Confrontation continued

Sally: (Still sobbing). Yes, (pause—It was obviously requiring an enormous effort to begin). After I got up, I went downstairs to telephone the doctor. He said he would be round in a few minutes, so I rushed upstairs to see what I could do. I ran into the bathroom to get the spare bottle of pills and then into the bedroom. But I could see it was too late. I just stood there and shouted at him: 'You can't die. You mustn't die.' Then the door bell rang and I rushed down to let the doctor in.

She folded up sobbing.

After a few moments, she stopped crying and looked up.

Sally (with a slightly surprised expression on her face): I failed him. I let him die.

Counsellor: This feeling of failure is still with you.

Sally: (pause) Yes. (pause) I know I couldn't have saved him, the doctor told me over and over again there was nothing I could have done to help, but I still feel I have failed him. I should have . . . (she tailed off, stopping again).

REFLECTION AND END OF CASE

To admit personal failure was Sally's problem. She had not only failed her husband, she had failed herself. Until she was enabled to admit this she was blocked in her grieving. From this point on counselling enabled the client to deal with her own sense of personal failure.

She needed only one more session of counselling. She later reported that she had repaired her relationship with her daughter, bought herself a flat rather than move South to live with her, had taken a job as a nurse again and even made-up with her sister with whom she had had an increasingly fraught relationship. She enjoyed going to visit her daughter and grand-daughters and even spoke affectionately of her son-in-law (he had not been mentioned until the final stage in counselling).

FURTHER READING

Confrontation:

Egan, G., 1982, The Skilled Helper, Brookes/Cole Publishers 2nd edition. p. 186-197.

Marshall, E. K. (Eds.), 1982, Interpersonal Helping Skills, Jossey-Bass p. 321-331.

Other aspects:

Kennedy, E., 1981, Crisis Counselling, Chap. 9 Grief and Mourning, Gill and MacMillan, p. 69-76 (for positive suggestions to follow confrontation).

Schaefer, C. E. & Millman, H. L., 1977, Therapies for Children, Jossey-Bass, pp. 14, 18, 45, & 100-102. (for practical uses of confrontation with children.)

The 'EASTENDERS' and Suicide

by David Evans, General Secretary, The Samaritans

In the March issue of 'Media Project News' were two articles describing work in which Samaritans were involved, namely the helpline after an OPEN SPACE broadcast. THE SHADOW OF SUICIDE, and the CHRISTMAS HELPLINES that operated last Christmas. These were both operations that could be and were planned in advance, though in the first case, had one known the high level of response in advance, more volunteers could have been provided.

On 5th March, by contrast, a much larger TV audience saw 'Angie' of EASTENDERS overdose with tablets and booze full-face to camera. Although a Samaritan was on BREAKFAST TIME next morning we had had no advance notice of this episode. It was of course clear that 'Angie' was at risk and had been for some time, but not that it was coming on 5th March. A number of callers that night referred to the programme which the volunteers, on call as normal that evening, hadn't seen. That is a pity, and we would welcome advance notice, but at least the extra callers were taking a sensible step.

RESPONSE IN CASUALTY

However, it was also reported that several casualty departments had had extra cases of similar overdoses in the week beginning 5th March. ('The Lancet", 22nd March). Others did not have any significant increase and there are no statistics for overdoses that are dealt with by family doctors, other agencies, friends, families or the overdoser himself. ('The Lancet', 13th April, 5th May.) When there was an increase it remains to be seen if the yearlong total reveals acceleration of attempts (i.e., the total is unaltered), a switch of means under the influence of the programme (i.e., the total of attempts by all means is unaltered), or additional attempts in the period from March that are not matched by a decrease at other times.

There was also a side issue in that a coroner speculated very publicly that one of a cluster of three deaths in Fordingbridge was triggered by EASTENDERS, though the mother of the dead girl later was interviewed on BBC NEWS to the effect that EASTENDERS had nothing to do with it. The coroner also remarked that producers ought to take advice from caring organisations such as The Samaritans and the Coroner's Society.

ADVICE

However, advice was not sought from us —what can we now say?

1. Suicide should not be a taboo subject; with upwards of 5,000 suicides and 200,000 parasuicides a year, it is already a part of the lives of too many families, and the best psychiatric advice we have consistently tells us one cannot put the idea of suicide into anybody's mind. EASTENDERS showed 'Angie' dropping a number of clues which, as so often in real life, were not picked up, while she, for her part, found it difficult to admit to her family and friends how she was really feeling.
2. The series did, of course, omit the nasty business of gastric lavage and showed 'Angie' as recovering remarkably quickly. This suggests too easily that overdosing is not as serious and dangerous as it in fact can be. Nevertheless, one must say that only a proportion of overdoses 'succeed' and to this extent survival is typical.
3. From our point of view we would, of course, have welcomed involvement in the script, but, months before, 'Angie' had dismissed a suggestion of using us—"I'm not that bad". That too is unfortunately typical.

CONCLUSIONS

So I would suggest two broad conclusions. The first is that we cannot blame the broadcasters for reflecting more or less accurately the way in which the attempter and those around her collude in avoiding the extreme challenge of a suicide attempt. Avoidance is the name of the game, from the shamed, angry or hurt relatives, to the head who (for fear of the PTA) will not allow any mention of suicide in the school.

The second is the perennial question of the power of televised drama. There is a lot of suicide in opera for example, but it is viewed by a very few consenting adults in public. The popular drama does affect millions at once, whatever their circumstances: it is to that extent indiscriminate and extremely powerful, and the question of what should be included, particularly at the end of an episode, will not go away.

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Footnote: A character in the story is now (October) hoping to become a Samaritan. Ed.

Cruse announces that it has accepted

an invitation to organise the next

International Conference on Grief and Bereavement

to be held in London

in July 1988

Further details will be published in

the next issue of Bereavement Care