

## APPENDIX

### INTERVIEW 1

I don't know how to start. I kind of think I can't just leap from here to there without talking about what happened before. Cause I think what we talked about before leads to how I felt about what happened.

*Then maybe we should start there.*

Okay, when I first saw him, the psychiatrist, that was the end of January, because he said that he had been very anxious and couldn't sleep and that he was very depressed, referred the first session that I saw him X but I couldn't see any depression. At first I couldn't see that he was depressed. And then I saw him the first time and we didn't really talk about much, he told me that he had been referred and I was on speed so I talked to him and he told me that he had been suffering from anxiety attacks, but he doesn't know where they come from, and he's very worried about them because he cannot sleep and its very important for him to relax and be with other people. He told me that he had been fired from work, and that was a job that he really really loved and he was very committed to it. He was an engineer, he worked for the Air Force and later he went to a private company. He was fired from there, he said that they fired him because they said he was racist, but he wasn't. He had made some remarks that black people were always late and they couldn't keep time and a lot of people complained about that and he was fired. It was very difficult for him to deal with that and he didn't want to deal with it. He didn't acknowledge the fact that he felt sad about it and that he had lost something, something significant to him. So from then on I thought okay he's very intellectual and he doesn't want to deal with this emotion. So I was really interested in how he relates to other people. Because I thought maybe if it is like this at work maybe it's like this at home as well.

Then the following sessions we talked about that, the first seven sessions we concentrated on his work, and I asked him what he did and how he worked with

people and he said that there were people that he didn't want to work with because they were difficult and would cancel and the last moment and he didn't like that. So I thought Okay he's a perfectionist and he wants everyone to be that way. So he said no he's not a perfectionist he just wants everybody to do their job so that everything would run smoothly. And then after I think the sixth or fifth session we talked about his wife, he talked about his relationship with his wife. He didn't really say much like they were having problems but I kind of got the impression that they were, maybe not problems but there were something between them. Because he kept referring to her as if she was this perfect person that did everything for him but he still felt anxious and that he couldn't talk to her, and I was wondering what made her so perfect but she cannot help him and he cannot talk to her. And we talked about his wife and he said that his wife wanted to talk to me. And I thought that she doesn't want to talk about him really. I thought that she felt excluded from what she saw as X's relationship with me, and that he's excluding her and that X and I have something that he and she doesn't.

So she called me and she came in and we didn't really talk about X we talked about her because she told me that she's scared to sleep at night. She goes to bed at one in the morning sometimes because she's scared to sleep. And I said to her, why now or did you go to therapy before and she said no. I asked did this escalate or has it gone down and she said no it's still the same, and I said to her why did she want to come to therapy now. And she said she just wanted to talk about it, she just wanted someone to talk to about it. So I thought okay maybe she wanted that, what X seemed to have, that kind of relationship so I allowed her to talk about it. Then at the end she asked me how X is doing and I told her as it's going, I don't know how it's going but it's going. She said okay but she doesn't want to come in she just wanted to come that one time. So I said that's fine.

X and I talked about that; that his wife wanted to come for therapy. I don't think he understood why she wanted to come in, to him maybe she was coming in just because she had been having trouble sleeping and all that. Or maybe he did but he just didn't want to acknowledge that. And we talked about that, and

he wanted his wife to come for therapy with him but it seems she didn't want to so I told him to just leave it and maybe we'll do it later. And that was that and then one day he was supposed to come on Tuesday, he usually came on Tuesday's at nine. The Monday he called me at around ten to eight when I came into the office he called and said that he was in a bad way and he wanted to see me and he felt bad. So I told him to come in and he did. He was all over the place, he couldn't sit down and he was very anxious. And I could see that but I couldn't tell what was going on because he couldn't talk to me he just kept saying he felt bad and he's anxious and everything hurts and his head hurts and he couldn't sleep and whatever. But he couldn't really sit down and talk about it so I just let him walk out of the room and look out of the window, and he asked me all sorts of questions like about my other patients, do I keep a file on him. Do I ever discuss him with somebody else, that kind of thing.

And then after a while his mood seemed to come down and he sat down and we talked about it because I felt like, maybe he felt like I had forgotten when he had left or something so I asked him whether he thinks I forget him when he leaves and he said ja he feels like maybe when he leaves I forget about him until he comes in again. And I asked him what that means to him and he said he thinks that we have a relationship and he doesn't want me to forget him okay and we explored that and talked about that and he was very calm and we talked about what had happened throughout the week, why does he think he was feeling that anxious and then he said that he had had a squabble with his wife over the children or something, it wasn't something big but still he felt anxious about it. Then he went to see his psychiatrist to get some new medication or something, then before he left he said to me, I feel like staying here for ever, I feel like not going home, just sitting here and talking to you the whole day and not going home. But I thought okay he's fine, he looks fine. And that was the Monday, the Thursday or the Friday that week he was admitted to the hospital. But he didn't call me, I saw him when he went there, he was there and I went to see him and I asked him what had happened but then he looked much calmer. We talked and he said that it was too hard for him at home and he's not used to doing the chores that that his wife wants him to do so he was bored with that and he wanted something to do, he needed something to do to occupy his time.

We had talked before about him retiring anyway because he was 58, so I told him that he was left with only two years anyway and he was going to retire anyway. So it will be that he could catch up with going to the movies with his wife and spending time with her, time that they never really spent together since they were married. And he said no, they had nothing to talk about anyway because his wife loves to read and watch TV and he doesn't like that. He likes walking in the garden and walking his dogs and that kind of thing but his wife never did that and she went out a lot and he didn't want her to do that.

He wanted them to spend time together but the wife didn't want that so they had different ideas about how they wanted to spend time so it was difficult for them, I think, when he was home because his wife had also complained about that before. That she doesn't know what to do when he's there, he had never been there before ever since they got married. They got married when she was very young and immediately after they got married X left to work somewhere and ever since then he was all over and all over the country and all over the world. They never really spent time together all they talked about when they were newly wed was the kids, the children and then the children grew up, they have two sons, and they got married and moved out of the house and since then they couldn't spend time together to talk because they had nothing to talk about. So most of the time they spent with friends going to eat out, going out to the movies, that kind of thing but they never spent time together. When the wife is in the bed reading, he's doing something else. When he comes to sleep the wife is still reading until one in the morning when he is asleep. So he said no he doesn't see how that could work. So I said to him talk about it, just talk about it with her and find out, maybe she wants to, and he did. And my supervisor said no, what can they talk about now, what does he want to talk about now. Because he never wanted to talk about anything before, and that was very hard on him. And he was very sad, he looked very down. And he asked me what can he do now. And then when he was admitted to the hospital he went away, he went home on weekend pass, and then when he came back Monday he was fine, he said everything was fine at home, he's looking forward to going back home, the medication is working and everything is great so he wants to go back home.

He was discharged on the Friday, but then I said to his psychiatrist he's gonna come back, it won't take him long because the weekend was not "real" what they did was, the kids were over there and the wife's were there. So they spent time with them they didn't spend time together, again. And he was discharged on Friday. The Saturday he called, he wanted to come back to hospital, the Sunday he called, the Monday he called, the Tuesday he called. He kept calling everyday because he wanted to be admitted again. But his doctor didn't want to admit him. And he felt very rejected by that I think because we talked about that the one time and he said that his doctor said that he was like a child and he was very dependent and he didn't like that. And I asked him what he felt about that and he said he felt very scolded by that, by him. But he said he was fine and that he would cope and, so he was fine. And then, the last week that I saw him, the last two weeks he wanted to be admitted again so I asked him what for because he didn't seem to be having any anxiety attacks or anything he looked fine. So I told him okay let's see the coming week if he still wants to be admitted we can talk to his doctor, but the following week he said he was fine. He felt 100%, and that was the Tuesday, and he said he felt fine and the medication is working. And we had spoken about me taking two weeks leave. He said yes that would be the time for him to see if he could cope without me for two weeks, and I said okay if he wanted anything he could call. So that was the Tuesday, the Friday I took leave and I think the Friday he was readmitted. And ja, over the weekend I didn't know he was readmitted until the Tuesday when my supervisor had called me to tell me that he had committed suicide. I didn't know he was admitted because my supervisor said I was going on leave so I couldn't be contacted.

And, I don't know, when she said that he had committed suicide I don't know, because I never really felt that he would because we had spoken about it a lot. Especially because he had told me about how he was brought up and how difficult it was for him because he said that his mother was a very unemotional person. And he wanted that, he needed that from his mother but she never provided him with that, emotional security. So emotionally he was very insecure and immature, I thought that about him. So, when my supervisor called me, I don't know, it didn't really fit with him. I couldn't see him as

doing that. And then I asked her how he did it and she said he jumped from the seventh floor, and somehow I didn't know, it didn't seem like him to do something like that because he was a very religious person and he didn't believe in one taking his own life, he said that it was not the religious way of dying. And it wasn't God's way. So, I don't know, I had mixed emotions about it, I didn't know what to feel I didn't know how I felt about it. I felt, mm I don't know, mm numb, like, I don't want to feel anything. Ja, I felt like I didn't want to feel anything. And I remember at one point I was asking myself how I should feel, should I be angry at him and I couldn't feel that because what he was going through in a way I could understand why he took his own life, I didn't feel angry with him. But I felt sad in a way because I felt like I didn't just lose a patient, I lost somebody that I liked, because I liked him.

But it was, it was very strange. It was so strange that, I don't know, that he died when I wasn't there. And I felt very guilty about that because I thought, maybe if I had been there maybe that wouldn't have happened. Then again I thought if I was there and he had killed himself I would blame myself. So I had a whole lot of emotions, I was scared that, what if I come back and it was blamed on me. Should I call his wife and what is she gonna say and is she gonna blame me and if she blames me what am I gonna do. And I started doubting myself, I didn't wanna come back to work thinking am I gonna be able to help my clients again. And when another client of mine kills himself what am I gonna do then. So I was feeling a whole lot of stuff at one time and I couldn't deal with any one of them at that time. I just felt like, leaving it I just, I didn't want to deal with it because I felt anyway what will I do cause I wasn't even in Pretoria so I thought, ag I'll deal with it when I come back to Pretoria but everyday I thought about it and how am I gonna deal with it and what will the first thing be when I come back and will I call his wife or what. I didn't know what to do. So the two weeks that I wasn't here I thought okay when I'm going back to Pretoria I'm gonna come back and work, just work and not think about it. Mm but, I couldn't really stop myself from thinking about it and I remember even the first week when I was back everyone, every one of my clients had heard about it and they wanted to talk about it and I didn't want to talk about it, I didn't feel ready to talk about it. And, but we talked about it in

therapy and they asked me if I knew anything about it because they heard that he had committed suicide and I told them that's what I heard as well I wasn't here for the two weeks. And most of them wanted to know why he had done it. Was he depressed, why was he depressed, that kind of thing.

I never told them that he was my patient I just talked about him as a person and that he had done that. And I asked myself; is that wrong, should I tell them that he was my patient. Then I felt, they're not asking me if he was my patient so why should I tell them anyway, and then I, I called his wife. And that was very difficult because I kept putting it off. I think I called her after four days when I was here. I called her and I kept preparing myself for the blame and the guilt that I was gonna feel but we talked about it and I called her and she was very nice, actually. I told her that I was sorry to hear about X and she asked me why I haven't called and I told her that I was on leave for two weeks I just got back. She told me that ja X told her that I was going on leave. But she was, I don't know, she sounded very, sad, and we talked about X for a while and she asked me how did that happen and that was the question I kept asking myself, how did that happen. And when she asked me I couldn't answer, I didn't know. I told her I don't really know, I'm not really sure why it happened. And I guess that is what I'll always ask myself. Why did it happen? And why did it happen then? And, I don't know, could I have done something maybe to stop it or whatever. And why didn't he call me and stuff like that I will keep asking myself. And then I went for supervision when I got back and we talked about it my supervisor and I for a while, we talked and talked and talked about it, and I felt like I was fine, and then after supervision the next day I went to the space where he killed himself, and I stood there and I sat there. And still I felt so sad that he died in that way. Nobody was there with him, I wasn't there with him. I felt like I wasn't there with him, for him. And that is the emotion that I can really pick up from all those that I can say that I'm sure that I feel guilty for not being there for him, and being there with him. Because I felt like in a way I let him become emotional and open up and become vulnerable with me, and I left him for two weeks and nobody was like that to him. And he couldn't be vulnerable with anybody. And then I left and nobody could contain that. And

then he felt let down because I feel like I let him down. I don't know, but I feel like I should have been here and ja, I just feel like I should have been here.

Nobody's saying than anyway, but I just, I feel like that.



## INTERVIEW 2

Okay, where do I start?

*How you've worked through it emotionally and people you went to for help.*

Okay, mm, maybe I should start where I started working with it, emotionally. I think the first thing I did was to call X's family. I did that I talked to his wife and his daughter in law. The first time I did that I think was two weeks after it had happened, after X died.

*What happened in those two weeks?*

Hm, ugh! A lot I think. During the two weeks I wasn't here I wasn't at work I was on leave. And my supervisor called me, she kept calling and calling. So I spoke to her about it, and I was basically not functioning for the two weeks, I had a lot of questions about what was gonna happen, what did I do wrong, did I do something wrong, why did it happen when I wasn't here. So I had a lot of questions and I couldn't really talk to anybody about them, not then.

*You didn't want to speak to your supervisor about it?*

No, I didn't I just wanted to deal with it on my own first, and two, I felt like maybe I had done something wrong and I didn't really want anybody to say that I had done something wrong. So I felt that if I talked to somebody about it and they say okay I did this wrong I wouldn't be able to cope with that. So, when I came back the first thing I did was talk to my supervisor. I went over to her house and we talked about it, how I felt about it, and what she thought about it. Because I felt by then I must have also done something. Or maybe I didn't do everything.

Okay and my supervisor and I talked about what had happened, what she thinks happened. Okay she had my files when I wasn't here. So, she had access to that, what transpired between X and me so she talked about what she thinks

happened and why she thinks X killed himself. I think she said, according to her she thinks therapy was going good and then I went away. And in a way I had opened X up and then when I wasn't here there was nobody there for him and contain him and all that. So that could have contributed to whatever happened here when I wasn't here.

*How did that sit with you?*

It was fine, I think. I think I saw that. I think the way I thought about it was that X was a very intellectual person and I had taken him to a place where he wasn't comfortable enough and he hadn't been there before. And in a way I did that and then I left.

*Didn't you feel guilty for leaving him at that point?*

I did, I felt very guilty for leaving him and I thought I should have been here for him because I was the one that put him there and I should have seen the sort of impact that it would have on him and I shouldn't have gone on leave and all that. But before I left I told him that if anything happened he could call me if I wasn't here. But I think I should have known that he wasn't the kind of person that would have called me if he needed me. It took a lot for him to do that before. If he needed me it would take him ages before he would call to say that he needs me and all that. And I felt that I should have seen that coming. And, I don't know, that I didn't and maybe I ignored that and I didn't do anything about it. But on the other hand I felt like, if he wanted to kill himself, if he wanted to die, then there was absolutely nothing that I could have done to prevent that, except, I don't know, staying with him. And even if I was here it could have happened, maybe not at hospital, maybe at home maybe somewhere else.

*So that made you feel better?*

Ja, it did, and then I talked to my supervisor about calling X's family and she thought it was a good idea and the following day I did that. I called that and I

talked to the daughter in law first and then to the wife. And then I think that made me feel much better after talking to her because I had seen her twice while I was seeing X I felt that maybe we were excluding her or something so I called her in twice just to see how she was doing and all that so we had, already that relationship. And, I wanted her to come in but she couldn't 'cause they were doing all sorts of things, after the funeral there was other things they were doing so we talked over the phone I asked her how she was doing, she said she was coping. She also had questions and wanted answers why it happened.

*Did she blame you at all?*

No, she didn't, she just said that she was wondering why I hadn't called. Because it had been two weeks and nobody called, nobody from the hospital, no one. And she thought I was going to be the one who called first, and I did, and she wanted to know why I hadn't called in two weeks so I told her I wasn't here I was on leave. She had known about it as well.

You said you that you first talked to your supervisor about it, about calling her. So were you afraid before you called her?

Yes I think, I thought, if I do call 'cause I know her, I know X's wife. She's, I don't know, in a way a very hard kind of person. And I thought the first thing she's gonna do is to blame me. Because X came to me for help and then, in a way I see him dying as help for him. But I wasn't sure if she's gonna see it like that. I didn't know what she was going to say and I was panicking that she might actually blame me and if she was going to do that I was going to go back to blaming myself as well, and I didn't want that. But I didn't want her to feel like okay this is what happened and it happened and it's fine and nobody's calling her or saying anything. So we talked about it and she wanted answers as well why it happened what happened in hospital actually and what happened during ward rounds. Why did X kill himself then and not before and what happened in therapy with him before I left. So, we talked a bit about that and I think I gave her the impression, I don't know if it was wrong or right, that I don't know anything either. I know it happened and I have my theories about

why it happened but that I wasn't sure why it happened. I don't think it was one specific thing that led to what happened and I don't know what happened in the ward round because I wasn't there. So she said ja her family was taking it very badly but they knew that he was depressed and that there was a possibility that he might kill himself but they felt he was getting better because he was acting much better. They thought he was recovering and then it happened and it was like a shock to them. And then we talked about her, how she was coping and how is it gonna be without X for her and how she was feeling, how she's gonna pick up the pieces and all that. And then she said she might come in, she had to go away and then she might come in. And then she didn't come in I think for two weeks and then I called again. Just to see how she was doing, but she wasn't there, she wasn't home, she was away. And then I said okay if she needs to call she can just call me back and she hasn't called back.

So that was, ja, when I started recovering from all this but on the other hand it was hell for me to come to work and see other patients. There were other patients waiting for me, and most of my clients knew about what had happened. And they talked to me about it and by that time I was seeing a lot of depressed people. And they knew, they had known X and they heard that he had killed himself and that he was seeing a psychologist and that he was depressed. So it happened, I don't know, more than once, I think twice that week that two of my patients heard about what had happened, and wanted to talk to me about it. So we talked about it, they told me that they heard that X had killed himself. One of my patient remarked that she didn't know he was depressed; it was such a shock to see somebody so strong and so dependable kill himself. So I, I dealt with it again in therapy. I had to ask them how they felt when they found out. It never happened that they wanted to know who the psychologist was. I don't know why it never happened like that. I always kept asking myself if they ask if I know the psychologist I had to say yes it was me or what, I was struggling with that as well. In a way I kept hoping that it doesn't come up they never asked, you know, do you know who the psychologist is because I felt like I had to be honest and say yes I know it's me and then explore that how they feel about that. But on the other hand I didn't really feel like going into that with

them. So I kept hoping that it never comes up and it never did. They never asked so it was kind of good. I think for a month after that it came up a lot in therapy. That X killed himself and that it happened in hospital, was seen by a psychologist and a psychiatrist and he still killed himself. I think most of my clients felt a bit shaken if somebody is in hospital and he's being seen by professionals how can this happen. They were questioning, I think they were questioning psychology and psychiatry a lot. I had to be there for them and understand what they were going through but then defend the professions as well so it was a bit tricky for me for that month, the month after that. But in a way I saw that as dealing with it. Going through it because the questions that they had were the questions I had. And I had to address those questions but from my side I think and see it from their side as well. Because I had gone through that and now I had to be on the other side as a psychologist and then deal with their questions.

And I think it was very good that it happened like that, that they knew about it and they questioned me about it. Because I felt like, in a way I saw it that, in the department it wasn't really dealt with. It was, okay it happened, and you're fine and we should just go on. And with my client's they wanted to go into it. And that helped me go into it as well.

*You said that in the department it wasn't really dealt with?*

No. Nobody in the department ever asked me, okay the P.F.'s they, I think, maybe it's maybe it's because I'm an intern and, okay the intern's it was something different. I could talk to them about it and we could sit down and talk and hash it up and talk about it at length. But none of the P.F.'s asked me about it. It was like it never happened and, but I still felt like um, they know what I'm going through.

*Would you have wanted them to talk to you?*

Ja, I would have, actually. Because I felt like my supervisor was the only P.F. who was there for me and she wasn't in the department anymore and she wasn't

even here anymore she was on course somewhere else. And I couldn't go to somebody because I felt that people were uncomfortable about it. That made me uncomfortable about going to somebody and talk to them about it but I think for me it would have been nicer if one of the P.F.'s came to me and said I know what you're going through or I understand what you're going through and if you need to talk to somebody I am here, you know, you can come and talk to me about it. But nobody ever did, it was like, it happened and it's hush hush you can't talk about it.

Hhm, I felt very shitty about it. I felt vulnerable about it; I felt like I was a bit cut open and I then left there. You know, and to heal by myself. And I don't know, it just, it just put me on the spot. 'Cause I felt like, whenever I walked in, they would be there and they would see me and I think, I imagine that's how it is when somebody goes through something and you see it you either choose to be there for that person or not to be and they chose not to be there. They saw this is what is going on and that I was struggling but they felt, you know, they're not gonna go there. So it was a bit hard, that part made it hard for me to come to work and to see patients and to gain back the confidence that I had before. So it was, it was a bit hard for me. That part 'cause I felt that, when I come in somebody was gonna talk to me about it, you know, how I was doing and have a few suggestions how to deal with it

*That's what you would have wanted? And actually what you expected?*

Yes, I think maybe I expected that because I know it happened at psychiatry, but even if it didn't happen like that at psychiatry I expected, to come back for, I don't know just, people to say okay what you're going through is normal and it's gonna happen and it has happened before you're not the only one it has happened to. But we are here, so if you need us we are here for you, but it never happened like that. Except with my supervisor.

*So without saying that, they actually made you feel alone, disconnected?*

Ja, it was like, I'm there alone and I'm gonna deal with it alone. Although with few interns we could sit down and talk about it. It would have been nice, nicer for me if the P.F.'s were there as well. Because they were more experienced and they've had exposure to this more than us interns had.

*What support did you get from psychiatry's side?*

From psychiatry's side I think I got more support from there, from that side than I got from our department. Especially with the senior staff. The psychiatrist was involved with X as well, he was seeing him as well. So he called me constantly and I called him constantly as well when we were on leave, he took leave as well so we kept contact. And when I got back he was the first person at psychiatry to say welcome back, I know what you're going through and I'm going through the same thing as well. And it was like hhm a very huge sigh of relief like I know what you're going through and it's okay that you're feeling like this. And, the emotions that I was feeling he was feeling as well. And the loss of confidence, the starting to question yourself and asking if anything will be okay ever again those he was going through and we spent days sitting together and talking about it as well. So it made me feel so much better that I could do that with somebody who was as involved with the person as I was. And then the senior psychiatrist asked me how I was doing and it wasn't what me and the psychiatrist was doing it was other factors and we should feel bad about it and the senior psychiatrist said if I needed anything, if I needed to talk or anything he was there and I could come to him. And that was very good as well because I think it made me feel, okay somebody cares, somebody's there. And I think knowing that, knowing that somebody's there for you it made me feel much much better. You know that nobody's blaming me, nobody's questioning my competence so it's fine, I can be fine and go to somebody and talk. That was good as well.

*Anything else, now?*

Hmm, I think, now I'm seeing another patient, much much different from X and but, this week it just came out, or that's how my supervisor saw it that,

what is happening now with this client is linking me back to what happened with X. Because with this client, he's a very lonely individual and he needs people now, he needs support now and I feel like I want to be there for him and I won't be there for him next week and I feel like this is the one time that he needs me to be there for him, and I cannot be there because I have to be somewhere else. And I feel guilty again about leaving him. And not being there for him especially when he needs me, when I feel like he needs me. So mm, I was a bit shaken up about this for this week. I saw him twice this week and I might see him again today. And this is about me again feeling like if I'm gonna leave he's gonna kill himself or some thing, so I thought maybe I should have him admitted to hospital just for the week, when I'm not here or for two weeks or something. Because I feel like, if he does, he says he won't kill himself but my gut tells me otherwise. And I feel like, if he does kill himself, and I'm not here, then I would fall apart. So, I decided to have him admitted. If he doesn't want to be admitted, that's fine, but at least I would have done something. Because I think he needs to be admitted, I'm gonna refer him to psychiatry and if he's not admitted, then it's fine. But I didn't want to leave knowing that he will need me next week and I didn't do anything about it. If they think they won't admit him, he doesn't need to be admitted, that's fine. But at least I did something from my side just to make sure that he has some kind of support, because I think he needs that. And I feel like that has a lot to do with what happened with X, again. Should I just leave him and go, should I cancel what I'm supposed to do and stay for him? I think for me, maybe it has a lot to do with boundaries. Where or how far am I supposed to go with a client? Should it be like, okay, I have done so much and is that much enough? I'm questioning that again: am I doing enough as his psychologist? Maybe I'll never know how far I should go with my clients or how little I should do, but at the moment I feel like I want to give as much as I can to them. I think that's important. Maybe it's important for them, but it's also important for me – that I did as much as I could have; there's nothing more that I could have done for this client.

*So, in a way, that's the question you ask yourself: "Did I do enough for X?"*



Yes.

*Perhaps as you get reminded of X?*

Ja, did I do enough or could I have done something more? Because I think with X, the Friday that I left, he was admitted into hospital and I didn't know about it. I saw him on Tuesday and he was fine, and he said he was fine. And he said the two weeks were gonna be like a test to see if he could cope without me. And he was taken in on Friday, but I wasn't called, because apparently I shouldn't be called because I'm on leave. You know, it was like I don't understand that because I wanted them to have called me to say he has been taken in or something. But maybe if they had done that, I wouldn't have gone on leave. And, I don't know, but I think the question is still gonna be there. Did I do enough for him? Could I have done more? I don't know.

### INTERVIEW 3

*So, can you tell me how you, um, coped with it? How you integrated the whole event into your life, either as a, or let's start with, as a therapist?*

Okay

*What do you think were the changes?*

As a therapist, I think it was more difficult to integrate it as a therapist than it was as a person. Because, as a person, you can accept that: okay, I have limitations and there's only so much I can do and I did my best, but my best wasn't good enough in this. Fine. But as a therapist, because we are told over and over again that we have to help people, or we put it into our heads that we have to help people, and you feel like, if your patient dies, you didn't help. In a way, maybe it was help for the client, but that's not the help I had in mind. I think it took me a bit long to recover as a therapist, than it did as a person. As a person, I was, I could talk about it and, with other people, with friends, family. I could say: "Fine. I'm fine with it. I understand why it happened" and stuff like that. But as a psychologist, it took me back to me and my issues of control – that I couldn't control this. You know, I couldn't do anything about this. And I think that it's very difficult, or it was difficult for me to accept and to say: "Okay, it's fine, it happened and I understand that there was nothing I could do about it" and things like that.

But I think it also helped knowing that that kind of thing, where a patient kills themselves, it happens to almost every psychologist, although we don't want that to happen. But most people have gone through it, and they have recovered from it. But it, it's very difficult. Saying that you will recover is very easy. People say that it's very easily said; but when you go through it, when you think about the family and what they're gonna say, how they're gonna react and your patients, should you tell them when they ask or should you not tell them, things like that. It was a bit difficult.

*Okay, um, many studies have shown that you, or the therapists that go through the patient's suicide, actually have feelings such as: anger, guilt, anxiety, mourning, grief, ... Um, professional inadequacy feelings and so forth. Can you relate to some of those?*

Ja, I can relate to the guilt and feelings of inadequacy, but not the anger. Um, the anxiety, yes. When going back to my other patients, I felt very anxious, I didn't want to deal with issues of depression and suicide anymore. I didn't want to see depressed patients. And guilt; I felt like, if I had been there, that wouldn't have happened. I felt like I should have seen or maybe sensed that that was going to happen and I should have stayed. And, um, I felt that I didn't do my job properly and maybe I should have done something else, I should have done something different. But the anger; I think I didn't feel angry because I could understand. Rationally, I could understand why he did it. He didn't like his life and there was no way out for him. That was the only way out for him. Either to stay anxious and depressed, or to kill himself. And I think he wouldn't have survived being anxious and depressed. It was, he felt like a burden to his family and it was too much for him and I completely understood why he killed himself. But I still had those guilt feelings and stuff, but I think after time I could very easily say, for him and for me, I think I feel like it was the best choice for him at that moment when he made it.

*Ja, um, some arguments are put in that therapists, a therapist's role is a non-directive, non-responsible, non-involved kind of a person and others would say that, almost quasi-religiously saying that death is part of life and it is the inevitable outcome and death is but a rebirth of a person into a different guise and everything. And so it could be part of therapy and possibly even a goal of therapy. What do you think of that statement, given your own experiences and what you've just said?*

Um, I don't know if I would say death is a goal in therapy, but I would say, if as a therapist, you can help a client decide what best to do with their lives, that is a goal for me in therapy. If they think killing themselves is okay, and you help them realise that killing themselves is okay, then that is your job. That is

what you do. And if you do it, that's fine. It doesn't matter if the person kill themselves or they decide: "okay, I don't want to be depressed anymore, I want to get up and go do my work".

*What do you think personally; as just simply you, not as a therapist but just as a person, of suicide as, in therapy, you know. Right or wrong?*

I think it's, um I think it's a judgement call. But for me, I would say, if it's the only way out, you then, you do it. I wouldn't say it's wrong. I can't say it's wrong. I feel like, if you want to kill yourself, it's your right to kill yourself. Nobody else can say don't kill yourself, because nobody can know exactly what you are going through.

*Um, okay, you said you went through anxiety, you went through professional doubt. Um, how did you cope with anxiety?*

Um, the anxiety, I think I coped with it by talking about it. But it, I think it took me a while before I actually talked about it and accepted that okay, I'm anxious because this is what happened. I felt like, at first I felt okay, this is too soon for me to come back to work and that is why I am feeling anxious. It's because this has happened and it's too soon for me to come back. But then I, after seeing I think two or three patients, I thought maybe I feel anxious because I think I'm not good enough. I'm not competent enough to be seeing clients. And I talked about it with my supervisor and other people. And then I thought, okay, um, my supervisor gave me this article and I went through it and they said it's normal for a person to feel like that after a patient kills themselves. So I thought: okay, this is fine and then I continued talking about it and then I went back to my patients and I saw them. And I decided there's nothing I could have done. I wasn't there and I can't keep saying I should've been there. This is what we tell patients all the time. That you cannot undo what is done, you have to accept it and go on with your life. And I thought that if I can say that to my clients, why can't I say that to myself?

*How did your anxiety play out, for instance? How did it manifest?*

At first, it was, if I felt that a patient was suicidal, I wouldn't ask them about it. I wouldn't flat-out say: "um, I hear you say you are depressed, you feel like killing yourself sometimes?" which I used to do before. If I felt that the patient was suicidal, I will straight-out ask them and they would say yes or no. But I felt like, if they said: "Yes, I am suicidal", I wouldn't know what to do with it. I would, what, refer them to a psychiatrist and forever panic that I have to be there, I have to be there for them. So, I completely denied that they were suicidal. Secondly, after then, I would, um, continuously ask them if they were suicidal. They would say "no", and then I would feel like they are lying to me. And then I would continuously ask them – this week, and the following week, and the week after that. That: "I feel like, you ask me, I might be wrong but I feel like you are suicidal". Then they would say: "no" and then I would do the same thing again next week. And then I would see that in my process notes, that I did the same thing three consecutive weeks. Which I think was bad.

*Do you think that that could have, you know, even encouraged suicide?*

Ja, that's what I felt. That if I would say to a person, maybe they would think I see that they are suicidal and they are denying it, and they would become suicidal because I'm saying they are suicidal. So I thought.

*And after that?*

Um, after that, I would just, I started talking about it – suicide. And then some of my clients would say: no, they are not suicidal, and then I would feel like they are suicidal. And then I would say to them, I would explain that, um, this is how I feel. I feel like you are suicidal. And sometimes I would tell them about X, that I had a client before. He said he wasn't suicidal and then I went away for three days and then he killed himself, you know. And, um, sometimes you might not know that you are suicidal; so we would go through the criteria, you know, things like that. That helped. I think me talking to X helped a bit. Sometimes they would say: "Okay, this is how I feel sometimes, but I'm not that suicidal – I wouldn't kill myself". That is what X said. I didn't do anything about it, I just gave them the story.

*Those clients that you told about him; were they your closer clients, more closer clients that you worked longer with?*

Ja, they were. One of them was a teenager and she was very suicidal, and then I told her about X and after a while, she was fine. She asked me how I felt at one time, and then I told her how I felt. It was a relief in a way, to talk about it. I hope didn't overburden her and stuff, but I just told her how it felt: me not being there and how responsible I felt. And then I would relate that to what is happening with us, and say: "If you do kill yourself now, I feel like I should see that, and I should be responsible for you not doing it. So it would be better for me to know now and then to refer you to a psychiatrist, than you killing yourself and me not knowing about it".

*Okay, your feeling of grief?*

I had been seeing X for, I think, four months when he killed himself. And I saw him every week. I felt like I knew him; he was more than a client who came in every week and sat there. He was a person. I could talk to him, we could laugh together, I knew his family, I knew details about them, I knew of their lives, I knew of his vulnerabilities. So I felt very close to him. I think as an older man and me as a young woman in therapy with him; I think for him it was different having a woman, and a black woman, as a therapist. It was something very different, and we were very close in that respect. Because he said the first time he saw me, he didn't think I was gonna help him, because he felt I was too young and I was black. Even though he is not racist, he said he felt like I wasn't gonna understand what he was going through. And because I am not married, I don't have grown-up kids and I haven't been working long; I wouldn't relate to what he was going through. So, that brought us even closer, because he was very open about how he felt about me, and I was very open about how I felt about him – as an older Afrikaans man who came in for therapy. And we talked about things like that. So he felt like a client and a person that I knew very well.

*It sounds almost as if the nature of the relationship could almost have been, later on, father-daughter. Do you relate to that?*

I do, in a way. You know when they say: when you get older, your roles get reversed? You take care of your parents. That how I felt towards him. I felt like he was older and he was retired, and I had to take care of him; as an older man and me as a younger woman.

*So, given that background, the grief must have been very bad?*

It was enormous. I think for three months after that, I never booked anybody for the time that I saw him. I saw him Mondays at 11, and I never booked a person after that, for three months. Monday at 11 I was free all the time, I was open. I felt like, if I brought in somebody, it was in a way I felt like I was replacing him. And I didn't want that, so I just kept the space open. From 11 to 12.

*And personally? Other than those things?*

Um, I think, the grief was more relating to him dying in the way that he did. I felt like he didn't deserve to die like that. He was very peaceful and when I hear people tell me about how he die; I mean, the brains falling out and things like that and the distance that he fell, I can just imagine how he died. And that is, I don't think it's the way I would want him to die. I would want him to die in a very peaceful way, I don't know, with a very peaceful look on his face. Something like that. I grieved for the way he died. I felt like he didn't deserve that. If I was to say that I was angry at him, it would be for the way he killed himself. But not for the fact that he died. But the way that he did it.

*And now this has happened? How many months now that you've been. Where do you find yourself now, as a therapist?*

I think I have grown a lot from that. I know that I have limitations as a therapist and as a person. I know there's only so much I can do for a person,

and other than that, there's nothing more I can do. And I think that helps me as well with my clients. I know I can push my clients up to some level, but I can't push them over their limit. I have limits as well. So, it has helped me a lot. When it happened, I felt like it was the worst thing that could have ever happened to me, especially because it was very early in the year and he was my very first client, and that happened. But now I feel like it has taught me a lot.

*Okay, that is as a therapist.*

And as a person.

*So what would you do differently, given say, you get a client that is very similar to that one?*

I don't know. I don't know if I would do something different. With X, I felt like I did absolutely everything that I could have done for a client like him. And I don't know what else I would've done differently.

Sometimes I ask myself if I pushed him too hard. I wrote, even in my process notes, that I felt like, after he died, that maybe I shouldn't have pushed him. Maybe I, I don't know. But when I went through my process notes again, I didn't push him as hard as I thought I had. Most of the things that he came up with, he came up with by himself. I didn't prompt him to come up with those things. And I think those were very difficult issues that he came up with about his mother and the way he grew up and the situation that he was in at that moment. And how he couldn't escape how he felt about his mother and how he can't escape how he still felt about his wife; things like that – those that he came up with. I think they were very difficult issues for a person like him, because he was very intellectual. And I think those were the issues that I would say contributed to what happened with him. But I wouldn't say I pushed him too hard on those issues.



*You mention a lot that you - your process notes and everything. It seems that you went over them many times; dissecting it, having a very deep autopsy of the therapy.*

I did. I think with X, for me, it was very important that I kept process notes. I wrote them every week after I saw him, because I felt like he was a very difficult case and if I didn't put down something, that I was gonna forget what happened in the session. And then after he killed himself, I just went through the notes again to see if I didn't miss anything; if he didn't say something that would have led me to believe that he was gonna kill himself. You know, something I...

*So did those notes help you to integrate the whole thing?*

They did. I think especially the notes just before I left. The three weeks just before I left. They helped me integrate what was happening with him.

*Anything else?*

No.

**CONSENT FORM A**

April 2003

I, (The intern psychologist under study) hereby give my consent in the study done by Mr. M Louwrens in partial fulfillment of his Masters Degree in clinical psychology. My consent is subject to the following conditions:

1. The views expressed within the interviews are in no way indicative of the views of the university where I studied, nor any individuals employed within the university.
2. The views expressed are also not indicative of those of the organisation within which I had done my internship, nor any individuals within that organisation.
3. That I am aware that the names of organisations and individuals that lies within the context of this study are kept fully confidential and will be changed to protect this confidentiality where necessary within the interviews.
4. I am aware that a consent form was signed by the departments of psychology and psychiatry of the internship facility where the events studied took place and that I hold myself to the conditions stipulated therein.

.....  
(Intern)

.....  
Mr. M. Louwrens

**CONSENT FORM B**

April 2003

I declare that I am aware of the study currently being done by Mr. M Louwrens for partial fulfillment for his Masters degree in clinical psychology. The subject of this study is the experiences of an intern psychologist that worked at this hospital, who's patient had committed suicide.

I agree to give permission to this study on the terms:

1. That neither the hospitals' name, nor any name of any individual, working at the hospital at that time, or otherwise, will be mentioned. The name of the patient and any family members will also be kept fully confidential.
2. That this study's focus is purely the experiences of one intern psychologist as an individual and that in no way will any member of the organisation, or the organisation as a whole within which she was employed at that time, be held accountable or implicated in any way as carrying any responsibility or liability regarding the events that are part of what is being studied.

.....  
Head of department Psychology/Psychiatry

.....  
Mr. M. Louwrens