of client suicide, modulated her identification conflicts, respectively: '*a client who recovered after serious suicide attempt*' (PS2/PS3 0.52/0.61), '*a client who died by suicide*' (PS2/PS3 0.52/0.65), '*a depressed client*' (PS2/PS3 0.52/0.57), '*a suicide survivor*' (PS2/PS3 0.45/0.51) and '*a client with suicide ideation*' (both PS2 and PS3 0.61). These modulations evidenced the 'recognition effect' of Debbie's stronger empathetic identifications with all of the above people except 'client with suicide ideation' (PS2/PS3 emp idfcn both 0.55) (Weinreich, 2003: 58, 60).

In relation to four suicide-related entities Debbie's identification conflicts were unchanged in the transition from '*me when I am overwhelmed by life's cruelties*' (CS1) to '*me when I feel enhanced by life's wonders*' (CS2): '*a client with suicide ideation*' (CS1/CS2 both 0.58), '*a client who recovered after serious suicide attempt*' (CS1/CS2 both 0.55), '*a depressed client*' (CS1/CS2 both 0.54) and '*a suicide survivor*' (CS1/CS2 both 0.47). Debbie was represented – while not wishing to be so represented – to a greater or lesser extent in these persons irrespective of context, whether 'life's cruelties' or 'life's wonders'. This pattern of identification conflicts was replicated except with family members: '*mother*' (CS1/CS2 0.47/0.37) and '*partner/spouse*' (CS1/CS2 0.40/0.45) and with '*a client who died by suicide*' (CS1/CS2 0.63/0.55): Debbie construed self a close to '*mother*' but closer to '*partner/spouse*' and, evidenced in reduced her empathetic identification, less close to '*client who died by suicide*' (CS1/CS2 emp idfcn 0.73/0.55).

The data illustrating Debbie's conflicted identifications with '*a client who died by suicide*', '*a client who recovered after serious suicide attempt*', '*a depressed client*' and '*a client with suicide ideation*' reflected her low and very low evaluations of these persons, as mentioned in par 7.9.5 above: '*a client who died by suicide*' (eval – 0.04), '*a client who recovered after serious suicide attempt*' (eval – 0.06), '*a depressed client*' (eval – 0.09) and '*a client with suicide ideation*' (eval – 0.42). But her status as a clinician survivor together with her high levels of conflicted identification with, and her moderately high evaluation of, '*a suicide survivor*' (eval 0.45) reflected the extent of the influence upon her identity of her client suicide experience.

Debbie's narratives illustrated some of these data:

Researcher (R) -...you would have been beginning to construct some kind of...I suppose hope for "Michael" [client who suicided]...

Debbie (D) -...I found that very difficult at that time because...there was no hope that I could see in my head...I thought...he's at rock bottom...I thought how could I encourage him...because he'd say "Look at me..."...but I could see there was nothing to...give him hope about really...whenever he said ("Look at me")...I said "Look you've been off drink nine, ten, eleven weeks...you're doing well. You're coming to counselling..." I did try to do that but my view was there's no hope. No hope in his present circumstance because everything was just...piled too high on top of him...

R -...for the serious addict, the person who's seriously hooked the only opportunity they have...

D - ...is to reach rock bottom...I said that to him. The only way now is up. But...you have to be very careful...he was suffering from depression...I was always trying to do it through his feelings...I didn't even know if that was right...I knew alcohol was an analgesic and I knew that...alcoholics have a hard time dealing with pain...he said to me he felt remorse, he felt guilt and I tried to deal with that. You see this didn't come out of my head. It came out of his head...he was full of guilt...full of remorse...full of [pain]...it was bending him over in pain...

7.9.8 Respondent Debbie – The suicide survivor and life's cruelties

As mentioned in par 7.9.7 above, in her appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1), Debbie experienced highly conflicted identifications (range 0.55 to 0.63) with four suicide-related entities: '*a client who died by suicide*' (0.63), '*a client*

with suicide ideation' (0.58), 'a client who recovered after serious suicide attempt' (0.55) and 'a depressed client' (0.54). This dimension with 'a suicide survivor' (0.47) was somewhat less. In the identity state 'me when I feel enhanced by life's wonders' (CS2) her conflicted identifications remained unchanged for four of the above mentioned entities while modulating downwards with 'a client who died by suicide' (0.55). Debbie evaluated herself moderately highly (eval 0.63) and was highly ego-involved (ego-inv 3.99) when experiencing 'life's wonders' but she evaluated herself very much less (eval 0.24) while being more highly ego-involved (ego inv 4.24) when experiencing 'life's cruelties'.

Debbie's problematic identifications with suicide-related clients were highly problematic in the context of 'life's cruelties'. They remained almost as conflicted in the context of 'life's wonders'. Debbie's highly conflicted identifications with 'a suicide survivor' in both contexts (CS1, CS2 both 0.47) were accompanied with very high ego-involvement (ego inv 4.87) and a moderately high evaluation (eval 0.45). Data for suicide-related clients confirmed very low evaluations that were accompanied with high ego-involvement: 'a client who died by suicide' (eval – 0.04; ego inv 5.00), 'a client who recovered after serious suicide attempt' (eval – 0.06; ego inv 3.80), 'a depressed client' (eval – 0.09; ego inv 3.67) and 'a client with suicide ideation' (eval – 0.42; ego inv 4.49). She was more involved with her deceased client, on whom she placed comparatively little value, than with 'a suicide survivor' with whom she was almost as engaged, while she valued this person, moderately highly. That she was unclear regarding her dual status as a trainee clinician survivor and a family suicide survivor, was shown in her low evaluation of 'me when I'm overwhelmed by life's cruelties' (CS1 eval 0.24).

Debbie's narrative illustrated some of these data in relation to the emotional consequences for her dual status as above, following the losses of her client by suicide:

Debbie (D) -You see there's a bit of blame attached. I do feel blame because in our final session he looked calm and he said he had things sorted. And I thought from the sound of that...that he was talking about his drinking and I thought...it's early days for that. But I should have clarified that and I should have explored that. Because I've got it in my head now that he was talking about his plans to take his own life. I'm convinced of that. I didn't clarify that. I could have stopped him...I didn't...it's still the way I feel...I regret not doing it. He ["Michael"] might... have been trying to hint to me...that he was...you know...[planning his

suicide]...I was angry at me...what good...it wasn't what good did counselling do...it was what good did I do...what good did I do...I didn't do any good...that's what I feel...not when he took his own life...'

Researcher (R) -That's what you used to feel. That's what...you're learning not to feel...'

D - I'm learning not to feel that now.'

7.9.9 Respondent Debbie – Empathetic identifications and the suicide survivor

As set out in Table 7.9.3, Debbie's empathetic identifications with suicide-related clients (continued below table)

Table 7.9.3 Respondent Debbie – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.73	0.55	0.45	0.50
13 A person I admire (nom)	0.68	0.68	0.68	0.73
22 A suicide survivor (pe	0.68	0.68	0.68	0.64
12 Father	0.64	0.64	0.64	0.68
19 My counselling supervir	0.64	0.73	0.64	0.68
14 A person I dislike (no)	0.59	0.59	0.59	0.64
16 A depressed client	0.59	0.59	0.59	0.55
20 A psychiatrist	0.59	0.68	0.68	0.73
17 A client who recoveredt	0.55	0.55	0.55	0.50
15 A client with suicide n	0.50	0.50	0.50	0.45
11 Mother	0.45	0.27	0.36	0.23
21 My partner/spouse	0.32	0.41	0.41	0.45
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
14 A person I dislike (no)	0.68	0.64	0.55	
20 A psychiatrist	0.68	0.64	0.64	
22 A suicide survivor (pe	0.68	0.64	0.82	
12 Father	0.64	0.68	0.50	
17 A client who recoveredt	0.55	0.50	0.68	
18 A client who died by se	0.55	0.50	0.77	
13 A person I admire (nom)	0.50	0.64	0.55	
15 A client with suicide n	0.50	0.55	0.55	
16 A depressed client	0.50	0.55	0.64	
11 Mother	0.45	0.32	0.41	
19 My counselling supervir	0.45	0.59	0.68	
21 My partner/spouse	0.41	0.45	0.27	

CS1 'me when I am overwhelmed by life's cruelties
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

were relatively low (emp idfcn range 0.50 to 0.55) in her appraisals of *'me before I became a psychotherapist/counsellor'* (PS1): *'a client who recovered after serious suicide attempt'* and *'a client who died by suicide'* (both 0.55) and *'a client with suicide ideation'* and *'a depressed client'* (both 0.50).

But her empathetic identification in this context with *'a suicide survivor'* (PS1 0.68) was quite high. These results reflected Debbie's experience of family suicides and community suicides before she commenced working in psychotherapy. She construed characteristics in the 'suicide survivor' that matched her own sense of herself before she became a counsellor. Indeed among the suicide-related clients and *'a suicide survivor'*, she maintained very high (> 0.70) or high (≥ 0.59) levels of empathetic identification across all six of the remaining contexts only with *'a suicide survivor'* (emp idfcn all contexts excl PS1 range 0.64 to 0.82). The above-mentioned characteristics were present in her sense of herself without reference to context but were most intense *'after my client's suicidal behaviour'* (PS3 0.82).

Debbie maintained high levels of empathetic identification (range emp idfcn 0.59 to 0.73) with persons across six or more of the seven situated contexts including: *'a person I dislike'* (range 0.59 to 0.64); *'a psychiatrist'* (range 0.59 to 0.73); *'father'* (range 0.64 to 0.68) and *'my counselling supervisor'* (range 0.59 to 0.73). Her family, professional and social worlds were represented in these people.

Debbie's encounters with the suicide phenomenon in a number of contexts – during her pre-psychotherapy life, in her family relationships with the partner and her mother and subsequently in her counselling training and practice – exemplified in that range of contexts and in varying degrees of intensity 'the significant relationships and/or emotional bonds' with the those who died by suicide that conveyed the status of 'suicide survivor'. Close examination of her empathetic identifications with *'a suicide survivor'* in her pre-psychotherapy life revealed a high level (PS1 emp idfcn 0.68) which eased to an extent when she commenced training in psychotherapy but *before* her *'client's suicidal behaviour'* (PS2 emp idfcn 0.64). This level of empathetic identification with *'a suicide survivor'* intensified markedly *after* her *'client's suicidal behaviour'* (PS3 emp idfcn 0.82) before modulating downwards when *'overwhelmed by life's cruelties'* (CS1 emp idfcn 0.68). This high level of empathetic identification remained unchanged in both

contexts: *'enhanced by life's wonders'* and *'when...working'* (CS3 empath id both 0.68) before modulating *'when...relaxing'* (CS4 empath id 0.64).

These results were significant in illustrating Debbie's past and current views of herself as *'a suicide survivor'* both at work and otherwise. Her current empathetic identifications in *'work'* (CS3) and *'relaxing'* (CS4) contexts with *'a psychiatrist'*, *'father'*, *'a person I admire'* and *'my counselling supervisor'*, respectively, were at least comparable in intensity: (CS3 emp idfcn range 0.64 to 0.68; CS4 emp idfcn 0.68 to 0.73). When working and relaxing she saw herself as *'a suicide survivor'* while also construing self as close or closer to family, professional, and social others.

The following extract from the respondent's narrative offered some perspective to these results:

Researcher (R) - ...you see the answer to the question – why? – “Why Michael?” is an answer that will never come from “Michael”...

Debbie (D) -Yeah, I know. [My counselling] supervisor said to me this morning...she said to me [that] he [“Michael”] was making a decision and taking charge of his life...you know he took...he made a decision “This is what I want to do”...everything else had been taken out of his hands. He'd lost his wife, his home, his...son...he'd lost his freedom to act and this was the last thing that he could do...making a decision, taking charge.

7.9.10 Respondent Debbie – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars. 7.9.4, 7.9.7, 7.9.8 and 7.9.9 with particular reference to the entity *'a suicide survivor'*.

Graphs 7.9.1 and 7.9.2 show Debbie's conflicted identifications with *'a suicide survivor'* as high and clustered within the range PS2/CS4 0.45 to PS3 0.51. Graph 7.9.3 showed her high empathetic identifications with *'a suicide survivor'* modulating from *'before I became a psychotherapist / counsellor'* (PS1 0.68) to a lower value *'before my client's suicidal behaviour'* (PS2 0.64) and then to a sharply higher value *'after my client's suicidal behaviour'* (PS3 0.82). Graph 7.9.4 showed Debbie's empathetic identifications with *'a suicide survivor'* as high and stable in three contexts – *'life's cruelties'*, *'life's wonders'* and *'working'* (CS1/CS2/CS3 0.68) – before easing in the context of *'relaxing'* (CS4 0.64).

These graphs illustrated Debbie's idiosyncratic acknowledgement of her 'suicide survivor' status through her high empathetic identifications with the entity '*a suicide survivor*'. In effect she identified characteristics in that person which matched her own. This was reflected in high idealistic identification with '*a suicide survivor*' (ideal id 0.68) together with a moderate evaluation of that entity (eval 0.45).

Debbie's high current empathetic identifications with '*my counselling supervisor*' (emp idfcn range 0.64 to 0.73) and with '*a psychiatrist*' (emp idfcn range 0.59 to 0.73) were significant when placed alongside high idealistic identifications and high and moderate evaluations, respectively, of these entities: '*my counselling supervisor*' (id idfcn 0.91; eval 0.83) and '*a psychiatrist*' (id idfcn 0.77; eval 0.55). In brief, although she saw herself as '*a suicide survivor*', she also identified some characteristics in these two entities which matched with her own.

The following excerpt from Debbie's (D) dialogue with the researcher (R) offered a necessary perspective upon these results and their meaning:

R - ...you know the stuff about "I wish I had been able to in some way to prevent [Michael's] suicide"...that's an unrealistic wish because of what your supervisor has told you...because of what I have said...because what the world knows about suicide is that you cannot stop someone – it is not possible to stop someone. You can mount a guard on them...you can...chain them and bind them up. The first opportunity they get...once they have taken the decision...there's nothing to be done...

D - I'm slowly realising that, yes...

R - ...but if you can get to them in the lead-up to their decision, if you can intervene at the right time, if you're really aware, if you're really switched on to other people and other people's feelings, it is possible...to make effective interventions...if you can get there before they have taken that decision...

D - That sounds like a huge responsibility...you would have to be on the alert twenty-four hours a day...

R - No, you wouldn't...I'm that type of person...I hope I would be sensitive to other people...to what other people will say to me because every person including "Michael"...including "Michael"...tells someone...

D - Who did he tell?

R - We don't know who he told...

D - You know everyone in the hostel was so shocked. Really upset and shocked. Everybody...co-workers, manageress, the other residents...

R - Sometimes people do not get the message.

D - Maybe I didn't get the message.

R - Well let's...let's not focus entirely on you here. There were a whole lot of other people who didn't get any message either...

D - But he was talking to me for [a long time] you know...

R - But he was not talking to you about "Should I or should I not take my life"...

7.9.11 Respondent Debbie – Beliefs and values of the suicide survivor

Constructs with low or negative structural pressures (range 18.41 to – 4.94) indicated where Debbie's identity development might be under stress and around which her behaviour might be problematic or perhaps unpredictable. Eight of these were designated as conflicted, inconsistently or non-, evaluative dimensions of identity, two of which were suicide-related: '**...was totally changed by suicide of person with whom s/he had significant bond or emotional relationship**' / 'was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond' (SP 18.41) (where the preferred pole is in bold), '**...withdraws from human contact**' / '**...seeks and develops human relationships**' (SP 10.92), '**...questions who s/he is**' / '**...remains sure of who s/he is**' (SP 9.41), '**...relies on family support at times of threat or crisis**' / 'does not need family support at difficult times' (SP 5.30), '**I have warm feelings towards others...**' / 'I loathe others...' (SP 3.93), '**...does not think about people committing suicide**' / '**...is highly sensitised to the issue of suicide**' (SP 0.07), '**I feel a special responsibility for the well-being of persons...**' / 'I don't have any particular responsibility for the well-being of persons...' (SP – 3.87) and '**...never feels lonely or uncomfortable when alone with self**' / '**...often feels the need for human contact when alone with self**' (SP – 4.94).

Debbie contended with dis-stress around the areas represented in these eight constructs by relying upon the resources available through her core and secondary identity dimensions. These were the values and beliefs central to Debbie's identity that

she used to judge the merits of self and others. They were likely to be resistant to change. High structural pressures on five constructs (range SP 60.49 to 42.56) that were related to suicide, represented core and secondary evaluative dimensions of Debbie's identity:

'...believes that suicide demands considerable bravery'/ '...believes that suicide is the act of a coward' (SP 60.49), '...feels that grief following suicide is like any other'/ **'...feels that grief following suicide is uniquely painful'** (SP 51.58), **'...considers that most suicides could be prevented'**/ '...considers that most suicides are unavoidable' (SP 45.93), '...believes that suicide cannot be predicted by overt behaviour'/ **'...believes that suicide may be anticipated by perceptive observation'** (SP 44.93) and '...believes that depression and suicide are inextricably linked'/ **'...believes suicide can occur "out of the blue" without depression being evident'** (SP 42.56). These constructs referenced Debbie's aspirational values and beliefs in relation to suicide.

These core and secondary values and beliefs influenced Debbie's responses to her several experiences connected with the suicide phenomenon. Her consideration of these experiences informed her social world in terms of the characteristics denoted by these constructs. For example, her client suicide event occurred two days before her client's fifth scheduled counselling session and Debbie learned of, or experienced, his suicidal death only on the date of this appointment after she arrived at the counselling location:

...because it's like...part of me, a huge part of me because of my inexperience, my naiveté, I think I may have missed something that a more experienced counsellor wouldn't have missed...but [not] being more aware...there were just no signs, no signs, there was nothing...you see when he...mentioned...the first session we had he said his family had a history of suicide and he said his grandfather – now this was – you see when I think about this he was very nonchalant...in passing he said there was a family history of suicide. His grandfather committed suicide many years ago and he said he once thought about it briefly many years ago himself but had decided against it. Should I have gone in there then and explored that? Because he made so light of it. You know it just didn't concern me at all.

Debbie's core and secondary beliefs and values in relation to her client suicide experience underpinned this narrative to a greater or lesser extent. Her reflections conveyed varying levels of consistency with her aspirational values and beliefs system including that most suicides could be prevented, that suicide could be anticipated by

perceptive observation and that suicide could occur “out of the blue” without depression being evident. There was no reference to her aspirational beliefs that suicide demanded considerable bravery nor that grief following suicide was uniquely painful although her own pain is palpable.

Her uncertainty and ambiguity, respectively, about ‘being sensitised to the issue of suicide’ (low SP 0.07) and about ‘being totally changed by suicide...’ (low SP 18.41) was evident in the following reflections:

“Michael’s” given me a few gifts to be quite honest you know... I certainly learned about... talking about suicide anyway... go in there and try and talk about it. But he’s given me gifts about myself. Do you know what I learned from “Michael”? I’ve only ever seen myself... in relation to other people through their problems. I never saw myself as a person. It was almost as if I needed other people’s problems to define me, to... mirror me, to tell me who I am. You know that kind of way. That’s what I learnt. I learned that from him.

Debbie aspired to contend with the exigencies of her counselling activities with vulnerable clients including the suicidal, through core values and beliefs exemplified in high structural pressures (SP range 75.20 to 51.96) on three constructs: ‘**...feels that safe expression of emotional feelings is always healthy**’/ ‘...feels that expression of emotions often indicates lack of control’ (SP 75.20), ‘...relies mainly on prescribed medication to relieve psychological pain’/ ‘**...always uses complementary / alternative remedies where possible**’ (SP 74.26) and ‘...sticks rigidly to values and beliefs of parents and guardians’/ ‘**...continues to develop personal values and beliefs**’ (SP 51.96).

Debbie’s narratives in par 7.9.3 above concerning her encounters with the suicide phenomenon up to and including her client suicide experience offered some additional insights into how her aspirational values and beliefs influenced her responses to the later event and its consequences. Her aspirational belief that ‘each human being is of irreplaceable value’ (SP 31.24) was of secondary order and this perhaps cast some light upon Debbie’s ambiguous response to “Michael’s” violent behaviour towards his wife whom “Michael” had ‘nearly murdered’. She spoke about how she had been changed by the ‘client suicide’ experience:

...do you know what I realise at the end of all this? It’s far simpler to go in, use the core conditions, use the skills you can, come out forget about it. That’s

another lesson I'm trying to learn. I don't know if I've got there yet but you know...I've carried "Michael's" pain for days you know and how it affects you...you just can't...you'd be wrecked! It's just mental wear and tear and you just can't afford to go down that road. I've learned a bit about that too. You cannot do it. You've got to detach.

This attitude was exemplified in Debbie's secondary order aspirational belief that '...people with whom s/he had a significant relationship or emotional bond are entirely responsible for their own circumstances' (SP 26.56). However this low level of structural pressure suggested that this was an area where her identity might be under some stress and around which her behaviour might be problematic or unpredictable. There were other areas exemplified by low or negative pressures on constructs where Debbie was likely to experience stress. Although her aspirational belief was that she was subject to 'momentary bouts of psychological discomfort' (SP 37.64) she felt ambiguous about 'having warm feelings towards (people) (SP 3.93) and was uncertain about 'seeking and developing human relationships' (SP 10.92) while it was problematic for her that she 'often felt the need for human contact when alone with self' (SP – 4.94).

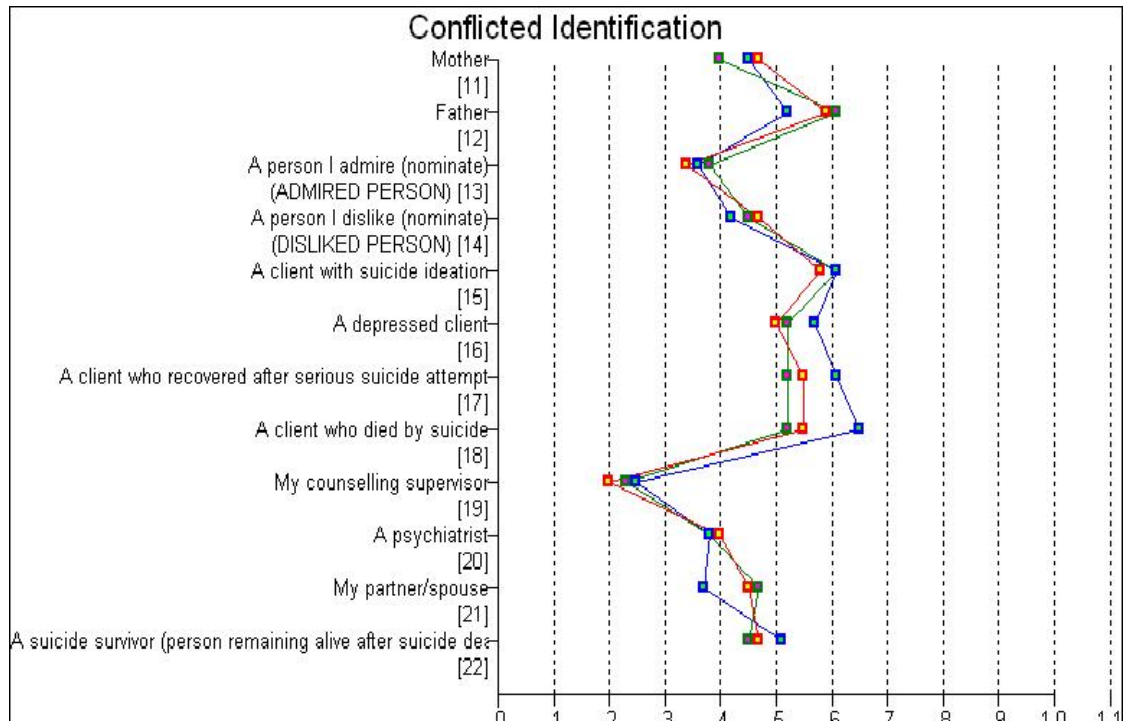
7.9.12 Respondent Debbie – Summary

Debbie was a trainee counsellor of limited experience when, as a trainee counsellor, her first client died by suicide. She construed herself as having many attributes of '*a suicide survivor*' before and during her counsellor training, and even when she was relaxing: (emp idfcn PS1 0.68, CS3 0.68, CS4 0.64). All seven identity states represented vulnerable identities of two kinds: crisis (PS1) and diffusion (PS2, PS3, CS1, CS2, CS3, CS4). These results showed identity development that represented tolerance of consistently high levels of identity conflicts in the context of improving levels of self-evaluation. As her counselling training proceeded in the aftermath of client suicide, she planned to continue to work with vulnerable clients in an addiction rehabilitation hostel while working to resolve her highly conflicted identifications with suicide-related clients, including her client who died by suicide.

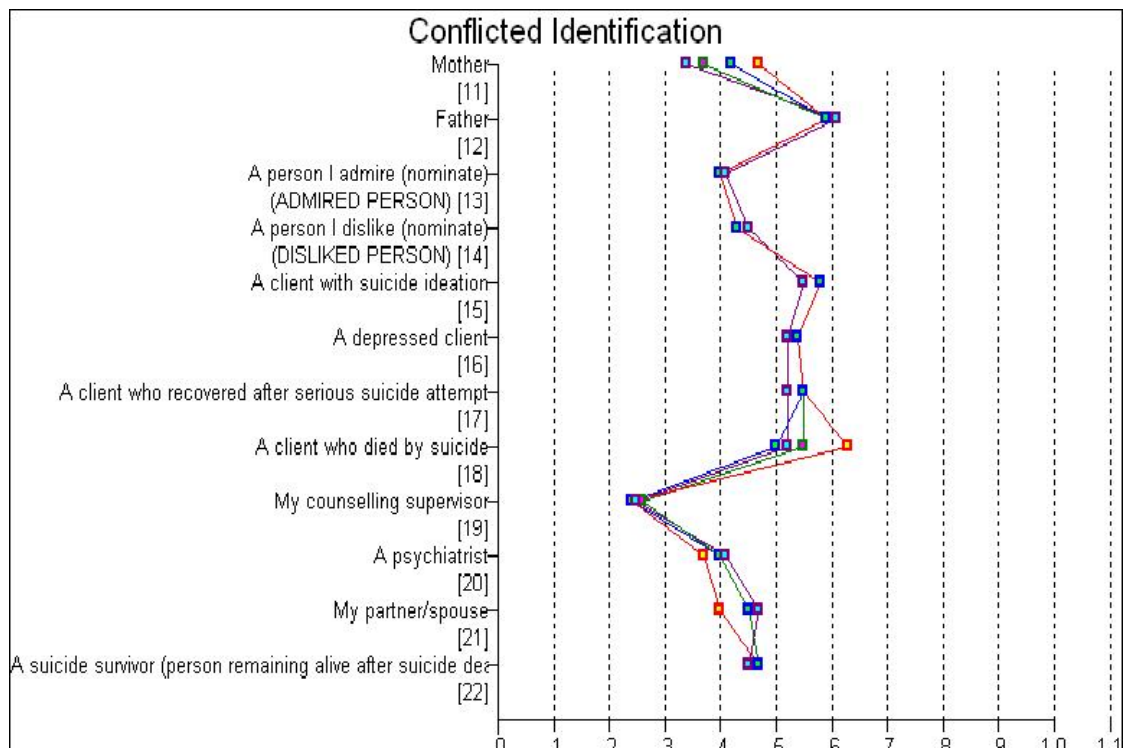
Note: Key for graphs 7.9.1, 7.9.2, 7.9.3 and 7.9.4 below

PS1 & CS1= red PS2 & CS2=green
PS3 & CS3= blue CS4=purple/maroon

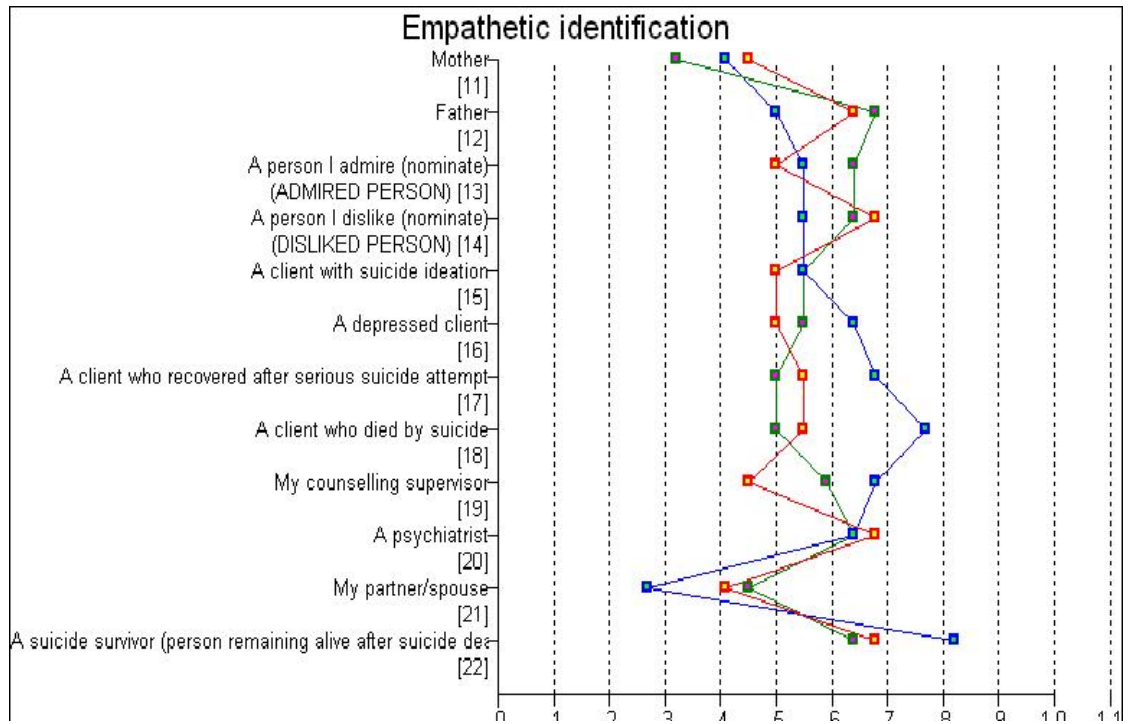
Graph 7.9.1 IDEX A15 'Debbie' Conf Idfcn PS1, PS2, PS3 comparison



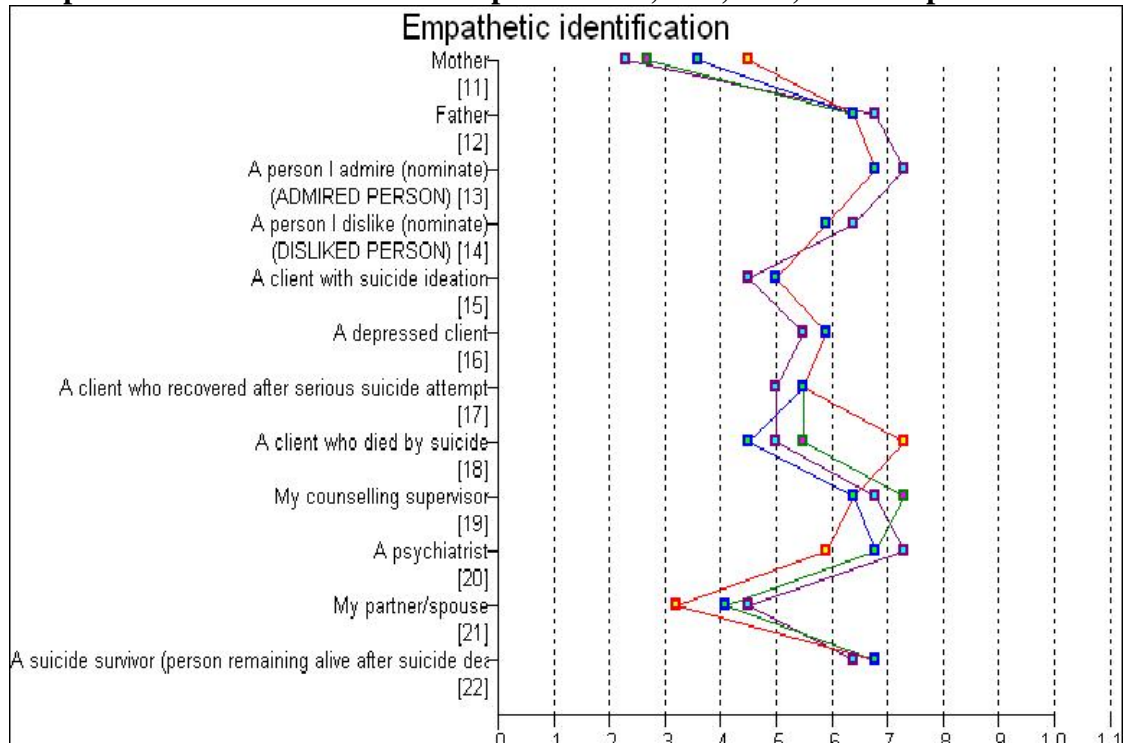
Graph 7.9.2 IDEX A15 'Debbie' Conf Idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.9.3 IDEX A15 'Debbie' Emp Idfcn PS1, PS2, PS3 comparison



Graph 7.9.4 IDEX A15 'Debbie' Emp Idfcn CS1, CS2, CS3, CS4 comparison



7.10.0 PhD Case Study A16 – alias Mark

7.10.1 Respondent Mark – Personal and professional information

This respondent will be referred to using the pseudonym ‘Mark’. Mark was aged about 40 years when interviewed. He had worked in for several years in child and adolescent mental health inpatient treatment settings. He was a medically qualified practitioner with extensive experience following comprehensive education and training at postgraduate level. Mark’s considerable professional knowledge combined with extensive practitioner experience in patient/client practice suggested that he could be considered to be ‘an expert psychotherapist’.

7.10.2 Respondent Mark – Identity Structure Analysis

Mark completed ISA instrument ‘A’ (see appendix 5) in April 2004 following an audio taped, semi-structured interview with the researcher. Before being interviewed he voluntarily completed a consent form (see appendix 4).

7.10.3 Respondent Mark – Preliminary remarks

During interview Mark reflected on four separate suicide events. About a year before interview he had a conversation with a colleague and former school mate about the then recent suicide of a mutual friend who was also a former school mate:

...it was actually a friend of mine who was talking about someone...we both knew who was in the same school as us...actually this was a school friend who happens to be a [name of profession] and there happened to be a mutual acquaintance who [was] a year or two behind us in school who committed suicide and [we were] just having a conversation around suicide...we would know this guy’s mother and I...suppose I would say it’s a very angry act and was obviously out of extreme desperation...in this guy’s situation it really seemed to be sort of just giving a two fingers in the most extreme manner to his wife...and to those around him saying: “I’ll prove to you just how much you’ve upset me.”

Although Mark and his colleague were aware that their school friend’s death was suicide, Mark said that:

...my friend would have known this guy's family reasonably well and he was...privy to some of the background information...the story was that it was an accident as these things often are...

He added some comments on his own suicidality:

...I suppose in my own personal case I don't know...it's not something I've ever seriously contemplated...but that said I guess maybe it has crossed my mind at times...more what you would do if you were to feel that way and that's a hypothetical scenario.. It's never a...solution that I've toyed with seriously though...

Mark described three suicides where he was caring professionally to a greater or lesser extent with the people concerned. Occasionally Mark's referred to his patients as 'clients':

There's three...suicides that...I would have had some involvement...really in the days prior to the individual committing suicide...contact in each case was a little bit more peripheral than it would be in the...ordinary sense. None of them were clients that I was working with for weeks and months on end.

Mark described each suicide event. He spoke first about his most recent patient suicide:

The first one was a lady with a delusional disorder...I saw her while I was a registrar in [location] I would say that was 1997 [several years before interview]...I saw her in a clinic in [location]...I hadn't met her before...[the] delusional disorder [meant that]... she thought there was this very bad smell coming from her... [this was a] substantial source of distress...for years. She was on anti-psychotic medication... she was saying do I not believe her...I was suggesting that we changed the medication...the solution she was posing was...another change in medication which had really proved... ineffective for her...that's the decision that I ended coming up for her. I knew she was dissatisfied...but arranged to review her the following month...just sort of said give it a go...but I heard that...she'd killed herself [during] the following day[s]. She killed herself quite soon after that...either hours or a day or two at most after that...it was a Friday and I went to work on a Monday or a Tuesday...I heard that she'd taken her life. She'd drowned herself.

Mark next described a patient suicide that took place three years earlier in 1994. He noted that all three patient suicides during his professional practice were females:

...this...was a lady...it's unusual that they're all women...given suicide among women is...much less common...this second patient was a lady as well...she

wasn't a patient of the consultant I was working with at the time...the registrar to the other consultant was away and I was covering for him...this lady came in for an urgent assessment with...a very rapid deterioration in her mood. She had a history...of rapid and very substantial dips in mood where she would become psychotic to a delusional point or depressed with delusional features...she was a young...married...woman in her early thirties [with] a couple of young children...I remember the room...in the hospital...I saw her in...she was very clear that...her mood had gone downhill. She was on anti-depressant medication. She could recognise what was happening. She seemed to have support at home, an understanding...husband...he had seen her this way before...he was not with her when I assessed her...the decision I made...the obvious decision was to change the medication, to increase her anti-depressant medication. The only other decision...was around managing risk around suicide: did she need hospitalised or not? She didn't want to go into hospital yet...she wanted to be at home with her kids...she said "let's go" with the change in her medication...I guess I made a call to go with that decision...and I think it was on a Friday [or] towards the end of the week anyway...I found out the following day...that she'd been admitted to another hospital...on an emergency basis...that she'd become even more depressed...I remember hearing from...colleagues...somewhat surprised but I was not absolutely shocked...I heard a few days later that in that other hospital she'd hung herself.

Mark described his third client suicide that occurred in 1995. He was working in a hospital setting as a team member. In contrast with the earlier two cases where: '...it was very much just me and the patient...' clinical decisions for this third patient were the responsibility of the team:

...I was working...in [location] a lady...under our care...she was an inpatient for only about six weeks...it seemed initially to be straightforward depression...young enough woman...late thirties...marriage recently ended...during the admission [we] began to see...more behaviours...that began to indicate some personality disorder as well as...depressive disorder...we became less convinced that she had the depressive disorder...more that she was sort of...borderline personality traits...but that said seemed to have gotten through life...without great difficulty prior to the preceding six to twelve months when things seemed to just unravel for her...Self harm was certainly an issue while she was an inpatient or just talk of it or threats of it...as a team we were a bit confused by her presentation...we had a case conference...presented her case to other [treatment] teams...for ongoing discussion about management options...and that was just prior to her discharge...decision was made at that stage to discharge...monitor her progress as an outpatient...I don't think she [the patient] was delighted about that option...she was still upset and angry...but again that decision was taken not so much by me...this was a team decision [agreed] by the consultant...[the patient was] a lady I found it hard to empathise with...was able

to empathise with the first lady's delusions...the second lady I empathised both with her depression and also with her needs as a mum. This [third] lady was harder to warm to...in any real way...but we felt we were making progress with her...team decision taken to discharge her...follow-up as an outpatient. But then...a week later we got the news that she had killed herself...carbon monoxide poisoning by the hose from her car...I suppose we were very surprised. I didn't think that...I wouldn't have seen her as high risk really either...

Mark's disclosed that, following these events, no option for debriefing was available. He recalled being summoned to the office of the consultant with responsibility for the patient who died by suicide (1994) mentioned above. Chronologically this was Mark's first patient suicide and it occurred within the initial four or five years of his career as a trainee practitioner. The relevant consultant was apparently interested specifically in the clinical information that Mark could offer about his interaction with her before he discharged her (M=Mark; R=Researcher):

M - He [the consultant] was actually surprised that I'd written such extensive notes about [my] meeting [with the patient]. But he was more concerned from a medico-legal point of view and a defensive point of view. He wasn't intending to be consoling or meaning to be supportive around the fact that a patient had died and that I might be a bit upset around it...which was how it should be dealt with...by an option for debriefing or something around it.

R - And...your experience is that that isn't the case?

M - No. No. That hasn't been the case.

Mark explained that prior to completing training, his contact with suicidal patients was not of an intense weekly or monthly contact over a prolonged period. This pattern of intermittent patient contact was likely to continue during Mark's ongoing work settings. He described his anticipated approach in the unfortunate event of a fourth patient suicide:

I think if it were to happen I would be inclined to deal with it in that way as in look back, were there any risks that I should have spotted, that I didn't? The risks I did identify, did I respond to them in a proportionate and a reasonable manner? If I did well then it's...just accepting it – it's the nature of the work I do, it's part of...part of the territory.

Mark had described three suicide events: chronologically these were: first, in 1994, the suicide of a patient who, after re-admission to a second hospital on the day following her

discharge from his hospital by Mark, hanged herself in that second hospital with days; second, in 1995, the suicide by self-poisoning of a discharged patient within a week of being discharged from hospital and third, in 1997, the suicide by drowning of a discharged patient within a day or so of her discharge from hospital.

Mark said that if his first patient had killed herself on the evening that he had discharged her, he would have felt responsible: he said he did not know how he would have processed this. He added:

...the fact that...she'd been admitted [to another hospital meant that]...my error in not admitting her wasn't actually responsible for her death.

Mark said that his second patient's discharge was 'a team decision' and that her death by self-poisoning by carbon monoxide was unexpected:

...I suppose we were very surprised. I didn't think that...I wouldn't have seen her as high risk really either...

Mark said that he did not feel guilty or responsible for his third patient's death. He felt that:

with the tools that I had at the time I think I did as good as I could have done but that said [with] the tools I have now I could have done more...

7.10.4 Respondent A16 Mark – Overview – See Appendix 10

7.10.5 Respondent Mark – Primary analysis

In the classification of Mark's identity variants in Table 7.10.1 below his past and current situated selves were designated as follows:

Past situated selves

'me before I became a psychotherapist/counsellor' PS1 – identity variant 'indeterminate'

'me before my client's suicidal behaviour' PS2 – identity variant 'confident'

'me after my client's suicidal behaviour' PS3 – identity variant 'indeterminate'

Current situated selves

'me when I am overwhelmed by life's cruelties' CS1 – identity variant 'negative'

'me when I feel enhanced by life's wonders' CS2 – identity variant 'confident'

'me when I'm working' CS3 – identity variant 'indeterminate'

'me when I'm relaxing' CS4 – identity variant 'indeterminate'

When overwhelmed ‘by life’s cruelties’ (CS1) Mark evaluated himself at a very low level (CS1 eval – 0.09): he believed himself to be unsuccessful in achieving his identity aspirations, e.g. continuing to be the person he was into the foreseeable future (SP 93.07). Moderate identity diffusion (CS1 id diff 0.33) indicated the range and magnitude of his conflicted identifications in this identity state, e.g. with vulnerable people, a client who died by suicide (CS1 id conf 0.54), a suicidal person (CS1 id conf 0.53) and a depressed person (CS1 id conf 0.45). Mark’s identity variant in this context, ‘negative’, was a vulnerable state due to the coincidence of low self-evaluation and moderate identity diffusion.

As mentioned in par 7.10.4 above, Mark evaluated his currently situated self ‘*me when I feel enhanced by life’s wonders*’ (CS2 eval 1.00) very highly indeed. He evaluated his aspirational self ‘*me as I would like to be*’ almost as highly (eval 0.97) and he maintained high self-evaluation levels in three other contexts, viz. ‘*me before my client’s suicidal behaviour*’ (PS2 eval 0.88), ‘*me when I’m relaxing*’ (CS4 eval 0.78) and ‘*me before I became a psychotherapist/counsellor*’ (PS1 eval 0.72). These contrasted with his moderate self-evaluations of ‘*me after my client’s suicidal behaviour*’ (PS3 eval 0.67) and ‘*me when I’m working*’ (CS3 eval 0.55) and with his quite low self-evaluation of ‘*me when I am overwhelmed by life’s cruelties*’ (CS1 eval - 0.09). Mark’s self-evaluations were conditioned by context being moderate in relation to his professional activities where suicide was involved and lowest in the context of ‘life’s cruelties’.

However his varied and context-related self-evaluations contrasted, at times very strongly, with weak evaluations of three of the five suicide-related entities, respectively: ‘*a depressed client*’ (eval – 0.08), ‘*a client with suicide ideation*’ (eval – 0.20) and ‘*a client who died by suicide*’ (eval – 0.53). The reduced values that Mark placed on these clients (and therefore on his deceased clients) contrasted with his moderately high evaluations, respectively, of ‘*a client who recovered after serious suicide attempt*’ (eval 0.42) and ‘*a suicide survivor*’ (eval 0.22). For the physician, the latter two people offered some hope of healing, perhaps, while Mark’s evaluation of the former three clients evidenced his appraisal, in relation to them, of levels of hopelessness from considerable, as in a depressed client, to total, as in the case of a client who died by suicide.

Concerning to suicide-related clients, Mark's levels of ego-involvement were highest '*a client who died by suicide*' (ego inv 4.79) and lowest with '*a client who recovered after serious suicide attempt*' (ego inv 2.24) while being very high with '*a suicide survivor*' (ego inv 4.47) paralleling to an extent Mark's client evaluations.

Table 7.10.1 Respondent Mark – Self image

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	2.77	PS1	3.94
		CS2	4.58	PS2	4.04
		CS3	3.62	PS3	3.51
		CS4	4.89		
Self-Evaluation (-1.00 to +1.00)	0.97	CS1	-0.09	PS1	0.72
		CS2	1.00	PS2	0.88
		CS3	0.55	PS3	0.67
		CS4	0.78		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.33	PS1	0.35
		CS2	0.36	PS2	0.34
		CS3	0.35	PS3	0.37
		CS4	0.35		
Identity Variant					
Current Self 1	NEGATIVE				
Current Self 2	CONFIDENT				
Current Self 3	INDETERMINATE				
Current Self 4	INDETERMINATE				
Past Self 1	INDETERMINATE				
Past Self 2	CONFIDENT				
Past Self 3	INDETERMINATE				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.38	0.87	0.64	0.75	
PS2	0.48	0.94	0.72	0.82	
PS3	0.33	0.86	0.61	0.74	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

7.10.6 Respondent Mark – Positive and negative role models of the suicide survivor

Mark highly idealistically identified with '*my counselling supervisor*' (0.77), with '*father*' and '*a person I admire*' (both 0.68). Mark also idealistically identified quite highly with '*a psychiatrist*' and with '*my partner/spouse*' (both 0.64). Mark's positive

role models were representative of his professional colleagues and some people in his family and social worlds.

Mark contra-identified most highly with '*a client who died by suicide*' (0.59), with '*a client with suicide ideation*' (0.50), with '*a suicide survivor*' (0.45) but less so with '*a depressed client*' (0.41). Mark wished to dissociate to a greater or lesser extent from clients with various suicide-related issues.

Mark was a clinician survivor by reason of the suicides of his three patients. His strong dissociation from suicidal clients/patients, evident in the above results, was perhaps connected with his primary concern for team colleagues caring for patients where suicide risk assessment is not an exact science, as illustrated in the following narrative:

...in terms of suicide...as an issue I live with as a professional...I guess I'm resigned to the fact that we manage risk. We can't eliminate it. By definition that means there will be times when we get it wrong or we make a decision which ultimately proves to be the wrong one. I guess as long as the principles that underpin how we came to that decision are reasonable...that...allows me to live with it. In terms of our current work I'm...conscious of protecting...the team that I'm working with as a [team leader] I take responsibility for the patients accessing our service but...I worry about the team I work with too. It's a point I make to them regularly that...we work with teenagers...addicted to heroin by and large who would be a group at high risk of...death through all sorts of reasons...suicide, accidental overdose...homicide...just reminding them constantly that...we need to be aware of the risks but equally we need to be aware...that no matter how good we are...some people are going to die at some stage...hopefully it won't be for years but it's going to happen...among...people attending at any time...the mortality for heroin addicts is one to two per cent...So it is going to happen. So in a way [I'm] hopefully inoculating them [viz. team colleagues] against the trauma or the upset...the self-doubt they might suffer following such an event...that they are...prepared for the fact that it's probably going to happen. That doesn't mean...that we allow standards to drop and just go well "You know someone just killed themselves – that comes with the territory" but...it's just trying to deliver a top class service and even a top class service can involve making an error in terms of risk assessment...

7.10.7 Respondent Mark – Conflicted identifications and the suicide survivor

In his appraisals of his past self, '*me before I became a psychotherapist/counsellor*' (PS1), Mark's was most highly conflicted in his appraisals of a family member: '*my partner/spouse*' (PS1 0.47) and a person left after significant suicidal loss: '*a suicide*

survivor' (PS1 0.46). Other people with whom he had similar conflicted experiences included family member '*father*' and a vulnerable patient '*a client with suicide ideation*' (PS1 both 0.42) and socially with '*a person I admire*' (PS1 0.39) and with '*a person I dislike*' (PS1 0.38). He experienced moderately high identification conflicts with '*mother*', '*a depressed client*' and '*a psychiatrist*' (PS1 all 0.34) as set out in Table 7.10.2 below.

In subsequent appraisals the levels of Mark's identification conflicts with the above mentioned nine entities modulated across the remaining six contexts. In summary these levels were maintained at very high or high levels in at least five out of these six contexts for five of these entities, respectively: '*my partner/spouse*' (range 0.40 to 0.43); '*a suicide survivor*' (range 0.44 to 0.57); '*father*' (range 0.40 to 0.44); '*a client with suicide ideation*' (range 0.38 to 0.53) and '*a person I admire*' (range 0.39 to 0.45). Mark's identifications were problematic to an extent with people in his family, professional, client and social worlds before he experienced client suicide. A notable exception was Mark's '*counselling supervisor*' (range PS2/CS4 conf idfcn 0.18 to 0.22), a role model with whom he remained close throughout.

In the transition from '*me before I became a psychotherapist/counsellor*' (PS1) and '*me when I'm working*' (CS3) Mark's conflicted identifications showed modulations as follows: increases for three entities, respectively: highest increase for '*a suicide survivor*' (PS1/CS3 0.46/0.54), more modest increase for '*a person I admire*' (PS1/CS3 0.39/0.42) and '*a psychiatrist*' (PS1/CS3 0.34/0.38); decreases for three entities, respectively: '*my partner/spouse*' (PS1/CS3 0.47/0.40), '*a person I dislike*' (PS1/CS3 0.38/0.33) and '*mother*' (PS1/CS3 0.34/0.28) while three entities were largely unchanged, respectively: '*father*' (PS1/CS3 both 0.42), '*a client with suicide ideation*' (PS1/CS3 both 0.42) and '*a depressed client*' (PS1/CS3 0.34/0.35). Mark's identification conflicts with the remaining two suicide-related entities remained at moderate levels across this transition, respectively: '*a client who died by suicide*' (PS1/CS3 0.27/ 0.24) and '*a client who recovered after serious suicide attempt*' (PS1/CS3 0.22 / 0.24). There was modest resolution of some conflicts, e.g. with '*partner/spouse*', '*disliked person*' and '*mother*'. Others intensified, e.g. '*a suicide survivor*', pointing up the problematic nature of uninvited clinician survivor status.

Table 7.10.2 Respondent Mark – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.54	0.28	0.24	0.38
15 A client with suicide n	0.53	0.39	0.42	0.39
16 A depressed client	0.45	0.32	0.35	0.32
22 A suicide survivor (pe	0.44	0.56	0.54	0.47
12 Father	0.29	0.43	0.42	0.40
13 A person I admire (nom)	0.27	0.45	0.42	0.39
20 A psychiatrist	0.24	0.40	0.38	0.33
17 A client who recoveredt	0.19	0.25	0.24	0.24
21 My partner/spouse	0.19	0.43	0.40	0.40
14 A person I dislike (no)	0.13	0.32	0.33	0.39
19 My counselling supervir	0.12	0.22	0.20	0.19
11 Mother	0.10	0.30	0.28	0.31
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.47	0.42	0.40	
22 A suicide survivor (pe	0.46	0.46	0.57	
12 Father	0.42	0.44	0.44	
15 A client with suicide n	0.42	0.38	0.45	
13 A person I admire (nom)	0.39	0.39	0.42	
14 A person I dislike (no)	0.38	0.42	0.31	
11 Mother	0.34	0.33	0.29	
16 A depressed client	0.34	0.31	0.41	
20 A psychiatrist	0.34	0.34	0.37	
18 A client who died by s	0.27	0.27	0.33	
17 A client who recoveredt	0.22	0.22	0.24	
19 My counselling supervir	0.18	0.19	0.20	

CS1 'me when I am overwhelmed by life's cruelties'

CS2 'me when I feel enhanced by life's wonders'

CS3 'me when I'm working'

CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'

PS2 'me before my client's suicidal behaviour'

PS3 'me after my client's suicidal behaviour'

In the transition from '*me before I became a psychotherapist/counsellor*' (PS1) to '*me before my client's suicidal behaviour*' (PS2) Mark's identification conflicts remained high and stable with '*a suicide survivor*' (PS1/PS2 both 0.46) and moderate and unchanged, respectively, with '*a client who died by suicide*' (PS1/PS2 both 0.27) and with '*a client who recovered after serious suicide attempt*' (PS1/PS2 both 0.22). For the remaining two suicide-related entities, Mark's identification conflicts modulated a little, becoming lower, respectively with '*a client with suicide ideation*' (PS1/ PS2 0.42 / 0.38) and '*a depressed client*' (PS1/ PS2 0.34/ 0.31). These data were related to Mark's clinical experiences during his early professional development.

In Mark's appraisals across all contexts of '*a suicide survivor*' he had very high or high identification conflicts that modulated within the range (CS1 0.44 to PS3 0.57). Mark shared characteristics, on occasion at a very high level (e.g. PS3/CS2/CS3 0.57/0.56/0.54) with '*a suicide survivor*' while not wishing to.

By inspection of Mark's appraisals '*me before my client's suicidal behaviour*' (PS2) and '*me after my client's suicidal behaviour*' (PS3) with respect to suicide-related entities, it was evident that any such behaviour intensified his identification conflicts in varying degrees, respectively: '*a suicide survivor*' (PS2/PS3 0.46/ 0.57), '*a client with suicide ideation*' (PS2 /PS3 0.38/ 0.45), '*a depressed client*' (PS2/PS3 0.31/ 0.41), '*a client who died by suicide*' (PS2 /PS3 0.27/ 0.33) and '*a client who recovered after serious suicide attempt*' (PS2/PS3 0.22 / 0.24). Mark's problematic identifications were less with vulnerable, suicidal clients than with that involuntary part of himself, the clinician survivor.

In relation to three of the five suicide-related entities, Mark experienced significant modulations in identification conflict in the transition '*me when I am overwhelmed by life's cruelties*' (CS1) to '*me when I feel enhanced by life's wonders*' (CS2), respectively: '*a client with suicide ideation*' (CS1/ CS2 0.53/ 0.39), '*a depressed client*' (CS1/ CS2 0.45/ 0.32), '*a client who died by suicide*' (CS1/ CS2 0.54/ 0.28), '*a suicide survivor*' (CS1/ CS2 0.44/ 0.56) and '*a client who recovered after serious suicide attempt*' (CS1/ CS2 0.19/ 0.25). Mark was represented – while not wishing to be so represented – to a lesser or greater extent in these five persons depending upon whether the context was 'life's cruelties' or 'life's wonders'. Similar modulations occurred in data for family members, e.g. '*partner/spouse*' (CS1/CS2 0.19/0.43), professional colleagues, e.g. '*psychiatrist*' (CS1/CS2 0.24/0.40), social world actors, e.g. '*admired person*' (CS1/CS2 0.27/ 0.45). This transition from negative, (cf. cruelties) to positive (cf. wonders) altered the degree to which Mark shared characteristics of others while not wishing to.

In the transition from '*me when I'm working*' (CS3) to '*me when I'm relaxing*' (CS4), Mark's identification conflicts with suicide-related entities reduced slightly for '*a suicide survivor*' (CS3/ CS4 0.54/ 0.47), '*a client with suicide ideation*' (CS3/ CS4 0.42/ 0.39), '*a depressed client*' (CS3/CS4 0.35/ 0.32) while remaining stable with '*a client*

who recovered after serious suicide attempt' (CS3/ CS4 both 0.24). However, Mark's level of identification conflict with '*a client who died by suicide*' (CS3/ CS4 0.24/0.38) increased to a relatively high level. Overall, these last data signalled the strong influence that the suicide phenomenon – particularly client suicide – exercised upon Mark. When not working and during Mark's relaxation, his most problematic identifications were with '*a suicide survivor*' (con idfcn 0.47), '*a client with suicide ideation*' (conf idfcn 0.39). '*a client who died by suicide*' (conf idfcn 0.38) and

The data representing Mark's conflicted identifications with some suicide-related clients reflected his reduced evaluations of these people. In particular high identification conflicts in the context '*me when I am overwhelmed by life's cruelties*' (CS1) with '*a depressed client*' (con idfcn 0.45), with '*a client with suicide ideation*' (con idfcn 0.53) and with '*a client who died by suicide*' (con idfcn 0.54) were mirrored in Mark's evaluations of these persons, respectively: eval – 0.08, eval - 0.20 and eval - 0.53. Mark's narratives provided a perspective on these data:

..the [patients/clients] we work with...have very substantial and real problems and some of them don't do well. It does not always mean we're not good at what we do...we have limited knowledge...the interventions we use have got limited efficacy and...as long as we do our best that's...OK. That's my strong belief. But I think society has a belief...and many other professionals...including mental health professionals...would have a belief that if the problem is psychological then there has to be a solution. And they suppose that if only they could get a good enough therapist well then they...would have been sorted...out. There's an implied view that it's a failing of the mental health profession...any time someone commits suicide. I just don't buy into that.

7.10.8 Respondent Mark – The suicide survivor and life's cruelties

As mentioned in par 7.10.7 above, in his appraisals of '*me when I am overwhelmed by life's cruelties*' (CS1) Mark experienced highly conflicted identifications (range 0.54 to 0.44) with suicide-related entities: '*a client who died by suicide*' (0.54), '*a client with suicide ideation*' (0.53), '*a depressed client*' (0.45) and '*a suicide survivor*' (0.44). In the identity state '*me when I feel enhanced by life's wonders*' (CS2), his identification conflicts with these people (range 0.28 to 0.56) modulated according to context, increasing and lessening, without an obvious pattern, respectively: 0.28, 0.39, 0.32, 0.56. It was evident that Mark's conflicted identifications with '*a suicide survivor*' intensified

in the transition from '*life's cruelties*' to '*life's wonders*'. His empathetic identifications expanded in this transition (CS1/CS2 emp idfcn 0.44/0.69). He saw himself as very much closer to this person in the 'wonders' context. These data acknowledged Mark's situation as '*a suicide survivor*' or more accurately a clinician survivor. He did not wish to have this involuntary status particularly in a context envisaged as '*life's wonders*'.

Mark's self-evaluation (eval 1.00) and very high ego-involvement (ego inv 4.58) when experiencing '*life's wonders*' contrasted mightily in his self-evaluation (eval – 0.09) and ego-involvement (ego inv 2.77) when experiencing '*life's cruelties*'. Mark's identification conflicts with four suicide-related entities were quite problematic in the context of '*life's cruelties*' but were much less problematic in the context of '*life's wonders*'. Mark's conflicted identifications with '*a suicide survivor*' in both of the above mentioned contexts (CS1/CS2 0.44/0.56) were accompanied with high ego-involvement (ego inv 4.47) and low evaluation (eval 0.22). These results contrasted with data for the three suicide-related entities with problematic conflicted identifications where low evaluations were accompanied with varying levels of ego-involvement (range 2.45 to 4.79), respectively: '*a depressed client*' (eval – 0.08; ego inv 2.45), '*a client with suicide ideation*' (eval – 0.20; ego inv 3.51) and '*a client who died by suicide*' (eval – 0.53; ego inv 4.79). The data for the remaining suicide-related entity '*a client who recovered after serious suicide attempt*' (eval 0.42; ego inv 2.24) exemplified moderately high evaluation and moderately high ego-involvement. Mark discriminated both regarding his levels of engagement with, and the value that he was able to place upon suicide-related people, according to how he appraised them.

Mark's narratives provided background for some of these data in relation to the emotional / psychological consequences for him, as a clinician survivor, of learning about the suicidal deaths of his three patients:

Re patient suicide (1994):

When working in adult psychiatry I worked in a...hospital in [location] for about three years and during [that time] I saw three [adult] patients who...killed themselves while I was there. I...just happened to be on call...people kill themselves while in those institutions...at that time I would have considered myself a pure psychiatrist where my interventions were invariably biological...giving medication...obviously I would have some understanding and awareness of psychological processes...since making the move to child and adolescent psychiatry...fortunately I haven't had an client who committed

suicide. First suicide...lady came in for an urgent assessment...of a very rapid deterioration in her mood...I saw her in hospital...her mood had gone downhill. She was on anti-depressant medication...the obvious decision was to...increase her... medication ...only other decision was in relation to suicide: did she need hospitalised? She did not want to go into hospital yet...I [decided] to go with the decision [to discharge her]... found out the following day that she'd been admitted to another hospital...had become even more depressed...I heard...a few days later that in the other hospital she had hung herself...I guess that distanced me perhaps in some way from the actual act...I knew [when] I heard she'd been admitted [to another hospital] I knew I'd made the wrong call...that she'd given me enough evidence probably to just say "Listen I'm going to admit you." But I'd chosen to ignore it...I think I have a tendency...if people come to me with health problems...I would probably be less cautious in my approach...

Re patient suicide (1995):

...an inpatient for only about six weeks...it seemed initially to be straightforward depression...marriage recently ended...began to see...more behaviours...began to indicate some personality disorder as well as...depressive disorder...presented to other [expert] teams as a case study...decision made to discharge and monitor progress...team decision...found it hard to empathise with [this patient]...but we felt we were making progress with her...a week later we got the news that she'd killed herself...carbon monoxide poisoning by the hose from her car...we were very surprised...wouldn't have seen her as high risk really either...

Re patient suicide (1997):

...lady with delusional disorder...on anti-psychotic medication...changed medication ...discharged her...I knew she was unsatisfied...with that particular solution but arranged to review her the following month...she killed herself the following day...It's strange...I don't exactly remember the moment I found out...I remember being surprised...she wasn't someone I was seeing as high risk really...I was surprised...there's the inevitable tendency to go "Did I do anything wrong...was there anything more I could have done..." and I didn't really feel at that time that there was...in retrospect...I think it was part of your training as a psychiatrist...in general adult psychiatry your training is all around medication, biological solutions...you know some solution focused work, CBT [Cognitive Behavioural Therapy] could have been much more effective...with the tools I had at the time I think I did as good as I could have done but that said [with] the tools I have now I could have done more...

7.10.9 Respondent Mark – Empathetic identifications and the suicide survivor

As set out in Table 7.10.3 below, Mark's empathetic identifications with suicide-related entities were quite low (range 0.12 to 0.47) in his appraisals of 'me before I became a psychotherapist/counsellor' (PS1): '*a client who died by suicide*' (0.12), '*a depressed client*' (0.29), '*a client who recovered after serious suicide attempt*' (0.35), '*a client with*

suicide ideation' (0.35) and '*a suicide survivor*' (0.47). These results reflected Mark's moderate level of considered awareness of the suicide phenomenon before he commenced psychotherapeutic work. Among suicide-related entities, Mark maintained either very high (> 0.70) or quite high (≥ 0.59) levels of empathetic identification across three of the seven situated contexts in respect of '*a suicide survivor*': (PS3 0.71, CS2 0.69, CS3 0.65).

Table 7.10.3 Respondent Mark – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.56	0.31	0.35	0.30
16 A depressed client	0.50	0.25	0.30	0.25
18 A client who died by se	0.50	0.13	0.10	0.25
22 A suicide survivor (pe	0.44	0.69	0.65	0.50
12 Father	0.31	0.69	0.65	0.60
13 A person I admire (nom)	0.31	0.88	0.75	0.65
19 My counselling supervir	0.31	0.94	0.80	0.75
20 A psychiatrist	0.31	0.88	0.80	0.60
17 A client who recoveredt	0.25	0.44	0.40	0.40
21 My partner/spouse	0.13	0.69	0.60	0.60
11 Mother	0.06	0.50	0.45	0.55
14 A person I dislike (no)	0.06	0.38	0.40	0.55
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
21 My partner/spouse	0.82	0.65	0.59	
11 Mother	0.65	0.59	0.47	
12 Father	0.65	0.71	0.71	
13 A person I admire (nom)	0.65	0.65	0.76	
19 My counselling supervir	0.65	0.71	0.82	
20 A psychiatrist	0.65	0.65	0.76	
14 A person I dislike (no)	0.53	0.65	0.35	
22 A suicide survivor (pe	0.47	0.47	0.71	
15 A client with suicide n	0.35	0.29	0.41	
17 A client who recoveredt	0.35	0.35	0.41	
16 A depressed client	0.29	0.24	0.41	
18 A client who died by se	0.12	0.12	0.18	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Mark maintained high levels of empathetic identification with five other entities, respectively, across at least six of the seven situated contexts, including '*my partner/spouse*' (range 0.59 to 0.82); '*father*' (range 0.60 to 0.71); '*a person I admire*' (range 0.65 to 0.88); '*my counselling supervisor*' (range 0.65 to 0.94) and '*a psychiatrist*' (range 0.60 to 0.88).

Mark's encounters with suicide in a number of contexts – during his pre-psychotherapy life and subsequently during his career in psychotherapy – exemplified 'the significant relationships and/or emotional bonds' with the suicidal deceased that conveyed the status of 'suicide survivor'. Examination of his empathetic identifications in his pre-psychotherapy life with '*a suicide survivor*' showed a low level (PS1 emp idfcn 0.47) that remained unchanged when he commenced psychotherapy but *before* his client's suicidal behaviour (PS2 emp idfcn 0.47). This level of empathetic identification increased markedly *after* his client's suicidal behaviour (PS3 emp idfcn 0.71) before modulating downwards to a low value '*when...overwhelmed by life's cruelties*' (CS1 emp idfcn id 0.44). Mark's empathetic identifications with '*a suicide survivor*' again increased markedly '*when...enhanced by life's wonders*' (CS2 emp idfcn 0.69) and remained almost as high '*when I'm working*' (CS3 emp idfcn 0.65) before falling back to a low level '*when I'm relaxing*' (CS4 emp idfcn 0.50).

These data revealed Mark's view of himself as '*a suicide survivor*', more accurately '*a clinician survivor*' in three contexts: '*after...client's suicidal behaviour*' (PS3), '*when feeling enhanced by life's wonders*' (CS2) and '*when... working*' (CS3). However in these three contexts, Mark's empathetic identifications were stronger in intensity with '*a person I admire*' (PS3 0.76; CS2 0.88; CS3 0.75), '*a psychiatrist*' (PS3 0.76; CS2 0.88; CS3 0.80) and with '*my counselling supervisor*' (PS3 0.82; CS2 0.94; CS3 0.80). He construed in these entities many characteristics that he identified in himself more strongly than some characteristics of '*a suicide survivor*'. In particular, when working he construed himself less as '*a suicide survivor*' (CS3 emp idfcn 0.65) than as an '*admired person*' (CS3 emp idfcn 0.75), '*a psychiatrist*' (CS3 emp idfcn 0.80) or '*my counselling supervisor*' (CS3 emp idfcn 0.80).

The following extract from Mark's (M) dialogue with the researcher (R) offered some background to these results:

R - ...your experience...your statement...your belief [is] that completed suicide is...massively more frequent among people who have not sought support...than among people who have been to support...

M - ...that's my understanding of the research [O'Connor et al., 1999] around it...usually people haven't had contact with psychiatric services but they would very often have talked about suicide as a solution for them to family members

around them who tended to dismiss it.... You asked a question earlier about training... I said that psychiatrists are well trained... but I had no real training in talking about suicide prior to undertaking psychiatric training. In other words I left medical school with no ability really to take a mental state examination nor even to assess suicide risk. I think that was wrong... a lot of patients will have seen their GP a month before they complete suicide... the GP may or may not be aware about risks... they're not trained... they don't like [to think] about suicide... [about] people [who] are going to kill themselves or [who are] thinking about killing themselves... It's what will they say to that... people have the notion that by talking to them about those thoughts they will make it more likely to happen. And they'll say "Don't be talking about that. That's silly talk... why don't you have a game of football, you'll feel better." And there's a tendency to trivialise it... because it makes us feel uncomfortable... in psychiatry you get used to talking about what patients say... maybe you get inoculated against it as a conversation topic.

7.10.10 Respondent Mark – Suicide survivor: graphs of changes in identification

Graphs of modulations in levels of empathetic identification and conflicted identification were used to illustrate the results presented above in pars. 7.10.4, 7.10.7, 7.10.8 and 7.10.9 with particular reference to the entity '*a suicide survivor*'.

Graphs 7.10.1 and 7.10.2 showed Mark's conflicted identifications with '*a suicide survivor*' extending across the range CS1 0.44 and PS3 0.57. Graph 7.10.3 showed his low empathetic identifications '*before I became a psychotherapist/ counsellor*' and '*before my client's suicidal behaviour*' (PS1/PS2 both 0.47) that modulate sharply upwards '*after my client's suicidal behaviour*' (PS3 0.71). Graph 7.10.4 showed Mark's empathetic identifications with '*a suicide survivor*' modulating according to context from a high value with '*life's wonders*' (CS2 0.69), then decreasing slightly with '*me when I'm working*' (CS3 0.65) before easing to lower values in the context of '*relaxing*' (CS4 0.50) and '*life's cruelties*' (CS1 0.44).

These graphs illustrated the idiosyncratic nature of Mark's '*suicide survivor*' status through the existence of relatively high empathetic identifications with '*a suicide survivor*' in three contexts only, as noted above. His modest idealistic identification with, and low evaluation of '*a suicide survivor*' (ideal id 0.50; eval 0.22) added further insight into the character of his '*survivor*' status. Clearly '*my counselling supervisor*' (ideal id 0.77; eval 0.63) was a stronger role model for him than '*a suicide survivor*'.

As mentioned above, Mark's high empathetic identifications, albeit in three contexts only – 'after...client's suicidal behaviour' (PS3), 'life's wonders' (CS2) and 'when working' (CS3) – had significance when put together with high idealistic identifications and moderately high evaluations, respectively, with '*my counselling supervisor*' (ideal id 0.77; eval 0.63), with '*a person I admire*' (ideal id 0.68; eval 0.53) and '*a psychiatrist*' (ideal id 0.64; eval 0.50). In brief, although in some circumstances he saw himself as a 'suicide survivor' he also identified characteristics in these three entities which much better matched his own.

The following extract from Mark's narrative offered a perspective to these data:

...the big reason why men...particularly men...why suicide is more common in men [is] that the man himself is poor at...the guy who's actually going to commit suicide or is thinking about committing suicide...we're poorer at talking about or even understanding our own emotional state and less likely then to access supports from our friends who are equally poor at talking about or understanding anyone else's emotional state never mind their own. So there's no one for them to talk to...and so in terms of prevention strategies I guess I'd be keen on this...health and social education [initiative]...at primary school level where they're trying to get people to become a little bit more emotionally literate and at that stage perhaps training them...to give them a little bit more insight...if a friend came to you and said this [e.g. threatened suicide] what could or would you do...and to try to incorporate that in...because it's such a male issue...while by and large the three examples of suicide I gave you were all women but...to do it particularly among boys or groups of boys and perhaps have it gender specific...for boys...how could you if you were feeling really bad how could you tell someone. Or if someone told you they were feeling so bad that they wanted to kill themselves what could you do...and again that bit of preparing people for the possibility could have some effectiveness in prevention...'

7.10.11 Respondent Mark – Beliefs and values of the suicide survivor

Constructs with low, very low or negative structural pressures (range SP – 5.21 to 22.22) indicated areas of Mark's identity under stress and around which his behaviour might be problematic or perhaps unpredictable. Nine of these constructs were designated as conflicted, inconsistently or non-, evaluative dimensions of identity, four of which were suicide-related: '*...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had significant relationship or emotional bond*'/ '*...believes that people with whom s/he had significant relationship or emotional bond are entirely responsible for their own circumstances*' (SP – 5.21) (where the preferred pole is in

bold), **‘I feel a special responsibility for the well-being of (people)’**/ ‘I don’t have any particular responsibility for the well-being of (people)’ (SP 1.57), ‘...believes that suicide demands considerable bravery’/ **‘...believes that suicide is the act of a coward’** (SP 3.45), ‘...relies on family support at times of threat or crisis’/ **‘...does not need family support at difficult times’** (SP 11.64), **‘..takes life for granted’**/ ‘...wonders what life is all about’ (SP19.31), **‘...feels that grief following suicide is like any other’**/ ‘...feels that grief following suicide is uniquely painful’ (SP 20.45), **‘... relies mainly on prescribed medication to relieve psychological pain’**/ ‘... always uses complementary /alternative remedies where possible’ (SP 21.25), ‘... was totally changed by suicide of person with whom s/he had significant relationship or emotional bond’/ **‘... was not much affected by suicide of person with whom s/he had significant relationship or emotional bond’** (SP 21.98) and ‘...does not think about people committing suicide’/ **‘...is highly sensitised to the issue of suicide’** SP 22.22).

Mark contended with any dis-stress around the areas represented in these nine constructs by relying upon the resources available through his core and secondary identity dimensions. These were the aspirational values and beliefs estimated as being central to Mark’s identity. They were likely to be resistant to change. High structural pressures on three constructs (range SP 55.15 to 36.55) that were related to suicide represented core and secondary evaluative dimensions of Mark’s identity: **‘...considers that most suicide could be prevented’**/ ‘...considers that most suicides are unavoidable’ (SP 55.15), ‘...believes that suicide cannot be predicted by overt behaviour’/ **‘...believes that suicide may be anticipated by perceptive observation’** (SP 53.90) and ‘...believes that suicide and depression are inextricable linked’/ **‘...believes that suicide can occur “out of the blue” without depression being evident’** (SP 36.55). These constructs referenced Mark’s values and beliefs in relation to suicide.

These core and secondary values and beliefs influenced Mark’s responses to his several experiences connected to the suicide phenomenon. His consideration of these experiences informed his social world in terms of the characteristics denoted by these constructs. The following narrative excerpts are indicative, in varying degrees, of Mark’s beliefs and values in relation to the suicide phenomenon:

I suppose...once you work with a client that's committed suicide you know it inevitably...changes your thinking on the issue...I've been struck by the fact that as a psychiatrist during my training there's been very, very little talk or emphasis, formal or informal, training or discussion on suicide and on the impact that suicide has on ourselves...almost by definition as a psychiatrist...[suicide]...in every patient contact...you've really got to be mindful of...even if there's no overt evidence of risk...people...deemed as having low risk...majority of suicides...would be in that category...shows just...our quite poor ability to really assess risk...it seems to me that [the] group that would be considered low suicidal risk from whom...majority of suicides actually emerge are people that I don't think...access services...when a patient commits suicide you're inclined to reflect...it's the outcome which as a professional you're trying to have the patients avoid more so than any other...

These reflections conveyed varying levels of consistency with Mark's aspirational values and beliefs system, represented in constructs with high structural pressures. He aspired to consider that most suicides could be prevented if those in suicide ideation accessed support services. This was linked with his aspirational belief that 'perceptive observation' is important in anticipating suicidal acting out. However he accepted that where suicidal patients did not access support their subsequent suicide could be misperceived as 'out of the blue'.

Uncertainty and ambiguity, signalled by low structural pressures on four suicide-related constructs, respectively, in relation to suicide being 'the act of a coward' (low SP 3.45), 'feeling that grief following suicide is like any other' (low SP 20.45), not being 'much affected' by the suicide of a client (i.e. a person with whom he, a psychiatrist, had a significant relationship) (SP21.98) and being highly sensitised to the issue of suicide (SP 22.22) was partially evident in Mark's narrative (see par 7.10.6 above). Some 'ambiguity and uncertainty' was linked to Mark's career development subsequent to the three client suicides.

Mark aspired to contend with the exigencies of his psychotherapeutic activities with vulnerable patients, including the suicidal, through core values and beliefs exemplified in high structural pressures (SP range 93.07 to 57.50) on seven constructs: **'...continues to be the person s/he was into the foreseeable future'**/ '...feels that the person s/he was is dead' (SP 93.07), **'...feels momentary bouts of psychological discomfort'**/ '...suffers unendurable psychological pain' (SP 88.61), '...withdraws from human contact'/ **'...seeks and develops human relationships'** (SP 78.98), **'I have**

warm feelings towards (people)'/ 'I loathe (people)' (SP 70.11), '...never feels lonely or uncomfortable when alone with self'/'...often feels the need for human contact when alone with self' (SP 66.76), '...feels that safe expression of emotional feelings is always healthy'/'...feels that expression of emotions often indicates lack of control' (SP 63.99) and '...does not value some human beings very highly'/'...believes each human being is of irreplaceable value' (SP 57.50).

Mark's three reported experiences of patient suicide occurred in the context of adult psychiatry. Low structural pressure on construct **'...relies mainly on prescribed medication to relieve psychological pain'** (SP 21.25) indicated identity stress for Mark. He described how he had treated each of these three patients using a 'biological approach', i.e. by the use of prescribed medication. Mark's clear recollections of each deceased patient's diagnosis, treatment and prognosis reflected his aspirational belief in the 'irreplaceable value of each human being' (SP 57.50): but Mark's extremely low evaluations of suicidal clients and clients deceased by suicide challenged his ability to apply this aspirational belief. He also aspired to 'have warm feelings for (people)' (SP 70.11) and to 'seek and develop human relationships' (SP 78.98). In his narrative, Mark sought to explain how he contended with and attempted to resolve past and potential suicidal losses of his patients:

...[in the past] I was giving medication out as a...solution to the difficulties that were presented to me...by and large...I live with [suicide] as a professional...I'm resigned to the fact ... we can manage risk...[but] we can't eliminate it...there will be times when we get it wrong or we make a decision which...proves to be the wrong one for that particular patient...as long as the principles that underpin... that decision are reasonable... that... allows me to live with it...[currently]...as a consultant...I take responsibility for the patients...but worry about the team...I work with too...no matter how good we are some people are going to die at some stage...hopefully it won't be for years but it is going to happen to us as a service...

Mark experienced ambiguity around where responsibility lay for the circumstances of those with whom he had a 'significant relationship or emotional bond' (SP – 5.21) and he expressed uncertainty also in relation to those for whom he had 'a special responsibility' (SP 1.57). Mark was explicit in articulating that he did not accept responsibility for the deaths of any of three patients:

Re patient suicide (1994)

...the fact that...she'd been admitted [to another hospital meant that]...my error in not admitting her wasn't actually responsible for her death...'

Re patient suicide (1995)

...the team decision was taken to discharge her...follow-up as an outpatient...a week later...she'd killed herself...we were very surprised...I wouldn't have seen her as high risk...'

Re patient suicide (1997)

...with the tools I have now I could have done more...I don't [feel accountable]...the extreme variation of that tendency would be to feel guilty or responsible...for her death...and I don't...

7.10.12 Respondent Mark – Summary

Mark was a highly qualified, experienced psychotherapist whose work with vulnerable patients was informed by personal and professional knowledge of the suicide phenomenon among acquaintances and patients and in relation to approaches to intervention, prevention and postvention. As a clinician survivor, Mark saw himself as '*a suicide survivor*' during his psychotherapeutic practice (emp idfcn CS3 0.65) while being very highly conflicted in that context with '*a suicide survivor*' (id conf CS3 0.54).

However he identified more strongly in this context with other role models, including '*my counselling supervisor*' (emp idfcn CS3 0.80; ideal id 0.77) and '*a psychiatrist*' (emp idfcn CS3 0.80; ideal id 0.64). With one exception, '*when I am overwhelmed by life's cruelties*' (CS1 id var 'negative'), which was considered to be a vulnerable identity, all his remaining identity variants were considered well-adjusted. As a consultant and team leader he was currently working with vulnerable, potentially suicidal young patients. The complex influences on Mark of his patient suicide experiences in adult psychiatry, the first of which occurred up to 10 years before interview, were evident in his huge ego involvement with, and his very low evaluation of, '*a client who died by suicide*' (ego inv 4.79; eval – 0.53).

Note: Key for graphs 7.10.1, 7.10.2 , 7.10.3 and 7.10.4 below

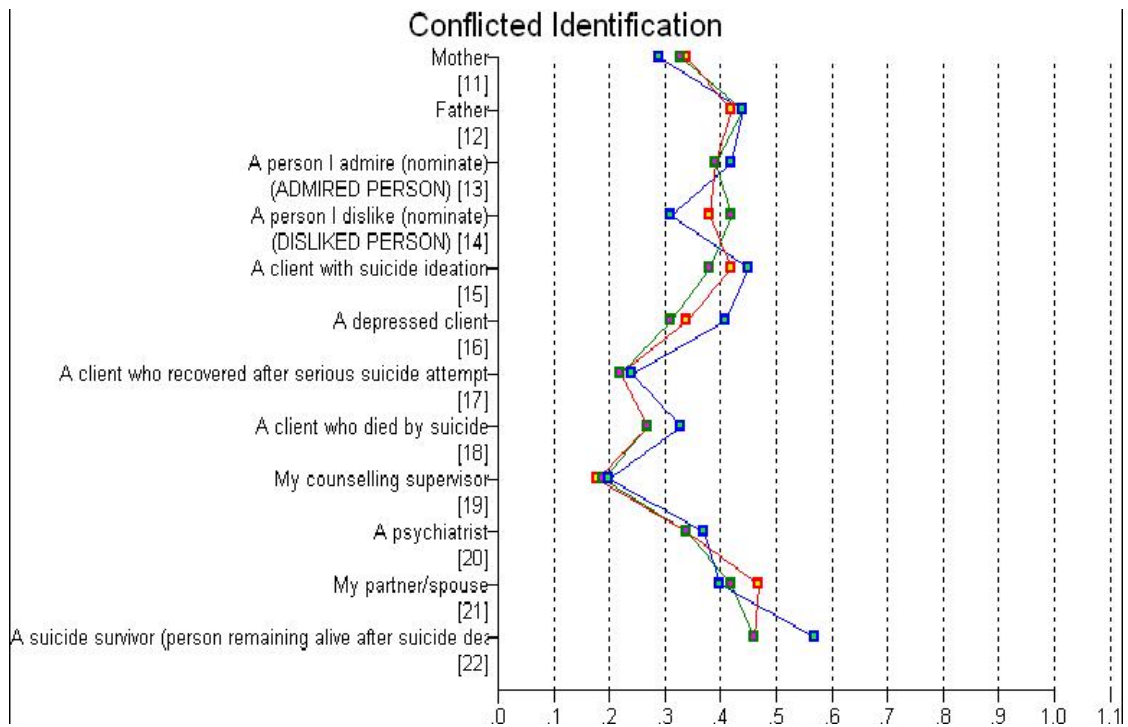
PS1 & CS1= red

PS2 & CS2=green

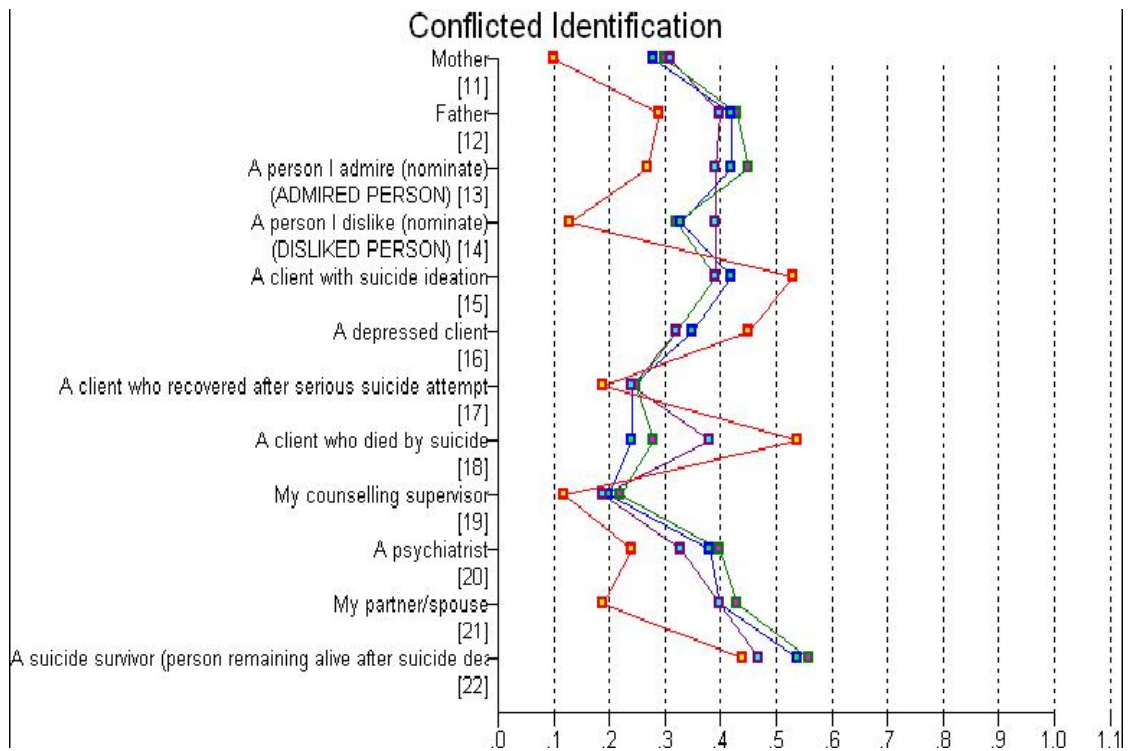
PS3 & CS3= blue

CS4=purple/maroon

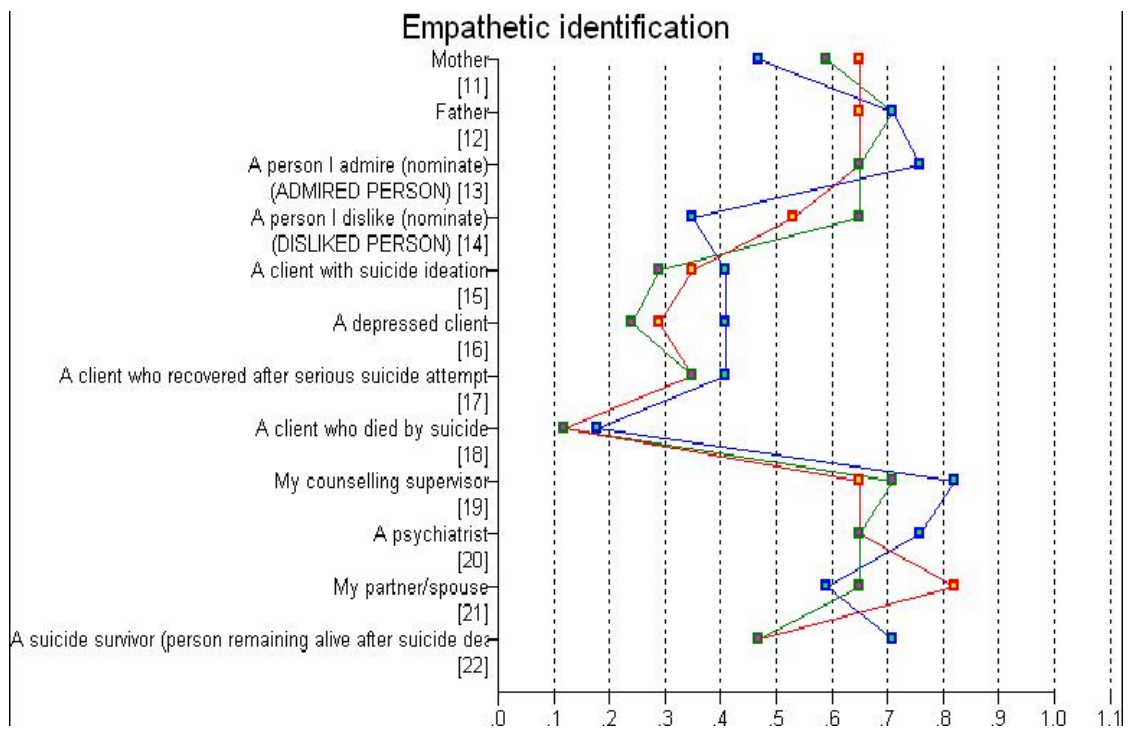
Graph 7.10.1 IDEX A16 'Mark' conf idfcn PS1, PS2, PS3 comparison



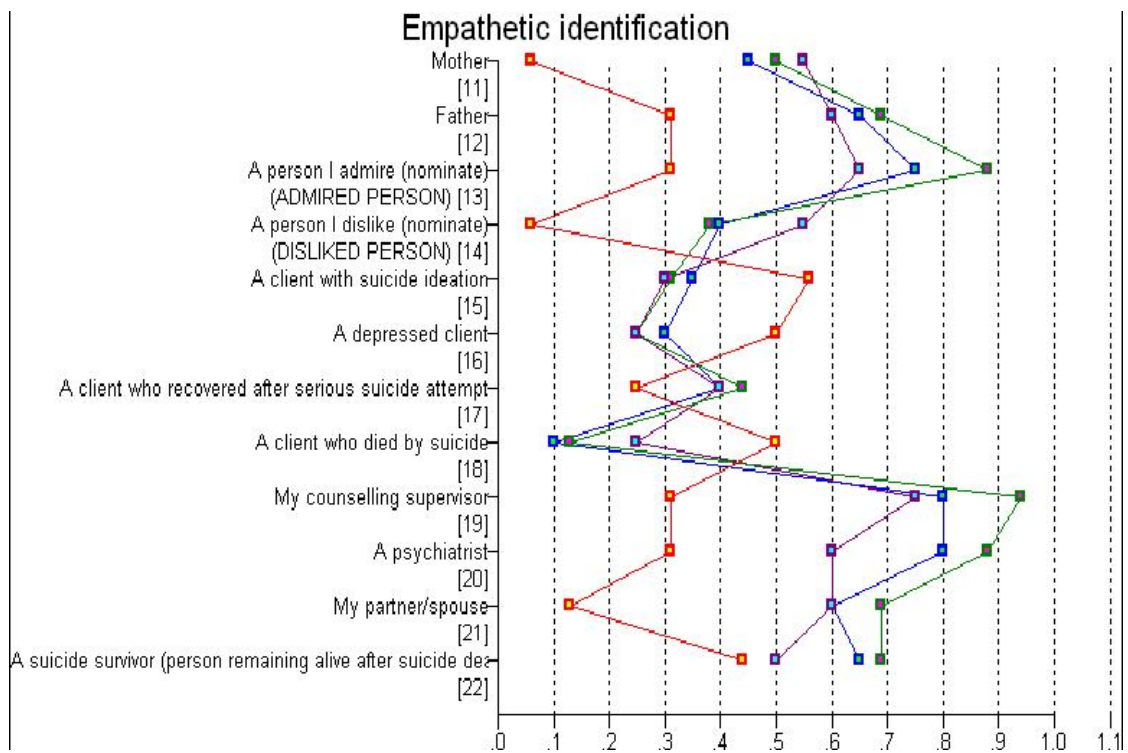
Graph 7.10.2 IDEX A16 'Mark' conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.10.3 IDEX A16 'Mark' emp idfcn PS1, PS2, PS3 comparison



Graph 7.10.4 IDEX A16 'Mark' emp idfcn CS1, CS2, CS3, CS4 comparison



7.11.0 PhD Case Study A17 – alias Matthew

7.11.1 Respondent Matthew – Personal and professional information

This respondent will be referred to using the pseudonym ‘Matthew’. Matthew, aged in his early 50’s, was interviewed on two occasions: first in June 2002 as a member of this research project’s control group and more recently in June 2005 as a member of the project’s target group. In 2002 Matthew was employed as a community worker and attending university part-time. By 2005 he was employed as a counsellor in an agency (pseudonym ‘COASER’) offering a counselling / advocacy / welfare rights service. Matthew was also active in a community support project (pseudonym ‘STOP SUICIDE’) with a particular focus on the suicide phenomenon. He was a psychology graduate, had completed a postgraduate counselling diploma and was preparing to complete a master’s degree course in counselling. Matthew’s high academic qualifications and community service background, allied to his counselling experience suggested that he had developed considerable expertise as a psychotherapeutic counsellor.

7.11.2 Respondent Matthew – Identity Structure Analysis

Matthew completed ISA instrument ‘C’ (see appendix 5) in June 2002 following an audio taped, semi-structured interview with the researcher. He completed ISA instrument ‘A’ (see appendix 5) in June 2005 following an audio taped semi-structured interview with the researcher. Before each interview, Matthew completed a consent form (see appendix 4).

7.11.3 Respondent Matthew – Preliminary remarks following 2002 interview

When interviewed in 2002, Matthew disclosed that his closest personal experience of the suicide phenomenon was the suicidal death of his partner’s (pseudonym ‘Cherie’) nephew (pseudonym ‘Harry’) some six months before interview (December 2001). Matthew had spent some time in prison from age 19 and he said that suicide ‘flashed through my head...at one stage when I was in prison’. He also recalled the opinion of his religious adviser some time before who said that ‘sometimes suicide is the most logical thing you can do’. But Matthew added that in interpreting the adviser’s view, he felt it was essential to place the suicide event in the context of the individual: ‘You have to

bring it down to the individual person...everything has to come down to the person's perspective'.

NOTE: CONCLUSION OF PARAGRAPH 7.11.3 RELOCATED TO APPENDIX 10.

7.11.4 Respondent Matthew – Preliminary remarks following 2005 interview

Matthew made contact with the researcher a week after the suicide of his client (pseudonym 'Fintan') and he was interviewed a further week later. He had worked with many suicidal clients:

'...I've had quite a few...and some of them have come through it. Some of them are still up and down.'

But Fintan's death was his first experience of the loss by suicide of his client.

'I had a phone call on a Tuesday...I do some work with the... STOPSUICIDE... project which is about suicide prevention...there had been a referral...it was somebody who needed to talk about something...so I came down and I met this fellow and we spoke for over an hour and went through all the different stuff that seemed to be bothering him at that point in time...I gave him my card...we sort of agreed that if he ever got into that state...suicidal thoughts...he would phone somebody...and then he left. The next morning I got a phone call from...STOPSUICIDE...about Fintan and I said "Yes I saw him yesterday" and (the agency representative) says to me "Well yes – he hanged himself last night."

Matthew's response was one of 'total shock'. He said that the particular circumstances of the referral, the counselling session and its follow-up arrangement reinforced his psychological response to the news of his client's death:

'...if it had been left open-ended...if it had been a week later...you would have been more open to the idea but...because it had happened in such a short space of time, it was shock and I couldn't understand it...couldn't piece it together because I couldn't see how he could go from that situation to what happened so quickly.'

Later that day Matthew talked at length with his supervisor (pseudonym 'John'):

'...John came over...we talked it all through...we talked through the whole session... went through everything...it helped me...in going over the stuff that I'd spoken to Fintan...to understand...all the stuff that we covered...that it wasn't about me not spotting anything. It wasn't about me...not giving Fintan the proper

attention...basically what John says to me “Well are you happy enough with the way everything went with Fintan in the session?” and I says “Yes” and I was...’

Matthew added that he had been ‘more concerned’ about his second [client] in the afternoon than he was about Fintan. He had made notes following Fintan’s session ‘in terms of getting in touch with him again and maybe we’ll discuss these then.’ Matthew added that this initial ‘assessment session’ was:

‘...about helping him to understand why he had been the way he had been and giving him some kind of resources that if he felt that way again he had somebody to turn to...’

NOTE: CONCLUSION OF PARAGRAPH 7.11.4 RELOCATED TO APPENDIX 10

7.11.5 Respondent Matthew A17 – Overview – See Appendix 10

7.11.6 Respondent Matthew – Primary analysis

In the classification of Matthew’s identity variants in Table 7.11.1a (2005) and Table 7.11.1b (2002), his past and current situated selves were designated as follows:

2005

PAST SITUATED SELVES

‘me before I became a psychotherapist/counsellor’ PS1 – identity variant DIFFUSION

‘me before my client’s suicidal behaviour’ PS2 – identity variant DIFFUSION

‘me after my client’s suicidal behaviour’ PS3 – identity variant DIFFUSION

CURRENT SITUATED SELVES

‘me when I am overwhelmed by life’s cruelties’ CS1 – identity variant DIFFUSION

‘me when I feel enhanced by life’s wonders’ CS2 – identity variant DIFFUSE HIGH SELF-REGARD

‘me when I’m working’ CS3 – identity variant DIFFUSE HIGH SELF-REGARD

‘me when I’m relaxing’ CS4 – identity variant INDETERMINATE

2002

PAST SITUATED SELVES

‘me before I started work’ PS1 – identity variant INDETERMINATE

‘me before I knew about suicide’ PS2 – identity variant INDETERMINATE

‘me after I knew about suicide’ PS3 – identity variant DIFFUSION

CURRENT SITUATED SELVES

‘me when I am overwhelmed by life’s cruelties’ CS1 – identity variant DIFFUSION

‘me when I feel enhanced by life’s wonders’ CS2 – identity variant INDETERMINATE

‘me when I’m working’ CS3 – identity variant INDETERMINATE

‘me when I’m relaxing’ CS4 – identity variant INDETERMINATE

In both 2005 and 2002 Matthew evaluated himself in the identity state '*me as I would like to be*' (eval 1.00) very highly indeed. He evaluated himself more highly in his current identity states in 2005 than in those states in 2002, respectively: CS1 0.26 / 0.23; CS2 0.85 / 0.67; CS3 0.82 / 0.57; CS4 0.77 / 0.58.

Table 7.11.1a Respondent A17 Matthew – Self image (2005)

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	4.44	CS1	3.25	PS1	3.65
		CS2	4.76	PS2	3.89
		CS3	4.21	PS3	3.57
		CS4	4.29		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.26	PS1	0.43
		CS2	0.85	PS2	0.69
		CS3	0.82	PS3	0.66
		CS4	0.77		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.44	PS1	0.41
		CS2	0.43	PS2	0.41
		CS3	0.41	PS3	0.43
		CS4	0.40		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	DIFFUSE HIGH SELF-REGARD				
Current Self 3	DIFFUSE HIGH SELF-REGARD				
Current Self 4	INDETERMINATE				
Past Self 1	DIFFUSION				
Past Self 2	DIFFUSION				
Past Self 3	DIFFUSION				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.35	0.67	0.64	0.61	
PS2	0.49	0.78	0.76	0.73	
PS3	0.47	0.77	0.75	0.72	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

This increased evaluation was most noticeable in the 'working' context (CS3). His evaluation of himself in 2005 in the identity state '*me as my clients see me*' (eval 0.96) was also very high. This very positive level of self-evaluation was in stark contrast with Matthew's moderate and low evaluations in 2005 of four suicide-related clients, respectively: '*a client who recovered after serious suicide attempt*' (eval 0.45); '*a client*

with suicide ideation’ and ‘a depressed client’ (both eval –0.01) and ‘a client who died by suicide’ (eval -0.08). Matthew was also highly or very highly ego-involved with these clients, respectively: ego-inv 4.68, 4.36, 3.89, 5.00. These results pointed to an imbalance in Matthew’s counselling relationships such that while he was highly engaged with clients with suicide-related issues, he was unable to value them as highly as he construed they valued him.

Table 7.11.1b Respondent C1 Matthew – Self Image (2002)

SELF IMAGE					
	Ideal Self	Current Self		Past Self	
Ego-Involvement (0.00 to 5.00)	5.00	CS1	4.00	PS1	3.83
		CS2	4.50	PS2	3.58
		CS3	4.00	PS3	4.42
		CS4	3.92		
Self-Evaluation (-1.00 to +1.00)	1.00	CS1	0.23	PS1	0.44
		CS2	0.67	PS2	0.42
		CS3	0.57	PS3	0.75
		CS4	0.58		
Id. Diffusion (weighted) (0.00 to 1.00)		CS1	0.45	PS1	0.38
		CS2	0.39	PS2	0.38
		CS3	0.40	PS3	0.42
		CS4	0.38		
Identity Variant					
Current Self 1	DIFFUSION				
Current Self 2	INDETERMINATE				
Current Self 3	INDETERMINATE				
Current Self 4	INDETERMINATE				
Past Self 1	INDETERMINATE				
Past Self 2	INDETERMINATE				
Past Self 3	DIFFUSION				
Self Esteem (weighted)					
	CS1	CS2	CS3	CS4	
PS1	0.33	0.57	0.51	0.51	
PS2	0.32	0.56	0.50	0.50	
PS3	0.50	0.71	0.66	0.67	

CS1 ‘me when I am overwhelmed by life’s cruelties’
 CS2 ‘me when I feel enhanced by life’s wonders’
 CS3 ‘me when I’m working’
 CS4 ‘me when I’m relaxing’

PS1 ‘me before I started work’
 PS2 ‘me before I knew about suicide’
 PS3 ‘me after I knew about suicide’

In 2002, Matthew’s evaluations of persons with suicide-related issues were either low or very low, respectively: ‘a person who attempted suicide’ (eval –0.01); ‘a depressed person’ (eval –0.05); ‘a person with suicidal thoughts’ (eval –0.09) and ‘a person who died by suicide’ (eval –0.15) while his levels of ego-involvement were also

high or very high, respectively: ego-inv 3.92, 4.08, 3.92, 3.33. In 2002, before being with clients as a counsellor, Matthew was much less highly engaged with those individuals who died by suicide (ego-inv 3.33) than three years later (2005) after his experience, as a counsellor, of client suicide (ego-inv 5.00).

These results showed clearly that Matthew's evaluation of an individual who died by suicide remained extremely low whether the deceased was his client or otherwise while his sense of self was totally dominated when the deceased was his client.

7.11.7 Respondent Matthew – Positive/negative role models of the suicide survivor

As mentioned in par 7.11.4 above, Matthew's positive role models changed over the period 2002 to 2005. While an admired person (2005 ideal id 0.86) replaced a psychiatrist (2002 ideal id 0.85) as his most positive role model, '*my counselling supervisor*' and '*a psychiatrist*' (both 2005 ideal id 0.68) were among Matthew's next most positive role models. These professional colleagues (2005) replaced family members who occupied that position in 2002, e.g. '*my friend/partner/spouse*' (ideal id 0.75) and '*my parents or guardians*' (ideal id 0.70). It was evident that Matthew's client suicide experience influenced the introduction of '*a client who recovered after serious suicide attempt*' and '*a suicide survivor*' (both 2005 ideal id 0.68) as new, and more positive role models, respectively.

While Matthew's most negative role model remained a disliked person (contra id 2005 0.73; 2002 0.65), '*a client who died by suicide*' (2005 contra id 0.55) replaced '*a person with suicidal thoughts*' (2002 contra id 0.55) as a key negative role model and two more suicide related entities were also important negative exemplars, viz. '*a client with suicide ideation*' and '*a depressed client*' (both 2005 contra id 0.50). Matthew's identity transition from regarding '*a person who attempted suicide*' (2002 contra id 0.45) as a negative role model to viewing '*a client who recovered after serious suicide attempt*' (2005 ideal id 0.68) as a positive role model, demonstrated the pervasive extent of the influence of his client's suicide on his sense of himself as a counsellor.

Matthew was a suicide survivor (2002) by reason of his 'family suicide' experience and a clinician survivor (2005) in relation to his 'client suicide' experience.

His experiences and his response to his predicament were reflected in the following narrative (2005):

Although I didn't have any experience of a client suicide I did have some experience of suicide...I do some work with the STOPSUICIDE project which is about suicide prevention...I think we talked...at the time (2002) Cherie's nephew had taken his own life so there was some involvement or experience of suicide and people who've lost somebody to suicide...the big issues for Fintan were...thoughts of suicide having tried it before and not understanding how he could feel like that...his [older] brother had killed himself [some years before]...he [Fintan] was ashamed...he was questioning how [he] could end up going to that place and trying to kill himself in exactly the same way that his brother had done...he has been the one who has been totally against it from then [and] has... stopped people from doing it...we talked about...all those things and relationship break-ups...his father was killed...when he was only nine years old...long history...but it was the fact that [Fintan killed himself] within 12 hours of [me] having spoken to him which I found shocking...I made notes about things to talk to him about in the future...his brother's suicide...his father's death...but I had felt we had got over the suicidal thoughts at that...time not that they wouldn't come back again...[my experience of client suicide] would be a similar process to what I tell survivors of [family] suicide...I would say to families of people who've lost somebody...to [try] to understand the experiences that they're going through...[this was]...the same kind of experience that I was going through with the one exception that he wasn't related to me...in any close sense either but having been in such close contact with the [deceased] person you get...the numbness, the shock and all the other questions that come along with it...

7.11.8 Respondent Matthew – Conflicted identifications and the suicide survivor

[NOTE A more detailed analysis is annexed at par. 7.11.8A in Appendix 10].

As detailed in Table 7.11.2a (2005) and Table 7.11.2b (2002) below and as reviewed above in par 7.11.4, Matthew's identity in 2005 before he became a counsellor was highly conflicted with family members (PS1 '*father*' / '*my partner/spouse*' / '*mother*' con idfcn range 0.39 to 0.54), with suicide-related clients (PS1 '*a client with suicide ideation*' / '*a depressed client*' / '*a client who recovered after serious suicide attempt*' / '*a client who died by suicide*' con idfcn range 0.44 to 0.51) and with '*a suicide survivor*' and '*my counselling supervisor*' (PS1 con idfcn both 0.40). In 2002, Matthew's identity was highly conflicted with family members (PS1 con idfcn range 0.43 to 0.45), highly or moderately conflicted with four suicide-related persons (PS1 con idfcn range 0.30 to

0.47) and highly conflicted with '*a suicide survivor*' (PS1 con idfcn 0.40). In the identity transition from 2002 to 2005, his pre-employment identity state was more highly conflicted with family members and with suicide-related entities but it remained stable and highly conflicted with '*a suicide survivor*'.

Table 7.11.2a Respondent A17 Matthew – Conflicts in identifications

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
18 A client who died by se	0.62	0.51	0.50	0.47
15 A client with suicide n	0.61	0.46	0.42	0.42
16 A depressed client	0.59	0.46	0.39	0.39
12 Father	0.54	0.55	0.45	0.52
21 My partner/spouse	0.50	0.49	0.48	0.48
17 A client who recoveredt	0.44	0.53	0.52	0.49
14 A person I dislike (no)	0.43	0.48	0.51	0.47
22 A suicide survivor (pe	0.43	0.45	0.40	0.42
19 My counselling supervir	0.39	0.49	0.48	0.45
11 Mother	0.34	0.41	0.37	0.36
20 A psychiatrist	0.29	0.32	0.32	0.30
13 A person I admire (nom)	0.22	0.26	0.28	0.27
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
12 Father	0.54	0.53	0.47	
14 A person I dislike (no)	0.51	0.39	0.55	
15 A client with suicide n	0.50	0.48	0.43	
16 A depressed client	0.50	0.46	0.40	
21 My partner/spouse	0.46	0.52	0.49	
17 A client who recoveredt	0.44	0.47	0.55	
18 A client who died by se	0.44	0.54	0.54	
19 My counselling supervir	0.40	0.43	0.49	
22 A suicide survivor (pe	0.40	0.43	0.41	
11 Mother	0.39	0.38	0.38	
20 A psychiatrist	0.30	0.31	0.33	
13 A person I admire (nom)	0.23	0.25	0.27	

CS1 'me when I am overwhelmed by life's cruelties'
CS2 'me when I feel enhanced by life's wonders'
CS3 'me when I'm working'
CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
PS2 'me before my client's suicidal behaviour'
PS3 'me after my client's suicidal behaviour'

In the identity transition from 2002 to 2005, Matthew's identity state (PS2) before he encountered suicide in clients or non-clients became somewhat more highly conflicted with family members, more highly conflicted with suicide-related entities and modulated slightly with '*a suicide survivor*'. After Matthew began to work as a counsellor his identity became more highly conflicted about family and about suicide.

In the identity transition from 2002 to 2005 in this context (PS3), Matthew's identification conflicts with family and suicide-related persons intensified while his identity was more highly conflicted with '*a suicide survivor*' (con idfcn PS3 0.49 - 2002)

pertaining to a family suicide (viz. of his partner's nephew Harry) than with '*a suicide survivor*' (id conf PS3 0.43 - 2005) pertaining to client-suicide (viz. of his client Fintan).

Table 7.11.2b Respondent C1 Matthew – Conflicts in identification

CONFLICTS IN IDENTIFICATION WITH OTHERS - Current Self/Identity State				
Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
14 a person with suicidals	0.59	0.38	0.44	0.34
20 a suicide survivor (or)	0.54	0.43	0.44	0.41
12 a person I dislike (no)	0.52	0.46	0.40	0.49
15 a depressed person	0.51	0.38	0.40	0.38
16 a person who attempted	0.49	0.34	0.37	0.38
10 my parents or guardians	0.43	0.43	0.43	0.41
17 a person who died by se	0.43	0.30	0.32	0.27
19 my friend/partner/spou)	0.36	0.43	0.45	0.41
11 a person I admire (nom)	0.31	0.38	0.36	0.34
18 a psychiatrist	0.25	0.30	0.28	0.27
CONFLICTS IN IDENTIFICATION WITH OTHERS - Past Self				
Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
14 a person with suicidals	0.47	0.45	0.48	
19 my friend/partner/spou)	0.45	0.46	0.44	
10 my parents or guardians	0.43	0.44	0.44	
12 a person I dislike (no)	0.40	0.32	0.41	
15 a depressed person	0.40	0.38	0.46	
20 a suicide survivor (or)	0.40	0.41	0.49	
11 a person I admire (nom)	0.34	0.34	0.37	
16 a person who attempted	0.30	0.38	0.41	
17 a person who died by sui	0.30	0.33	0.36	
18 a psychiatrist	0.26	0.27	0.31	

CS1 'me when I am overwhelmed by life's cruelties'
CS2 'me when I feel enhanced by life's wonders'
CS3 'me when I'm working'
CS4 'me when I'm relaxing'

PS1 'me before I started work'
PS2 'me before I knew about suicide'
PS3 'me after I knew about suicide'

However his identity was more highly conflicted in the context of 'life's cruelties' (CS1) with '*a suicide survivor*' (conf idfcn CS1 0.54 – 2002) pertaining to a family suicide (viz. of his partner's nephew Harry) than with '*a suicide survivor*' (con idfcn CS1 0.43 – 2005) pertaining to client-suicide (viz. of his client Fintan).

Further in the context of 'life's wonders' (CS2) his identification conflicts with '*a suicide survivor*' modulated only slightly (con idfcn CS2 0.43 – 2002; 0.45 – 2005) whether they pertained, respectively, to family suicide (viz. of his partner's nephew Harry) or to client suicide (viz. of his client Fintan).

In the 'working' (CS3) context, Matthew's identification conflicts with a suicide survivor (id conf CS3 0.44 – 2002; 0.40 – 2005) were lower where they pertained to client suicide (viz. of his client Fintan) than in relation to family suicide (viz. of his partner's nephew Harry).

In the transition in this context from 2002 to 2005 Matthew's identity was more highly conflicted with persons: with *suicide ideation* (id conf CS4 0.34 – 2002; 0.47 – 2005), who *died by suicide* (id conf CS4 0.27 – 2002; 0.47 – 2005) and who *attempted suicide* (id conf CS4 0.38 – 2002; 0.49 – 2005), while remaining unaffected with 'a *depressed person*' (id conf CS4 0.38 – 2002; 0.39 – 2005). In this context, Matthew's identification conflicts with 'a suicide survivor' (CS4 con idfcn 0.41 – 2002; 0.42 – 2005) increased very slightly in the transition. The latter results indicated that in this context Matthew's identity remained quite highly conflicted with a suicide survivor whether the relevant suicide pertained to a family member or to his client.

In 2002 Matthew's identity conflict levels with 'a suicide survivor' modulated from high to very high across all seven contexts (con idfcn range 0.40 to 0.54) while in 2005 these conflict levels were maintained at a high level and within a much narrower range (con idfcn range 0.40 to 0.45). Broadly speaking Matthew was represented – while not wishing to be so represented – to a greater degree in the entity 'a suicide survivor' where the relevant suicide was that of a family member than where the relevant suicide was that of his client. This was most pronounced in his identification conflicts in the most unfavourable identity state where he was overwhelmed by life's cruelties (id conf CS1 0.54 – 2002; 0.43 – 2005).

The following narrative added perspective to these results:

Researcher (R) -...you're processing the consequences for you of...the loss of your client...

Matthew (M) -...of involvement with somebody yeah...

R -...[that] significant relationship, emotional bond...Do those...ring true for you in relation to Fintan...significant relationship, emotional bond?

M -...emotional bond yes...significant relationship more so and the reason for that is exactly the way you described it...in that the consequences...that there were...that there are...consequences for me personally of what Fintan did...the same way as there's consequences...for his family. The consequences can be...questioning yourself, questioning your abilities, self-esteem, self-worth, all of those things that come into your head and you have to try to find answers for them.

7.11.9 Respondent Matthew – The suicide survivor and life's cruelties

As mentioned in par 7.11.7 above, in his appraisals in 2005 of '*me when I am overwhelmed by life's cruelties*' (CS1) Matthew experienced highly conflicted

identifications (con idfcn range CS1 0.62 to 0.43) with four suicide-related entities and ‘*a suicide survivor*’ (0.43). In the identity state ‘*me when I feel enhanced by life’s wonders*’ (CS2) his conflicted identifications (con idfcn range CS2 0.53 to 0.45) with the same entities were lower but remained quite high. Matthew’s self- evaluation declined (CS2/CS1 eval 0.85/0.26) significantly as did his commitment in this transition (CS2/CS1 ego-inv 4.76/3.25) from experiencing ‘life’s wonders’ to the context of ‘life’s cruelties’.

These data confirmed that Matthew’s identification conflicts with four suicide-related entities and with ‘*a suicide survivor*’ were highly problematic in the context of ‘life’s cruelties’ and that they remained quite problematic in the context of ‘life’s wonders’. Matthew’s conflicted identifications with ‘*a suicide survivor*’ in both the above-mentioned contexts (CS1 0.43; CS2 0.45) were accompanied by high ego-involvement (ego-inv 4.52) and moderately high evaluation (eval 0.50). These results contrasted with data for three of the remaining four suicide-related entities where a very low evaluation was accompanied with a high or a very high ego-involvement: ‘*a depressed client*’ (eval – 0.01; ego-inv 3.89), ‘*a client with suicide ideation*’ (eval – 0.01; ego-inv 4.36) and ‘*a client who died by suicide*’ (eval – 0.08; ego-inv 5.00). The results for the remaining entity ‘*a client who recovered after serious suicide attempt*’ (eval 0.45; ego-inv 4.68) exemplified moderately high evaluation and high ego-involvement, similar to data for ‘*a suicide survivor*’. Matthew’s sense of self in this context was dominated by his clinician survivor status and its source, his client’s death by suicide.

In that least favourable identity state, when overwhelmed by life’s cruelties, Matthew’s identity conflicts were most problematic with ‘*a client who died by suicide*’ whom he valued very lowly indeed while being most highly ego-involved with that entity.

The following narrative offered a perspective to these results:

Matthew (M) - I had another client in the afternoon.

Researcher (R) - OK. Well then you went home...

M - Uh huh.

R - You didn’t have to do anything in particular after that day’s [work]...

M - No. I was actually less happy with the session in the afternoon [after the session with Fintan] because the [client]...seemed very hard to reach...I was less satisfied with [that] session than I was with the one with Fintan if that’s the right way to put it...satisfied isn’t the right word but I had felt that with Fintan we had been through a process and he had received some sort of settlement in his head

about what he was experiencing...I made notes about Fintan [and about] the different issues that came up...most of the notes would be things that would help me to remember what it was that we talked about in very short form and possibly things for the future to talk about...

R - ...points that you might have wanted to know if Fintan ever appeared again...

M - Uh huh

R - But there was no arrangement to see him again?

M - What I did was I gave...him my card...my initial concern...was that if he ever found himself in a situation where he wanted to take his own life that he had options...to phone me...or his [best] friend...because the way he described it, the first time that it happened was almost as if he didn't actually know what he was doing...almost as if in slow motion...in a dream...

7.11.10 Respondent Matthew – Empathetic identifications and the suicide survivor [NOTE A more detailed analysis is annexed at par. 7.11.10A in Appendix 10].

Table 7.11.3a Respondent A17 Matthew – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
15 A client with suicide n	0.75	0.42	0.35	0.35
12 Father	0.70	0.74	0.50	0.65
16 A depressed client	0.70	0.42	0.30	0.30
18 A client who died by se	0.70	0.47	0.45	0.40
21 My partner/spouse	0.70	0.68	0.65	0.65
22 A suicide survivor (pe	0.70	0.74	0.60	0.65
17 A client who recoveredt	0.60	0.89	0.85	0.75
20 A psychiatrist	0.60	0.74	0.75	0.65
13 A person I admire (nom)	0.55	0.74	0.90	0.80
19 My counselling supervir	0.55	0.89	0.85	0.75
11 Mother	0.50	0.74	0.60	0.55
14 A person I dislike (no)	0.25	0.32	0.35	0.30
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
12 Father	0.70	0.68	0.53	
11 Mother	0.65	0.63	0.63	
20 A psychiatrist	0.65	0.68	0.79	
13 A person I admire (nom)	0.60	0.68	0.79	
17 A client who recoveredt	0.60	0.68	0.95	
19 My counselling supervir	0.60	0.68	0.89	
21 My partner/spouse	0.60	0.74	0.68	
22 A suicide survivor (pe	0.60	0.68	0.63	
15 A client with suicide n	0.50	0.47	0.37	
16 A depressed client	0.50	0.42	0.32	
14 A person I dislike (no)	0.35	0.21	0.42	
18 A client who died by se	0.35	0.53	0.53	

CS1 'me when I am overwhelmed by life's cruelties'
CS2 'me when I feel enhanced by life's wonders'
CS3 'me when I'm working'
CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
PS2 'me before my client's suicidal behaviour'
PS3 'me after my client's suicidal behaviour'

As set out in Table 7.11.3a (2005) above and Table 7.11.3b (2002) below and as reviewed above in par 7.11.4, Matthew's empathetic identifications in 2005 before he became a counsellor were closest with family members (PS1 emp idfcn range 0.60 to 0.70), with suicide-related entities ('a suicide survivor' and 'a client who recovered after serious suicide attempt' both PS1 0.60), with 'an admired person' PS1 0.60, and with professional colleagues ('psychiatrist' PS1 0.65; 'my counselling supervisor' PS1 0.60).

Table 7.11.3b Respondent C1 Matthew – Empathetic identifications

EMPATHETIC IDENTIFICATION WITH OTHERS - Current Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	CS1	CS2	CS3	CS4
20 a suicide survivor (or)	0.84	0.53	0.55	0.47
10 my parents or guardians	0.74	0.74	0.75	0.68
11 a person I admire (nom)	0.63	0.95	0.85	0.79
14 a person with suicidals	0.63	0.26	0.35	0.21
18 a psychiatrist	0.63	0.89	0.80	0.74
15 a depressed person	0.58	0.32	0.35	0.32
16 a person who attempted	0.53	0.26	0.30	0.32
17 a person who died by se	0.53	0.26	0.30	0.21
19 my friend/partner/spou)	0.53	0.74	0.80	0.68
12 a person I dislike (no)	0.42	0.32	0.25	0.37
EMPATHETIC IDENTIFICATION WITH OTHERS - Past Self/Identity State Indices range from 0.00 to 1.00				
ENTITY	PS1	PS2	PS3	
19 my friend/partner/spou)	0.80	0.84	0.79	
10 my parents or guardians	0.75	0.79	0.79	
11 a person I admire (nom)	0.75	0.79	0.89	
18 a psychiatrist	0.70	0.74	0.95	
20 a suicide survivor (or)	0.45	0.47	0.68	
14 a person with suicidals	0.40	0.37	0.42	
15 a depressed person	0.35	0.32	0.47	
12 a person I dislike (no)	0.25	0.16	0.26	
17 a person who died by se	0.25	0.32	0.37	
16 a person who attempted	0.20	0.32	0.37	

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I started work'
 PS2 'me before I knew about suicide'
 PS3 'me after I knew about suicide'

In 2002, Matthew empathetically identified most closely with family members (PS1 emp idfcn range 0.75 to 0.80), with 'an admired person' PS1 0.75 and with 'a psychiatrist' PS1 0.70. In the identity transition from 2002 to 2005 Matthew's pre-employment identity state exemplified an affinity with suicide-related entities including 'a suicide survivor' but with reduced empathetic identifications with family members than was evident in 2002. Although he was a family suicide survivor, his identity remained closer to family members than to 'a suicide survivor'.

Before his client's suicide in 2005 Matthew's empathetic identifications eased for some family members (*'father'* PS2 0.68, *'mother'* PS2 0.63) while intensifying for *'my partner/spouse'* PS2 0.74, for some suicide-related entities (PS2 emp idfcn *'a client who recovered after serious suicide attempt'* and *'a suicide survivor'* both 0.68) and for professional colleagues (PS2 emp idfcn *'a psychiatrist'* and *'my counselling supervisor'* both 0.68). The degree of closeness that he felt for family members, suicide-related clients and for colleagues was influenced by his counselling activities.

In 2002, before he encountered suicide, Matthew's empathetic identifications intensified with family members and less so with *'a suicide survivor'* (PS1 0.45; PS2 0.47). Significantly, in 2005 Matthew's empathetic identification with *'a suicide survivor'* was greatly enhanced when that person was a client *'suicide survivor'* (PS2 0.47 - 2002; PS2 0.68 - 2005) suggesting a different identity influence. In the transition from 2002 to 2005 Matthew's empathetic identification with *'my partner/spouse'* (PS2 0.84 – 2002; PS2 0.74 – 2005) eased back. Despite this, he saw more of himself in that person than he saw in a client *'suicide survivor'* or in professional colleagues.

In 2005, after his client's suicide, Matthew's empathetically identified very highly with *'a client who recovered after serious suicide attempt'* (PS3 0.95) and with professional colleagues (PS3 emp idfcn range 0.79 & 0.89). He saw less of himself in family members (PS3 emp idfcn range 0.53 to 0.68) and in *'a suicide survivor'* (PS3 0.63) while his empathetic identification with *'a client who died by suicide'* stabilised (PS2/PS3 emp idfcn both 0.53) and remained low.

In 2002 after he encountered suicide Matthew's empathetic identifications with *'a suicide survivor'* (PS2 0.47; PS3 0.68) intensified but he continued to construe more of himself in family members (PS2/PS3 emp idfcn range 0.79 to 0.84). In the transition from 2002 to 2005 Matthew construed less in his *'suicide survivor'* experience of Harry's suicide (emp idfcn PS3 0.63 – 2002) than in his *'client suicide experience'* (emp idfcn PS3 0.68 – 2005). After he encountered client suicide, Matthew remained much closer to professional colleagues than to other entities.

In the transition from 2002 to 2005 in this least favourable context, he construed more of himself in *'a suicide survivor'* following Harry's suicide (CS1 0.84) than he saw of himself in a client *'suicide survivor'* (CS1 0.70) following Fintan's suicide. These data

contrasted in this context the aftermath of past family suicide and more recent client suicide.

In the transition from 2002 to 2005 in this most positive identity state, Matthew's client suicide experience was seen to influence his sense of himself much more tangibly than his family suicide experience.

In the transition from 2002 to 2005 when working, Matthew's client suicide experience influenced his sense of himself only slightly more than his family suicide experience (CS3 0.55 – 2002; CS3 0.60 – 2005).

In the transition from 2002 to 2005 when relaxing Matthew's client suicide experience influenced his sense of himself a good deal more than his family suicide experience (CS4 0.47 – 2002; CS4 0.65 – 2005).

It is clear that in 2005 when working with existing and new clients approximately two / three weeks after the suicide of his client Fintan, Matthew construed himself to a limited extent only as a client 'suicide survivor' (emp idfcn CS3 0.60 – 2005). But he identified empathetically much more highly with persons who were perceived as positive, supportive and professional, for example, an admired person (CS3 0.90) and his counselling supervisor (CS3 0.85). Otherwise, Matthew's empathetic identifications in the transition from 2002 to 2005 pointed to a continuing albeit diverse influence on his identity of both his earlier family suicide experience and his more immediate client suicide experience in comparable situational contexts.

Matthew's brief narrative offered relevant background:

I remember a phrase you used years ago [NB Matthew was known to the researcher when both were students]...about when somebody takes their own life they inflict something on somebody else. In that sense there's a consequence ...there's consequences for people of somebody taking their own life and there were consequences for me the next day [when I found out] but there were also consequences in terms of what the potential might be for example...some of it came to light in the sense that me speaking to him within 12 hours of him actually doing it [i.e. Fintan killing himself by hanging]... while I might be quite OK with what happened the perception of other people would be: "But sure he spoke to you..." and then turning me into the focus of attention because people would say: "Why could you not help him?" or "Why could you not save him?"...and then question my competency...and whether I might have contributed to it and so on and so on...

7.11.11 Respondent C1/A17 Matthew – Suicide survivor: graphs of changes in identification

[NOTE A more detailed analysis is annexed at par. 7.11.11A in Appendix 10].

Graphs of modulations in levels of empathetic and conflicted identifications illustrated the results presented in pars. 7.11.5, 7.11.7, 7.11.8, 7.11.9. and 7.11.10 above with particular reference to a ‘suicide survivor’. Matthew was a ‘suicide survivor’ (2002) in relation to Harry’s suicide and a client ‘suicide survivor’ (2005) in relation to Fintan’s suicide.

Graphs 7.11.1 and 7.11.2 showed Matthew’s conflicted identifications in 2005 with a client ‘suicide survivor’ as quite high, clustered and ranging from PS1/CS3 0.40 to CS2 0.45. Graphs 7.11.3 and 7.11.4 showed his empathetic identifications with this entity modulating within a range of PS1/CS3 0.60 to CS2 0.74.

Graphs 7.11.5 and 7.11.6 showed that Matthew’s most highly conflicted identifications in 2002 with ‘a suicide survivor’ ranged from very high to quite high, viz. from PS1/CS3 0.40 to CS1 0.54. Graphs 7.11.7 and 7.11.8 showed his empathetic identifications with this entity peaking in the context ‘me when I am overwhelmed by life’s cruelties’ (CS1 0.84) and subsiding in the ‘working’ context to CS3 0.68.

An excerpt from Matthew’s dialogue / narrative offered a further perspective to these results:

...[someone who worked with Fintan] was asking me [recently] about Fintan and she said that...nobody could understand it [viz. Fintan’s suicide]...nobody could believe it...and she said the strange thing about it is the day before it happened [viz. the day before Fintan’s only counselling session with Matthew] when they were in the office somebody talked about suicide and Fintan played the role of “This is how it would happen” or “This is the way you would do it” and she also remarked...and I didn’t lead her into [saying] this...that one of the things that people had noticed that day was that Fintan had tidied his desk...it’s all familiar stuff...tidied his files away you know...all the things we would associate with somebody leading up to...endings...So looking back on it now I say to myself... “What did he come here for [viz. to the counselling room]?”

i) Was it to sort of settle his mind...was it just to say to somebody “Look I feel rotten about what I did [re Fintan’s earlier unsuccessful suicide attempt]...but I’m going to do it anyway?

ii) Was it that he was ambivalent even at that point and hadn’t made his mind up?
Or

iii) Was it because Fintan being Fintan has always been the type of person who’s...very fragile on the inside but projecting a strong personality on the

outside and that given a certain set of circumstances...there can be just a very quick downward spiral into suicide...

7.11.12 Respondent Matthew – Beliefs and values of the suicide survivor

Constructs with low or very low or negative structural pressures (range SP 13.96 to –12.41 in 2005; 15.60 to –33.86 in 2002) pointed to areas of Matthew's identity that could be stressed or around which his behaviour might be problematic or unpredictable.

In 2005, six of these constructs were designated as conflicted, inconsistently or non-, evaluative dimensions of identity, one of which was suicide-related: **'...never feels lonely or uncomfortable when alone with self'**/ 'often feels the need for human contact when alone with self' (SP 13.96) (where the preferred pole is in bold), **'...relies on family support at times of threat or crisis'**/ **'...does not need family support at difficult times'** (SP 8.94), **'...believes that suicide demands considerable bravery'**/ 'believes that suicide is the act of a coward' (SP 8.03), **'...carries a terrible responsibility for the fortunes or misfortunes of people with whom s/he had a significant relationship or emotional bond'**/ **'...believes that people with whom s/he had a significant relationship or emotional bond are entirely responsible for their own circumstances'** (SP 6.71), **'...continues to be the person s/he was into the foreseeable future'**/ '...feels that the person s/he was is dead' (SP –4.99) and '...feels momentary bouts of psychological pain'/ **'...suffers unendurable psychological pain'** (SP –12.41).

Matthew contended with any dis-stress around the areas represented in these six constructs by relying upon resources available through his core and secondary identity dimensions. These were the values and beliefs estimated as being central to Matthew's identity and that were resistant to change: he used these principally to judge the merits of self and others. High structural pressures on constructs (range SP 64.98 to 29.35) related to suicide, represented core and secondary evaluative dimensions of Matthew's identity: **'...believes that suicide cannot be predicted by overt behaviour'**/ **'...believes that suicide may be anticipated by perceptive observation'** (SP 64.98), **'...feels that grief following suicide is like any other'**/ **'...feels that grief following suicide is uniquely painful'** (SP 59.24), **'...does not think about people committing suicide'**/ **'...is highly sensitised to the issue of suicide'** (SP 47.72), **'...considers that most suicides could be prevented'**/ '...considers that most suicides are unavoidable' (SP 42.66), **'...believes**

that depression and suicide are inextricably linked’/ ‘...believes suicide can occur “out of the blue” without depression being present’ (SP 39.36) and ‘...was totally changed by the suicide of person with whom s/he had a significant relationship or emotional bond’/ ‘...was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond’ (SP 29.35). These constructs referenced Matthew’s values and beliefs in relation to client suicide.

Matthew’s reported experiences before and following his client’s suicide did not accord with his aspirational beliefs and values in 2005. Although he knew that Fintan had already attempted suicide, Matthew was unable to ‘anticipate...by perceptive observation’ (SP 64.98) his client’s subsequent suicide. Further although he aspired to believe that he was ‘highly sensitised...to suicide’ (SP 47.72) Matthew did not envisage Fintan’s suicide. Matthew also held that ‘most suicides could be prevented’ (SP 42.66) although he knew that Fintan’s attempted suicide was only averted – according to Fintan – by a coincidental telephone message as he was about to kill himself. Matthew believed in an ‘inextricable’ link between suicide and depression (SP 39.36) despite Fintan’s ‘out of the blue’ suicide. There was also an apparent inconsistency between Matthew’s core belief in the ‘uniquely painful’ nature of grief following suicide (SP 59.24) and his lesser conviction that he was ‘totally changed’ by Fintan’s suicide (SP 29.35). This latter finding questioned the degree of ‘significance’ of Matthew’s therapeutic relationship or emotional bond with Fintan. The following extract from Matthew’s narrative was relevant:

Matthew (M) -...the way he [viz. Fintan] described the first time it happened was as if...he didn’t actually know what he was doing...

Researcher (R) - How did he attempt it the last time?

M - Exactly the same as his brother. He went into the loft. There was a rope found there after – and he stood over the trapdoor...the phone...somebody...it was his partner sent him a text message and he ignored it and he put the rope round his neck ready to jump and the phone rang...and when the phone rang then he answered the phone and she [his partner] was asking him to go and collect the wee girl [Fintan’s step-daughter] and he went and collected the wee girl...

R - And he had tied the rope?

M - Uh huh and he said...that he didn't necessarily want to die but that he just couldn't at that point in time...he didn't know what he was doing...he remembered going into the house and locking the door...something he'd never done...next thing he just found himself going up into the roof space...his brother had...hanged himself in a roof space...he was saying...he had no conscious intention of going up into the roof space and putting a rope round his neck...

R - He was saying that to you?

M - Uh huh.

Other areas that were problematic for Matthew were addressed by his aspirational beliefs and values system. For example issues around 'family support' (SP 8.94) were eased by his 'seeking and developing human relationships' (SP 49.21) and by his 'warm feelings' towards others (SP 49.53). His ambivalence about being on his own (SP 13.96) and about the degree of psychological pain that he endured (SP -12.41) were alleviated by the 'irreplaceable value' he placed on others (SP 94.67) allied with his strong personal sense of 'who s/he is' (SP 56.49). Matthew's difficulty with categorising his client's suicide as an act of bravery or an act of cowardice (SP 8.03) was explained by his response to Fintan's feelings of confusion and guilt about his previous suicidal behaviour and also by the gulf between his client's non-suicidal state of mind during the counselling session and his suicidal behaviour less than twelve hours later. Crucially Matthew had considerable difficulty in accepting that as his counsellor, he had a duty of care towards Fintan through his 'significant relationship or emotional bond' with his client. He was uncertain about believing that clients were responsible for 'their own circumstances' (SP - 6.71). But he addressed this issue at a secondary level through the 'special responsibility' he felt for others (SP 40.13).

In 2002, there were seven low, very low or negative constructs (SP range 24.99 to -33.86) that indicated areas of stress for Matthew's identity and pointing towards problematic or unpredictable behaviour. Of these dimensions of identity, two were suicide-related: '**I feel a special responsibility for the wellbeing of (people)**'/ 'I don't have any particular responsibility for the wellbeing of (people)' (SP 24.99), '...remains sure of who s/he is'/'**...questions who s/he is**' (SP 15.60), '...believes suicide can occur out of the blue without evident signs of depression'/'**...believes depression and suicide**

are inextricably linked' (SP 11.68), '...believes that suicide is the act of a coward'/ **'...believes that suicide demands considerable bravery'** (SP 8.48), '...does not need family support at difficult times'/ **'...relies on family support at times of threat or crisis'** (SP 3.56), **'...feels that the person s/he was in the past is dead'**/ '...feels that s/he continues to be the person s/he was into the foreseeable future' (SP -13.61) and '...wonders what life is all about'/ **'...takes life for granted'** (SP -33.86).

Matthew relied upon the resources provided through his core and secondary identity dimensions to contend with problematic behaviour related to the above mentioned six constructs. These dimensions were the values and beliefs central to his identity in 2002. High structural pressures on four constructs (SP range 62.65 to 44.97) related to suicide represented these values and beliefs: **'...feels that grief following suicide is uniquely painful'**/ '...feels that grief following suicide is like any other' (SP 62.65), '...believes that suicide cannot be predicted by overt behaviour'/ **'...believes that suicide may be anticipated by perceptive observation'** (SP 54.14), **'...considers that most suicides could be prevented'**/ '...considers that most suicides cannot be prevented' (SP 50.73), '...does not think about people committing suicide'/ **'...is highly sensitised to the issue of suicide'** (SP 44.97).

Matthew's reported experiences before and after the suicide of his partner's nephew Harry did not fully match his aspirational beliefs and values system in 2002. He believed that 'perceptive observation' facilitated anticipation of suicide although he described this death as 'totally unexpected...nobody [had] seen it coming'. In this context Matthew was ambivalent about an 'inextricable link' between depression and suicide (SP 11.68) and was uncertain about whether suicide exemplified bravery or cowardice (SP 8.48). Again although Matthew believed he was 'highly sensitised to suicide' (SP 44.97) and that 'suicide was preventable' (rather than 'unavoidable') (SP 50.73) he asserted that 'no warning signals' about Harry's impending suicide were picked up by him or any family members.

Matthew addressed other problematic areas in 2002 by way of his aspirational beliefs and values system. Although he experienced uncertainty about who he was (SP 15.60) and was quite unsure about 'the person that he was in the past' (SP -13.61), he believed very highly indeed in the 'irreplaceable value' of each human, including himself

(SP 100.00). Although ‘family support’ was a questionable resource for Matthew, he felt encouraged by (SP 69.98), sought and developed good relationships with (SP 33.40), had warm feelings towards (SP 33.40) other people. Although he was unable or unwilling to address fully the issue of ‘taking life for granted’ as contrasted with ‘wondering what life was all about’ (SP –33.86) his aspirational system of beliefs and values included a strong conviction that ‘safe expression of emotional feelings was healthy and natural’ (SP 75.33).

In the transition from 2002 to 2005, Matthew’s system of aspirational values and beliefs shifted and changed in response to his experiences of family, client and other suicides. Those value-related changes included polarity shifts with regard to issues around:

- a) psychological pain – from ‘momentary bouts of discomfort’ (SP 26.93 in 2002) to ‘suffers unendurable psychological pain’ (SP –12.41 in 2005)
- b) existential issues – from ‘questions who he is’ (SP 15.60 in 2002) to ‘remains sure of who he is’ (SP 56.49 in 2005)
- c) family support – from ‘relies on family’ (SP 3.56 in 2002) to ‘does not need family’ (SP 8.94 in 2005)
- d) influence of the past – from ‘person he was is dead’ (SP –13.61 in 2002) to ‘continues to be person he was’ (SP – 4.99 in 2005) and
- e) meaning of life – from ‘takes life for granted’ (SP – 33.86 in 2002) to ‘wonders what life is about’ (SP 40.43 in 2005)

‘Values and beliefs’ changes identified by variation in structural pressures on suicide-related constructs in the 2002 to 2005 transition and degree of significance included:

- f) ‘suicide grief is unique’: from SP 62.65 (2002) to SP 59.24 (2005) – not significant
- g) ‘suicide can be anticipated’: from SP 54.14 (2002) to SP 64.98 (2005) – some significance
- h) ‘suicide can be prevented’: from SP 50.73 (2002) to SP 42.66 (2005) – limited significance
- i) ‘sensitised to suicide’: from SP 44.97 (2002) to SP 47.72 (2005) – not significant
- j) ‘inextricable link depression/suicide’: from SP 11.68 (2002) to SP 39.36 (2005) – significant
- k) ‘bravery/cowardice’: from SP 8.48 (2002) to SP 8.03 (2005) – not significant
- l) ‘totally changed by suicide’: not measured in 2002 to SP 29.35 (2005) – unknown significance.

These results demonstrated the nature and detail of idiosyncratic influences of family suicide and client suicide, respectively, upon Matthew's identity development as a suicide survivor during the three year transition from his community support role to his current counselling/psychotherapy career. An excerpt from Matthew's narrative illustrated his strategy for contending with 'duty of care' issues:

Researcher -...would you be concerned about being adversely affected by the consequences of all this...

Matthew -The process is different...at different times. There's times you rationalise it and there's times you feel it. And there's times you do both. The experience of what happened with Fintan will certainly make a difference. But I'm constantly telling people within STOPSUICIDE...about reminding themselves constantly [that] anybody only has limited responsibility for any other human being...because ultimately if Fintan or anybody else wants to take their own life you can put them in a straitjacket, you can lock them up in a room...But...if somebody wants to take their own life they will do. So you have to understand that you have only got limited responsibility. You can do the best that you can...follow through with everything else. Now I know what you're saying because...we're all human and we all ask questions of ourselves no matter what...but that's something that I try...I was going to say 'hide behind' maybe that's a...Freudian slip...because that's something that I try to look at no matter what it is or who the client is...but ultimately it is about them...they're here because they want to talk to me...and if I can help them in any way then that's OK. But I am not responsible for their life...or for what they do...and that's something that I have to try to keep in my head....

7.11.13 Respondent Matthew– Summary

Matthew's identity development through the transitional period was influenced by family suicide, client suicide and other suicide events. Subtle changes were evident in his system of values and beliefs, as discussed in par 7.11.12 above. His sense of self was dominated by clients with suicide-related issues but did not value them as highly as he thought they valued him. This low evaluation also applied to non-client suicide with whom he was less intensely involved, as discussed in par. 7.11.6 above.

His positive role models changed with colleague professionals (2005) replacing family members (2002) while the pervasive influence of client suicide caused Matthew to view both a suicide survivor and a client who lived through a serious suicide attempt as positive role models (ideal id 0.68), as discussed in par. 7.11.7

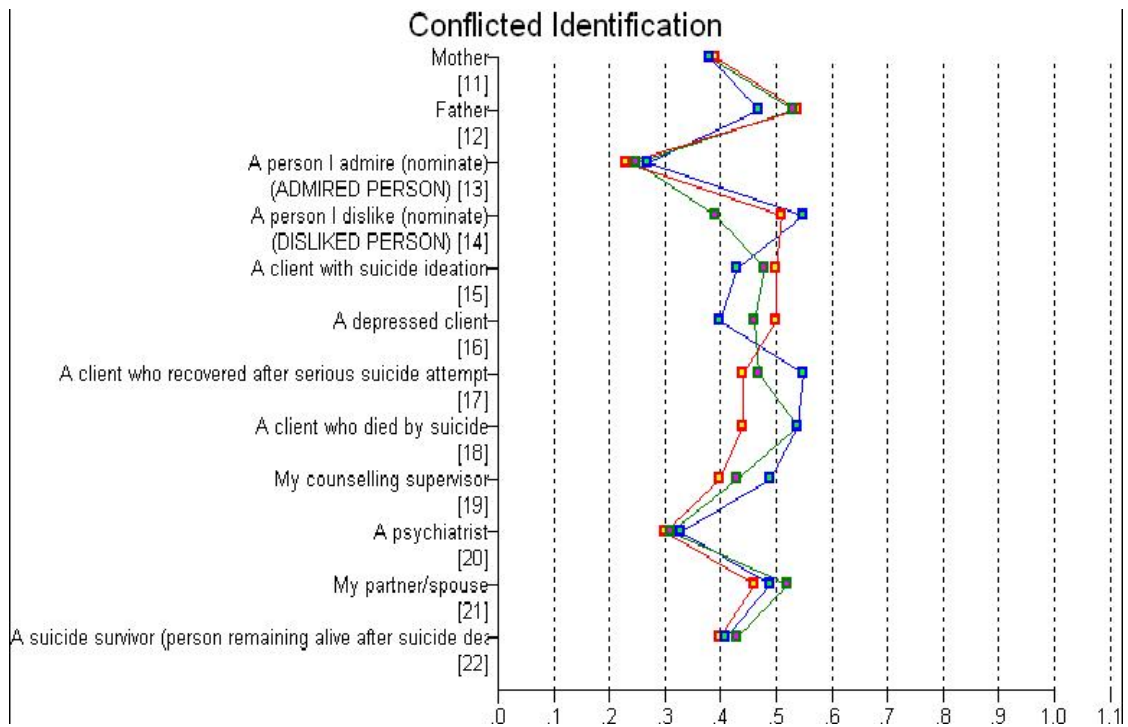
above. Matthew's identification conflicts intensified over the period particularly in relation to family members and suicide-related clients, as discussed in pars. 7.11.5 and 7.11.8 above. When working in 2005 Matthew's sense of himself was to a limited extent as a client 'suicide survivor' (emp idfcn CS3 0.60 – 2005) but he appraised himself as much closer to positive, family and professional people including his counselling supervisor (empath id CS3 0.85 – 2005), as discussed in par. 7.11.10 above.

In conclusion Matthew's reported experiences in the transition did not fully match his aspirational beliefs and values systems. But it was clear not least through changes in his identity variants in 2002 and 2005, that client suicide explained his transition from a well-adjusted identity to a more vulnerable one.

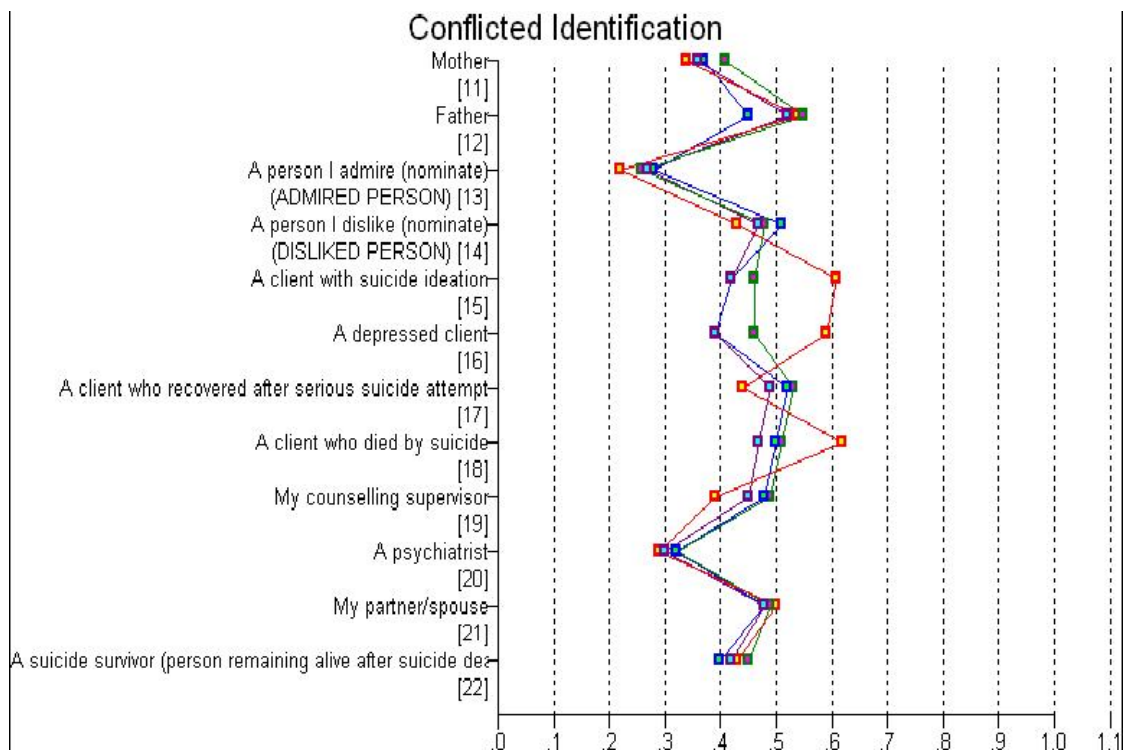
Note: Key for graphs 7.11.1, 7.11.2, 7.11.3, 7.11.4, 7.11.5, 7.11.6, 7.11.7 and 7.11.8 below:

PS1 & CS1= red	PS2 & CS2=green
PS3 & CS3= blue	CS4=purple/maroon

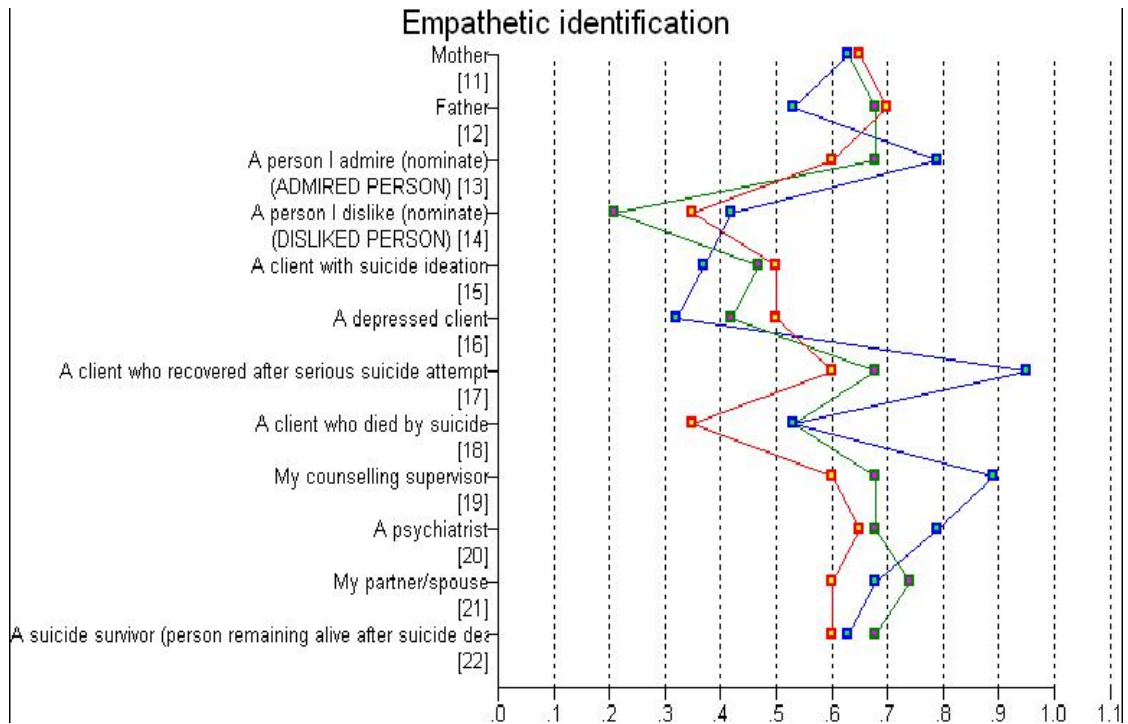
Graph 7.11.1 IDEX A17 ‘Matthew’ conf idfcn PS1, PS2, PS3 comparison



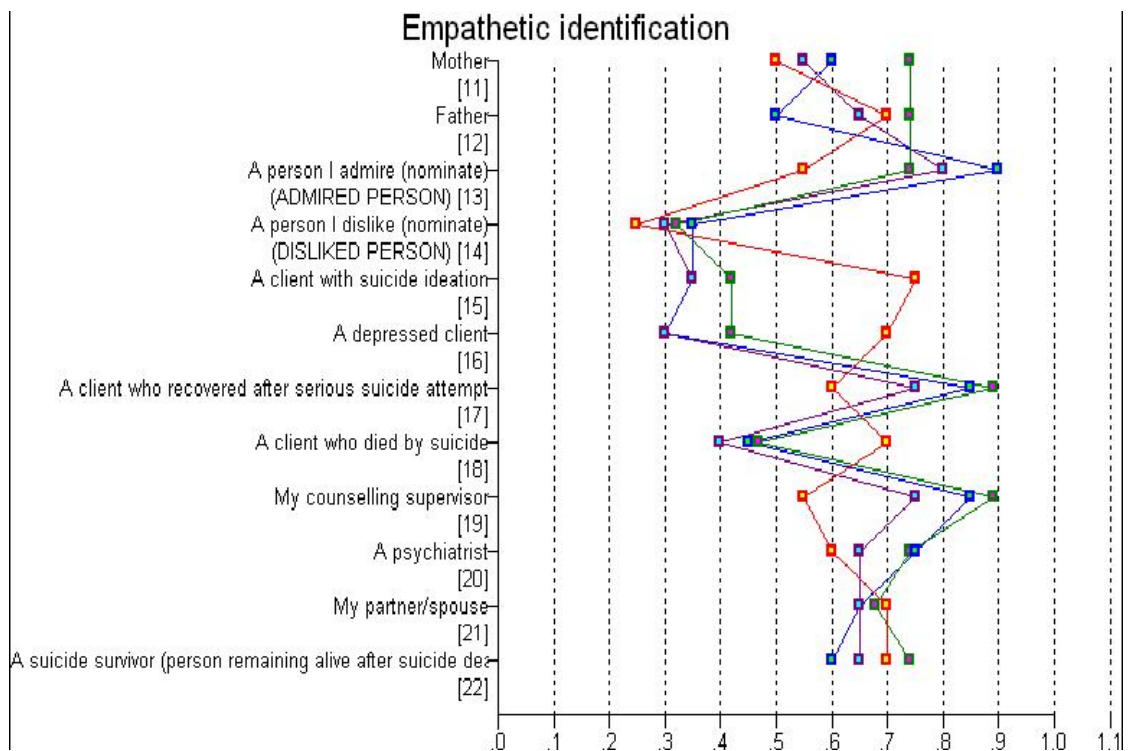
Graph 7.11.2 IDEX A17 ‘Matthew’ conf idfcn CS1, CS2, CS3, CS4 comparison



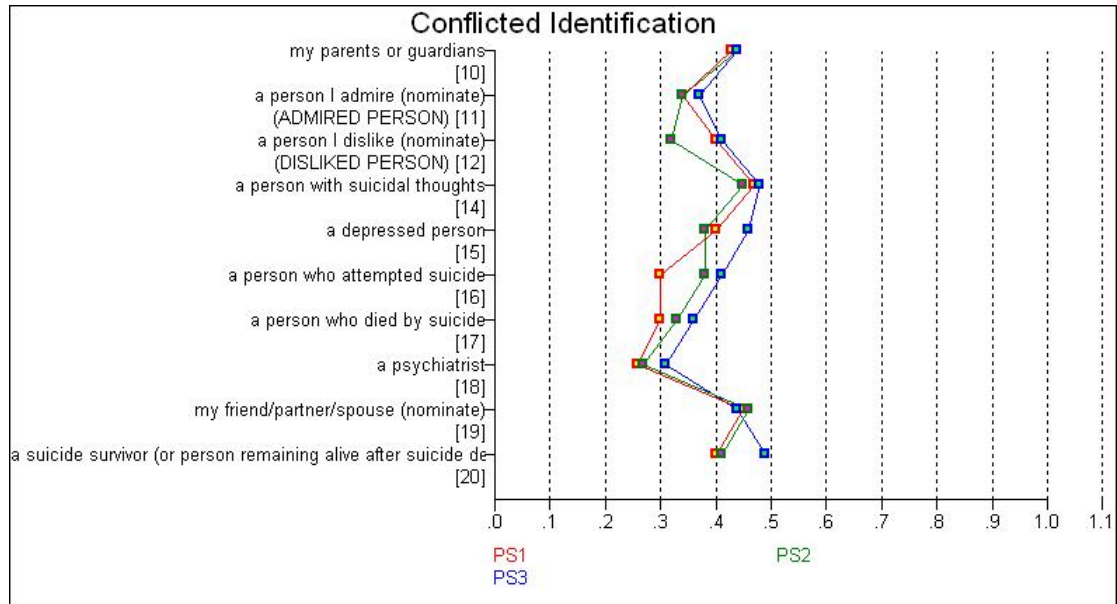
Graph 7.11.3 IDEX A17 ‘Matthew’ emp idfcn PS1, PS2, PS3 comparison



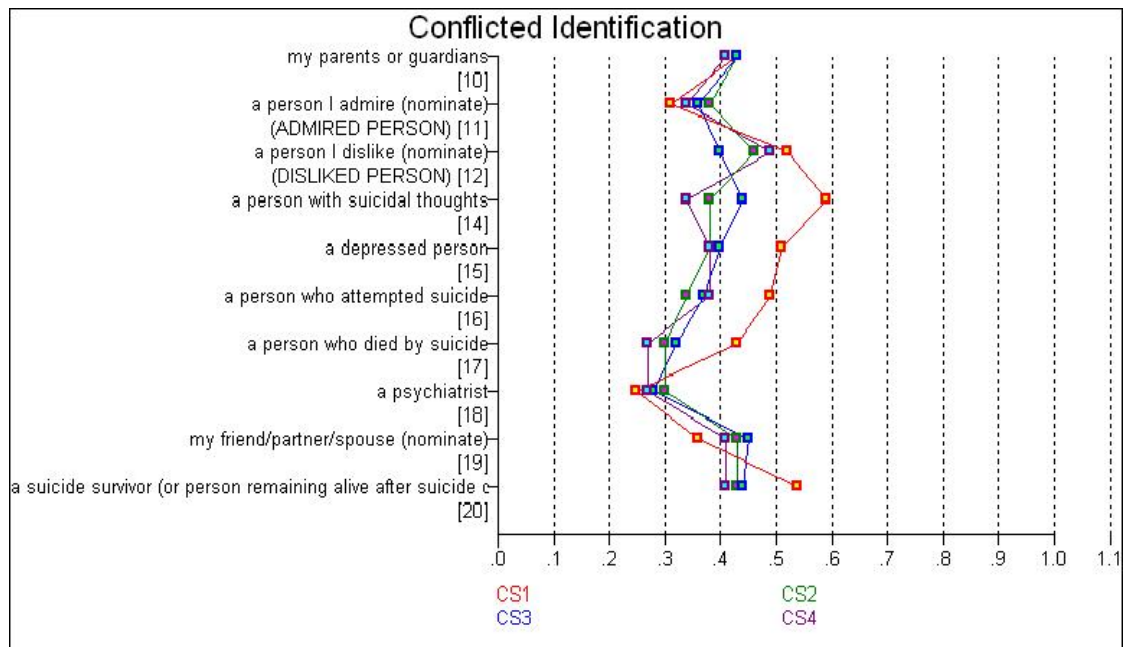
Graph 7.11.4 IDEX A17 ‘Matthew’ emp idfcn CS1, CS2, CS3, CS4 comparison



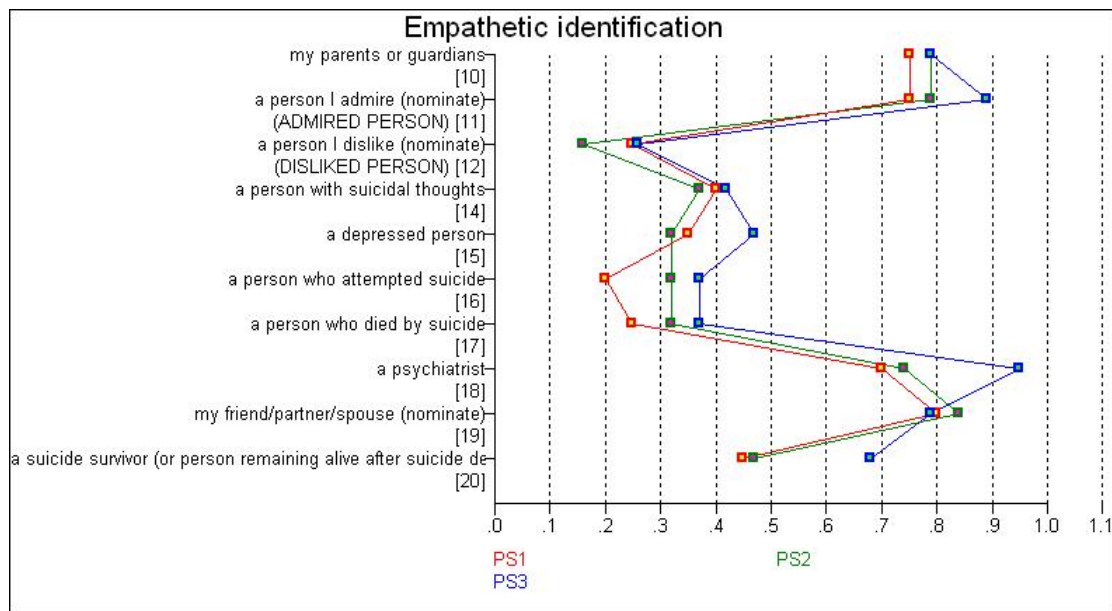
Graph 7.11.5 IDEX C1 ‘Matthew’ conf idfcn PS1, PS2, PS3 comparison



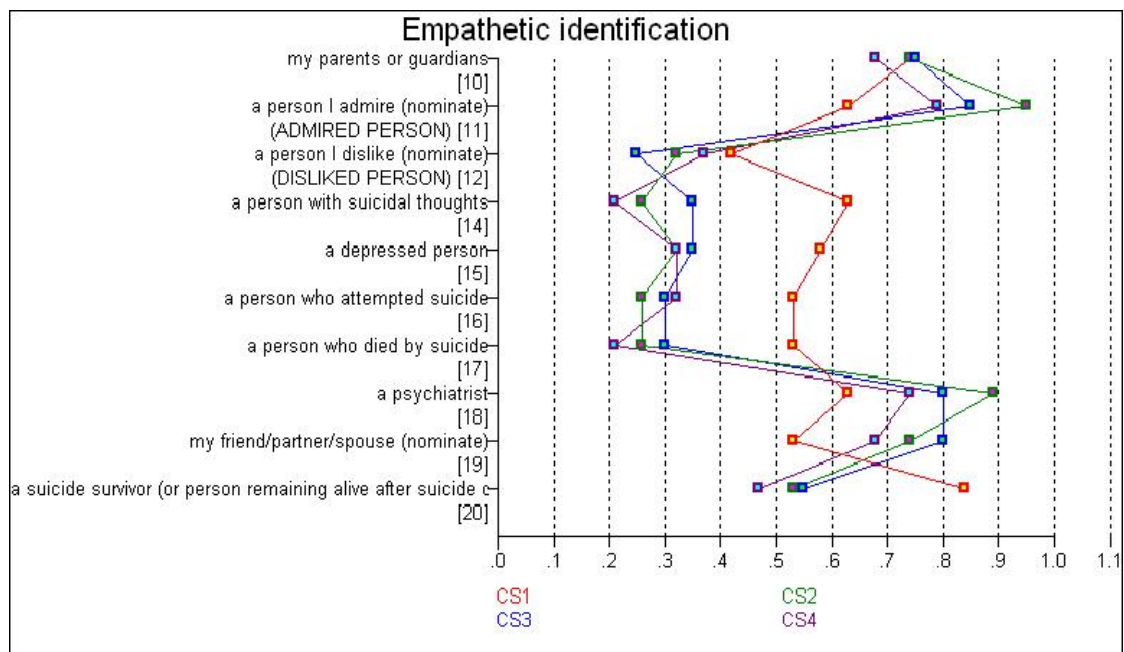
Graph 7.11.6 IDEX C1 ‘Matthew’ conf idfcn CS1, CS2, CS3, CS4 comparison



Graph 7.11.7 IDEX C1 'Matthew' emp idfcn PS1, PS2, PS3 comparison



Graph 7.11.8 IDEX C1 'Matthew' emp idfcn CS1, CS2, CS3, CS4 comparison



APPENDIX – 8

Tables of ISA data for case comparisons

Tables 8.1, 8.2, 8.3 – Identity variants for three cohorts

Situated Selves	CS1	CS2	CS3	CS4	PS1	PS2	PS3
Respondent							
A1 Paula	Diffusion	Diff HSR	Diffusion	Diffusion	Diffusion	Diffusion	Diff HSR
A2 Basil	Crisis	Confident	Indeterm	Indeterm	Indeterm	Indeterm	Indeterm
A5 Michael	Indeterm	Def HSR	Def HSR	Defensive	Negative	Def HSR	Def HSR
A6 Frank	Indeterm	Indeterm	Confident	Indeterm	Indeterm	Indeterm	Confident
A9 Dorothy	Indeterm	Indeterm	Def HSR	Defensive	Crisis	Indeterm	Confident
A11Hannah	Indeterm	Confident	Confident	Confident	Confident	Confident	Indeterm
A12 Ruth	Diffusion	Diff HSR	Diff HSR	Diffusion	Diffusion	Indeterm	Diffusion
A14 Eric	Diffusion	Confident	Diffusion	Diff HSR	Crisis	Crisis	Diffusion
A15 Debbie	Diffusion	Diffusion	Diffusion	Diffusion	Crisis	Diffusion	Diffusion
A16 Mark	Negative	Confident	Indeterm	Indeterm	Indeterm	Confident	Indeterm
A17Matthew	Diffusion	Diff HSR	Diff HSR	Indeterm	Diffusion	Diffusion	Diffusion

Table 8.1 Target Group

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Situated Selves	CS1	CS2	CS3	CS4	PS1	PS2	PS3
Respondent							
A3 Tamara	Crisis	Confident	Confident	Confident	Crisis	Confident	Diffusion
A4i Lucy	Diffusion	Indeterm	Indeterm	Diffusion	Crisis	Diffusion	Diffusion
A7 Barbara	Def HSR	Def HSR	Def HSR	Def HSR	Defensive	Defensive	Defensive
A8 Sheila	Diffusion	Diff HSR	Diff HSR	Indeterm	Diff HSR	Diff HSR	Diffusion
A10 Alison	Indeterm	Confident	Confident	Def HSR	Indeterm	Indeterm	Confident
A13 Terry	Negative	Confident	Confident	Indeterm	Crisis	Indeterm	Indeterm

Table 8.2 Comparison Group

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I became a psychotherapist/counsellor'
 PS2 'me before my client's suicidal behaviour'
 PS3 'me after my client's suicidal behaviour'

Situated selves	CS1	CS2	CS3	CS4	PS1	PS2	PS3
Respondent							
B1 Kevin	Indeterm	Indeterm	Indeterm	Indeterm	Indeterm	Indeterm	Indeterm
C1Matthew	Diffusion	Indeterm	Indeterm	Indeterm	Indeterm	Indeterm	Diffusion
C2 Jack	Diffusion	Confident	Indeterm	Indeterm	Crisis	Crisis	Indeterm
C3 Robert	Defensive	Def HSR	Def HSR	Def HSR	Indeterm	Indeterm	Def HSR
C4 Adam	Diffusion	Indeterm	Indeterm	Indeterm	Indeterm	Diffusion	Confident
C5 Danny	Crisis	Diffusion	Diffusion	Indeterm	Crisis	Crisis	Diffusion

Table 8.3 Control Group

CS1 'me when I am overwhelmed by life's cruelties'
 CS2 'me when I feel enhanced by life's wonders'
 CS3 'me when I'm working'
 CS4 'me when I'm relaxing'

PS1 'me before I started work'
 PS2 'me before I knew about suicide'
 PS3 'me after I knew about suicide'

Tables 8.4, 8.5, 8.6 – Conflicted identifications

‘Depressed and suicidal’ clients (entities)	Depressed Ideation Recovered	Deceased by suicide	Suicide survivor
Respondent			
A1 - Paula	H,H,H	H	H
A2 - Basil	H,H,M	M	H
A5 - Michael	M,M,M	M	M
A6 - Frank	H,H,L	H	M
A9 - Dorothy	H,H,H	H	H
A11- Hannah	H,H, VH	H	H
A12 - Ruth	H,H,H	H	M
A14 - Eric	VH,VH,H	VH	H
A15 - Debbie	VH,VH,VH	H	H
A16 - Mark	H,H,M	M	VH
A17 - Matthew	H,H,VH	H	H
H & VH ratio	27:33 = 82%	8:11 = 73%	8:11 = 73%

Table 8.4 Target Group – Conflicted identifications with depressed and suicidal clients and ‘a suicide survivor’ when working (currently situated Self CS3 ‘me when I’m working’)

‘Depressed and suicidal’ clients (entities)	Depressed Ideation Recovered	Deceased by suicide	Suicide survivor
Respondent			
A3 - Tamara	H,H,H	H	H
A4i - Lucy	H,H,H	H	H
A7 - Barbara	M,M,M	Not appraised	L
A8 - Sheila	H,H,H	Not appraised	H
A10 - Alison	H,H,H	H	H
A13 - Terry	H,H,H	L	H
H & VH ratio	15:18 = 83%	3:4 = 75%	5:6 = 83%

Table 8.5 Comparison Group – Conflicted identifications with depressed and suicidal clients and ‘a suicide survivor’ when working (currently situated self CS3 ‘me when I’m working’)

‘Depressed and suicidal’ people (entities)	Depressed Ideation Attempted	Deceased by suicide	Suicide survivor
Respondent			
B1 – Kevin	H,VH,VH	H	Not appraised
C1 -Matthew	H,H,H	M	H
C2 - Jack	H,H,H	M	H
C3 - Robert	H,H,M	M	L
C4 - Adam	VH,H,VH	H	H
C5 - Danny	H,H,H	H	H
H & VH ratio	17:18 = 94%	3:6 = 50%	4:5 = 80%

Table 8.6 Control Group – Conflicted identifications with depressed and suicidal people and ‘a suicide survivor’ when working (currently situated self CS3 ‘me when I’m working’)

KEY to 8.4, 8.5, 8.6 : Confl idfcn VH (very high) > 0.50; 0.35 < H(high) < 0.50; 0.20 < M(moderate) < 0.35; L(low) < 0.20

Tables 8.7, 8.8, 8.9 – Empathetic identifications with ‘client...died by suicide’

Situated Selves	PS2 ‘me before my client’s suicidal behaviour’	CS3 ‘me when I’m working’	‘increasing’ or ‘decreasing’ or ‘unchanged’
Respondent			
A1 - Paula	0.68	0.73	increasing
A2 - Basil	0.26	0.19	decreasing
A5 - Michael	0.11	0.11	unchanged
A6 - Frank	0.45	0.60	increasing
A9 - Dorothy	0.27	0.23	decreasing
A11 - Hannah	0.36	0.36	unchanged
A12 - Ruth	0.27	0.27	unchanged
A14 - Eric	0.64	0.45	decreasing
A15 - Debbie	0.50	0.45	decreasing
A16 - Mark	0.12	0.10	decreasing
A17 - Matthew	0.53	0.45	decreasing
		Outcome:	2/11 = 18% increasing
			6/11 = 55% decreasing

Table 8.7 Target Group – Empathetic identifications with ‘a client who died by suicide’-modulations from PS2 to CS3

Situated Selves	PS2 ‘me before my client’s suicidal behaviour’	CS3 ‘me when I’m working’	‘increasing’ or ‘decreasing’ or ‘unchanged’
Respondent			
A3 - Tamara	0.33	0.29	decreasing
A4i - Lucy	0.18	0.14	decreasing
A7 - Barbara	not appraised	not appraised	unchanged
A8 - Sheila	not appraised	not appraised	unchanged
A10 - Alison	0.23	0.25	increasing
A13 - Terry	0.15	0.25	increasing
		Outcome:	2/6 = 33% increasing
			2/6 = 33% decreasing

Table 8.8 Comparison Group – Empathetic identifications with ‘a client who died by suicide’-modulations from PS2 to CS3

Situated Selves	PS2 ‘me before I knew about suicide’	CS3 ‘me when I’m working’	‘increasing’ or ‘decreasing’ or ‘unchanged’
Respondent			
B1 - Kevin	0.45	0.41	decreasing
C1 - Matthew	0.32	0.30	decreasing
C2 - Jack	0.53	0.15	decreasing
C3 - Robert	0.28	0.17	decreasing
C4 - Adam	0.53	0.45	decreasing
C5 - Danny	0.56	0.60	increasing
		Outcome:	1/6 = 17% increasing
			5/6 = 83% decreasing

Table 8.9 Control Group – Empathetic identifications with ‘a person who died by suicide’-modulations from PS2 to CS3

Tables 8.10, 8.11, 8.12 – Empathetic identifications with ‘a suicide survivor’

Respondents	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m working’ CS3	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m relaxing’ CS4
A1 - Paula	L	L
A2 - Basil	L	L
A5 - Michael	M	L
A6 - Frank	H	M
A9 - Dorothy	M	M
A11 - Hannah	M	M
A12 - Ruth	H	H
A14 - Eric	M	M
A15 - Debbie	M	M
A16 - Mark	M	M
A17 - Matthew	M	M
Totals M + H	9/11 = 82%	8/11 = 73%

Table 8.10 Target Group – Current empathetic identifications with ‘a suicide survivor’

Respondents	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m working’ CS3	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m relaxing’ CS4
A3 - Tamara	L	L
A4i - Lucy	L	L
A7 - Barbara	H	H
A8 - Sheila	L	L
A10 - Alison	L	L
A13 - Terry	H	H
Totals M + H	2/6 = 33%	2/6 = 33%

Table 8.11 Comparison Group – Current empathetic identifications with ‘a suicide survivor’

Respondents	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m working’ CS3	Empath idfcn with ‘a suicide survivor’ in context ‘me when I’m relaxing’ CS4
B1 - Kevin	Not appraised	Not appraised
C1 - Matthew	M	L
C2 - Jack	L	L
C3 - Robert	L	L
C4 - Adam	H	M
C5 - Danny	M	L
Totals M + H	3/5 = 60%	1/5 = 20%

Table 8.12 Control group – Current empathetic identifications with ‘a suicide survivor’

Key to Tables 8.10, 8.11, 8.12 :

Empath idfcn: H (high) ≥ 0.70 ; $0.50 \leq M$ (moderate) < 0.70 ; L (low) < 0.50

Tables 8.13, 8.14, 8.15 – Metaperspectives: empathetic identifications

	Empath idfcns with 'me as colleagues see me' in context PS2 'before my client's suicidal behaviour'	Modulation from PS2 to CS1 & Percentage	Empath idfcns with 'me as colleagues see me' in context CS1 'me when I am overwhelmed by life's cruelties'	Modulation from PS2 to CS3 & Percentage	Empath idfcns with 'me as colleagues see me' in context CS3 'me when I'm working'	Empath idfcns with 'me as colleagues see me' in context CS4 'me when I'm relaxing'
Respondents						
A1 - Paula	0.86	-0.27=31%	0.59	-0.04=5%	0.82	0.73
A2 - Basil	0.79	-0.43=54%	0.36	+0.15=19%	0.94	0.80
A5 - Michael	0.89	-0.20=22%	0.69	+0.20=22%	0.89	0.88
A6 - Frank	0.86	-0.05=6%	0.81	+0.01=1%	0.85	1.00
A9 - Dorothy	0.86	-0.09=10%	0.77	+0.14=16%	1.00	1.00
A11 - Hannah	1.00	-0.14=14%	0.86	±0.00=0%	1.00	0.95
A12 - Ruth	0.91	-0.32=35%	0.59	±0.00=0%	0.91	0.91
A14 - Eric	0.64	-0.07=11%	0.57	+0.18=28%	0.82	0.95
A15 - Debbie	0.73	-0.14=19%	0.59	+0.04=5%	0.77	0.82
A16 - Mark	0.65	-0.21=32%	0.44	+0.05=8%	0.70	0.65
A17-Matthew	0.84	-0.24=29%	0.60	+0.01=1%	0.85	0.80

Table 8.13 Target Group – Metaperspectives: empathetic identifications with 'me as colleagues see me' – modulations in four contexts PS2, CS1, CS3, CS4

	Empath idfcns with 'me as colleagues see me' in context PS2 'before my client's suicidal behaviour'	Modulation from PS2 to CS1 & Percentage	Empath idfcns with 'me as colleagues see me' in context CS1 'me when I am overwhelmed by life's cruelties'	Modulation from PS2 to CS3 & Percentage	Empath idfcns with 'me as colleagues see me' in context CS3 'me when I'm working'	Empath idfcns with 'me as colleagues see me' in context CS4 'me when I'm relaxing'
Respondents						
A3 - Tamara	0.76	-0.53=70%	0.23	+0.06=8%	0.82	0.80
A4i - Lucy	0.73	-0.14=19%	0.59	+0.09=12%	0.82	0.77
A7 - Barbara	1.00	±0.00=0%	1.00	±0.00=0%	1.00	1.00
A8 - Sheila	0.95	-0.27=28%	0.68	±0.00=0%	0.95	0.86
A10 - Alison	0.86	-0.05=6%	0.81	+0.14=16%	1.00	0.95
A13 - Terry	0.75	-0.31=41%	0.44	+0.20=27%	0.95	0.65

Table 8.14 Comparison Group – Metaperspectives: Empathetic identifications with 'me as colleagues see me' – modulations in four contexts PS2, CS1, CS3, CS4

Note- Headings for Control Group Table 8.15 (below) as for Target/Comparison Grp tables (above)

Respondents						
B1- Kevin	0.85	-0.27=32%	0.58	+0.10=12%	0.95	1.00
C1-Matthew	0.74	-0.06=8%	0.68	+0.06=8%	0.80	0.65
C2-Jack	0.35	+0.21=60%	0.56	+0.40=114%	0.75	0.72
C3-Robert	0.50	+0.06=12%	0.56	-0.06=12%	0.44	0.41
C4-Adam	0.84	-0.19=23%	0.65	-0.04=5%	0.80	0.61
C5-Danny	0.39	+0.21=54%	0.60	+0.41=105%	0.80	0.61

Table 8.15 Control Group – Metaperspectives: Empathetic identifications 'me as colleagues see me' – modulations in PS2, CS1, CS3, CS4

Tables 8.16, 8.17 – Conflicted evaluative dimensions of identity

Construct/ Instrument	Construct in words		Construct Category	Incidence	Polarity	
	+	-				
3A	Suicide demands considerable bravery/Suicide is the act of a coward		suicide	7/11=64%	+7	-0
21A	Totally changed by suicide of client/Not much affected by suicide of client		suicide	6/11=55%	+6	-0
2A	Carries terrible responsibility for others/Others are responsible for themselves		personal/professional/ social/family	5/11=45%	+1	-4
10A	Does not think about people committing suicide/Highly sensitised to issue of suicide		suicide	5/11=45%	+0	-5
19A	Never lonely or uncomfortable alone/Often needs human contact when alone		personal/existential	5/11=45%	+2	-3
1A	Takes life for granted/Wonders what life is all about		personal/existential	4/11=36%	+1	-3
6A	Questions who s/he is/Remains sure of who s/he is		personal/existential	4/11=36%	+2	-2
12A	Special responsibility for wellbeing of others/No particular responsibility for others		Personal/professional/ social/family	4/11=36%	+3	-1
14A	Relies on family support in crisis/Does not need family support in difficult times		family	4/11=36%	+1	-3
15A	Depression & suicide inextricably linked/Suicide can happen out of the blue		suicide/health	4/11=36%	+2	-2

Table 8.16 Target Group – Conflicted evaluative dimensions in identity

Construct/ Instrument	Construct in words		Construct Category	Incidence	Polarity	
	+	-				
3A	Suicide demands considerable bravery/Suicide is the act of a coward		suicide	3/6 = 50%	+3	-0
14A	Relies on family support in crisis/Does not need family support in difficult times		family	3/6 = 50%	+2	-1
21A	Totally changed by suicide of client/Not much affected by suicide of client		suicide	3/6 = 50%	+2	-1
1A	Takes life for granted/Wonders what life is all about		personal/existential	2/6 = 33%	+1	-1
5A	Most suicides preventable/Most suicides unavoidable		suicide	2/6 = 33%	+2	-0
6A	Questions who s/he is/Remains sure of who s/he is		Personal/existential	2/6 = 33%	+0	-2
10A	Does not think about people committing suicide/Highly sensitised to issue of suicide		suicide	2/6 = 33%	+0	-2

Table 8.17 Comparison Group – Conflicted evaluative dimensions of identity

Tables 8.18, 8.19 – Conflicted / Core evaluative dimensions of identity

Construct/ Instrument	Construct in words +	Construct Category	Incidence	Polarity	
	-				
19C & 21B	...uses prescribed medication/...uses complementary-alternative remedies	health	4/6 = 66%	+1	-3
8C	...does not need family support in difficult times/...relies on family support in crisis	family	3/6 = 50%	+0	-3
10C	...believes suicide is act of coward/...believes suicide demands considerable bravery	suicide	3/6 = 50%	+0	-3
18C & 20B	...can be alone without feeling lonely or uncomfortable/...cannot be alone for long without needing human contact	personal/existential	3/6 = 50%	+2	-1
1C	...does not think about people committing suicide/...is highly sensitised to issue of suicide	suicide	2/6 = 33%	+0	-2
3C & 4B	...remains sure of who s/he is/...questions who s/he is	personal/existential	2/6 = 33%	+0	-2
4C	...feels person s/he was is dead/...continues to be person s/he was into the future	personal/existential	2/6 = 33%	+1	-1
6C	...feels special responsibility for wellbeing of others/...does not have any particular responsibility for wellbeing of others	personal/professional/social /family	2/6 = 33%	+2	-0
20C	...believes suicide can occur 'out of the blue'/...believes depression and suicide are inextricably linked	suicide/health	2/6 = 33%	+0	-2

Table 8.18 Control Group – Conflicted evaluative dimensions of identity

Construct/ Instrument A	Construct in words +	Construct Category	Incidence	Polarity	
	-				
16	...does not value very highly/...believes each human irreplaceable	personal/professional/social	7/11=64%	+0	-7
4	...feels safe expression of emotions is healthy/...feels emotional expression means lack of control	personal/health	7/11=64%	+7	-0
8	...uses prescribed medication/...uses complementary-alternative remedies	health	5/11=45%	+0	-5
7	...grief following a suicide like any other/...such grief uniquely painful	suicide	5/11=45%	+0	-5
11	...sticks rigidly to values and beliefs of parents-guardians/...develops own personal values and beliefs	personal/family	4/11=36%	+0	-4
20	...withdraws from human contact/...seeks-develops human relationships	social	4/11=36%	+0	-4
9	I have warm feelings towards.../I loathe...	personal	3/11=27%	+3	-0
18	...continues to be person s/he was into the future/...feels person s/he was is dead	personal/existential	3/11=27%	+3	-0

Table 8.19 Target Group – Core evaluative dimensions of identity

Tables 8.20, 8.21 – Core evaluative dimensions of identity

Construct/ Instrument A	Construct in words + -	Construct Category	Incidence	Polarity
11	...sticks rigidly to values and beliefs of parents-guardians/...develops own personal values and beliefs	personal/family	5/6=83%	+0 -5
16	...does not value very highly/...believes each human irreplaceable	personal/professional/social	5/6=83%	+0 -5
4	...feels safe expression of emotions is healthy/...feels emotional expression means lack of control	personal/health	3/6=50%	+3 -0
10	...does not think about people committing suicide/...is highly sensitised to issue of suicide	suicide	3/6=50%	+0 -3
18	...continues to be person s/he was into the future/...feels person s/he was is dead	personal/existential	3/6=50%	+3 -0
20	...withdraws from human contact/...seeks-develops human relationships	social	3/6=50%	+0 -3
7	...grief following a suicide like any other/...such grief uniquely painful	suicide	2/6=33%	+0 -2
9	I have warm feelings towards.../I loathe...	personal	2/6=33%	+2 -0
13	...believes suicide cannot be predicted/...believes suicide may be anticipated by perceptive observation	suicide	2/6=33%	+0 -2
14	...relies on family support in crisis/...does not need family support in difficult times	family	2/6=33%	+2 -0
17	I feel distressed by.../I feel encouraged by...	personal/professional	2/6=33%	+0 -2
19	...never feels alone or uncomfortable when alone with self/...often feels need for human contact when alone with self	personal/existential	2/6=33%	+2 -0

Table 8.20 Comparison Group – Core evaluative dimensions of identity

Construct/ Instrument B,C	Construct in words	Construct Category	Incidence	Polarity
11B & 9C	...believes each human irreplaceable/...does not value very highly	personal/professional/social	6/6=100	+6 -0
13B & 11C	...feels safe expression of emotions is healthy/...feels emotional expression means lack of control	personal/health	3/6=50%	+1 -2
9B & C7	...feels grief following a suicide uniquely painful /...such grief is like any other	personal/health	2/6=33%	+2 -0
18B & 16C	I feel distressed by.../I feel encouraged by...	personal/professional	2/6=33%	+1 -1

Table 8.21 Control Group – Core evaluative dimensions of identity

Table 8.22 – Evaluations of suicidal, ‘deceased by suicide’ clients and suicide survivors

Target Group	Depressed/ ambivalent client	Suicidal ideation	Attempted/ Recovered	Deceased client	Suicide survivor
A1 Paula	L	VL	L	M	L
A2 Basil	VL	VL	L	VL	VL
A5 Michael	VL	VL	M	VL	M
A6 Frank	L	M	VH	L	M
A9 Dorothy	VL	VL	L	VL	L
A11 Hannah	VL	VL	L	VL	M
A12 Ruth	VL	VL	L	VL	VH
A14 Eric	VL	VL	M	VL	M
A15 Debbie	L	VL	L	L	M
A16 Mark	L	VL	M	VL	L
A17Matthew	L	L	M	L	M
Totals	VL=6;L=5	VL=9;L=1;M=1	L=6;M=4;VH=1	VL=7;L=3;M=1	VL=1;L=3;M=6;VH=1
Comparison Group					
A3 Tamara	VL	VL	L	VL	VL
A4i Lucy	VL	VL	L	VL	L
A7 Barbara	VL	VL	VL	N/A	VH
A8 Sheila	VL	VL	VL	N/A	VL
A10 Alison	M	VL	VL	VL	VL
A13 Terry	M	L	M	M	M
Totals	VL=4;M=2	VL=5;L=1	VL=3;L=2;M=1	VL=3;M=1	VL=3;L=1;M=1;VH=1
Control Group					
B1 Kevin	VL	VL	L	VL	N/A
C1 Matthew	L	L	L	VL	M
C2 Jack	VL	VL	VL	VL	L
C3 Robert	L	L	VL	VL	VH
C4 Adam	L	L	VL	VL	VH
C5 Danny	L	VL	L	L	L
Totals	VL=2;L=4	VL=3;L=3	VL=3;L=3	VL=5;L=1	L=2;M=1;VH=2

Table 8.22 Evaluations of: depressed/ambivalent, suicidal, attempted/recovered, deceased clients and suicide survivors

KEY: VL=Very low < -0.10; -0.10 ≤ L = Low < 0.30; 0.30 ≤ M= Moderate < 0.70;

VH=Very High ≥ 0.70

Range: -1.00 to +1.00

Table 8.23 – Ego-involvement with suicidal, ‘deceased by suicide’ clients and suicide survivors

Target Group	Depressed/ ambivalent clients	Suicide ideation	Attempted/ recovered	Deceased client	Suicide survivor
A1 Paula	VH	VH	VH	VH	VH
A2 Basil	M	M	M	VH	M
A5 Michael	M	M	L	M	M
A6 Frank	M	M	VH	M	VH
A9 Dorothy	M	M	M	VH	M
A11 Hannah	VH	VH	VH	VH	VH
A12 Ruth	M	VH	M	VH	M
A14 Eric	VH	VH	M	VH	VH
A15 Debbie	M	VH	M	VH	VH
A16 Mark	M	M	M	VH	VH
A17 Matthew	M	M	VH	VH	VH
Totals	VH=3/11	VH=5/11	VH=4/11	VH=9/11	VH=7/11
Comparison Group					
A3 Tamara	M	VH	M	VH	VH
A4i Lucy	M	M	M	VH	M
A7 Barbara	L	L	M	N/A	VH
A8 Sheila	M	M	M	N/A	VH
A10 Alison	VH	VH	VH	VH	VH
A13 Terry	M	M	M	L	M
Totals	VH=1/6	VH=2/6	VH=1/6	VH=3	VH=4
Control Group					
B1 Kevin	M	VH	VH	VH	N/A
C1 Matthew	VH	M	M	M	VH
C2 Jack	M	VH	VH	VH	M
C3 Robert	M	M	M	M	L
C4 Adam	VH	VH	VH	VH	VH
C5 Matthew	M	M	VH	VH	M
Totals	VH=2/6	VH=3/6	VH=4	VH=4	VH=2

Table 8.23 Ego-involvement with: depressed/ambivalent, suicidal, attempted/recovered, deceased clients and suicide survivors

**Key: L=Low < 2.00; 2.00 ≤ M=Moderate < 4.00; VH=Very high ≥ 4.00
Range: 0.00 to 5.00**

Tables 8.24, 8.25, 8.26 – Coincidence of certain levels of evaluation and ego-involvement

Deceased client	very low evaluation	very high ego-involvement
Group		
Target	A2, A5, A9, A11, A12, A14, A16	A1, A2, A9, A11, A12, A14, A15, A16, A17
Totals (both very low eval and very high ego-inv)	6/11=55%	
Comparison	A3, A4i, A10	A3, A4i, A10
Totals (both very low eval and very high ego-inv)	3/6=50%	
Control	B1, C1, C2, C3, C4	B1, C2, C4, C5
Totals (both very low eval and very high ego-inv)	3/6=50%	

Table 8.24 Deceased client: very low evaluation and very high ego-involvement (simultaneous)
(See Tables 8.22 & 8.23 for keys and ranges)

Client with suicide ideation	very low evaluation	very high ego-involvement
Group		
Target	A1, A2, A5, A9, A11, A12, A14, A15, A16	A1, A11, A12, A14, A15
Totals (both very low eval and very high ego-inv)	5/11=45%	
Comparison	A3, A4i, A7, A8, A10	A3, A10
Totals (both very low eval and very high ego-inv)	2/6=33%	
Control	B1, C2, C5	B1, C2, C4
Totals (both very low eval and very high ego-inv)	2/6=33%	

Table 8.25 Client with suicide ideation: very low evaluation and very high ego-involvement (simultaneous) (See Tables 8.22 & 8.23 for keys and ranges)

Suicide survivor	moderate or better evaluation	very high ego-involvement
Group		
Target	A5, A6, A11, A12, A14, A15, A16	A1, A6, A11, A14, A15, A16, A17
Totals (both mod or better eval and very high ego-inv)	4/11=36%	
Comparison	A7, A13	A3, A7, A8, A10
Totals (both mod or better eval and very high ego-inv)	1/6=17%	
Control	C1, C3, C4	C1, C4
Totals (both mod or better eval and very high ego-inv)	2/6=33%	

Table 8.26 A suicide survivor: moderate or better evaluation and very high ego-involvement (simultaneous) (See Tables 8.22 & 8.23 for keys and ranges)

Tables 8.28, 8.29, 8.30 – Empathetic identifications – modulations

[Note that Table 8.27 is unused]

Situated selves	PS3 'aftermath'	CS1 'cruelties'	CS3 'working'	CS4 'relaxing'
Respondent				
A1 Paula	0.50 M	0.50 M	0.45 L	0.36 L
A2 Basil	0.30 L	0.64 M	0.38 L	0.35 L
A5 Michael	0.55 M	0.62 M	0.58 L	0.41 L
A6 Frank	0.77 H	0.71 H	0.75 H	0.67 M
A9 Dorothy	0.68 H	0.73 H	0.68 M	0.68 M
A11 Hannah	0.73 H	0.73 H	0.68 M	0.64 M
A12 Ruth	0.95 H	0.73 H	0.86 H	0.86 H
A14 Eric	0.82 H	0.71 H	0.68 M	0.65 M
A15 Debbie	0.82 H	0.68 M	0.68 M	0.64 M
A16 Mark	0.71 H	0.44 L	0.65 M	0.50 M
A17 Matthew	0.63 M	0.70 H	0.60 M	0.65 M

Table 8.28 Target group – Empathetic identifications with 'a suicide survivor'-modulations from PS3 to CS1, CS3, CS4 (Key as for tables 8.10, 8.11 and 8.12)

Situated selves	PS3 'aftermath'	CS1 'cruelties'	CS3 'working'	CS4 'relaxing'
Respondent				
A1 Paula	0.50 H	0.50 H	0.47 H	0.42 H
A2 Basil	0.36 H	0.52 VH	0.40 H	0.39 H
A5 Michael	0.23 M	0.25 M	0.24 M	0.20 L
A6 Frank	0.33 M	0.32 M	0.32 M	0.31 M
A9 Dorothy	0.47H	0.48 H	0.47 H	0.47 H
A11 Hannah	0.51 VH	0.51 VH	0.49 M	0.48 M
A12 Ruth	0.29 M	0.26 M	0.28 M	0.28 M
A14 Eric	0.51 VH	0.48 H	0.47 H	0.46 H
A15 Debbie	0.51 VH	0.47 H	0.47 H	0.45 H
A16 Mark	0.57 VH	0.44 H	0.54 VH	0.47 H
A17 Matthew	0.41 H	0.43 H	0.40 H	0.42 H

Table 8.29 Target group – Conflicted identifications with 'a suicide survivor'-modulations from PS3 to CS1, CS3, CS4 (Key as for tables 8.4, 8.5 and 8.6)

Situated selves	PS3 'aftermath'	CS1 'cruelties'	CS3 'working'	CS4 'relaxing'
Respondent				
A1 Paula	0.68 M	0.68 M	0.73 H	0.55 M
A2 Basil	0.30 L	0.57 M	0.19 L	0.25 L
A5 Michael	0.10 L	0.23 L	0.11 L	0.06 L
A6 Frank	0.45 L	0.62 M	0.60 M	0.52 M
A9 Dorothy	0.32 L	0.27 L	0.23 L	0.23L
A11 Hannah	0.50 M	0.41 L	0.36 L	0.32 L
A12 Ruth	0.38 L	0.64 M	0.27 L	0.36 L
A14 Eric	0.50 M	0.57 M	0.45 L	0.35 L
A15 Debbie	0.77 H	0.73 H	0.45 L	0.50 M
A16 Mark	0.18 L	0.50 M	0.10 L	0.25 L
A17 Matthew	0.53 M	0.70 H	0.45 L	0.40 L

Table 8.30 Target group – Empathetic identifications with 'a client who died by suicide'-modulations from PS3 to CS1, CS3, CS4 (Key as for tables 8.10, 8.11 and 8.12)

Tables 8.31 – Conflicted identifications with ‘client...died by suicide’: modulations

Situated selves	PS3 ‘aftermath’	CS1 ‘cruelties’	CS3 ‘working’	CS4 ‘relaxing’
Respondent				
A1 Paula	0.68 VH	0.68 VH	0.73 VH	0.55 VH
A2 Basil	0.38 H	0.52 VH	0.30 M	0.35 M
A5 Michael	0.23 M	0.35 M	0.24 M	0.18 L
A6 Frank	0.40 H	0.47 H	0.46 H	0.43 H
A9 Dorothy	0.50 H	0.46 H	0.42 H	0.42 H
A11 Hannah	0.54 VH	0.49 H	0.46 H	0.43 M
A12 Ruth	0.47 H	0.61 VH	0.40 H	0.46 H
A14 Eric	0.57 VH	0.60 VH	0.54 VH	0.47 H
A15 Debbie	0.65 VH	0.63 VH	0.50 H	0.52 VH
A16 Mark	0.33 M	0.54 VH	0.24 M	0.38 H
A17 Matthew	0.54 VH	0.62 VH	0.50 H	0.47 H

Table 8.31 Target group – Conflicted identifications with ‘a client who died by suicide’- modulations from PS3 to CS1, CS3, CS4
(Key: as for tables 8.4, 8.5 and 8.6)

Table 8.32 – Contra-identifications with ‘client/person...died by suicide’

Target Group											
Resp’dents	A1	A2	A5	A6	A9	A11	A12	A14	A15	A16	A17
Contra-idfcn	0.27	0.48H	0.52H	0.36	0.77H	0.59H	0.59H	0.64H	0.55H	0.59H	0.55H

Outcome 9/11 ‘High’ = **82%**

Comparison Group						
Respondents	A3	A4i	A7	A8	A10	A13
Contra-idfcn	0.64 H	0.91 H	N/A	N/A	0.77 H	0.09

Outcome 3/4 ‘High’ = **75%**

Control Group						
Respondents	B1	C1	C2	C3	C4	C5
Contra-idfcn	0.50 H	0.35	0.70 H	0.35	0.55 H	0.40

Outcome 3/6 ‘High’ = **50%**

Table 8.32 – Target, comparison and control groups – contra-identifications with ‘a client/person who died by suicide’.

(Key: H = High > 0.45; L = Low < 0.25; N/A = ‘not appraised’)

Table 8.33 – Comparison of changes in global identity variants (GIVs) from past to current contexts

Situated Selves	PS1	PS2	PS3	% age of GIVs	CS1	CS2	CS3	CS4	% age of GIVs	Group
GIV category										
'Defensive'	0	1	1	2/33=6%	0	1	2	2	5/44=11%	Target
'Defensive'	1	1	1	3/18=17%	1	1	1	2	5/24=20.8%	Comparison
'Defensive'	0	0	1	1/18=5.6%	1	1	1	1	4/24=16.7%	Control
'Open'	6	4	5	15/33=45%	6	4	5	4	19/44=43%	Target
'Open'	4	2	3	9/18=50%	3	1	1	1	6/24=25%	Comparison
'Open'	2	3	2	7/18=39%	4	1	1	0	6/24=25%	Control
'Well-adjusted'	4	6	5	15/33=45%	4	6	4	5	19/44=43%	Target
'Well-adjusted'	1	3	2	6/18=33%	1	4	4	3	12/24=50%	Comparison
'Well-adjusted'	4	3	3	10/18=55.6%	1	4	4	5	14/24=58%	Control

Table 8.33 – Comparisons of changes in Global Identity Variants (GIVs) from past to current contexts

Table 8.34 – Comparisons of incidence of constructs representing core evaluative identity dimensions

ISA instruments A,B and C	Constructs common to all three cohorts: target/comparison/control	ISA instruments A,B and C	Constructs common to target/comparison groups only
16A, 11B and 9C	'irreplaceability of each human being'	11A	'develops own personal values and beliefs'
4A, 13B and 11C	'safe expression of emotion is healthy'	20A	'seeks/develops human relationships'
7A, 9B and 7C	'suicide grief is uniquely painful'	9A	'warm feelings towards others'
		18A	'continues to be the person s/he was'

Table 8.34 – Comparisons of incidence of constructs representing core evaluative identity dimensions

APPENDIX – 9

Glossary

Glossary

1 Suicide: variously defined but essentially a person may be deemed to have died by suicide where it can be shown beyond a reasonable doubt and not [merely] on the balance of probabilities (Walsh, 2008) that the deceased acted alone and intended their lethal act against self to have a fatal outcome.

1a Suicide ideation: an inner cognitive/affective process during which a person considers suicide as a possible coping strategy without any concrete intention to act out.

1c Suicide intention: may be considered as the next level in a person's cognitive/affective process, when psychache and lethality are predominant affects, and suicide emerges as a likely coping mechanism.

1d Serious suicide attempt: describes an outcome, excluding the death of the person who engages in normally lethal behaviour, where evidence exists that the person fully intended their own death by suicide.

2 Client: an individual who forms a voluntary, psychotherapeutic, counselling relationship with a clinician.

3 Counselling: an ethically structured, psychological process within which a clinician facilitates a client in addressing change issues raised by the client.

4 Clinician: a psychological counsellor, counselling psychologist, psychotherapist or other qualified counselling practitioner.

5 Client suicide: the death by suicide of an individual who was a clinician's current or former client.

6a Survivor syndrome: a pattern of reactions observed in those who remain alive after experiencing a traumatic event during which others lost their lives (Reber and Reber, 2001:728).

6b Survivor guilt: a deep sense of guilt or culpability [sometimes] experienced by those who remained alive following a catastrophic event which took the lives of many others. Observed in those who survived the Holocaust during WW2 or following subsequent wars, famines, earthquakes, fires or similar major disasters or calamities. Part of the sense of guilt or self-blame derived from *a feeling that they did not do enough* to save others who perished: another part derives from *feelings of being unworthy* relative to those who died (Reber and Reber, 2001: 728).

7 Suicide survivor: an individual who remains alive following the suicide death of someone with whom they had a significant relationship or emotional bond (AAS Clinician Survivor Task Force, 2008).

8a Clinician survivor: a clinician who has experienced one or more client suicides (AAS Clinician Survivor Task Force, 2008).

8b Clinician survivor (by proxy): Based upon Calhoun et al. (1982/1984), current research designates the term '*clinician survivor (by proxy)*' to acknowledge and identify the coincidental status of colleague clinician(s) who, although not clinician survivors per se, share a professional relationship with a clinician survivor.

9 Client suicide survivor: as for 8a above

10 Non-clinician: an individual who does not engage in formal psychotherapeutic relationships with clients or patients.

11 Non-client: an individual not currently or formerly a client, e.g. family member, personal friend or work colleague.

12 Family suicide survivor: a person, including a clinician, who experiences the loss by suicide of a family member, personal friend or work colleague.

APPENDIX – 10

Data edited from target case studies in appendix 7

Appendix 10

This appendix contains supplementary data, edited from target case studies in appendix 7: paragraphs numbers and headings refer to those in appendix 7.

7.7.4 Respondent A12 Ruth – Overview

Ruth was a clinician survivor by virtue of two reported instances of suicide by clients with whom she had ongoing counselling relationships. She was most ego-involved with '*a client who died by suicide*' (5.00) and she placed her highest evaluations on '*me as I would like to be*' (1.00) and '*me when I feel enhanced by life's wonders*' (0.96). She idealistically identified most highly with '*a suicide survivor*' (0.91) and to a lesser extent '*my counselling supervisor*' (0.86) and '*a person I admire*' (0.77). She contra-identified very highly with '*a client with suicide ideation*' and '*a depressed client*' (both 0.73), and also with '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (both 0.59). Her engagement with and responsiveness to both deceased clients was very high indeed. She experienced herself very highly as '*a suicide survivor*' while wanting very much to dissociate from clients bringing issues about suicide.

In her past identity state before she became a counsellor, Ruth empathetically identified most closely with '*my partner/spouse*' and '*a suicide survivor*' (both PS1 0.86) but less closely with '*a person I admire*' and '*a person I dislike*' (both PS1 0.76) and '*my counselling supervisor*' (PS1 0.71).

In her subsequent identity state before her client's suicidal behaviour, these empathetic identifications modulated, becoming much lower with '*my partner/spouse*' (PS2 0.59) and somewhat lower with '*a suicide survivor*' (PS2 0.77), and '*a person I dislike*' (0.59) while becoming much higher with '*a person I admire*' (PS2 0.91) and somewhat higher with '*my counselling supervisor*' (PS2 0.82).

In her identity state after her client's suicidal behaviour, her empathetic identifications again modulated becoming much higher with '*a suicide survivor*' (PS3 0.95) and '*my counselling supervisor*' (PS3 0.90), somewhat higher with '*my partner/spouse*' (PS3 0.67) and '*a person I dislike*' (PS3 0.71) but lower with '*a person I admire*' (PS3 0.81).

Ruth's empathetic identifications with '*a suicide survivor*' (PS1 0.86; PS2 0.77; PS3 0.95) were maintained at very high levels across these identity states

reflecting her own 'suicide survivor' experiences before and after she became a counsellor.

Currently when overwhelmed by life's cruelties she most closely empathetically identified with '*a person I dislike*' (CS1 0.86), '*my partner/spouse*' and '*a suicide survivor*' (both CS1 0.73) but less so with '*mother*', '*father*' and '*a person I admire*' (CS1 0.68).

When feeling enhanced by life's wonders she most closely empathetically identified with '*my counselling supervisor*' (CS2 0.91), '*a suicide survivor*' (CS2 0.86) and '*a person I admire*' (CS2 0.82) but much less so with '*mother*' (CS2 0.64) and '*a person I dislike*' (CS2 0.59). In this transition Ruth was as much '*a suicide survivor*' as before her counselling work began while she recognised more of herself in her '*supervisor*'.

In the work context, Ruth empathetic identifications remained stable mirroring closely her experience when '*feeling enhanced by life's wonders*'. While relaxing her highest empathetic identifications with '*my counselling supervisor*' (CS4 0.91) and '*a suicide survivor*' (CS4 0.86) remained very high and unchanged while with '*a person I admire*' (CS4 0.91) and with '*mother*' (CS4 0.73) these levels increased. She continued to see herself very much as '*a suicide survivor*' and as a '*counselling supervisor*' when at work, both with clients and when supervising her colleagues. This view of herself was maintained into her periods of relaxation: it was as if Ruth continued to be 'at work' when relaxing.

In relation to her past identity state before becoming a counsellor, Ruth experienced very high levels of conflicted or problematic identification, respectively, with '*father*' and '*a client who recovered after serious suicide attempt*' (both PS1 0.60), '*a client with suicide ideation*' and '*a depressed client*' (both PS1 0.59), '*my partner/spouse*' (PS1 0.56), '*a client who died by suicide*' (PS1 0.55) and '*mother*' (PS1 0.54).

These levels of conflicted identification were considerably reduced, respectively, in the period before her client's suicidal behaviour: PS2 (0.52, 0.40, 0.41, 0.41, 0.46, 0.40, 0.51). In particular Ruth was highly conflicted in relation to four suicide-related entities: '*a client with suicide ideation*' and '*a depressed client*' (both PS2 0.41) and '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (both PS2 0.40) but only moderately so in relation to '*a suicide survivor*'. (PS2 0.26).

In the transition from *'before'* to *'after'* her client's suicidal behaviour, Ruth was more highly conflicted with these suicide-related entities, respectively: PS3 (0.49, 0.49, 0.53, 0.47) while remaining moderately conflicted with *'a suicide survivor'*. Ruth's sense of herself before she began counselling work seemed to be even more problematic than after her clients' suicidal acting-out.

Currently, in the context of being overwhelmed by life's cruelties, Ruth's most highly conflicted identifications were with *'a client with suicide ideation'* and *'a depressed client'* (both CS1 0.68), *'a client who died by suicide'* (CS1 0.61), *'a client who recovered after serious suicide attempt'* (CS1 0.59), *'father'* (CS1 0.58), *'mother'* (CS1 0.53), *'a person I dislike'* (CS1 0.52) and *'my partner/spouse'* (CS1 0.51). She also experienced highly conflicted identifications with *'a psychiatrist'* (CS1 0.45) and *'a person I admire'* (CS1 0.40). But her sense of herself as *'a suicide survivor'* in this context was only moderately conflicted (CS1 0.26).

When she felt enhanced by life's wonders, Ruth's conflicted identifications were lower in varying degrees, seriatim, with eight of these entities (CS2 0.41, 0.41, 0.40, 0.46, 0.52, 0.51, 0.43, 0.49) and slightly higher, seriatim, in relation to two of these entities (CS2 0.47, 0.43). Her problematic identifications remained relatively high in relation to the four above mentioned suicide-related entities but moderate and stable in relation to *'a suicide survivor'*.

When working, her conflicted identifications across all entities remained unchanged, respectively: CS3 (0.41, 0.41, 0.40, 0.46, 0.52, 0.51, 0.43, 0.49, 0.47, 0.43) including *'a suicide survivor'* (CS3 0.26), being stable in the transition from *'wonders'* to *'working'*. Ruth remained *'there'* with all of these people as much when *'enhanced by wonders'* as she was *'there'* with them when *'working'* while not wanting to be *'there'* in either context (Weinreich, 2003: 61).

When relaxing, her conflicted identifications either intensified or remained stable with these entities, respectively: CS4 0.48, 0.48, 0.46, 0.46, 0.57, 0.55, 0.47, 0.49, 0.43, 0.46. These modulations included problematic identifications which intensified with three of the suicide-related entities while remaining stable with the fourth entity, respectively: *'a client with suicide ideation'* and *'a depressed client'* (both CS4 0.48) and *'a client who died by suicide'* and *'a client who recovered after serious suicide attempt'* (both CS4 0.46). It was as if Ruth differentiated only to a limited extent across contexts in relation to how she was *'represented in [these people] while not wishing to be'* (Weinreich, 2003: 60).

With respect to her metaperspectives, she differentiated only slightly between her appraisals of her colleagues' view of her and of her clients' view of her, being more highly ego-involved with the latter than with the former: '*me as colleagues see me*': ego inv 4.17; '*me as clients see me*': ego-inv 4.24. In her very high evaluations of self ('*me as colleagues see me*': eval 0.84; '*me as clients see me*': eval 0.78) she favoured the former slightly more highly than the latter. Ruth's empathetic identifications in respect of her colleagues' view of her and her clients' view of her, respectively, were stronger across all contexts with the former than with the latter (CS2 0.91, 0.86; CS3 0.91, 0.86; CS4 0.91, 0.77; PS2 0.91, 0.77; PS3 0.90, 0.76; PS1 0.76, 0.57; CS1 0.59, 0.55). Her identification conflicts were moderate in relation to both '*me as colleagues see me*' and '*me as clients see me*', being stronger with the former than with the latter, respectively: (PS2 0.36, 0.33; CS2 0.36, 0.35; CS3 0.36, 0.35; CS4 0.36, 0.33; PS3 0.35, 0.33; PS1 0.33, 0.28; CS1 0.29, 0.28). Clients engaged Ruth more than her colleagues did although she was closer to these fellow professionals. She experienced more problematic identifications with colleagues than with clients due to her dual roles as counsellor with clients and supervisor with colleagues.

Ruth's identity variants were either 'indeterminate' (PS2), 'diffuse high self regard' (CS2, CS3) or 'diffusion' (PS1, PS3, CS1, CS4). The identity variant 'indeterminate' was considered to represent a well-adjusted identity while 'diffuse high self regard' and 'diffusion' were designated vulnerable identities of various kinds.

Her ego-involvement ranged from moderately high to very high across all seven situated selves (ego inv range 4.54 to 2.88), progressing from '*me before I became a psychotherapist / counsellor*' (PS1 ego inv 2.88) to higher levels before and after '*...my client's suicidal behaviour*' (PS2/PS3 ego inv 3.03/3.33). Her ego-involvement with '*me when I am overwhelmed by life's cruelties*' (CS1 ego inv 3.03) emulated that with '*me before my client's suicidal behaviour*' (PS2 ego inv 3.03). She achieved much higher levels of ego-involvement with the remaining three currently situated selves: '*me when I feel enhanced by life's wonders*' (CS2 ego inv 4.54), '*me when I'm working*' (CS3 ego inv 4.17) and '*me when I'm relaxing*' (CS4 ego inv 3.79).

Ruth's self-evaluation ranged from low to very high (eval 0.21 to 0.96) and was context based. Before she '*became a counsellor*' her self-evaluation was

moderate (PS1 eval 0.46) while this increased through moderate to very high, respectively, before and after *'my client's suicidal behaviour'*: (PS2 eval 0.58; PS3 eval 0.72). Subjected to *'life's cruelties'*, her self-evaluation was quite diminished (CS2 eval 0.21) but her self-evaluation in each of the three remaining currently situated selves achieved very high levels: *'me when I feel enhanced by life's wonders'* (CS2 eval 0.96), *'me when I'm working'* (CS3 eval 0.87) and *'me when I'm relaxing'* (CS4 eval 0.75).

Ruth's identity diffusion modulated while remaining high across all identity states within a somewhat narrow range (diff 0.40 to 0.50).

Ruth's appraisals indicated two conflicted dimensions of identity that were evidenced by low structural pressures on constructs. These indicated areas of stress for her as follows: *'...considers that most suicides could be prevented'* (contrasted with *'...considers that most suicides are unavoidable'*) and *'...was totally changed by the suicide of person with whom s/he had significant relationship or emotional bond'* (contrasted with *'...was not much affected by suicide of person with who s/he had a significant relationship or emotional bond'*). These constructs represented issues or dilemmas over which Ruth was likely to vacillate in relation to her uncertainty about her stance on such issues or dilemmas. A 'dual morality dimensions of identity' was indicated by a large negative structural pressure on one construct: *'...questions who s/he is'* (contrasted with *'...remains sure of who s/he is'*). This denoted her tendency to consistently associate with valued others the opposite pole of this construct to the one that Ruth preferred.

Constructs with high structural pressures were considered to represent the Ruth's stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to her identity: she used these principally to judge the merits of self and others. They were likely to be resistant to change (Weinreich, 1992: 21).

Ruth's core evaluative dimensions of identity were: *'always using complementary / alternative remedies where possible'* (contrasted with *'relying mainly on prescribed medication to relieve pain'*); *'relying on family support at times of threat or crisis'* (contrasted with *'not needing family support at difficult times'*); *'having warm feelings towards persons'* (contrasted with *'loathing persons'*); *'feeling that grief following suicide is uniquely painful'* (contrasted with *'feeling that grief following suicide is like any other'*); *'feeling encouraged by persons'* (contrasted with

‘feeling distressed by persons’); ‘*continuing to be the person s/he was into the foreseeable future*’ (contrasted with ‘feeling that the person s/he was is dead’); ‘*feeling that the safe expression of emotional feelings is always healthy*’ (contrasted with ‘feeling that expression of emotion often indicates lack of control’); ‘*believing that depression and suicide are inextricable linked*’ (contrasted with ‘believing suicide can occur “out of the blue” without depression being evident’); ‘*believing that suicide may be anticipated by perceptive observation*’ (contrasted with ‘believing that suicide cannot be predicted by overt behaviour’); ‘*believing that each human being is of irreplaceable value*’ (contrasted with ‘not valuing some human beings very highly’); ‘*continuing to develop personal values and beliefs*’ (contrasted with ‘sticking rigidly to values and beliefs of parents and guardians’); ‘*feeling momentary bouts of psychological discomfort*’ (contrasted with ‘suffering unendurable psychological pain’) and ‘*wondering what life is all about*’ (contrasted with ‘taking life for granted’).

Each of Ruth’s two clients killed themselves while she was in a therapeutic relationship with them. The first client was found hanged about three years before Ruth was interviewed for this research. This client was in therapy with Ruth for up to three years before her death. Unsuccessful attempts were made to admit her to a psychiatric unit during the last three weeks of her life. The second deceased client was found hanged about three weeks after the first client’s death. Ruth worked with this second client briefly – he had attended two counselling sessions only and was found dead before the date of the third session.

Ruth was very distressed by her first client’s suicide and was quite shocked by her second client’s suicidal death. No effective preventive action by Ruth was possible during the period between their last counselling sessions with her and their subsequent deaths.

7.8.4 Respondent A14 Eric - Overview

Eric was a clinician survivor by virtue of two reported incidences of client suicide. He was most ego-involved with ‘*me when I feel enhanced by life’s wonders*’ (5.00) and ‘*a client who died by suicide*’ (5.00) and he placed his highest evaluation of ‘*me as I would like to be*’ (1.00) and ‘*a person I admire*’ (0.99). Eric idealistically identified with ‘*a person I admire*’ (0.77), with ‘*a client who recovered after serious suicide attempt*’ and with ‘*my counselling supervisor*’ (both 0.73). He contra-identified very highly with ‘*a client with suicide ideation*’, with ‘*a depressed client*’

and with '*a client who died by suicide*' (all 0.64). Eric wished to distance himself from some aspects of suicide, viz. suicidal feelings and thoughts and death by suicide, while being very highly engaged by the latter. By contrast a client's recovery from a serious suicide attempt generated a positive affective state in Eric that he wished to emulate.

In his past identity state before he became a counsellor, Eric empathetically identified most closely with '*father*' (PS1 0.77), less closely with '*a person I dislike*' and '*my partner /spouse*' (both PS1 0.68), with '*a depressed client*' and with '*a client who died by suicide*' (both 0.64). In his subsequent identity state before his client's suicidal behaviour, these empathetic identifications modulated, becoming lower with '*father*' (PS2 0.68) and much lower with both '*a person I dislike*' (PS2 0.50) and with '*my partner/spouse*' (0.41), remaining stable with '*a client who died by suicide*' (PS2 0.64) while becoming higher with '*a depressed client*' (PS2 0.73). In this transition Eric's sense of himself became less close to family members while orienting more closely to his clients.

In his identity state after his client's suicidal behaviour, Eric's empathetic identifications again modulated upwards and downwards as he assimilated client suicide experiences, in a family context and both professionally and socially. He felt himself to be closer to his *mother* (PS3 emp idfcn 0.86) than to his *father* (PS3 emp idfcn 0.64). In his professional world, Eric saw in himself more of the characteristics of his '*counselling supervisor*' (PS3 emp idfcn 0.86) than of '*a suicide survivor*' (PS3 emp idfcn 0.82) or of '*a client who recovered after serious suicide attempt*' (PS3 emp idfcn 0.77) or of '*a psychiatrist*' (PS3 emp idfcn 0.68). He recognised in himself fewer of the attributes of '*a depressed client*' or of '*a client with suicide ideation*' (both PS3 emp idfcn 0.59) or least of all, of '*a client who died by suicide*' (PS3 emp idfcn 0.50). Socially, he felt himself to be even more distanced from '*a disliked person*' (PS3 emp idfcn 0.36) but a good deal closer to '*an admired person*' (PS3 emp idfcn 0.64). Eric's empathetic identifications fluctuated considerably while assimilating client suicide.

When overwhelmed by life's cruelties, Eric's empathetic identifications evidenced recognition of aspects of self in '*mother*', '*a client with suicide ideation*', '*my counselling supervisor*' (all three CS1 emp idfcn 0.76) and in '*a suicide survivor*' (CS1 0.71) while he sensed less of himself in '*a depressed client*' and in '*a client who recovered after serious suicide attempt*' (both CS1 emp idfcn 0.67). While

accommodating to ‘cruelties’, Eric’s empathetic identifications evidenced his contrasting degrees of closeness to family members, viz. moderate for ‘*father*’ (CS1 emp idfcn 0.62) and low for ‘*partner/spouse*’ (CS1 emp idfcn 0.48) while high for ‘*mother*’. (CS1 emp idfcn 0.76). In this context, Eric’s empathetic identifications with suicide-related clients were located in the range (CS1 emp idfcn 0.76 to 0.57) evidencing in himself moderate to high recognition of characteristics of these people.

In the transition from ‘cruelties’ to ‘wonders’, Eric’s empathetic identification with ‘*a person I admire*’ (CS2 0.68) modulated upwards while his empathetic identification with ‘*a disliked person*’ (CS2 emp idfcn 0.32) modulated downwards by a similar amount. Empathetic identifications with other entities either modulated downwards or were stable, evidencing that Eric recognised little of himself in clients represented in entities ‘*suicide ideation*’, being ‘*depressed*’ and ‘*died by suicide*’, (all three CS2 emp idfcn 0.27) while he remaining quite close to ‘*client who recovered*’ (CS2 emp idfcn 0.64). Eric’s sense of himself was less close to ‘*a suicide survivor*’ (CS2 emp idfcn 0.59) in this context. Overall his expression of self in the ‘wonders’ transition was more positive socially, he recognised fewer similarities in himself to actively suicidal clients, to clients deceased by suicide and to ‘*a suicide survivor*’ while his level of closeness to those in his professional world, e.g. supervisor (CS2 emp idfcn 0.64) and family world, e.g. mother (CS2 emp idfcn 0.55), modulated downwards by varying amounts.

In the ‘working’ context, Eric’s empathetic identifications evidenced his greater closeness with ‘*mother*’ and ‘*a counselling supervisor*’ (both CS3 emp idfcn 0.73) than with ‘*a suicide survivor*’ and ‘*a person I admire*’ (both CS3 emp idfcn 0.68) and with ‘*a client who recovered after serious suicide attempt*’ and ‘*a psychiatrist*’ (both CS3 emp idfcn 0.64). Eric’s self was close to ‘*a suicide survivor*’ when working with suicidal-related clients but he was closer to family members, viz. ‘*mother*’, to colleagues in his professional worlds, viz ‘*supervisor*’ and as close to those in his wider social world, viz. ‘*admired person*’ (CS2 emp idfcn 0.68).

In the transition from ‘working’ to ‘relaxing’, Eric’s empathetic identifications modulated upwards with ‘*a person I admire*’ (CS4 emp idfcn 0.80), with ‘*my counselling supervisor*’ (CS4 emp idfcn 0.75), with ‘*a client who recovered after serious suicide attempt*’ and with ‘*a psychiatrist*’ (both CS4 emp idfcn 0.70), and with ‘*mother*’ and ‘*a suicide survivor*’ (both CS4 emp idfcn 0.65). When relaxing Eric’s sense of self was closest to someone in his wider social world, e.g. an admired person.

In this context he was less close to family members. Further, he recognised more highly in self when relaxing, than he did when he was ‘working’, those in his professional world, e.g. his supervisor and a psychiatrist, and a client who recovered after serious suicide attempt. There was a part of Eric when he relaxing that was ‘a suicide survivor’. But he was closer to professional colleagues and to a particular suicide-related client than to ‘a suicide survivor’ such that, to some extent, he could be said to continue to ‘work’ even when he was ‘relaxing’.

In relation to his past identity state before becoming a counsellor, Eric experienced very high levels of conflicted or problematic identifications with ‘*a depressed client*’ and with ‘*a client who died by suicide*’ (both PS1 0.64), with ‘*a person I dislike*’ (PS1 0.63), with ‘*father*’ (PS1 0.62) and with ‘*a client with suicide ideation*’ (PS1 0.59).

These levels of conflicted identifications modulated but remained very high in the identity state before his client’s suicidal behaviour, respectively: PS2 0.68, 0.64, 0.54, 0.58, 0.64. Eric experienced very highly conflicted identifications with three suicide-related entities mentioned above: ‘*a depressed client*’, ‘*a client who died by suicide*’ and ‘*a client with suicide ideation*’. He also experienced highly conflicted identifications with the remaining suicide-related entity in both contexts: ‘*a client who recovered after serious suicide attempt*’ (PS1 0.34, PS2 0.36) and with ‘*a suicide survivor*’ (both PS1 and PS2 0.43).

In the identity transition from ‘before’ to ‘after’ his client’s suicidal behaviour, Eric’s conflicted identifications with the above mentioned four suicide-related entities modulated but remained very high or high, respectively: PS3 0.61, 0.57, 0.61, 0.42. His conflicted identification with ‘*a suicide survivor*’ (PS3 0.51) modulated upwards. This evidenced the problematic nature of Eric’s client suicide experience: he highly empathetically identified with his client who died by suicide – feeling himself to be close to him while at the same time contra-identifying with him – seeking to dissociate from him.

When overwhelmed by life’s cruelties, Eric’s most problematic identifications were with ‘*a client with suicide ideation*’ (CS1 0.70), ‘*a depressed client*’ (CS1 0.65), ‘*a client who died by suicide*’ (CS1 0.60), ‘*a person I dislike*’ (CS1 0.58) and ‘*father*’ (CS1 0.56). He was also highly conflicted in relation to ‘*mother*’ (CS1 0.49), ‘*a suicide survivor*’ (CS1 0.48), ‘*my counselling supervisor*’ (CS1 0.45), ‘*a psychiatrist*’ (CS1 0.41) and ‘*a client who recovered after serious suicide attempt*’ and ‘*my*

partner/spouse' (both CS1 0.39). The range and magnitude of these conflicted identification data pointed towards Eric's toleration of high levels of identity conflicts in family and professional worlds.

When feeling enhanced by life's wonders, Eric's conflicted identifications with four suicide-related entities modulated very considerably, respectively: CS2 0.42, 0.42, 0.42, 0.38. Eric's identification conflict with '*a suicide survivor*' modulated downwards (CS1 0.48; CS2 0.43) in this transition. This pattern was maintained in relation to the remaining six entities, respectively: '*a person I dislike*' (CS2 0.43), '*father*' (CS2 0.54), '*mother*' (CS2 0.42), '*my counselling supervisor*' (CS2 0.42) '*a psychiatrist*' (CS2 0.40) and '*my partner/spouse*' (CS2 0.38). Almost without exception Eric's problematic identifications were eased to a greater or lesser extent in this transition.

When working, Eric's conflicted identifications modulated upwards or remained stable in relation to the four suicide-related entities, respectively: CS3 0.54, 0.54, 0.54, 0.38. His identification conflict with '*a suicide survivor*' (CS3 0.47) also modulated upwards. This pattern was maintained in relation to the remaining six above-mentioned entities, respectively: CS3 0.43, 0.54, 0.48, 0.44, 0.42, 0.42. When working, Eric's conflicted identifications modulated upwards with respect to some suicidal clients – '*client who recovered after serious suicide attempt*' (CS2 0.38; CS3 0.38) was the exception being stable in this transition.

When relaxing, Eric's conflicted identifications modulated downwards or slightly upwards in relation to the four suicide-related entities, respectively: CS4 0.47, 0.47, 0.47, 0.40) while remaining relatively stable for '*a suicide survivor*' (CS3 0.47; CS4 0.46). This pattern was maintained in relation to the remaining six above-mentioned entities, respectively: CS4 0.45, 0.52, 0.46, 0.45, 0.43, 0.40.

With respect to his metaperspectives, Eric differentiated to some extent between his appraisals of his colleagues' view of him and his clients' view of him, being more ego-involved with the latter than with the former: ('me as colleagues see me' ego-inv 3.72; 'me as my clients see me' ego-inv 4.12). In his very high self-evaluations ('me as colleagues see me' eval 0.74; 'me as my clients see me' eval 0.79) he favoured the latter slightly more highly than the former. His empathetic identifications in relation to his colleagues' view of him and his clients' view of him, respectively, were similar in the working and relaxing contexts (emp id CS3 0.82, CS4 0.95) but modulated upwards and downwards in all other five contexts: 'me as

colleagues see me' PS1 0.45, PS2 0.64, PS3 0.77; CS 1 0.57, CS2 0.91; 'me as my clients see me' PS1 0.55, PS2 0.55, PS3 0.68; CS1 0.48; CS2 1.00. Eric's identification conflicts were moderate in relation to both 'me as colleagues see me' and 'me as my clients see me' and modulated only slightly if at all between the former and the latter, respectively: (CS2 0.29, 0.30; CS4 0.29, 0.29; CS3 0.27, 0.27; PS3 0.26, 0.25; PS2 0.24, 0.22; CS1 0.23, 0.21; PS1 0.20, 0.22).

Eric's identity variants were either 'crisis' (PS1 and PS2), 'diffusion' (PS3, CS1 and CS3) 'diffuse high self regard' (CS4) or 'confident' (CS2). The identity variant 'confident' was considered to represent a well-adjusted identity while 'crisis', 'diffusion' and 'diffuse high self-regard' were designated vulnerable identities of various kinds.

Eric's ego-involvement ranged from very high to moderately high across all seven situated selves (ego inv range 5.00 to 2.57) progressing from '*me before my client's suicidal behaviour*' (PS2 ego inv 2.57), through much higher levels in '*me after my client's suicidal behaviour*' (PS3 ego inv 3.85), in '*me when I'm working*' (CS3 ego inv 4.05) and in '*me when I'm relaxing*' (CS4 ego inv 4.12) to the highest level in '*me when I feel enhanced by life's wonders*' (CS2 ego inv 5.00). Eric's ego involvement in the remaining contexts was moderately high: in '*me when I am overwhelmed by life's cruelties*' (CS1 ego inv 3.45) and in '*me before I became a counsellor/ psychotherapist*' (PS1 ego inv 3.51).

Eric's self-evaluation ranged from very low to very high (eval range -0.21 to 0.92) and was context based. Before he '*became a counsellor*', his self-evaluation was very low (PS1 eval -0.21) but this increased to a low level *before* (PS2 eval 0.12) and then to moderate *after* (PS3 eval 0.58) his '*client's suicidal behaviour*'. When subjected to and '*overwhelmed by life's cruelties*' (CS1 eval 0.26) his self-evaluation was much diminished but it increased progressively across the remaining three currently situated selves: '*when I'm working*' (CS3 eval 0.72), '*when I'm relaxing*' (CS4 eval 0.87) and reached its highest level '*when I feel enhanced by life's wonders*' (CS2 eval 0.92). Eric's identity diffusion modulated across a narrow range while remaining high across all contexts (diff range 0.38 to 0.49).

Eric's appraisals indicated four conflicted dimensions of identity that were evidenced by low structural pressures on constructs. These pointed to areas of stress for him as follows: '*...not needing family support at difficult times*' (contrasted with '*...relying on family support at times of threat or crisis*); '*...continuing to be the*

person s/he was into the foreseeable future’ (contrasted with ‘...feeling that the person s/he was is dead’); ‘...*remaining sure of who s/he is*’ (contrasted with ‘...questioning who s/he is’) and ‘...*being highly sensitised to the issue of suicide*’ (contrasted with ‘...not thinking about people committing suicide’). These constructs represented issues or dilemmas over which Eric was likely to vacillate in relation to where he stood concerning such matters.

Constructs with high structural pressures were considered to represent Eric’s stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to his identity: he used these principally to judge the merits of self and others. They were likely to be resistant to change. (Weinreich, 1992: 21).

Eric’s principal or core evaluative dimensions were: ‘...*feeling that safe expression of emotional feelings is always healthy*’ (contrasted with ‘...feeling that expression of emotion often indicates lack of control’); ‘...*believing each human being is of irreplaceable value*’ (contrasted with ‘...not valuing some human beings very highly’); ‘...*considering that most suicides could be prevented*’ (contrasted with ‘...believing that most suicides are unavoidable’); ‘...*seeking and developing human relationships*’ (contrasted with ‘...withdrawing from human contact’); ‘...*continuing to develop personal values and beliefs*’ (contrasted with ‘...sticking rigidly to values and beliefs of parents and guardians’); ‘...*always using complementary / alternative remedies where possible*’ (contrasted with ‘...relying mainly on prescribed medication to relieve pain’); ‘*feeling encouraged by persons*’ (contrasted with ‘feeling distressed by persons’); ‘...*feeling that grief following suicide is uniquely painful*’ (contrasted with ‘...feeling that grief following suicide is like any other’); ‘...*believing that suicide may be anticipated by perceptive observation*’ (contrasted with ‘...believing that suicide cannot be predicted by overt behaviour’) and ‘...*believing that depression and suicide are inextricably linked*’ (contrasted with ‘...believing that suicide can occur “out of the blue” without depression being present’).

Eric’s two clients killed themselves while he was in a therapeutic relationship with each of them. The first client fell to her death about three years before he was interviewed for this study. She was Eric’s client for one session and did not attend her next appointment. She had attempted suicide several times and was under medical care. The second deceased client was found hanged about two and a half years before

interview for this study. Eric was his counsellor for about six weeks and he learned about this client's death a month after he ceased attending.

Eric said he was shocked and angry on learning that his first vulnerable client's death had taken place at a hospital, where she had gone to seek help. He said he felt quite frustrated when he was told about his second vulnerable client's death. His third client's death by natural causes in a hospice appeared to have reactivated unresolved aspects of the earlier deaths. No effective preventative action by Eric was possible during the period between each client's final personal contact with him and their subsequent deaths.

7.9.4 Respondent A15 Debbie – Overview

Debbie was a clinician survivor by virtue of one reported incident of the death by suicide of a person with whom she had an ongoing counselling relationship. She was most ego-involved with '*a client who died by suicide*' (5.00) and '*me after my client's suicidal behaviour*' (4.94) and she most highly evaluated '*me as I would like to be*' (1.00) and '*my counselling supervisor*' (0.83). Debbie idealistically identified most highly with '*my counselling supervisor*' (0.91), with '*a person I admire*' and with '*a psychiatrist*' (both 0.77). She contra-identified very highly with '*a client with suicide ideation*' (0.68). Debbie wished to distance herself from some aspects of suicide, viz. suicidal feelings and thoughts, while being very highly engaged by '*a client who died by suicide*' and self-absorbed '*after my client's suicide*'. By contrast Debbie's '*counselling supervisor*' created a positive affective state in Debbie that she wished to emulate.

In her past identity state before he became a counsellor, Debbie empathetically identified most closely with '*a disliked person*', '*a psychiatrist*' and '*a suicide survivor*' (all three PS1 emp idfcn 0.68). In a subsequent identity state before her client's suicidal behaviour, each of these three empathetic identifications modulated, becoming lower (all three PS2 emp idfcn 0.64) while her empathetic identification increased respectively with '*father*' (PS1/PS2 emp idfcn 0.64/0.68) and with '*an admired person*' (PS1/PS2 emp idfcn 0.50/0.64). In this transition, Debbie's sense of herself was closer to '*father*' and to '*an admired person*' while being less close to '*a disliked person*', '*a psychiatrist*' and '*a suicide survivor*'.

In her identity state after her client's suicidal behaviour, Debbie's empathetic identifications modulated upwards and downwards as she assimilated her recent client suicide in relation to her family and in her professional, social, client and personal

worlds. She felt herself to be further away from her *father* (PS2/PS3 emp idfcn 0.64/0.50) but much closer to him than to her *mother* (PS2/PS3 emp idfcn 0.32/0.41). She recognised more of herself in her '*counselling supervisor*' (PS2/PS3 emp idfcn 0.59/0.68) but was unchanged with regard to '*a psychiatrist*' (both PS2/PS3 emp idfcn 0.64). Debbie was more isolated socially as her empathetic identifications modulated downwards with '*a disliked person*' and '*an admired person*' (both PS2/PS3 emp idfcn 0.64/0.55). She recognised more of herself in three of her clients – remaining unchanged with '*a client with suicide ideation*' (PS2/PS3 emp idfcn 0.55/0.55) – as her empathetic identifications modulated with: '*a client who died by suicide*' (PS2/PS3 emp idfcn 0.50/0.77), '*a client who recovered after serious suicide attempt*' (PS2/PS3 emp idfcn 0.50/0.68) and '*a depressed client*' (PS2/PS3 emp idfcn 0.55/0.64). Debbie's empathetic identifications increased considerably with '*a suicide survivor*' (PS2/PS3 emp idfcn 0.64/0.82). In the aftermath of his suicide, she recognised in herself many of the attributes of her deceased client ('*a client who died by suicide*' PS3 emp idfcn 0.77) and even more of the qualities of '*a suicide survivor*' (PS3 emp idfcn 0.82) in her acquired status as a clinician survivor.

When overwhelmed by life's cruelties, Debbie's empathetic identifications evidenced closer recognition of aspects of self in '*a client who died by suicide*' (CS1 emp idfcn 0.73) than in '*a suicide survivor*' (CS1 emp idfcn 0.68). When contending with 'life's cruelties' Debbie's empathetic identifications evidenced contrasting degrees of closeness to family members: she was closer to '*father*' (CS1 emp idfcn 0.64) than to either '*mother*' (CS1 emp idfcn 0.45) or '*partner/spouse*' (CS1 emp idfcn 0.32). In this context Debbie's empathetic identifications with remaining three suicide-related clients (viz. ideation/depressed/recovered) were in the range (CS1 0.50 to 0.59) evidencing only moderate recognition in herself of the characteristics of these people. Socially Debbie was closer to '*an admired person*' (CS1 emp idfcn 0.68) than to '*a disliked person*' (CS1 emp idfcn 0.59) while professionally she saw more of herself in her '*counselling supervisor*' (CS1 emp idfcn 0.64) than in '*a psychiatrist*' (CS1 emp idfcn 0.59).

When feeling enhanced by life's wonders, Debbie's empathetic identifications modulated such that she was closer to professional colleagues: '*my counselling supervisor*' (CS2 emp idfcn 0.73) and '*a psychiatrist*' (CS2 emp idfcn 0.68). In relation to her family, Debbie was closer, but not very close, to '*partner/spouse*' (CS2 emp idfcn 0.41), much less close to '*mother*' (CS2 0.27) but just as close to '*father*'

(CS2 emp idfcn 0.64). Her empathetic identifications modulated with '*a client who died by suicide*' (CS2 emp idfcn 0.55): she saw less of herself in this person while she recognised as much of herself in '*a suicide survivor*' (both CS1/CS2 emp idfcn 0.68) as in the context of life's cruelties. Her empathetic identifications with three suicide-related clients were unchanged: '*depressed*' (CS2 emp idfcn 0.59), '*recovered after serious suicide attempt*' (CS2 emp idfcn 0.55) and '*ideation*' (CS2 emp idfcn 0.50). As she appraised herself in relation to life's cruelties or life's wonders that part of Debbie's self that was a '*clinician survivor*' did not differentiate but stabilised at quite a high level (both CS1/CS2 emp idfcn 0.68).

In the work context, Debbie's empathetic identifications were highest with '*a psychiatrist*', '*a suicide survivor*' and '*a person I admire*' (all CS3 0.68). She recognised in herself at quite a high level, attributes belonging to these people. Debbie remained close to professional colleagues, viz. '*psychiatrist*' (CS3 emp idfcn 0.68) and '*my counselling supervisor*' (CS3 emp idfcn 0.64) while she was closest among family members to '*father*' (CS3 emp idfcn 0.64). At work, Debbie was as much '*a suicide survivor*' as she was in relation to life's cruelties and life's wonders and as she was before she commenced counselling – she had experienced the suicide of a close family friend (see par 7.9.3 in appendix 7 above).

In the transition from 'working' to 'relaxing' Debbie's empathetic identifications modulated: she was closer to both professional colleagues '*psychiatrist*' (CS4 emp idfcn 0.73) and '*my counselling supervisor*' (CS4 emp idfcn 0.68), '*father*' (CS4 emp idfcn 0.68) and '*an admired person*' (CS4 emp idfcn 0.73). But although she was a little less '*a suicide survivor*' (CS4 emp idfcn 0.64) it was as if Debbie's self continued to engage with professional aspects of work even though she was less close to three of four suicide-related clients (the exception being '*client who died by suicide*'), evidenced by modulations in her empathetic identifications: '*depressed client*' (CS3/CS4 emp idfcn 0.59/55); '*client...recovered after...suicide attempt*' (CS3/CS4 emp idfcn 0.55/0.50); '*client with suicide ideation*' (CS3/CS4 emp idfcn 0.50/0.45) and '*a client who died by suicide*' (CS3/CS4 emp idfcn 0.45/0.50)

In her past identity state before becoming a counsellor, Debbie experienced very high levels of conflicted or problematic identifications with '*father*' (PS1 0.59), with '*a client with suicide ideation*' (PS1 0.58), with '*a client who recovered after serious suicide attempt*' and '*a client who died by suicide*' (both PS1 0.55) and with '*a depressed client*' (PS1 0.50).

These conflicted identification levels modulated while remaining very high in the identity state before her client's suicidal behaviour, respectively: PS2 0.61, 0.61, 0.52, 0.52, 0.52. Debbie experienced very highly conflicted or highly conflicted identifications with the four suicide-related entities mentioned above – '*a client with suicide ideation*', '*a client who recovered after serious suicide attempt*', '*a client who died by suicide*' and '*a depressed client*'. This scenario was replicated with '*a suicide survivor*' (PS1 0.47; PS2 0.45) but at lesser intensity, in both contexts.

In the period after her client's suicidal behaviour, Debbie's conflicted identifications with four suicide-related entities and with '*a suicide survivor*' modulated and remained very high, respectively: PS3 0.61, 0.61, 0.65, 0.57, 0.51. Beginning counselling training and supervised client work practice followed by her first client's 'out of the blue' suicide intensified her problematic identifications most strongly with '*a client who died by suicide*' in the transition: (PS1/PS3 range 0.52/0.65).

Currently in the context of being overwhelmed by life's cruelties, Debbie's most problematic identifications were with '*father*' (CS1 0.59), '*a client with suicide ideation*' (CS1 0.58), '*a client who recovered after serious suicide attempt*' (CS1 0.55), '*a client who died by suicide*' (CS1 0.50) and '*a depressed client*' (CS1 0.54). She was less highly conflicted in relation to '*mother*' and '*a suicide survivor*' (both CS1 0.47), '*a person I dislike*' (CS1 0.43), '*my partner/spouse*' and '*a person I admire*' (both CS1 0.40) and with '*a psychiatrist*' (CS1 0.37). Elements of most of Debbie's 'worlds' were variously problematic in relation to 'life's cruelties': family, clients associated with suicide, colleagues and social contacts.

When feeling enhanced by life's wonders, Debbie's problematic identification with '*a suicide survivor*' (CS2 0.47) remained stable in the transition. With six remaining entities, her conflicted identifications remained high, being stable or modulating slightly up or down: '*father*' (CS2 0.59), '*mother*' (CS2 0.37), '*a person I dislike*' (CS2 0.43), '*my partner/spouse*' (CS2 0.45), '*a psychiatrist*' (CS2 0.40) and '*a person I admire*' (CS2 0.40). Debbie's family identifications showed her less conflicted with '*mother*' (CS1/CS2 0.47/0.37), as highly conflicted with '*father*' (CS1/CS2 both 0.59) and more conflicted with her '*partner/spouse*' (CS1/CS2 0.40/0.45). Despite the major contrast in the transition from 'overwhelmed by cruelties' to 'enhanced by wonders', Debbie's problematic identifications were

largely unaffected other than for family members and '*a client who died by suicide*' (CS1/CS2 0.63/0.55).

When working, Debbie's conflicted identifications remained very high and stable with three of the four suicide-related clients: '*a client with suicide ideation*' (CS3 0.58), '*a client who recovered after serious suicide attempt*' (CS3 0.55) and '*a depressed client*' (CS3 0.54). Debbie's problematic identification with '*a suicide survivor*' (CS2 0.47) also remained stable in this transition while that with '*a client who died by suicide*' (CS3 0.50) modulated downwards. Family members' identifications were stable except for '*mother*' (CS3 0.42) which modulated upwards. In the context of work, Debbie's conflicted identifications remained almost unchanged with colleagues: '*psychiatrist*' (CS2/CS3 both 0.40) and slightly lower with '*my counselling supervisor*' (CS2/CS3 0.26/0.24).

When relaxing, Debbie's levels of conflicted identifications modulated only slightly with those in her personal, professional and social worlds with exception of '*mother*' (CS3/CS4 0.42/0.34). Otherwise Debbie maintained high problematic identifications with clients and family members (CS4 range 0.52/0.61), slightly less high with '*a suicide survivor*' (CS4 0.45) and high to moderate, respectively, with colleagues '*psychiatrist*' (CS4 0.41), '*supervisor*' (CS4 0.25). These minor modulations meant that Debbie continued to 'work' even when she was in a 'relaxing' context.

With respect to her metaperspectives Debbie differentiated in her appraisals of her colleagues' view of her and her clients' view of her, being less ego-involved with the former than with the latter ('*me as colleagues see me*' ego inv 3.04; '*me as clients see me*' ego inv 3.61). In her moderate self-evaluations ('*me as colleagues see me*' eval 0.38; '*me as clients see me*' eval 0.45) she favoured the latter a little more than the former but neither more than moderately. Her empathetic identifications with '*me as colleagues see me*' and '*me as clients see me*', respectively, were similar in the 'relaxing' context and in the context '*before my client's suicidal behaviour*': (both emp id CS4 0.82; PS2 0.73). Before her client killed himself, and also when she was relaxing, Debbie felt as close to colleagues as to clients. After he killed himself, she felt much less close to colleagues but as close to clients (PS3 emp idfcn 'colleagues' 0.55; emp idfcn 'clients' 0.73). Her problematic identifications with colleagues and clients differed within a narrow range (idfcn conf range 'colleagues' 0.36/0.42;

'clients' 0.40/0.44) being higher with the latter than the former. Client suicide experience distanced Debbie, as she saw herself, from colleagues.

Debbie's identity variants were either 'crisis' (PS1) or 'diffusion' (PS2, PS3, CS1, CS2, CS3, CS4). Both 'crisis' and 'diffusion' were designated as vulnerable identities of various kinds. Her ego-involvement ranged from very high to quite high (ego inv range 4.94 to 3.48) across all seven situated selves progressing from '*me before my client's suicidal behaviour*' (PS2 ego inv 3.48) through higher levels in '*me when I'm working*' (CS3 ego inv 3.61), in '*me when I'm relaxing*' (CS4 ego inv 3.73), in '*me when I feel enhanced by life's wonders*' (CS2 ego inv 3.99), in '*me when I am overwhelmed by life's cruelties*' (CS1 ego inv 4.24) and in '*me before I became a psychotherapist / counsellor*' (PS1 ego inv 4.81) to the highest level in '*me when after my client's suicidal behaviour*' (PS3 ego inv 4.94).

Debbie's self-evaluation ranged from only moderate to low (eval range 0.63 to - 0.06) and was context based. Before she '*became a counsellor*' her self-evaluation was very low (PS1 - 0.06) but this increased somewhat *before* (PS2 0.28) and then further to moderate *after* (PS3 0.46) her '*client's suicidal behaviour*'. When subjected to and '*overwhelmed by life's cruelties*' (CS1 0.24) her self-evaluation was much diminished but it increased considerably and reached its highest level '*when...enhanced by life's wonders*' (CS2 0.63). This moderately high level was maintained '*when I'm relaxing*' (CS4 0.60) but Debbie's self-evaluation was again much diminished '*when I'm working*' (CS3 0.33). Debbie's low levels of self-evaluation after her client's suicide (PS3 0.46) and when '*working*' (CS3 0.33) pointed up Debbie's perceived inability to achieve her aspirant goals. High levels of identity diffusion modulated within a narrow range across all contexts (diff range 0.46 to 0.48).

Debbie's appraisals indicated eight conflicted dimensions of identity that were evidenced by low structural pressures on constructs. These pointed to areas of stress for her as follows: '*...being totally changed by suicide of person with whom s/he had significant relationship or emotional bond*' (contrasted with '*...not being much affected by suicide of person with whom s/he had significant relationship or emotional bond*'); '*...seeking and developing human relationships*' (contrasted with '*...withdrawing from human contact*'); '*...remaining sure of who s/he is*' (contrasted with '*...questioning who s/he is*'); '*...relying on family support at times of crisis*' (contrasted with '*...not needing family support at difficult times*'); '*...having warm*

feelings towards (people)’ (contrasted with ‘...loathing (people)’); ‘...*being highly sensitised to the issue of suicide*’ (contrasted with ‘...not thinking of people committing suicide’); ‘...*feeling a special responsibility for the well-being of (people)*’ (contrasted with ‘...not having any particular responsibility for the well-being of (people)’)) and ‘...*often feeling the need for human contact when alone with self*’ (contrasted with ‘...never feeling lonely or uncomfortable when alone with self’).

Constructs with high structural pressures were considered to represent Debbie’s stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to her identity and which she deployed in coping with her conflicted dimensions. Debbie used these principally to judge the merits of self and others: they were likely to be resistant to change (Weinreich, 1992: 21). Debbie’s five principal or core evaluative dimensions of identity were: ‘...*feeling that safe expression of emotional feelings is always healthy*’ (contrasted with ‘...feeling that expression of emotions often indicates lack of control’); ‘...*always using complementary/alternative remedies where possible*’ (contrasted with ‘...relying mainly on prescribed medication to relieve psychological pain’); ‘...*believing that suicide demands considerable bravery*’ (contrasted with ‘...believing that suicide is the act of a coward’); ‘...*continuing to develop personal values and beliefs*’ (contrasted with ‘...sticking rigidly to values and beliefs of parents and guardians’) and ‘...*feeling that grief following suicide is uniquely painful*’ (contrasted with ‘...feeling that grief following suicide is like any other’).

Debbie’s client killed himself while he was in a therapeutic relationship with her. He was found hanged two days before their scheduled fifth counselling session but Debbie was not informed until she arrived at the counselling venue to see “Michael”. Debbie said she was shocked when told about “Michael’s” death. At interview she said she was still shocked. No effective preventative action by Debbie was possible during the period between her client’s final personal interaction with her and his subsequent death.

7.10.4 Respondent A16 Mark – Overview

Mark was a clinician survivor by virtue of three reported incidences of patient suicide with each of whom he had, or had shared, an ongoing psychotherapeutic relationship. He was most ego-involved with ‘*me as I would like to be*’ (5.00) and ‘*me when I’m relaxing*’ (4.89) and he placed his highest evaluation on ‘*me when I feel enhanced by*

life's wonders' (1.00) and *'me as I would like to be'* (0.97). Mark idealistically identified with *'my counselling supervisor'* (0.77). He contra-identified most highly with *'a client who died by suicide'* (0.59), with *'a client with suicide ideation'* (0.50) and with *'a suicide survivor'* (0.45).

In his past identity state before he became a psychotherapist, Mark empathetically identified most closely with *'my partner/spouse'* (PS1 0.82) and quite closely with *'mother'*, *'father'*, *'a person I admire'*, *'my counselling supervisor'* and *'a psychiatrist'* (all five PS1 0.65). He was closest to those in his family and social worlds.

Later, as a therapist and before his client's suicidal behaviour, these empathetic identifications modulated becoming lower with *'my partner/spouse'* (PS2 0.65) and *'mother'* (PS2 0.59), higher with *'father'* and *'my counselling supervisor'* (both PS2 0.71) and *'a person I dislike'* (PS1/PS2 0.53/0.65) and were unchanged with *'a person I admire'* and *'a psychiatrist'* (both PS2 0.65). In this identity state, he recognised himself more in his professional colleague *'my counselling supervisor'*, in *'father'* and, in his social world, in *'a person I dislike'* as he interacted in new ways in this new setting.

In the later identity state, after his client's suicidal behaviour, Mark's empathetic identifications modulated again. He was less close to some family members, including *'my partner/spouse'* (PS2/PS3 0.65/0.59) and *'mother'* (PS2/PS3 0.59/0.47) but remained as close to *'father'* (PS2/PS3 both 0.71). Socially he saw himself as more distant from *'a person I dislike'* (PS2/PS3 0.65/0.35) but closer to *'a person I admire'* (PS2/PS3 0.65/0.76) while professionally being closer to colleagues *'my counselling supervisor'* (PS2/PS3 0.71/0.82) and *'a psychiatrist'* (PS2/PS3 0.65/0.76). Mark's recognition of himself as a clinician survivor, strongly evident in the transition: *'a suicide survivor'* (PS2/PS3 0.47/0.71) was indicative of his three patient suicide experiences.

Currently when overwhelmed by life's cruelties, Mark's empathetic identifications modulated (CS1 emp idfcn range 0.06/0.56) in the transition. In this identity state he construed self as having characteristics of *'a client with suicide ideation'* (CS1 0.56), *'a depressed client'* and *'a client who died by suicide'* (CS1 both 0.50). He recognised in himself many more characteristics of these vulnerable than those in his family, professional or social worlds, when life's cruelties

predominated. It was as if in this identity state he saw himself having more in common with his patients than with others in his life.

When feeling enhanced by life's wonders he most closely empathetically identified with '*my counselling supervisor*' (CS2 0.94), '*a person I admire*' and '*a psychiatrist*' (both CS2 0.88), '*a suicide survivor*', '*father*' and '*my partner/spouse*' (all three CS2 0.69). He recognised himself in his professional colleagues and in those close to him socially. However Mark also recognised clearly and strongly his clinician survivor status when feeling enhanced by life's wonders.

In the work context, this respondent's empathetic identifications were closest with '*my counselling supervisor*' and '*a psychiatrist*' (both CS3 0.80), '*a person I admire*' (CS3 0.75) and '*a suicide survivor*' and '*father*' (both CS3 0.65) and '*a client who recovered after serious suicide attempt*' (CS3 0.60). When working with vulnerable patients he saw himself as closest to his professional colleagues and to an admired person but also as close to '*father*' as to '*a suicide survivor*'. He recognised quite strongly in himself his patient suicide experiences when working with his current patients.

When relaxing, Mark's empathetic identifications were most close with fellow professionals, some family members and some of those in his social world: '*my counselling supervisor*' (CS4 0.75), '*a person I admire*' (CS4 0.65), '*father*', '*a psychiatrist*' and '*my partner/spouse*' (CS4 0.60) and '*mother*' and '*a person I dislike*' (both CS4 0.55). He was able to experience some relaxation in distancing himself from patients, past and present.

In his past identity state before he became a psychotherapist, Mark experienced quite high identification conflicts with '*my partner/spouse*' (PS1 0.47), '*a suicide survivor*' (PS1 0.46), '*father*' and '*a client with suicide ideation*' (both PS1 0.42), '*a person I admire*' (PS1 0.39) and '*a person I dislike*' (PS1 0.38).

These identification conflicts modulated, remaining high in the identity state before his client's suicidal behaviour, respectively: PS2 0.42, 0.46, 0.44, 0.38, 0.39, 0.42. Mark experienced highly conflicted identifications with two (of five) suicide-related entities mentioned above: '*a suicide survivor*' and '*a client with suicide ideation*' and moderate levels of conflicted identification with three such entities in both contexts: '*a depressed client*' (PS1 0.34; PS2 0.31), '*a client who died by suicide*' (PS1 0.27; PS2 0.27) and '*a client who recovered after serious suicide*

attempt' (PS1 0.22; PS2 0.22). Before experiencing patient suicide Mark most problematic identifications were largely confined to 'at risk' patients.

After his client's suicidal behaviour, Mark's problematic identification conflicts emanated principally from his clinician survivor status (PS2/PS3 conf idfcn 0.46/0.57) while modulating for patients perceived 'at risk': '*depressed client*' (PS2/PS3 conf idfcn 0.31/0.41) and '*client with suicide ideation*' (PS2/PS3 conf idfcn 0.38/0.45).

Currently in the context of being overwhelmed by life's cruelties, Mark's most problematic identifications were with '*a client who died by suicide*' (CS1 0.54), '*a client with suicide ideation*' (CS1 0.53), '*a depressed client*' (CS1 0.45) and '*a suicide survivor*' (CS1 0.44). He saw himself to some degree in these entities while wishing to dissociate from them.

When feeling enhanced by life's wonders, Mark's conflicted identifications intensified with '*a suicide survivor*' (CS1/CS2 0.44/0.56), '*father*' (CS1/CS2 0.29/0.43), '*a person I admire*' (CS1/CS2 0.27/ 0.45) and '*a psychiatrist*' (CS1/CS2 0.24/ 0.40) while they eased significantly with '*a client who died by suicide*' (CS1/CS2 0.54/0.28), '*a client with suicide ideation*' (CS1/CS2 0.53/0.39) and '*a depressed client*' (CS1/CS2 0.45/0.32). In this positive context Mark saw in himself more of the characteristics of a clinician survivor, but less of those of 'a client who died by suicide' or of 'depressed' and 'suicidal' clients, while wishing to dissociate from all four of the above.

When working, Mark's conflicted identifications modulated only slightly in relation to the four above-mentioned suicide-related entities: '*a client who died by suicide*' (CS3 0.24), '*a client with suicide ideation*' (CS3 0.42), '*a depressed client*' (CS3 0.35) and '*a suicide survivor*' (CS3 0.54). This pattern was maintained in Mark's conflicted identifications with the remaining three above-mentioned entities: '*father*' (CS3 0.42), '*a person I admire*' (CS3 0.42) and '*a psychiatrist*' (CS3 0.38). Across all entities Mark's conflicted identifications modulated only slightly in the transition from 'wonders' to 'working', respectively: (range CS2 conf idfcn 0.22 to 0.56) and (range CS2 conf idfcn 0.20 to 0.54). It was as if Mark's problematic identifications with those in his family, professional, social and patient worlds were largely unaffected whether he saw himself as 'working' or as 'feeling enhanced by life's wonders'.

In the transition to ‘relaxing’, Mark’s conflicted identifications with four suicide-connected persons modulated upwards and downwards from a range for CS3 (conf idfcn 0.24 to 0.42) to a range for CS4 (conf idfcn 0.24 to 0.39) while his identifications with ‘*a suicide survivor*’ (CS3/CS4 0.54/0.47) were less conflicted. In his family, professional and social worlds his problematic identifications eased or remained fairly moderate. When able to relax, Mark was able to be less close to that part of himself that he sought to dissociate from most, viz. clinician survivor.

With respect to Mark’s metaperspectives, he differentiated to a modest extent between his appraisals of his colleagues’ view of him and his clients’ view of him, being more ego-involved with ‘clients’ than with ‘colleagues’ (*‘me as colleagues see me’* ego inv 2.98; *‘me as clients see me’* ego inv 3.19) and valuing clients more than colleagues albeit moderately: (*‘me as colleagues see me’* eval 0.48; *‘me as clients see me’* eval 0.59). Mark was equally close, in his empathetic identifications, both to his colleagues’ view of him and to his clients’ view of him, ‘before’ and ‘after’ his clients’ suicides and when relaxing. He was very close (emp idfcn ≥ 0.70) to both clients (emp idfcn 0.75) and colleagues (emp idfcn 0.70) when working. Mark’s levels of identification conflicts were moderate in relation to both metaperspectives but higher across all contexts with *‘me as colleagues see me’* (range conf idfcn 0.25 to 0.32) than with *‘me as clients see me’* (range conf idfcn 0.18 to 0.28). There was more of Mark in his clients’ perspectives of him while he was more conflicted in his colleagues’ perspectives of him.

Mark’s identity variants were either ‘negative’ (CS1), ‘confident’ (CS2 and PS2) or ‘indeterminate’ (CS3, CS4, PS1 and PS3). The identity variants ‘confident’ and ‘indeterminate’ were considered to represent a well-adjusted identity while the identity variant ‘negative’ was designated a vulnerable identity. [The latter identity was explored further in par. 7.10.5.]

Mark’s ego-involvement ranged from very high to moderately high across all seven situated selves (ego inv range 4.89 to 2.77) progressing from *‘me when I am overwhelmed by life’s cruelties’* (CS1 ego inv 2.77) to the highest level in *‘me when I’m relaxing’* (CS4 ego inv 4.89). The intensity of Mark’s engagement was influenced by the proximity of context to his client work, being highest when he was most removed from clients, viz. when relaxing (CS4), and progressively lower through ‘wonders’(CS2), pre-clients’ suicides (PS2), pre-psychotherapy career (PS1), during

psychotherapy practice, i.e. working (CS3), post-clients' suicides (PS3) to its lowest level in 'life's cruelties (CS1 (2.77)).

Mark's self-evaluation ranged from low to very high (eval range – 0.09 to 1.00) and was context based. Before he '*became a psychotherapist*' (PS1 eval 0.72) his self-evaluation was very high and this increased further '*before my client's suicidal behaviour*' (PS2 eval 0.88) before reducing '*after my client's suicidal behaviour*' (PS3 eval 0.67). When '*overwhelmed by life's cruelties*' (CS1 eval – 0.09) Mark's self-evaluation collapsed to its lowest value before regaining its strongest value '*when I feel enhanced by life's wonders*' (CS2 eval 1.00). In the contexts of 'working' (CS3 eval 0.55) and 'relaxing' (CS4 eval 0.78) Mark's self-evaluations initially eased considerably before increasing anew. Mark's identity diffusion modulated across a narrow range while remaining moderate across all contexts (diff range 0.33 to 0.37).

Mark's appraisals indicated up to nine conflicted dimensions of identity that were evidenced by low structural pressures on constructs. These pointed to areas of stress for him as follows: '*... is highly sensitised to the issue of suicide*' (contrasted with '*... does not think about people committing suicide*'); '*... was not much affected by suicide of person with whom s/he had a significant relationship or emotional bond*' (contrasted with '*... was totally changed suicide of person with whom s/he had a significant relationship or emotional bond*'); '*... relies mainly on prescribed medication to relieve psychological pain*' (contrasted with '*...always uses complementary / alternative remedies where possible*'); '*...feeling that grief following suicide is like any other*' (contrasted with '*...feeling that grief following suicide is uniquely painful*'); '*...taking life for granted*' (contrasted with '*...wondering what life is all about*'); '*...not needing family support at difficult times*' (contrasted with '*...relying on family support at times of threat or crisis*'); '*...believing that suicide is the act of a coward*' (contrasted with '*...believing that suicide demands considerable bravery*'); '*...feeling a special responsibility for the well-being of (people)*' (contrasted with '*...not feeling any particular responsibility for the well-being of (people)*'); '*...believing that people with whom s/he had a significant relationship or emotional bond are entirely responsible for their own circumstances*' (contrasted with '*...carrying a terrible responsibility for the fortunes of people with whom s/he had a significant relationship or emotional bond*'). These constructs represented issues or

dilemmas over which Mark was likely to vacillate in relation to where he stood concerning such matters.

Constructs with high structural pressures were considered to represent the respondent's stable or core evaluative dimensions of identity. These were the values and beliefs estimated as being central to Mark's identity: he used these principally to judge the merits of self and others. They were likely to be resistant to change (Weinreich, 1992: 21). Mark's nine principal or core evaluative dimensions were: '*...continuing to be the person s/he was into the foreseeable future*' (contrasted with '*...feeling that the person s/he was is dead*'); '*...feeling momentary bouts of psychological discomfort*' (contrasted with '*...suffering unendurable psychological pain*'); '*...seeking and developing human relationships*' (contrasted with '*...withdrawing from human contact*'); '*...having warm feelings towards (people)*' (contrasted with '*...loathing (people)*'); '*...never feeling lonely or uncomfortable when alone with self*' (contrasted with '*...often feeling the need for human contact when alone with self*'); '*...feeling that safe expression of emotional feelings is always healthy*' (contrasted with '*...feeling that expression of emotions often indicates lack of control*'); '*...feeling that each human being is of irreplaceable value*' (contrasted with '*...not valuing some humans very highly*'); '*...considering that most suicides could be prevented*' (contrasted with '*...considering that most suicides are unavoidable*') and '*...believing that suicide may be anticipated by perceptive observation*' (contrasted with '*...believing that suicide cannot be predicted by overt behaviour*').

Each of Mark's three patients who killed themselves was in a therapeutic relationship with him shortly before their deaths. The first patient (1994) took her own life while in the care of physicians other than Mark while the second (1995) and third (1997) patients took their lives after discharge from hospital by Mark and while under his care as outpatients.

Mark said that if his first patient had killed herself on the evening that he had discharged her, he would have felt responsible: he said he did not know how he would have processed this. He added:

The fact that...she'd been admitted [to another hospital meant that]...my error in not admitting her wasn't actually responsible for her death.
Mark said that his second patient's discharge was 'a team decision' and that her death by self-poisoning by carbon monoxide was unexpected:

...I suppose we were very surprised. I didn't think that...I wouldn't have seen her as high risk really either...

Mark said that he did not feel guilty or responsible for his third patient's death. He felt that:

with the tools that I had at the time I think I did as good as I could have done but that said [with] the tools I have now I could have done more...

7.11.5 Respondent A17 Matthew – Overview

The respondent was a clinician survivor (or client suicide survivor) by virtue of one reported incident of client suicide that followed a single counselling session. He was most ego-involved in 2005 with '*a client who died by suicide*' (5.00) in contrast with his 2002 status when he was most ego-involved with his aspirational self '*me as I would like to be*' (5.00) while he evaluated himself in the latter state (1.00) most highly in both 2005 and 2002. In 2005 Matthew idealistically identified with '*a person I admire*' (0.86) while in 2002 his four most positive role models, respectively, were: '*a psychiatrist*' (0.85), '*a person I admire*' (0.80), '*my friend/partner/spouse*' (0.75) and '*my parents or guardians*' (0.70). He contra-identified highly, in both 2005 and in 2002, with three persons, respectively: '*a person I dislike*' (2005 0.73; 2002 0.65), '*a client/person with suicide ideation/thoughts*' (2005 0.50; 2002 0.55), '*a depressed client/person*' (2005 0.50; 2002 0.45). Matthew also contra-identified highly, respectively, with: '*a client who died by suicide*' (2005 0.55) and '*a person who attempted suicide*' (2002 0.45). Matthew's experience of his client's suicidal death influenced his ego-involvement levels and his negative role models.

In his past entity state before he became a counsellor, Matthew in 2005 empathetically identified most closely with '*father*' (PS1 0.70) and less closely with '*mother*' and '*a psychiatrist*' (both PS1 0.65) and '*a person I admire*', '*a client who recovered after serious suicide attempt*', '*my counselling supervisor*', '*my partner / spouse*' and '*a suicide survivor*' (all five PS1 0.60). In 2002, in his past identity state before he started work, his empathetic identifications were closer with '*a friend / partner / spouse*' (PS1 0.80), '*my parents or guardians*' and '*a person I admire*' (both PS1 0.75) and '*a psychiatrist*' (PS1 0.70). In this context, in 2005 Matthew was close to people affected by suicide and was somewhat less close to family members than in 2002.

In his subsequent identity state before his client's suicidal behaviour, in 2005, Matthew's empathetic identifications with the above-mentioned entities modulated,

increasing and decreasing, respectively: PS2 0.68, 0.63, 0.68, 0.68, 0.68, 0.68, 0.74, 0.68, while his empathetic identification with '*a client who died by suicide*' increased significantly (PS1 0.35; PS2 0.53). He felt close to that person but was much closer to '*my partner/spouse*' (PS1 60; PS2 0.74). In 2002, in his past identity state before he encountered suicide, his empathetic identifications with the relevant entities increased, respectively: PS2 0.84, 0.79, 0.79, 0.74. In this context, in 2005 Matthew was also close to people affected by suicide including a deceased client while feeling less close to family members than in 2002.

In his later identity state after his client's suicidal behaviour, Matthew's empathetic identifications in 2005 again modulated, increasing and decreasing, respectively: PS3 0.53, 0.63, 0.79, 0.79, 0.95, 0.89, 0.68, 0.63 while his empathetic identification with '*a client who died by suicide*' remained unchanged (PS2 0.53; PS3 0.53). Matthew's experience of client suicide in 2005 did not cause him to feel closer to this person than he felt before their suicide. In 2002, in his past identity state after he encountered suicide, his empathetic identifications modulated, but remained very high, respectively: PS3 0.79, 0.79, 0.89, 0.95 while his empathetic identification with '*a suicide survivor*' increased significantly (PS2 0.47; PS3 0.68). This reflected Matthew's empathetic response to his partner's nephew's ('Harry') suicide.

In 2005 when overwhelmed by life's cruelties, Matthew identified empathetically most closely with '*a client with suicide ideation*' (CS1 0.75), '*father*', '*a depressed client*', '*a client who died by suicide*', '*my partner/spouse*' and '*a suicide survivor*' (all five CS1 0.70), and less so with '*a client who recovered after serious suicide attempt*' and '*a psychiatrist*' (both CS1 0.60) and '*a person I admire*' and '*my counselling supervisor*' (both CS1 0.55). In this least favourable identity state, Matthew felt close to three suicide-related entities and saw himself as a clinician survivor (or client suicide survivor) but he also felt quite close to some family members. In 2002 in the same context, he empathetically identified most closely with '*a suicide survivor*' (CS1 0.84), '*my parents/guardian*' (CS1 0.74) and less so with '*a person I admire*', '*a person with suicidal thoughts*' and '*a psychiatrist*' (all three CS1 0.63), '*a depressed person*' (CS1 0.58), '*a person who attempted suicide*', '*a person who died by suicide*' and '*my friend/partner/spouse*' (all three CS1 0.53). These results pointed to Matthew's keen sense of his status as '*a suicide survivor*' following Harry's suicide and also to his closeness to his family of origin.

In 2005 when feeling enhanced by life's wonders, Matthew's most closely empathetically identified with '*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' (both CS2 0.89), with '*father*', '*a suicide survivor*', '*a psychiatrist*', '*a person I admire*' and '*mother*' (all five CS2 0.74) and less so with '*my partner/spouse*' (CS2 0.68). In this most favourable identity state, Matthew felt closest both to a client who recovered after attempting suicide and to his principal source of support as a counsellor, viz. his supervisor. He also saw himself as a client suicide survivor following his client's death, while also feeling close to family and friends and to professional colleagues. In 2002, in the same context, he empathetically identified most closely with '*a person I admire*' (CS2 0.95), with '*a psychiatrist*' (CS2 0.89) and with '*my parents or guardians*' and '*my friend/partner/spouse*' (both CS2 0.74) but much less so with '*a suicide survivor*' (CS2 0.53). In this positive state Matthew's suicide survivor status was much less to the fore in his view of himself.

In the work context in 2005, Matthew most closely empathetically identified with '*a person I admire*' (CS3 0.90), with '*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' (both CS3 0.85) and with '*a psychiatrist*' (CS3 0.75) but much less so with '*my partner/spouse*' (CS3 0.65) and with '*a suicide survivor*' and '*mother*' (both CS3 0.60). He saw himself while working with clients as closest to admired and professional people as well as to a client whose suicide attempt did not kill him. In the same context in 2002, he empathetically identified most closely with '*a person I admire*' (CS3 0.85), '*a psychiatrist*' and '*my friend / partner/ spouse*' (both CS3 0.80) and '*my parents or guardians*' (CS3 0.75) but much less so with '*a suicide survivor*' (CS3 0.55). When working in 2002 Matthew was closest to friends, family and work colleagues and only moderately influenced by suicide-related matters.

When relaxing in 2005 Matthew empathetically identified most closely with '*a person I admire*' (CS4 0.80), '*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' (both CS4 0.75), less so with '*father*', '*my partner / spouse*', '*a suicide survivor*' and '*a psychiatrist*' (all four CS4 0.65) and even less with '*mother*' (CS4 0.55). Although Matthew remained very close to people directly affected by their own and other's suicidal behaviour, he was also close in this context to those he admired, to professional colleagues and to family members. In 2002 in the same context, he empathetically identified most closely with '*a person I admire*' (CS4 0.79) and with '*a psychiatrist*' (CS4 0.74) but less so with '*my parents or guardians*'

and *'my friend/ partner/spouse'* (both CS4 0.68). When he was relaxing Matthew was closest to friends and family and to a professional colleague.

In his past identity state before he became a counsellor, in 2005 Matthew experienced very high levels of conflicted identification with *'father'* (PS1 0.54), with *'a person I dislike'* (PS1 0.51) with *'a client with suicide ideation'* (PS1 0.50) and with *'my partner/spouse'* (both PS1 0.46). His identity was also highly conflicted in relation to three suicide-related clients, respectively: *'a depressed client'* (PS1 0.50), *'a client who recovered after serious suicide attempt'* and *'a client who died by suicide'* (both PS1 0.44) and also with *'a suicide survivor'* (PS1 0.40). In 2002 before he began working, he experienced highly conflicted identifications with *'a person with suicidal thoughts'* (PS1 0.47), *'my friend/ partner/spouse'* (PS1 0.45) and *'my parents or guardians'* (PS1 0.43) and slightly lower levels of conflicted identification with *'a depressed person'* and *'a suicide survivor'* (both PS1 0.40). In his pre-employment state, his levels of conflicted identification with suicide-related persons and family members had therefore increased over the three year period.

In his subsequent identity state in 2005 before his client's suicidal behaviour, Matthew experienced very highly conflicted identifications with *'a client who died by suicide'* (PS2 0.54), with *'father'* (PS2 0.53) and with *'my partner/spouse'* (PS2 0.52). His identification conflicts with three other suicide-related clients were also quite high, respectively: *'a client with suicide ideation'* (PS2 0.48), *'a client who recovered after serious suicide attempt'* (PS2 0.47) and *'a depressed client'* (PS2 0.46) and also with *'a suicide survivor'* (PS2 0.43). His identity became more highly conflicted about suicide after he began counselling clients. In 2002 before he encountered suicide, he experienced highly conflicted identifications with *'my friend/partner/spouse'* (PS2 0.46) and *'my parents or guardians'* (PS2 0.44) and also with two suicide related persons, respectively: *'a person with suicidal thoughts'* (PS2 0.45) and *'a suicide survivor'* (PS2 0.41). Matthew's identification conflicts with suicide-related persons and with family intensified over the three year period.

In his later identity state in 2005 after his client's suicidal behaviour, Matthew's identification conflicts were very high with *'a person I dislike'* and *'a client who recovered after serious suicide attempt'* (both PS3 0.55) and with *'a client who died by suicide'* (PS3 0.54). His identification conflicts were quite high with the remaining two suicide-related clients, respectively: *'a client with suicide ideation'* (PS3 0.43) and *'a depressed client'* (PS3 0.40) and also with *'a suicide survivor'* (PS3

0.41). However his identity was also highly conflicted with family members: *'father'* (PS3 0.47) and *'my partner/spouse'* (PS3 0.49) and with a professional colleague: *'my counselling supervisor'* (PS3 0.49). Matthew's identity was highly conflicted in this context with family, with suicide-related clients, with *'a suicide survivor'* and with a professional colleague. In 2002 after he encountered suicide, he experienced highly conflicted identifications with all five suicide-related entities, respectively: *'a suicide survivor'* (PS3 0.49), *'a person with suicidal thoughts'* (PS3 0.48), *'a depressed person'* (PS3 0.46), *'a person who attempted suicide'* (PS3 0.41) and - albeit at a somewhat lower level - *'a person who died by suicide'* (PS3 0.36). Matthew also experienced similarly high levels identification conflict with *'my friend/partner/spouse'* and *'my parents or guardians'* (both PS3 0.44) and with *'a person I dislike'* (PS3 0.41). Intimate knowledge of suicide by way of Harry's death increased Matthew's levels of conflicted identification with persons exhibiting either fatal or non-fatal suicidal behaviours and with suicide survivors.

In 2005 when overwhelmed by life's cruelties, Matthew experienced very highly conflicted identifications with *'a client who died by suicide'* (CS1 0.62), *'a client with suicide ideation'* (CS1 0.61), *'a depressed client'* (CS1 0.59), *'father'* (CS1 0.54) and *'my partner/spouse'* (CS1 0.50). His identification conflicts were also high inter alia with *'a client who recovered after serious suicide attempt'* (CS1 0.44) and with *'a suicide survivor'* (CS1 0.43). In this unfavourable identity state Matthew's identity was highly conflicted with suicide-related clients and with family members. In 2002 in the same context his identity was very highly conflicted with *'a person with suicidal thoughts'* (CS1 0.59), *'a suicide survivor'* (CS1 0.54), *'a person I dislike'* (CS1 0.52), *'a depressed person'* (CS1 0.51) and *'a person who attempted suicide'* (CS1 0.49). His identifications were also highly conflicted with *'a person who died by suicide'* and with *'my parents or guardians'* (both CS1 0.43). Matthew's conflicted identifications, respectively, with *'a client with suicidal ideation'*, with *'a depressed client'* and with *'a client who died by suicide'* in 2005 were higher when compared with his identification conflicts in 2002 with *'a person with suicidal thoughts'*, with *'a depressed person'* and with *'a person who died by suicide'*. The counsellor-client relationship increased Matthew's identification conflicts in this least positive identity state.

When feeling enhanced by life's wonders in 2005 Matthew's conflicted identifications were very high with *'father'* (CS2 0.55), *'a client who recovered after*

serious suicide attempt (CS2 0.53), *'a client who died by suicide'* (CS2 0.51), *'my partner/spouse'* and *'my counselling supervisor'* (both CS2 0.49). His identity was also highly conflicted with *'a client with suicide ideation'* and *'a depressed client'* (both CS2 0.46) and with *'a suicide survivor'* (CS2 0.45). In this most favourable identity state, Matthew's identity was highly conflicted with family members, suicide-related clients and with *'a suicide survivor'*. In 2002 in the same context his identity was highly conflicted with *'a person I dislike'* (CS2 0.46), *'a suicide survivor'*, *'my parents or guardians'* and *'my friend/partner/ spouse'* (all three CS2 0.43). His identification conflicts with the remaining four suicide-related persons were somewhat lower, respectively: *'a person with suicidal thoughts'* and *'a depressed person'* (both CS2 0.38), *'a person who attempted suicide'* (CS2 0.34) and *'a person who died by suicide'* (CS2 0.30). In this context, Matthew's levels of conflicted identification with four suicide-related clients in 2005 were significantly higher than his identification conflicts in 2002 with four suicide-related persons. In this most favourable state, as in the least favourable state (see above), the counsellor-client relationship increased Matthew's identification conflicts.

In 2005 when working, Matthew experienced very highly conflicted identifications with *'a client who recovered after serious suicide attempt'* (CS3 0.52), *'a person I dislike'* (CS3 0.51) and *'a client who died by suicide'* (CS3 0.50). He also experienced highly conflicted identifications with *'my partner/spouse'* and *'my counselling supervisor'* (both CS3 0.48), *'father'* (CS3 0.45) and *'a client with suicide ideation'* (CS3 0.42) and – albeit at a slightly lower level – with *'a suicide survivor'* (CS3 0.40) and *'a depressed client'* (CS3 0.39). When counselling clients, Matthew's identity was highly conflicted with family members, with clients where suicide was an issue and with his supervisor. In 2002 in the same context, Matthew's conflicted identifications were high with *'my friend/partner/spouse'* (CS3 0.45), *'a person with suicidal thoughts'* and *'a suicide survivor'* (CS3 0.44), *'my parents or guardians'* (CS3 0.43) and – albeit at a somewhat lower level – *'a depressed person'* (CS3 0.40) and *'a person who attempted suicide'* (CS3 0.37). In this context, results for 2002 and 2005 pointed to Matthew's significantly higher levels of conflict with 'clients' compared with 'persons' where attempted suicide and death by suicide were involved.

When relaxing in 2005 Matthew's conflicted identifications were very high with *'father'* (CS4 0.52) and they were only slightly lower with *'a client who recovered after serious suicide attempt'* (CS4 0.49), *'my partner/spouse'* (CS4 0.48),

'a client who died by suicide' and *'a person I dislike'* (both CS4 0.47) and *'my counselling supervisor'* (CS4 0.45). His identification conflicts with the remaining three suicide-related entities were slightly lower, respectively: *'a client with suicide ideation'* and *'a suicide survivor'* (both CS4 0.42) and *'a depressed client'* (CS4 0.39). In this context, Matthew's identity was highly conflicted with family members, with those he disliked, with clients where suicide was an issue and with his counselling supervisor. In 2002 in the same context, his identification conflicts were highest with *'a person I dislike'* (CS4 0.49), *'a suicide survivor'*, *'my parents or guardians'* and *'my friend/ partner/spouse'* (all three CS4 0.41) and were lower with three of the remaining suicide-related persons, respectively: *'a person who attempted suicide'* and *'a depressed person'* (both CS4 0.38) and *'a person with suicidal thoughts'* (CS4 0.34) and – much lower – with the fourth *'a person who died by suicide'* (CS4 0.27). Matthew's identity conflicts in 2005 were significantly higher in this context than in 2002 with family members and with 'clients' compared with 'persons' where attempted suicide and death by suicide was involved.

With respect to his metaperspectives in 2005, Matthew did not differentiate between his appraisals of his colleagues' view of him and his clients' view of him being very highly ego-involved with both (*'me as colleagues see me'* ego inv 4.44; *'me as my clients see me'* ego inv 4.44). In his very high self-evaluations viz. *'me as colleagues see me'* eval 0.74; *'me as my clients see me'* eval 0.96, he favoured the latter more highly than the former. His empathetic identifications with his colleagues' view of him and his clients' view of him were similar in only one context – *'me when I'm relaxing'* (CS4 0.80) but they modulated somewhat in the remaining six contexts: *'me as colleagues see me'* (PS1 0.85, PS2 0.84, PS3 0.74, CS1 0.60, CS2 0.84, CS3 0.85) and *'me as my clients see me'* (PS1 0.60, PS2 0.74, PS3 0.68, CS1 0.55, CS2 0.74, CS3 0.80), being very high, respectively, in the context *'me when I'm working'* (CS3) and quite low in the context *'me when I am overwhelmed by life's cruelties'* (CS1). Matthew's identification conflicts were moderate and quite stable across all contexts with *'me as colleagues see me'*: (PS1 0.34, PS2 0.34, PS3 0.32, CS1 0.29, CS2 0.34, CS3 0.34, CS4 0.33) and were low and quite stable across all contexts with *'me as my clients see me'*: (PS1 0.17, PS2 0.19, PS3 0.18, CS1 0.17, CS2 0.19, CS3 0.20, CS4 0.20). These results showed overall that Matthew felt slightly closer to his colleagues than to his clients while he valued his clients' view of him more highly than how his colleagues saw him.

In relation to his metaperspectives in 2002, Matthew differentiated only slightly between his appraisals of '*me as my work colleagues see me*' (ego inv 3.92, eval 0.54) and '*me as my family sees me*' (ego inv 4.00, eval 0.51) in view of his high ego- involvements with, and his moderate self-evaluations of each entity. His empathetic identifications with '*me as my work colleagues see me*' (emp id range CS1 0.68 to CS3 0.80) and with '*me as my family sees me*' (emp id range CS1 0.63 to CS3 0.90) were highest in the context '*me when I'm working*' (CS3) and lowest in the context '*me when I am overwhelmed by life's cruelties*' (CS1). Matthew's identification conflicts were high within a fairly narrow range across all contexts with '*me as work colleagues see me*' (id conf range PS1/CS1/CS4 0.37 to PS3/CS3 0.40) and were also high within a slightly broader range across all contexts with '*me as my family sees me*' (id conf range CS1 0.40 to CS3 0.47). These results showed that Matthew did not differentiate greatly between his work colleagues' view of him and how his family viewed him.

Matthew's identity variants in 2005 were either 'diffusion' (PS1, PS2, PS3, CS1) or 'diffuse high self regard' (CS2, CS3) or 'indeterminate (CS4). The identity variant 'indeterminate' was regarded as a well-adjusted identity while 'diffusion' and 'diffuse high self-regard' were regarded as vulnerable identities of various kinds. His ego-involvement ranged from very high to moderately high across all seven contexts (ego inv 4.76 to 3.25) progressing from '*me when I am overwhelmed by life's cruelties*' (ego inv CS1 3.25) through much higher levels in '*me before my client's suicidal behaviour*' (ego inv PS2 3.89), in '*me when I'm working*' (ego inv CS3 4.21), and in '*me when I'm relaxing*' (ego inv CS4 4.29) to the highest level in '*me when I feel enhanced by life's wonders*' (ego inv CS2 4.76). Matthew's levels of ego-involvement in the remaining contexts were moderately high: in '*me before I became a psychotherapist/counsellor*' (PS1 ego inv 3.65) and in '*me after my client's suicidal behaviour*' (ego inv PS3 3.57).

Matthew's self-evaluation in 2005 ranged from low when he was '*overwhelmed by life's cruelties*' (eval CS1 0.26) through moderate before he '*became a psychotherapist/counsellor*' (eval PS1 0.43) to quite high '*after my client's suicidal behaviour*' (eval PS3 0.66) and '*before my client's suicidal behaviour*' (eval PS2 0.69). When '*relaxing*' (eval CS4 0.77), '*working*' (eval CS3 0.82) and/or '*when I feel enhanced by life's wonders*' (eval CS2 0.85) his levels of self-evaluation increased progressively to reach their highest levels. Matthew's levels of identity

diffusion modulated across a narrow range while remaining high across all contexts (id diff range 0.40 to 0.44).

Matthew's identity variants in 2002 were either 'diffusion' (PS3, CS1) or 'indeterminate' (PS1, PS2, CS2, CS3, CS4). His ego-involvement ranged from very high to quite high across all seven contexts (ego inv range 4.50 to 3.58) progressing from '*me before I knew about suicide*' (ego inv PS2 3.58) through higher levels in '*me before I started work*' (ego inv PS1 3.83), in '*me when I'm relaxing*' (ego inv CS4 3.92) and in '*me when I am overwhelmed by life's cruelties*' and '*me when I'm working*' (both ego inv CS1/CS3 4.00). His highest levels of ego-involvement were in '*me after I knew about suicide*' (ego inv PS3 4.42) and '*me when I feel enhanced by life's wonders*' (ego inv CS2 4.50). Matthew's self-evaluation at this time ranged from low '*when I'm overwhelmed by life's cruelties*' (eval CS1 0.23) through moderate '*before I knew about suicide*' (eval PS2 0.42), '*before I started work*' (eval PS1 0.44), '*when I'm working*' (eval CS3 0.57) and '*when I'm relaxing*' (eval CS3 0.58) to high '*when I feel enhanced by life's wonders*' (eval CS2 0.67) and to very high '*after I knew about suicide*' (eval PS3 0.75). His levels of identity diffusion modulated across a narrow range while remaining high across all contexts (id diff range 0.38 to 0.45).

A key identity development over the period 2002 to 2005 was evidenced by Matthew's higher levels of self-evaluation in 2005 when working with clients than he experienced in 2002 in his earlier career. Allied to higher identity conflicts with family and with suicide-related clients, this explained the transition from his well-adjusted identity – 'indeterminate' – when working in 2002 to a vulnerable identity – 'diffuse high self-regard' – when counselling clients in 2005.

In 2005, Matthew's appraisals indicated six conflicted dimensions of identity that were evidenced by low structural pressures on constructs (SP range 13.96 to -12.41). These pointed to areas of stress for Matthew as follows: '*...never feeling lonely or uncomfortable when alone with self*' (contrasted with '*...often feeling the need for human contact when alone with self*'); '*...not needing family support at difficult times*' (contrasted with '*...relying on family support at times of threat or crisis*'); '*...believing that suicide demands considerable bravery*' (contrasted with '*...believing that suicide is the act of a coward*'); '*...believing that people with whom s/he had a significant relationship or emotional bond are entirely responsible for their own circumstances*' (contrasted with '*...carrying a terrible responsibility for the*

fortunes or misfortunes of people with whom s/he had a significant relationship or emotional bond’); ‘...*continuing to be the person s/he was into the foreseeable future*’ (contrasted with ‘...feeling that the person s/he was is dead’) and ‘...*suffering unendurable psychological pain*’ (contrasted with ‘...feeling momentary bouts of psychological discomfort’). These constructs represented issues or dilemmas over which Matthew was likely to vacillate in relation to where he stood concerning such matters. These included aloneness, family support, the suicidal mind, his duty of care for others, his vision for his own life and his psychological health.

Constructs with high structural pressures (SP range 94.67 to 49.21) were considered to represent Matthew’s stable or core evaluative dimensions of identity or those values and beliefs that were central to his identity in 2005. He used these principally to judge the merits of self or others and they were likely to be resistant to change. (NB to be included in ref list - Workshop Notes 2000: 21). Matthew’s nine principal or core evaluative dimensions of identity were: ‘...*believing that each human being is of irreplaceable value*’ (contrasted with ‘...does not value some human beings highly’); ‘...*feeling that safe expression of emotional feelings is always healthy*’ (contrasted with ‘...feeling that expression of emotion often indicates lack of control’); ‘...*believing that suicide may be anticipated by perceptive observation*’ (contrasted with ‘...believing that suicide cannot be predicted by overt behaviour’); ‘*feeling encouraged by persons*’ (contrasted with ‘feeling distressed by persons’); ‘...*feeling that grief following suicide is uniquely painful*’ (contrasted with ‘...feeling that grief following suicide is like any other’); ‘...*continuing to develop personal values and beliefs*’ (contrasted with ‘...sticking rigidly to values and beliefs of parents and guardians’); ‘...*remaining sure of who s/he is*’ (contrasted with ‘...questioning who s/he is’); ‘...*having warm feelings towards persons*’ (contrasted with ‘...loathing persons’) and ‘...*seeking and developing human relationships*’ (contrasted with ‘...withdrawing from human contact’). Matthew’s core values and beliefs in 2005 included the unique worth of each person, his continuing personal development, his self-awareness, his deep affection and respect for others, his wish to relate to others, that the grief of suicide was immensely troubling and that suicide could be anticipated.

In 2002, Matthew’s appraisals indicated seven conflicted dimensions of identity evidenced by low structural pressures on constructs (SP range 24.99 to - 33.86). These represented problematic areas for Matthew as follows: ‘...*feeling a*

special responsibility for the wellbeing of (people)’ contrasted with ‘...not feeling a special responsibility for the wellbeing of (people);’...*questioning who s/he is*’ (contrasted with ‘...remaining sure of who s/he is’); ‘...*believing depression and suicide are inextricable linked*’ (‘...believing suicide can occur “out of the blue” without evident symptoms of depression’); ‘...*believing that suicide demands considerable bravery*’ (contrasted with ‘...believing that suicide is the act of a coward’); ‘...*relying on family support at times of threat or crisis*’ (contrasted with ‘...not needing family support at difficult times’); ‘...*feeling that the person s/he was in the past is dead*’ (contrasted with ‘...feeling that s/he continues to be essentially the same person s/he was into the foreseeable future’) and ‘...*taking life for granted*’ (contrasted with ‘...wondering what life is all about’). These constructs represented issues and dilemmas for Matthew’s personal ‘living in the world’ in 2002 over which he was likely to vacillate about where he stood. These included his duty towards others, existential uncertainty, the suicidal mind, family support, influence of the past and the meaning of life.

Constructs with high structural pressures (SP range 100.00 to 50.73) represented Matthew’s core evaluative identity dimensions or the values and beliefs central to his identity in 2002. The nine principal dimensions of Matthew’s identity were: ‘...*believing in the irreplaceable value of each human being*’ (contrasted with ‘...not valuing some human beings very highly’); ‘...*feeling that safe expression of emotional feelings is healthy and natural*’ (contrasted with ‘...feeling that any expression of emotional feelings indicates lack of control’); ‘...*feeling encouraged by persons*’ (contrasted with ‘...feeling distressed by persons’); ‘...*continuing to develop personal values and beliefs*’ (contrasted with ‘...sticking rigidly to values and beliefs of parents and guardians’); ‘...*feeling that grief following suicide is uniquely painful*’ (contrasted with ‘...feeling that grief following suicide is like any other’); ‘...*believing that suicide may be anticipated by perceptive observation*’ (contrasted with ‘...believing that suicide cannot be predicted by overt behaviour’); ‘...*having warm feelings towards persons*’ (contrasted with ‘...loathing persons’); ‘...*can usually be alone without feeling lonely or uncomfortable*’ (contrasted with ‘...cannot be alone for long without feeling the need for human contact’) and ‘...*considering that most suicides could be prevented*’ (contrasted with ‘...considering that most suicides cannot be prevented’). Matthew’s core values and beliefs in 2002 included the unique worth of each person, his continuing personal development, his deep

affection and respect for others, that the grief of suicide was immensely troubling, that suicide can be anticipated and prevented and being comfortable when alone with self.

There were many similarities and few differences between Matthew's values and beliefs in 2005 and in 2002. The differences included valuing self-awareness and seeking relationships (2005) and believing that suicide can be prevented and being comfortable when alone (2002). Problematic areas for Matthew in 2005 included issues around aloneness, family support, the suicidal mind, his duty of care for others, influence of the past and his psychological health. Stressful areas in 2002 for him included existential uncertainty, the suicidal mind, family support, influence of the past and the meaning of life. The differences included issues around aloneness and psychological health (2005) and existential uncertainty and the meaning of life (2002).

Matthew's client, Fintan, killed himself by hanging about 12 hours after he had kept a single appointment with Matthew that was arranged by the STOPSUICIDE project earlier that day. No firm arrangement was made between Fintan and Matthew for any further counselling appointments. Matthew's belief at the end of that session was that the issues around suicide that Fintan had presented during counselling were adequately resolved by Fintan. He invited Fintan to make contact with him by telephone if he experienced suicidal thoughts again. Matthew was 'totally shocked' by Fintan's suicide – he told his supervisor he was more concerned about his next scheduled client following his session with Fintan than he was about any issues related to Fintan's safety.

No effective preventive action by Matthew was possible during the period between his client's visit to the counselling centre and his death later that day.

7.11.3A Respondent A17 Matthew – Preliminary remarks following 2002 interview (Opening section of this paragraph is located at appendix 7, par 7.11.3)

He [Matthew] had been imprisoned during the period (1980/82) that ten 'political' prisoners died on 'hunger strike' in Northern Ireland and he was acquainted with many of these individuals. He said that 'some people would look on that (viz. death by hunger strike or self-starvation) as suicide whereas I have never done so'.

He said that he had 'a different perspective on it now than I would have done 10 or even 20 years ago because I think I have a better understanding of what way people's minds work and it always goes back to that particular phrase – "sometimes it's the most logical thing to do.'" He added that he had never been involved with

somebody who was in that frame of mind. He said he felt 'it would be very difficult to understand why anyone wanted to do it from my own perspective but at the same time I think that I would be able to accept it a lot more than I would have at one time'.

Matthew felt that 'not enough is known about suicide or why people commit suicide for the very obvious reason that you can't interview the people who've done it...from that point of view everything is speculation...we're trying to rationalise it out ourselves'. He felt that there may be many reasons for the act of suicide: '...some people may be in total despair...there was a developmental and psychological aspect to it...there is...a social aspect too...males would be most vulnerable to it because they find it hardest to express their feelings...' He alluded to his own recollection of adolescence, in the context of current nihilistic adolescent behaviours - 'I don't care what happens to you and I don't care what happens to me' – such as joy riding, binge drinking and the like, as being the first time the young human male encounters 'existential isolation...the fact that you are finite which has a tremendous impact...I know it had a tremendous impact on me.'

Matthew reflected on the suicide of Harry, his partner's nephew:

He was 17 years old and nobody understands why he committed suicide. Cherie tells me that whenever he was a baby his mother was dying of cancer when he was born. So the sister took him to live with her because the father was...he got married to someone else. When he was very young he went to live with the sister who never married and...Harry was loved by everybody and looked after by everybody because of the circumstances of his birth. He had just started back at tech to do his 'A' levels. He had a girl friend. He had plenty of friends and...[on date] December 2001...I heard...Cherie...screaming because someone had...phoned her to tell her that Harry had hung himself...totally unexpected and nobody has seen it coming and nobody can understand why. So you have the rationalisation process setting in then...to do with the fact...from their point of view...that he had never felt accepted...what I was trying to explain to Cherie was...what you said to me one time was that that decision was taken a long time before that...the trigger seems to have been that he was moving back into his granny's house...moving back in time as well...no warning signals...but maybe for Harry it was the most logical thing to do from his point of view...

Matthew said that he felt 'suicide was something that you tried to understand' but he felt 'detached' because he had never been 'intimately involved with anybody who's actually done it except through the life of Cherie herself.' He speculated on the clinician's experience of client suicide. He said that he could see that 'if I was close enough to the person...their suicide would have a great impact on me' At the same

time having known ‘hunger strikers’ and ‘knowing some people briefly who had actually committed suicide’ he felt that:

...it’s not that I find confusion but I can actually find a logic to it all...because I can see it all in terms of a continuum as well...people actually doing things like that...I didn’t agree with the “hunger strike”...because I knew people were going to die...but they also knew they were going to die...they believed they were going to die...so is it suicide or is it sacrifice...I believe it was a sacrifice because I know the people who were involved and they weren’t committing suicide because they hadn’t got the frame of mind for committing suicide...but felt it was “the only way out”...politically...they saw it as a continuum (viz. between life and death) not as an end...

While working with his client Matthew speculated that the counsellor would be doing his best to help them ‘come to terms with whatever it is that is bothering them...the intense sense of hurt that they would have.’ But he thought that the client’s sense of ‘their world’ would be a key factor in ‘their decision’ to kill themselves or otherwise. He emphasised his notion of the ‘continuum’ and the importance of empathy. The researcher asked Matthew could he empathise with a psychotherapist / counsellor on ‘what it might be like for them’ to lose their client to suicide:

‘It would depend on the relationship that they had with the client...the closer...the empathy the deeper you would feel it...’

Matthew did not have the experience of relationship – helping or otherwise – with a person who was known to be suicidal and who subsequently killed themselves. His prison experience was that a quasi-suicidal ‘cri de coeur’ was often ‘dismissed out of hand’ by fellow prisoners. The context was that the latter were linked with an existing communal identity both within and outside the prison environment that provided an ever-present ‘support network’.

In relation to the aftercare of clinician survivors, Matthew felt that individual ‘defence mechanisms’ were likely to be as important as effective supervision. The researcher referred to the Rogerian view that development of a heightened awareness and understanding by the client of their organismic self, as compared with their self-concept, was an important outcome of successful counselling. Did this mean that ‘the suicidal client’ was ‘the ultimate counselling failure’? Matthew said that he felt that total empathy by one person – the counsellor – of another person – the client – was not achievable. Hence the existence of a ‘cause and effect’ relationship between a counsellor’s efficacy and a client’s suicidal behaviour was unlikely to be capable of being established. Matthew felt that where the suicidal client killed him/herself by ‘doing the most logical thing that they could do’ and where the client’s perceived

reality was at odds with the actual reality of both client and counsellor, then responsibility could not attach to the counsellor in relation to the client's action.

7.11.4A Respondent A17 Matthew – Preliminary remarks following 2005 interview (Opening section of this paragraph is located at appendix 7, par 7.11.4)

Matthew described the consequences for him of Fintan's suicide especially in relation to Fintan's family members' perceptions of what might have been communicated to Matthew in that single counselling session:

...when somebody...takes their own life they inflict something on somebody else...in that sense there's...consequences for people and there were consequences for me...having spoken to him [Fintan] within 12 hours of him actually doing it [viz. killing himself] while I might be quite OK with what happened [in the counselling interaction] the perception of other people would be "But sure he spoke to you" and then turning me into the focus of attention..."Why could you not help him?" or "Why could you not save him?" and...start to question my competency and also whether...I might have contributed to it and so on...whenever his family found out that he's spoken to me...they wanted to know everything...I became conscious...that...they might see me as Fintan's suicide note...because...I was the last person to talk to him in depth and in confidence...

Matthew arranged to meet Fintan's mother (pseudonym 'Lisa') on the Sunday following his death at a local church:

'I didn't want to go up to the house because there'd be a load of people in the house. I wanted it to be somewhere that was neutral and peaceful and just her on her own. The mistake I made was going into the thing about confidentiality and mentioning that first ...that put into her head "He's not going to tell me everything" and she wanted to know everything...but the way I look at confidentiality...after a death...it's up to me what I want to tell the family. After talking to her she seemed OK...'

Some days later Matthew arranged to see Lisa again after he learned that 'there were questions she wanted answered'. This second meeting took place in the counselling room where Matthew had worked with Fintan. He explained to Lisa:

...that there were 'good reasons' why there can be confidences maintained but at the same time I explained all the stuff that we had talked about and anything else that she wanted to talk about...I would tell her...because there was nothing like that. It was just to help her to be at peace in her own mind...

Matthew said that he had learned from this experience about his defensiveness. He felt that on any future, similar occasion:

...it's probably better not to mention anything about confidentiality if you're talking to families afterwards...because [that] can feed into things they're maybe experiencing themselves...as a rule of thumb I don't think I would mention it again...in this situation...there's a lot of anger and that anger's feeding...off "Why did Fintan do such a thing?" which is natural in all the circumstances... people are looking for answers... maybe in some way looking [for] somewhere to direct...blame...

On reflection Matthew did not believe, in logical terms, that he was Fintan's 'suicide note' because his judgement was that when Fintan left the session he was not actively suicidal. However he empathised with family members' need to know what happened during the final days of Fintan's life and in particular the last day of his life:

...it may well be Fintan was conveying to me things that he did actually want to say to other people. I don't know...but...I don't see myself...as Fintan's suicide note...I mean it in terms of how maybe his [viz. Fintan's] family or friends [perceived him, viz. Matthew] as the last person to talk to him [viz. Fintan] in confidence. "He might have told you something that he hasn't told anybody else that will help us to understand why he did it" .

Matthew understood and accepted the conventional view, that other than in supervision, or when client consent was obtained, or where there was a risk of client self-harm or harm by client to others, or under lawful subpoena or in ethically conducted counselling research, or any combination of these caveats, what goes on in the counselling room was not normally disclosed to third parties. In the current research, for example, the respondent's consent form specifically excluded any 'personally identifiable material' from publication. As a counsellor, Matthew could not normally talk about anything that went on in counselling. But the exceptional nature of his predicament during the period immediately following Fintan's suicide influenced him and his supervisor and presented an ethical dilemma:

...confidentiality after death is ethically correct [but] it's up to the individual counsellor in terms of the boundaries that they put on it...I would love to have been in that situation [viz. to disclose nothing] but given the circumstances and the way things happened...there's a couple of things...number one I don't think the family would have left it at that...there was also a credibility issue involved...in the sense that as part of the STOP SUICIDE project and trying to prevent suicide and encouraging people to seek counselling and in some ways projecting a message that if people do seek counselling...or seek talking to somebody, that it's a way out of all this. So the credibility issue would have been then defensive in some ways...even though he spoke to me, there's no guarantee he's [not] going to [kill himself]...whereas...one of the first questions people ask is "Why did he not talk to somebody?" and that's the message we all project in terms of preventative measures. Now they found out he did talk to somebody and still went [viz. killed himself]. So...there was credibility [issue] for the 'STOP SUICIDE' [project] and for the whole COASER agency that might have provoked that defensiveness...I don't think I could have [disclosed nothing] and it would have been left at that.

Matthew facilitated a family support group for suicide survivors, a member of which killed herself a year after she (pseudonym 'Marie') had attended the group. It appeared that Marie's suicide was indirectly linked with the suicide of her son:

...Marie had lost her son in very bitter circumstances because there was a family thing there as well about [her son's] partner but he had left a suicide

note or she was told he had left a suicide note...[but]...she'd never seen it. So she wondered...what was in it. She...eventually killed herself last year (2004)...she'd been to psychiatrists...people... were very supportive of her...yet she ended up...taking her own life...and there was always that potential for Marie...you could see it in her...a particular concern...was that...she believed there was a suicide note and she didn't see it...she always wondered what was in it...

Matthew said that this recent experience influenced him concerning how he related to Fintan's family following his suicide:

...people need to know...or people want to know...that desire to know and in this case [that] was something that...struck me very forcibly in terms of what I should do.

Matthew explained to Lisa that Fintan's suicide appeared to be almost totally related to his own view of himself and that his ex-partner was probably uninvolved. He also interpreted for Lisa the possible effects upon Fintan of his traumatic loss experiences in childhood and in adulthood and his more recent suicide ideation:

I said to her..."I am not hiding anything from you"...I told her that Fintan loved her, that the only person that [he] seemed to be angry at, at the time was him [viz. Fintan]... Fintan's anger was about ...disappointment, shame, anger at himself, obviously hurt by everything that was going on around him, but he was very...annoyed at himself at being the type of person who could do that type of thing (viz. contemplate suicide) and then inflict the hurt on his family...

Matthew said that he told Lisa that his own 'shock and disbelief' was similar in ways to theirs and that he was also looking for answers regarding Fintan's death. Matthew said that he tried to help Lisa to appreciate what Fintan had been through:

The fact that...he was nine years of age whenever his father died (shot dead 1982)...his older brother...killed himself nine years ago (found hanged 1996)...people have talked [following his death] about Fintan [saying] he was a very strong character...he was the person who solved everybody's problems but couldn't solve his own...[when his father died] Fintan took on the role of looking after people at a very early age...there's a price to pay for that...emotional cost of [taking] on...responsibility...[and]...role of being the adult...is that maybe they don't develop [adequate] coping mechanisms...these [may be] with the child...[who]...makes that huge leap to adult and...[responsibility] taking...on the outside Fintan may have been strong for everybody similar to when he was nine [but as an adult] he might well have been nine years of age in terms of coping and emotional strength...Lisa could tap into that sort of speculation...

Matthew had described his immediate responses and interactions following the suicidal death of his client, Fintan, with whom he had worked at a single session only.

7.11.8A Respondent Matthew – Conflicted identifications and the suicide survivor

Note – This excerpt represents a more detailed analysis of the abbreviated par 7.11.8 in appendix 7.

In his subsequent identity state in 2005 before his client's suicidal behaviour Matthew experienced very highly or highly conflicted identifications with family members (*'father'* PS2 0.53; *'my partner/spouse'* PS2 0.52; *'mother'* PS2 0.38), with suicide-related clients (*'a client who died by suicide'* PS2 0.54; *'a client with suicide ideation'* PS2 0.48; *'a client who recovered after serious suicide attempt'* PS2 0.47; *'a depressed client'* PS2 0.46) and with *'a suicide survivor'* and *'my counselling supervisor'* (both PS2 0.43). In 2002, before he encountered suicide, his identity was high conflicted with family members (*'my friend/partner/spouse'* PS2 0.46; *'my parents/guardians'* PS2 0.44), highly or moderately conflicted with suicide-related persons (*'a person with suicidal thoughts'* PS2 0.45; *'a depressed person'* and *'a person who attempted suicide'* both PS2 0.38; *'a person who died by suicide'* PS2 0.33) and highly conflicted with *'a suicide survivor'* (PS2 0.41). In the identity transition from 2002 to 2005, Matthew's identity state before he encountered suicide in clients or non-clients became somewhat more highly conflicted with family members, more highly conflicted with suicide-related entities and modulated slightly with *'a suicide survivor'*. After Matthew began to work as a counsellor his identity became more highly conflicted about family and about suicide.

In 2005 after his client's suicidal behaviour Matthew's identity was highly conflicted with family, with suicide-related clients, with *'a suicide survivor'* and with a professional colleague. Regarding family, his identity conflicts were highest with *'my partner/spouse'* (PS3 0.49) and *'father'* (PS3 0.47). In relation to suicide, Matthew's identity was most highly conflicted with *'a client who recovered after serious suicide attempt'* (PS3 0.55), *'a client who died by suicide'* (PS3 0.54), *'a client with suicide ideation'* (PS3 0.43) and *'a depressed client'* (PS3 0.40). His identification conflict levels after he experienced client suicide were higher with *'my counselling supervisor'* (PS2 0.43; PS3 0.49) while they were slightly lower with *'a suicide survivor'* (PS2 0.43; PS3 0.41). Matthew's identification conflicts in 2002 after he encountered family suicide were highest with *'a suicide survivor'* (PS3 0.49) and were also high with suicide-related persons (id conf range PS3 0.36 to 0.48) and with family members (*'my friend/partner/spouse'* and *'my parents or guardians'* both PS3 0.44). In the identity transition from 2002 to 2005 in this context, Matthew's

identification conflicts with family and suicide-related persons intensified while his identity was more highly conflicted with '*a suicide survivor*' (con idfcn PS3 0.49 - 2002) pertaining to a family suicide (viz. of his partner's nephew Harry) than with '*a suicide survivor*' (id conf PS3 0.43 - 2005) pertaining to client-suicide (viz. of his client Fintan).

In 2005 when overwhelmed by life's cruelties Matthew's identity was highly or very highly conflicted with suicide-related clients, with some family members, with a suicide survivor, with a disliked person and with a professional colleague. In relation to suicide, Matthew's identity was most highly conflicted with '*a client who died by suicide*' (CS1 0.62), '*a client with suicide ideation*', (CS1 0.61) and '*a depressed client*' (CS1 0.59) while being somewhat less highly conflicted with '*a client who recovered after serious suicide attempt*' (CS1 0.44). Regarding family, his identification conflicts were highest with '*father*' (CS1 0.54) and '*my partner/spouse*' (CS1 0.50) but much less so with '*mother*' (CS1 0.34). Matthew's identification conflicts were also high with '*a suicide survivor*' and '*a person I dislike*' (both CS1 0.43) and with '*my counselling supervisor*' (CS1 0.39). In 2002, in the same context he was highly or very highly conflicted with people having issues around suicide (id conf range CS1 0.43 to 0.59), with a suicide survivor' (CS1 0.54), with a disliked person (CS1 0.52) and with family members (id conf range CS1 0.36 to 0.43). In the transition from 2002 to 2005 in this context, Matthew's identity was more highly conflicted regarding persons with suicide ideation (id conf CS1 0.59 – 2002; 0.61 – 2005), with depression (id conf CS1 0.51 – 2002; 0.59 – 2005) and, emphatically, who died by suicide (id conf CS1 0.43 – 2002; 0.62 – 2005). However his identity was more highly conflicted in this context with '*a suicide survivor*' (conf idfcn CS1 0.54 – 2002) pertaining to a family suicide (viz. of his partner's nephew Harry) than with '*a suicide survivor*' (con idfcn CS1 0.43 – 2005) pertaining to client-suicide (viz. of his client Fintan).

In 2005 when feeling enhanced by life's wonders, Matthew's identity was highly or very highly conflicted with family members, suicide-related clients, a disliked person, a professional colleague and a suicide survivor. In relation to family, Matthew identity was most highly conflicted with '*father*' (CS2 0.55), '*my partner/spouse*' (CS2 0.49) and '*mother*' (CS2 0.41). Regarding suicide, his identification conflicts were highest with '*a client who recovered after serious suicide attempt*' (CS2 0.53), '*a client who died by suicide*' (CS2 0.51), '*a client with suicide*

ideation’ and *‘a depressed client*’ (both CS2 0.46). Matthew’s identification conflicts were also high with *‘my counselling supervisor*’ (CS2 0.49), *‘a disliked person*’ (CS2 0.48) and *‘a suicide survivor*’ (CS2 0.45). In 2002 in the same context, his identity was highly or moderately conflicted with people having issues around suicide (id conf range CS2 0.30 to 0.38), with a disliked person (CS2 0.46), with *‘a suicide survivor*’ (CS2 0.43), and with family members (*‘my parents/guardians*’ and *‘my friend/partner/spouse*’ both CS2 0.43). In the transition in this context from 2002 to 2005, Matthew’s identity was more highly conflicted regarding persons: with suicide ideation (id conf CS2 0.38 – 2002; 0.46 – 2005), with depression (id conf CS2 0.38 – 2002; 0.46 – 2005), who attempted suicide (id conf CS2 0.34 – 2002; 0.53 – 2005) and emphatically, who died by suicide (id conf CS2 0.30 – 2002; 0.51 – 2005). However, in this context his identification conflicts with *‘a suicide survivor*’ modulated only slightly (con idfcn CS2 0.43 – 2002; 0.45 – 2005) whether they pertained, respectively, to family suicide (viz. of his partner’s nephew Harry) or to client suicide (viz. of his client Fintan).

In 2005 when working as a counsellor Matthew’s identity was highly or very highly conflicted with suicide-related clients, a disliked person, a professional colleague, family members and a suicide survivor. Regarding suicide, his identification conflicts were highest with *‘a client who recovered after serious suicide attempt*’ (CS3 0.52), *‘a client who died by suicide*’ (CS3 0.50), *‘a client with suicide ideation*’ (CS3 0.42) and *‘a depressed client*’ (CS3 0.39). Matthew’s identity was also highly conflicted with *‘a person I dislike*’ (CS3 0.51) and *‘my counselling supervisor*’ (CS3 0.48). In relation to family, his identity was highly conflicted with *‘my partner/spouse*’ (CS3 0.48), *‘father*’ (CS3 0.45) and *‘mother*’ (CS3 0.37). His identification conflict with *‘a suicide survivor*’ (CS3 0.40) was quite high. In 2002, in the same context Matthew’s identity was highly or moderately conflicted with people having issues around suicide (id conf range CS3 0.32 to 0.44), with family members (id conf range CS3 0.43 to 0.45), with *‘a suicide survivor*’ CS3 0.44) and with a disliked person (CS3 0.40). In the transition in this context from 2002 to 2005, Matthew’s identity was more highly conflicted regarding persons: who died by suicide (id conf CS3 0.32 – 2002; 0.50 – 2005) and who attempted suicide (id conf CS3 0.37 – 2002; 0.52 – 2005). His identity was slightly less highly conflicted with persons: with suicide ideation (id conf CS3 0.44 – 2002; 0.42 – 2005) and with depression (id conf CS3 0.40 – 2002; 0.39 – 2005). In this context, Matthew’s

identification conflicts with a suicide survivor (id conf CS3 0.44 – 2002; 0.40 – 2005) were lower where they pertained to client suicide (viz. of his client Fintan) than in relation to family suicide (viz. of his partner's nephew Harry).

When relaxing in 2005, Matthew's identity was highly or very highly conflicted with family members, suicide-related clients, a disliked person, a professional colleague and a suicide survivor. Regarding family, his identification conflicts were highest with '*father*' (CS4 0.52) and '*my partner/spouse*' (CS4 0.48). In relation to suicide, his identification conflicts were highest with '*a client who recovered after serious suicide attempt*' (CS4 0.49), '*a client who died by suicide*' (CS4 0.47), '*a client with suicide ideation*' (CS4 0.42) and '*a depressed client*' (CS4 0.39). Matthew's identity was also highly conflicted with '*a person I dislike*' (CS4 0.47), '*my counselling supervisor*' (CS4 0.45) and with '*a suicide survivor*' (CS4 0.42). In 2002, in the same context Matthew's identity was most highly conflicted with '*a person I dislike*' (CS4 0.49). His identity was also highly or moderately conflicted with those having issues around suicide (id conf range CS4 0.27 to 0.38), with family members (id conf '*my parents/guardians*' and '*my friend/partner/spouse*' both CS4 0.41) and with '*a suicide survivor*' (CS4 0.41). In the transition in this context from 2002 to 2005 Matthew's identity was more highly conflicted with persons: with *suicide ideation* (id conf CS4 0.34 – 2002; 0.47 – 2005), who *died by suicide* (id conf CS4 0.27 – 2002; 0.47 – 2005) and who *attempted suicide* (id conf CS4 0.38 – 2002; 0.49 – 2005), while remaining unaffected with '*a depressed person*' (id conf CS4 0.38 – 2002; 0.39 – 2005). In this context, Matthew's identification conflicts with '*a suicide survivor*' (CS4 con idfcn 0.41 – 2002; 0.42 – 2005) increased very slightly in the transition. The latter results indicated that in this context Matthew's identity remained quite highly conflicted with a suicide survivor whether the relevant suicide pertained to a family member or to his client.

7.11.10A Respondent Matthew – Empathetic identifications and the suicide survivor

Note – This excerpt represents a more detailed analysis of the abbreviated par.7.11.10 in appendix 7.

In 2002, before he encountered suicide, Matthew's empathetic identifications intensified with family members and less so with '*a suicide survivor*' (PS1 0.45; PS2 0.47). Significantly, in 2005 Matthew's empathetic identification with '*a suicide*

survivor' was greatly enhanced when that person was a client '*suicide survivor*' (PS2 0.47 - 2002; PS2 0.68 - 2005) suggesting a different identity influence. In the transition from 2002 to 2005 Matthew's empathetic identification with '*my partner/spouse*' (PS2 0.84 - 2002; PS2 0.74 - 2005) eased back. Despite this, he saw more of himself in that person than he saw in a client '*suicide survivor*' or in professional colleagues.

In 2005, after his client's suicide, Matthew's empathetically identified very highly with '*a client who recovered after serious suicide attempt*' (PS3 0.95) and with professional colleagues (PS3 emp idfcn range 0.79 & 0.89). He saw less of himself in family members (PS3 emp idfcn range 0.53 to 0.68) and in '*a suicide survivor*' (PS3 0.63) while his empathetic identification with '*a client who died by suicide*' stabilised (PS2/PS3emp idfcn both 0.53) and remained low.

In 2002 after he encountered suicide Matthew's empathetic identifications with '*a suicide survivor*' (PS2 0.47; PS3 0.68) intensified but he continued to construe more of himself in family members (PS2/PS3emp idfcn range 0.79 to 0.84). In the transition from 2002 to 2005 Matthew construed less in his '*suicide survivor*' experience of Harry's suicide (emp idfcn PS3 0.63 - 2002) than in his '*client suicide experience*' (emp idfcn PS3 0.68 - 2005). After he encountered client suicide, Matthew remained much closer to professional colleagues than to other entities.

In 2005 when overwhelmed by life's cruelties Matthew empathetically identified most closely with four suicide-related entities and '*a suicide survivor*' (CS1 emp idfcn range 0.60 to 0.75) and with family members (CS1 emp idfcn 0.70) but less so with professional colleagues (CS1 emp idfcn 0.55 to 0.60). In this context in 2002, Matthew's identity was closest to '*a suicide survivor*' (CS1 0.84) and to '*my parents or guardians*' (CS1 0.74). In the transition from 2002 to 2005 in this least favourable context, he construed more of himself in '*a suicide survivor*' following Harry's suicide (CS1 0.84) than he saw of himself in a client '*suicide survivor*' (CS1 0.70) following Fintan's suicide. These data contrasted in this context the aftermath of past family suicide and more recent client suicide.

In 2005 when feeling enhanced by life's wonders, Matthew construed more of his attributes in relatively positive or supportive entities ('*a client who recovered after serious suicide attempt*' and '*my counselling supervisor*' both CS2 0.89) than in family members ('*father*', '*mother*' both CS2 0.74; '*my partner/spouse*' CS2 0.68), other professionals ('*a psychiatrist*' CS2 0.74) or '*a suicide survivor*' (CS2 0.74).

Although he saw himself as a client 'suicide survivor' he felt as close or closer to professionals and to family members. In this context in 2002 his identity was not at all close to 'a suicide survivor' (CS2 0.53) while he saw himself as closest to supportive ('a person I admire' CS2 0.95), professional ('a psychiatrist' CS2 0.89) and family entities ('my parents or guardians' and 'my friend/partner/spouse' both CS2 0.74). In the transition from 2002 to 2005 in this most positive identity state, Matthew's client suicide experience was seen to influence his sense of himself much more tangibly than his family suicide experience.

When working in 2005 Matthew's sense of himself was strongly evident in his very high empathetic identifications with relatively positive and supportive entities ('a person I admire' CS3 0.90; 'a client who recovered after serious suicide attempt' CS3 0.85) and with professionals ('my counselling supervisor' CS3 0.85; 'a psychiatrist' CS3 0.75). His sense of himself as a client 'suicide survivor' was only moderate (CS3 0.60) when he was working with clients. In this context in 2002 Matthew felt closest to positive, family and professional entities ('a person I admire' CS3 0.85; 'a psychiatrist' and 'my friend / partner / spouse CS3 0.80; 'my parents or guardians' CS3 0.75) and he did not see himself as 'a suicide survivor' (CS3 0.55). In the transition from 2002 to 2005 when working, Matthew's client suicide experience influenced his sense of himself only slightly more than his family suicide experience (CS3 0.55 – 2002; CS3 0.60 – 2005).

When relaxing in 2005 Matthew empathetically identified very highly with positive entities ('a person I admire' CS4 0.80; 'a client who recovered after serious suicide attempt' CS4 0.75), with a professional colleague ('my counselling supervisor' CS4 0.75). But his sense of himself as a client 'suicide survivor' (CS4 0.65) was balanced by his affinity with family members ('father' and 'my partner/spouse' CS4 0.65) and with another professional colleague, 'a psychiatrist' (CS4 0.65). In 2002 in this context Matthew felt closest to positive, family and professional entities ('a person I admire' CS4 0.79; 'a psychiatrist' CS4 0.74; 'parents or guardians' and my 'friend / partner / spouse' (both CS4 0.68) and he did not see himself as a client 'suicide survivor' (CS4 0.47). In the transition from 2002 to 2005 when relaxing Matthew's client suicide experience influenced his sense of himself a good deal more than his family suicide experience (CS4 0.47 – 2002; CS4 0.65 – 2005).

It is clear that in 2005 when working with existing and new clients approximately two / three weeks after the suicide of his client Fintan, Matthew construed himself to a limited extent only as a client ‘suicide survivor’ (emp idfcn CS3 0.60 – 2005). But he identified empathetically much more highly with persons who were perceived as positive, supportive and professional, for example, an admired person (CS3 0.90) and his counselling supervisor (CS3 0.85). Otherwise, Matthew’s empathetic identifications in the transition from 2002 to 2005 pointed to a continuing albeit diverse influence on his identity of both his earlier family suicide experience and his more immediate client suicide experience in comparable situational contexts.

Matthew’s brief narrative offered relevant background:

I remember a phrase you used years ago [note: Matthew was known to the researcher when both were students]...about when somebody takes their own life they inflict something on somebody else. In that sense there’s a consequence ...there’s consequences for people of somebody taking their own life and there were consequences for me the next day [when I found out] but there were also consequences in terms of what the potential might be for example...some of it came to light in the sense that me speaking to him within 12 hours of him actually doing it [i.e. Fintan killing himself by hanging]... while I might be quite OK with what happened the perception of other people would be: “But sure he spoke to you...” and then turning me into the focus of attention because people would say: “Why could you not help him?” or “Why could you not save him?”...and then question my competency...and whether I might have contributed to it and so on and so on...

7.11.11A Respondent Matthew – Empathetic identifications and the suicide survivor

Note – This excerpt represents a more detailed analysis of the abbreviated par.7.11.11 in appendix 7.

Graphs of modulations in levels of empathetic and conflicted identifications illustrated the results presented in pars 7.11.5, 7.11.7, 7.11.8, 7.11.9 and 7.11.10 (in appendix 7) with particular reference to a ‘suicide survivor’. Matthew was a ‘suicide survivor’ (2002) in relation to Harry’s suicide and a clinician survivor or client suicide survivor (2005) in relation to Fintan’s suicide.

Graphs 7.11.1 and 7.11.2 showed Matthew’s conflicted identifications in 2005 with a client ‘suicide survivor’ as quite high, clustered and ranging from PS1/CS3 0.40 to CS2 0.45. Graphs 7.11.3 and 7.11.4 showed his empathetic identifications with this entity modulating within a range of PS1/CS3 0.60 to CS2 0.74. His sense of himself as represented in a client ‘suicide survivor’ was highest when he was ‘relaxing’ and lowest both ‘before he became a psychotherapist/counsellor’ (PS1

0.60) and when he was 'working' with clients (CS3 0.60). The results in par 7.11.10 (in appendix 7) confirmed that Matthew did not construe himself – when working – as a client 'suicide survivor' but rather as having much more in common with an admired person (CS3 0.90) or his counselling supervisor or 'a client who recovered after serious suicide attempt' (both CS3 0.85).

Graphs 7.11.5 and 7.11.6 showed that Matthew's most highly conflicted identifications in 2002 with 'a suicide survivor' ranged from very high to quite high, viz. from PS1/CS3 0.40 to CS1 0.54. Graphs 7.11.7 and 7.11.8 showed his empathetic identifications with this entity peaking in the context 'me when I am overwhelmed by life's cruelties' (CS1 0.84) and subsiding in the 'working' context to CS3 0.68.

Further insights into Matthew's identity development were evident in his levels of idealistic identification with, and evaluation of a 'suicide survivor' in 2002 and a client 'suicide survivor' in 2005, respectively: ideal id 0.60, eval 0.35; ideal id 0.68, eval 0.50. In the transition from 2002 to 2005 a client 'suicide survivor' was more highly valued and was a stronger role model for Matthew.

The following excerpts from Matthew's dialogue / narrative offered a further perspective to these results:

...[someone who worked with Fintan] was asking me [recently] about Fintan and she said that...nobody could understand it [viz. Fintan's suicide]...nobody could believe it...and she said the strange thing about it is the day before it happened [viz. the day before Fintan's only counselling session with Matthew] when they were in the office somebody talked about suicide and Fintan played the role of "This is how it would happen" or "This is the way you would do it" and she also remarked...and I didn't lead her into [saying] this...that one of the things that people had noticed that day was that Fintan had tidied his desk...it's all familiar stuff...tidied his files away you know...all the things we would associate with somebody leading up to...endings...So looking back on it now I say to myself... "What did he come here for [viz. to the counselling room]?"

i) Was it to sort of settle his mind...was it just to say to somebody "Look I feel rotten about what I did [re Fintan's earlier unsuccessful suicide attempt]...but I'm going to do it anyway?"

ii) Was it that he was ambivalent even at that point and hadn't made his mind up? Or

iii) Was it because, Fintan being Fintan, had always been the type of person who's...very fragile on the inside but projecting a strong personality on the outside and that given a certain set of circumstances...there can be just a very quick downward spiral into suicide...'