

Dr. Marijke Moerman

Practitioner Research Story

About me

I qualified with a Postgraduate Diploma in Counselling from Jordanhill in 2000 and gained my Doctorate in Counselling in 2011 researching the impact of working with suicidal ideation on the person-centred counsellor. I am passionate about research as it informs our practice as therapists and therefore will ultimately benefit clients. I am in particular interested in exploring what 'works' for clients, how they experience the therapeutic relationship and how effective they perceive their therapy to have been or is.

I qualified as a supervisor in 2004, and I am a BACP accredited counsellor. After working many years in the voluntary sector in Falkirk as a counselling coordinator in an agency with a focus on mental health issues I am now attached to a privately run therapy service in West Lothian.

Being involved in the practitioner research network provides new, challenging and exciting prospects.

My Practitioner Research Story

As an example of a research project I will share with you part of the introduction to my last research project, a qualitative study. This may give an idea that not only we draw from professional experience but also draw from often difficult personal experiences. My introduction was set up in three stages, research rationale, research process and thesis construct. I have focused on my rationale for embarking on my research project which investigated the impact working with suicidal clients has on the person-centred counsellor.

Research Rationale

The phone rang at quarter to two in the afternoon. I picked it up, a ridiculous banana shaped thing, indicative of one the fashion 'must haves' of the eighties. The voice on

the other side of the line was clear and seemed so close, although nearly five thousand miles away. It was a balmy, still and quiet afternoon. The wallpaper in the kitchen was blue with tiny white flowers. I remember it so well. The voice on the other end of the line was that of my brother and I least expected what I was to hear.

He told me that my childhood best friend, then a beautiful boy, had killed himself. He had ended his life in a violent manner. I remember feeling as if I was in a vacuum of not understanding, of light-headedness, of timelessness. I felt perplexed and wept for the loss of his life and for what could have been for him, I wept for his loneliness, torment and desperation that drove him to his death. I silently cried in the car picking up the children from school, it was my turn for the school run..... Many years later yet another friend felt life to be too difficult to continue and choose to end it. After a painful struggle of nearly thirty years she walked away from us into a river. Three weeks before the final attempt she appeared to look well, she was smiling and generally her mood seemed elevated. On reflection this may have been an indication that she had resigned herself to end her life. My reaction again was one of profound shock and disbelief. What had I missed, what had I not seen or heard? But also, thinking I had failed both friends, guilt. A feeling I later understood was misplaced as I would not have been able in either case to stop their desperate act, their hopelessness, despair, and loneliness, locked in body and mind for nobody to see.

'.. despite the very best intentions of those around me... I felt only more invisible, adding to my pain and my suicidality...'

Webb (2010, p39).

Both these episodes left me spending a considerable time soul searching in an effort to find answers and formed the initial motivational basis to embark on my studies. Through trying to get an insight and understanding of the suicidal mind by reading, discussing, debating with others and exploring my own beliefs and values I attempted to get to grips with my thoughts and beliefs about the impact of self-inflicted death. Kim Etherington (2003) speaks of being speechless, voiceless, and silenced through trauma experienced in childhood, but quoting Lowen (1967) that

body and spirit are rarely silenced, even by trauma. This statement made me question myself whether I had not 'heard' or 'seen' my friends, spotted the silence of their cries. I have known and still know friends, family and clients who do not want to 'bother others with my troubles' and people are notoriously good at putting up their 'masks', covering up, in the morning facing the day. However, as a Roman proverb explains:

'No one can wear a mask for too long'

Anonymous.

These periods in my life were exacerbated later by the death of my parents who, each in their own way, I firmly believe, determined the time to step out of their life. They both had suffered a great deal during their life time and on the surface overcame deep trauma. In the end their fight was their own, graceful and without interference from others. I feel a deep respect, understanding, and compassion for them both.

In my work as a person-centred counsellor in the mental health field I am confronted on nearly a daily basis with suicidal clients, who during their initial and on-going counselling sessions, speak of serious and/or multiple suicide attempts. Through these personal and professional experiences I have felt a growing passion to explore the motives or causes of those individuals who intend to end their life, to investigate a possible explanation and/or justification of their actions, and to look into the impact these intentions would have on their environment and in particular on the supporting person-centred counsellor. During my training and being a life-affirming person, I felt my dilemma in practice would arise when it was suggested that a suicidal person should be left with their decision. The suicidal person's decision was translated for me as it being the ultimate expression of the self-actualizing tendency, the suicidal client being empowered and taking back control. Therefore, I am interested in how the values and beliefs of the person-centred counsellor impact on how they experience the client's suicidal intent or worse, a completed self-inflicted death by their client. Being a facilitator of a group who have been bereaved by suicide has given me a perspective of the intense and often decades-long emotional

trauma of those left behind. These encounters often leave me with deep emotions. I have witnessed clients' distress, their hopelessness and despair but also, equally important, I see counsellors express feelings of discomfort, fear, incompetence, incapability and anxiety and empathise but also recognize their distress from my own experience. I seek my support with regular supervision, and from therapy and peers.

Hence, both my personal and professional experiences left me with not only feelings of deep understanding for the individual's choice of life but also trying to find answers for this mystifying drive for self-inflicted death. Further, to satisfy my need to understand a way to be more supportive of the emotional state of the individual and what they are trying to tell us. Therefore, I strongly believe in the importance of the power of the word of the client. The client alone is the expert of his feelings, only he knows where the ache lies. Giving the client the chance to have their voice heard in research has been pointed out by Wosket (1999) as being of therapeutic value, given 'it is carried out sensitively and ethically' (p106). A view shared by Etherington (2001), who further argues that the voice of the client is rarely heard in research, more often it is the counsellor's voice which is heard, thereby 'giving us only half the story' (p6).

I would like to add to the views of both Etherington and Wosket my own observation that in giving the client her voice we need to listen not only to the trauma of the moment but listen to the client as a whole, to acknowledge the client as a human being with a history, to be able to place the client in the context of their environment. Who is this person who wanted to end her life? What is her favourite pastime, does she have any? What is her favourite colour, who is she, or who was she before the human drama of her actions, and its traumatic outcome was played out? David Webb (2010), the author of 'Thinking about Suicide', in which he lets us in into his own experience of being suicidal and reflects back to us what it was like to be caught in the abyss of suicidality, tells us that:

'The healing of any personal crisis of the self always begins with telling your story' and 'To listen to someone else's story without judgement and resisting the urge to

offer advice is the first and perhaps most important gift you can give to honour [the client's) story, to honour their pain and struggle, to honour '

Webb (2010, pp. 42/57).