



Suicide Narratives

SUICIDE MEANING CONVERSATION: A QUESTIONNAIRE TO ENABLE A SHARED UNDERSTANDING

This questionnaire has been developed to help us both understand your experience of suicide and your relationship with that experience. When we use the words 'experience of suicide' we are referring to any feelings, thoughts and/or actions that relate to suicide from your perspective. There are no right or wrong answers, it is about your own experience. If there is information that you do not wish to disclose then please let me know and we will move onto the next question.

The Suicide Meaning Conversation (SMC) is intended to support understanding of an individually contextualised and intelligently determined experience of a person contemplating ending their life. The Suicide Narrative approach considers the person in distress as a wise person who holds knowing of problems in our communities.

This questionnaire has been developed by those familiar with the experience of suicide. It is intended to increase the understanding of suicide, and through this understanding promote life through justice, change, and empowerment.

CONTENTS:

1. PERSONAL INFORMATION
2. ASPECTS OF THE EXPERIENCE ITSELF
3. CHARACTERISTICS OF THE SUICIDE
4. YOUR PERSONAL HISTORY OF EXPERIENCING SUICIDE
5. YOUR EXPERIENCE OF THE MEANING OF LIFE EVENTS
6. COPING STRATEGIES
7. YOUR EXPERIENCE OF CHILDHOOD?
8. YOUR MEDICAL HISTORY
9. YOUR SOCIAL NETWORK

1. PERSONAL INFORMATION

Age:

Gender:

Sexuality:

Do you have a partner?

Are you a parent?

What is your occupation or employment status? What do you do day to day?

How would you describe your identity or sense of being in the world, including spiritual beliefs? -
Who are you?

Do you identify as an Aboriginal or Torres Strait Islander, or other first nations person?
(If yes) what nations/language groups do you identify as?

What nationality, ethnic origin, or cultural group do you identify as belonging to?

2. ASPECTS OF THE EXPERIENCE OF SUICIDE

Can you describe any experiences of suicide that you have had recently or in the past? This may include times when you have tried to end your life, or times when you have lived with suicide being in your thoughts, feelings, or spirit.

At what age did you first experience suicide as a part of your life?

How often do you have experiences of suicide (e.g. constantly, daily, weekly, sporadically etc.)

Now?

At the start?

Do other people know about your experience of suicide? yes/no

Can you talk to people openly about your experiences? Do you find this supportive or problematic?

Is suicide triggered by specific events or experiences? yes/no

Is suicide triggered by specific emotions? yes/no

Does the experience of suicide just 'appear'? yes/no

Do you feel as though the experience of suicide arises out of your control? yes/no

Is the experience of suicide coming from within you? yes/no

Does the experience of suicide feel like it is part of you or something separate from you?

Can you explain why this is?

Has suicide always been there, or did it 'arrive' at some time in your life?

Do you ever have any other overwhelming experiences that cause you distress (e.g. dissociation, hearing voices, visions, emotions)? Do these experiences have an ongoing presence in your life? If so, would you please describe them:

3. CHARACTERISTICS OF THE EXPERIENCE OF SUICIDE

Is your experience of suicide consistent or does it change at different times?

Have the ways you experience suicide ever changed over time? What is the most common type?

How many ways or different experiences of suicide do you have? (intense/sporadic/ongoing/always there/surprising etc.)

Can you describe your experience/s of suicide? *(if there are multiple different experiences ask for each:)*

a) Name of experience:

Your age when you experienced suicide in this way?

In what way do you experience this type of suicide? (thoughts/feelings/voices/physical sensations)

Is this experience related to certain events, experiences, or environments?

How frequently do you experience suicide this way?

Why do you think this experience is in your life?

b) Name of experience:

Your age when you experienced suicide in this way?

In what way do you experience this type of suicide? (thoughts/feelings/voices/physical sensations)

Is this experience related to certain events, experiences, or environments?

How frequently do you experience suicide this way?

Why do you think this experience is in your life?

c) Name of experience:

Your age when you experienced suicide in this way?

In what way do you experience this type of suicide? (thoughts/feelings/voices/physical sensations)

Is this experience related to certain events, experiences, or environments?

How frequently do you experience suicide this way?

Why do you think this experience is in your life?

4. YOUR PERSONAL HISTORY OF SUICIDE EXPERIENCES

4.2 Can you please describe the circumstances when you first had an experience of suicide?

4.3 Have you experienced a threat that is more unbearable than death that requires contemplation of the survival response of suicide? for example:

Serious physical injury or illness	yes/no – age?
A divorce or the end of a close or intimate relationship	yes/no – age?
Pregnancy or abortion	yes/no – age?
A major decline in the health situation of a loved one	yes/no – age?
Loss of employment or other distress at work	yes/no - age?
The death of a close friend or family member	yes/no – age?
Falling in love or being rejected	yes/no – age?
A move to a new residence, environment	yes/no – age?
Being part of or leaving a religious community or other spiritual sect	yes/no - age?
Witnessing a suicide or someone else contemplating/attempting suicide	yes/no - age?
During tension in your home or within a relationship	yes/no – age?
Feeling the world is moving too fast, is out of control, or you cannot change it	yes/no – age?
Bullying, violence, or intimidation (at work, home, or other settings)	yes/no – age?
Feeling trapped and unable to escape a situation or relationship	yes/no – age?
Being prescribed drugs, ECT, or other mental health system interventions	yes/no – age?
Incarcerated in prison, hospital, or subject to a community treatment order	yes/no – age?
Racism and/or other oppression	yes/no – age?
Domestic or family violence	yes/no – age?
Poverty or other financial difficulties	yes/no – age?
Addiction or a complicated relationship with substances	yes/no – age?

Rape or any form of sexual violence yes/no – age?

Distress related to life changes (e.g. puberty, parenthood, aging) yes/no – age?

Do any of these experiences relate to experiences of suicide?

Are you experiencing suicide currently?

Do you find being able to talk openly about suicide is of value?

Do you feel any form of value, support, or peace in the experience of suicide? Give an example.

Do you have negative experiences of suicide? Give an example.

Are you able to communicate or be in relationship with the experience of suicide in any way (e.g. can you interact or dialogue with suicide)? Yes/No

Does suicide tell you why it is present?

Are you afraid of suicide? Have you always been afraid? Please give an example.

Does suicide upset you or give you comfort? Please give an example.

Does suicide disturb your daily activities? Please give an example.

Does the experience of suicide confuse you? Please give an example.

Are you able to influence thoughts or feelings of suicide in any way? Please give an example.

Does the experience of suicide leave you feeling powerless? If so, how does this happen?

Are you in control of the suicidal experience? Has this changed over time? Please describe how you control it:

Are you able to hold a conversation with your suicidal experience? How does the experience react? Please give an example:

What happens if you refuse to suicide?

Do you experience suicide as a physical experience in your body? (explore this further and support a narrative description) – DESCRIPTION OF THE EXPERIENCE (relates to Dissociative)

5. YOUR EXPERIENCE OF THE MEANING OF LIFE EVENTS

Do the experiences in your life related to suicide lead to any of the following:

Unsafe, afraid, attacked	Trapped
Abandoned, rejected	Defeated
Helpless, powerless	Failed, inferior
Hopeless	Guilty, blameworthy, responsible
Invaded	Betrayed
Controlled	Shamed, humiliated
Emotionally overwhelmed	Sense of injustice/unfairness
Emotionally 'empty'	Sense of meaninglessness
Bad, unworthy	Contaminated, evil
Isolated, lonely	Alien, dangerous
Excluded, alienated	Different, 'abnormal'

Please describe your own interpretation of what causes your experience of suicide:

6. COPING STRATEGIES - How do you survive?

How do you survive when you experience suicide?

(Invite the person to share responses, ideas they have and things they have tried. Discuss if things work or not)

yes/no if yes, describe

1. Send the thoughts /experiences away
2. Ignore the experience
3. Concentrate on listening to, or being present in, the experience
4. Think about something else, distract yourself, escape, or start to do something else
5. Visit, phone, txt message, or connect on social media with someone
6. Keep a diary about the experience of suicide
7. Carry out certain rituals/behaviours
8. Self-injury
9. Sex or other related
10. Expressing anger or violence
11. Drugs – prescribed or unprescribed (including alcohol)
12. Relaxation or mindfulness exercises

Which approach do you use most? How often do you use it?

What is the result of doing this? (do you find that you have more or less power over the experience of suicide?)

In the past have you tried something else that seemed to help?

7. YOUR EXPERIENCE OF CHILDHOOD

What is your perception of your childhood? (*ask for an overview*)

Was your childhood pleasant or stressful? Can you describe the pleasant aspect of your childhood and stressful aspect of your childhood? Ask people to describe both

As a child did you feel safe at school?

In the streets?

At home?

As a child were you ever mistreated, belittled, yelled at, or trapped under oppressive power?

As a child, did you ever receive strange punishments? For example, being locked up in a small space, or being tied up or abandoned?

Did you feel like a burden in the lives of adults, not being wanted, or did you feel that you were never able to do anything right?

Have you ever witnessed the maltreatment of another family member?

Have you ever been sexually abused by a family member, other person, or in an institution?

Have you ever had sex against your will or felt unable to say no? Have you been in a situation where you were unable to resist or escape from?

Do you think your childhood experiences have anything to do with why you have suicidal experiences?

8. YOUR MEDICAL HISTORY

We would like to know something about your medical history in relationship to suicide. Have you ever sought help from a health professional regarding suicide?

What 'treatments' have you received?

Did you talk to any of these therapists/service providers about your experience of suicide? Did you feel that was safe?

What did they do about your experiences? Did you receive a diagnosis? Were you forced to accept treatment?

Have you sought assistance from alternative or complementary health practitioners (such as acupuncture, herbal medicine, co-counselling etc)? Was it useful?

Have you asked for support from family or friends? What response did you get?

What are the barriers to telling people about the experience of suicide?

9. YOUR SOCIAL NETWORK

Can you describe your social network? For each person I will ask their name, relationship to you, whether they know you experience suicide and if it is safe to talk to them about it:

Name:	knows you experience suicide? (yes/no)	Safe to talk about it? (yes/no)
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		