

“Existential Therapy”  
with a Suicidal Client in Ghana?  
*A Poetic Autoethnographic Presentation  
of the Happenings in the Therapy Room*

**Society of Existential Analysis (SEA) Conference**

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# Aim of Presentation

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**The aim** of this presentation is

- to compare and contrast principles of **existential therapy with Ghanaian help seeking practices**
- to give a **poetic representation** of how I worked with suicidal clients in Ghana and
- with the help of the participants, reflect on my way of working **to determine if it qualifies as existential therapy.**

# Overview of Presentation

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## Overview:

- Provocation or the question this presentation is seeking to answer
- Positionality statement & how I came to Poetic Inquiry
- Care/Content Warning
- Ghanaian Cultural, Geographical & Historical context/backdrop to my work with Suicidal Clients
- Poems of *In the Room Where it happens*
- Psychotherapy Practice Evaluation

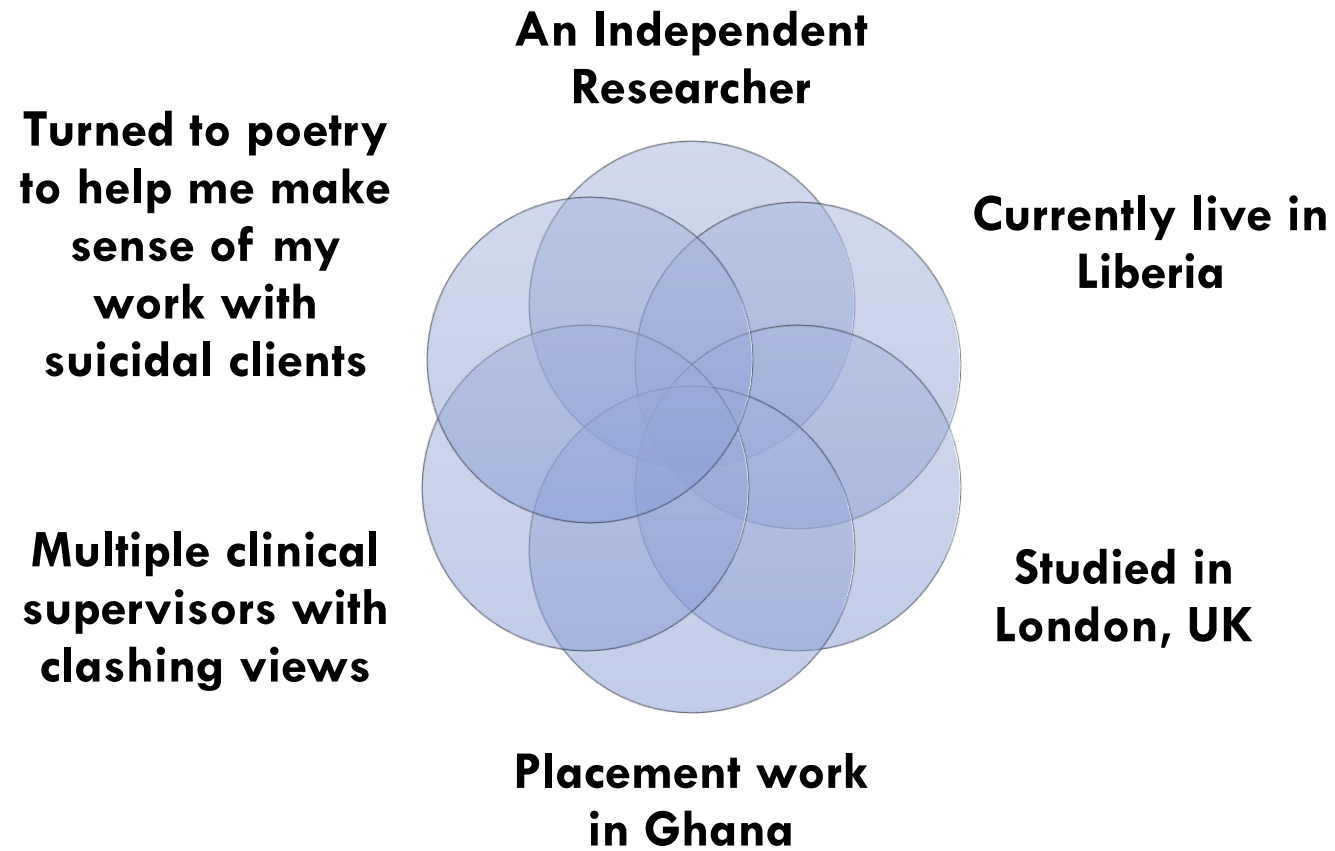
# **Provocation: Can Existential Therapy be Authentically Practiced in a Therapy Room In Ghana?**

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- **Why the Question?** For the most part, clinical supervision at NSPC & even my PAP Viva gave me the impression that what I was doing in Ghana wasn't really therapy, let alone existential therapy.
- What aspects of Existential Therapy (as I know it) begs this question
- Ghanaian help seeking Culture vs Existential Therapy Practices (as I gathered mainly from supervision, the training programme and the textbooks)
- Psychotherapy Practice Evaluation
- Towards a culturally responsive existential practice in collectivist or semi-collectivist cultures

# Researcher's Positionality

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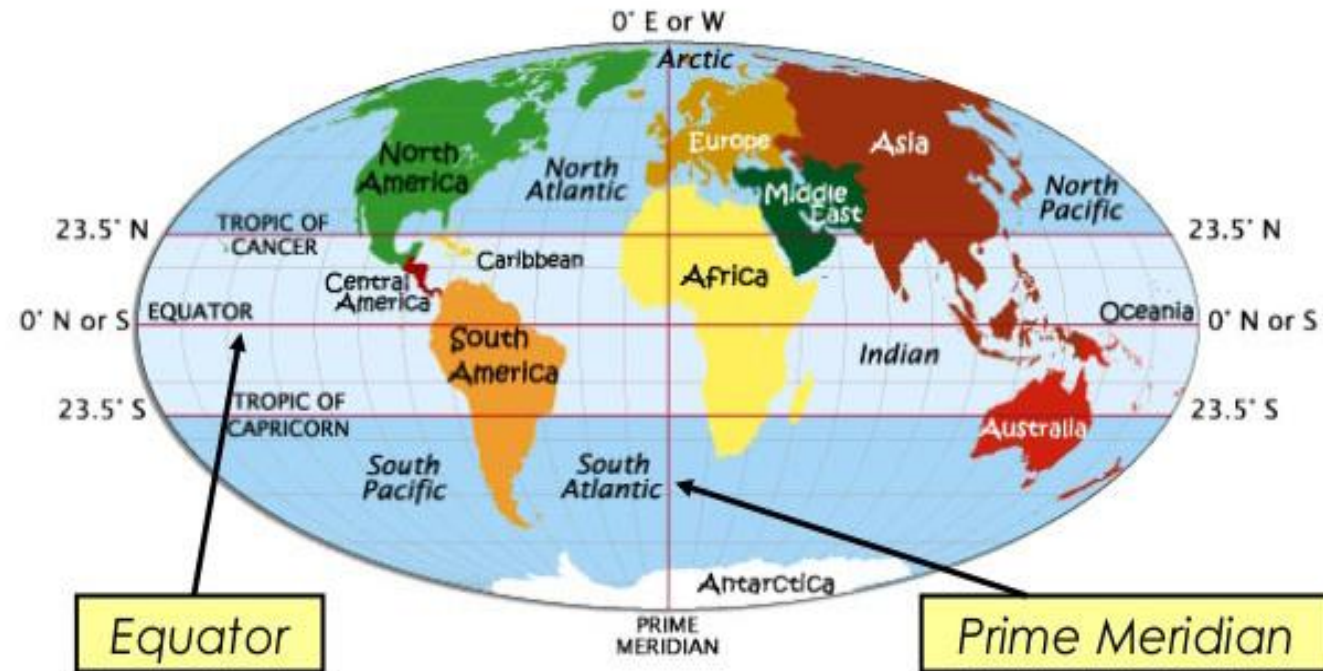
# Care/Content Warning

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- **Content warning – this presentation discusses working with people experiencing suicidal feelings.**
- Even though care has been taken to present this in a very mindful and sensitive way, it may no less be triggering for some.
- So in order not to bring up any surprises, I'll talk briefly about what the poems will be about, that way we have a bit of time to sense if it is something we can safely sit with.
- I will kindly ask that we are mindful of ourselves during the presentation and if that means pulling ourselves out of this presentation at any time, that will be okay too. Thank you

# Location of Ghana

## Equator & Prime Meridian



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# Locating Ghana on Longitude Zero





# Cultural Backdrop to Suicide In Ghana

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Ghana is a country in West Africa where suicide is:

- **Socially:** a **taboo**
- **Religiously:** **condemned** by Christianity, Islam & Traditional Religions
- **Legally:** **a criminal offence** until a year ago\*

Current mental health landscape in Ghana:

- **Mental health advocacy** on the increase
- **Psychological help seeking** is becoming **less stigmatized**

\*The anti-suicide law has since March 2023 been repealed. However, aiding & abetting a suicide is still a criminal offence.

# Existential Therapy vs Ghanaian Cultural Practices

Principles of Existential Therapy	Ghanaian Cultural/Health Seeking Practices
1. Individual	Communal - What happens then when clients brings along a family member, a friend or a superior from work or church, and wants them to be present in the therapy room with them?
2. Open ended/Long term	What if client is happy with only two sessions?
3. Individual freedom & choice	There is almost always a consideration of others when a choice has to be made - and the choices are deeply interwoven with life stage, and significant others. E.g. the Case of Cinderella who was more artistic than scientific, yet chose to study Maths at University.
4. Meaninglessness & Absurdity; Existence precedes essence	@2021 Census, of the 30.8M Ghanaians, 71.3% belonged to a Christian denomination. A general belief among Ghanaians is <b><i>that God had a plan for you even before you were born</i></b> – Essence before Existence. E.g. Young people can seek therapy because they can't seem to figure out what they believe God wants them to do with their lives.

# Existential Therapy vs Ghanaian Cultural Practices

Principles of Existential Therapy	Ghanaian Cultural/Health Seeking Practices
5. Being-in-the world with others or Being-towards-others (contradicts point 1? – Paradox); <b><i>Hell is other people</i></b> – Sartre	We rely heavily on each other and not on governmental institutions for help and support, thus other people (esp. helpful ones) are mostly seen as Godsend or a blessing
6. Being non-directive	Most people who come to therapy are looking for some sort of guidance, a sign-posting of sort, most are stuck and simply need a push to get unstuck then they will be well on their way
7. Non-diagnostic	The average Ghanaian feels a kind of affirmation or an acknowledgement when given a diagnosis. A few would ask in therapy, so what do you think is wrong with me?
8. Psychotherapy is strictly talk therapy	It is common practice for therapist to offer some of their clients some form of practical help in addition to talk therapy. As such, therapists act as active advocates for their clients. E.g. Going to the school of an expelled student (for being disruptive/ “demon possessed”) to explain that she had a psychotic breakdown and is now on medication and receiving psychotherapy and should be taken back in school.

# Poems as Conversations with Myself, the Client & the Mental Health System in Ghana

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This set of poems was birthed through poetic inquiry that utilised conversations with myself, the client, practitioners and other experts in the field of suicide prevention.

- Perception of suicidal Clients - *Perception* captures my internal dialogue with myself on how I see the suicidal client
- Attunement - *The Meeting & Identified Needs of Clients* captures the beginning stages of therapy
- Double Dilemma's of meeting Client's needs – The poem *Attunement or Protocol* follows my therapeutic work with a particular client, the landmines encountered and how we needed to carefully navigate them to avoid causing more harm to the suicidal client at the risk of potential harm to myself.
- Legalities of working with suicidal Clients - *The Law & I* presents a reflection on working with attempted suicide clients under the dark cloud of the Anti-Suicide law that existed in Ghana until March 2023.
- Endings - *In the End* reflects on the ending of therapy with my particular client referred to in *Attunement or Protocol*.

## PADDLE

# PADDLE or Paddling to safer shores

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# Therapist's Perception of Suicidal Client

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Not a Criminal,  
Not a Sinner,  
Not Mentally ill,  
Just someone simply saying  
**"I no longer wish to live life as it is!"**.

# Attunement

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- Attunement in psychotherapy usually refers to the ability of the therapist to pick up on the nuances of the client's responses and to respond in a way that **accurately captures the sense of how the client was feeling in that moment**. When the therapist is properly attuned, **the client feels felt, seen and heard** (Siegel, 2010).
- Attunement in a therapeutic relationship means to be able to attune not just **to one's self** and **the client** but also to **the space** immediately around the practitioner and client's bodies (Shea, 2016).
- Attunement is not only limited to persons. There is also *attunement to time (temporality)*, *to space (spatiality)*, and *to bodily responses* while working with suicidal clients (**corporeality**).

# Poems of Attunement

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## The Meeting

We met,  
both perched on the edge of our seats,  
time was non-existent,  
both shaking,  
Unsure

One unsure;  
how to help  
The other unsure;  
how this (therapy), might help



# Poems of Attunement

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## The Meeting(ii)

We looked

We looked at each other

Right there

a brief eye contact was made

And through the tear filled eyes

a connection was forged

An unspoken agreement

***to stay with each other***

no matter how unsure

we were of each other

# Dilemma's of Working with Suicidal Clients in Hospital Settings

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- Decisions made by therapists in working with suicidal clients can have a life or death outcome. How are we to know which of our choices will lead to life and not death?
- **Client autonomy** versus hospital's suicide/**self-harm protocol** are an example of such a dilemma.
- Therapist's responsibility to protect client from self-harm/suicide may include recommendation for **involuntary hospitalisation** which is in direct violation of client's autonomy.
- ***To hospitalise or not to hospitalise? That's the question.*** The following poem and its prelude speak to my struggle to decide which route to take in addressing my client's needs.

# Identified Needs Of Client

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During the early stages of therapy the following were the immediate needs identified together with the client:

The need for time out

The need to be trusted

The need for space & seclusion

and

The need to reflect on what to do next  
(after his suicide attempt)

# Attunement or Protocol?

## *On addressing client's needs*

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1/4

### Which was I to follow - My Head or My Heart?

Hospital protocol or what felt internally congruent with me?

We talked about it –

the possibility of him attempting to take his life  
over the weekend

He said "no, Ma'm, trust me

You said I should come see you next week

**I will** come"

It was a Thursday, his next appointment

Next Tuesday

It was undoubtedly the longest Thursday to Tuesday

I'd ever experienced

It felt like I held my breath the whole time

# Attunement or Protocol?

## *On addressing client's needs*

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2/4

“Was he tricking me into giving him the license to take his own life?”

My head inquired

My gut responded - **“Trust him!”**

People have not trusted him

You trust him

He's lost respect

He's been laughed at

He needs you

To trust him

# Attunement or Protocol?

## *On addressing client's needs*

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3/4

But why?

Why should I be the one doing the hard emotional work  
of undoing the damage others had done him?

Sorry darling, there's no time or emotional room to go down that path

For now something in me kept saying

***“Simply trust Him! Give him what he needs; Don't doubt him”!***

So I told him,

“Please, this is a risky thing I'm doing

I'm going to write that you'd be given time off from work”

*(as opposed to having him involuntarily hospitalised and placed under suicide watch)*

“Please come back on Tuesday. Please?”

# Attunement or Protocol?

## *On addressing client's needs*

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4/4

**“I will”**, he said

Tuesday finally came  
And show up  
he did!  
Just as he'd promised

A more resolute man  
willing & ready  
To give life another go!

# Legalities of Working with Suicidal Clients

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1/2

## The Law & I

The law,

among other things

defines the boundaries of one's work

What then are the obligations of therapists, imposed by the law?

**To report (a suicide attempt) or not to report?**

Initially, this question wasn't one of my concerns.

Whose responsibility was it anyway?

That of the attending Psychiatrist? the Psychiatric nurses?

My supervisor? or Mine?

The ambiguity surrounding the mandate to report was huge

Still it didn't bother me that much.



# Legalities of Working with Suicidal Clients

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2/2

But then there it was, in the papers

**"Jailed for Attempted Suicide"**

**"Fined for a Failed Suicide"**

**"Arrested in Hospital Bed for Attempted Suicide"**

So, the law was being enforced after all?

Time to turn to my legal friends

**"Legal lacuna"**, I'm told it's called

I feel safe again

Free to work with suicidal clients without fear of facing the law

Whether the law criminalizing attempted suicide is repealed or not\*.

\*The anti-suicide law has since March 2023 been repealed. However, aiding & abetting a suicide is still a criminal offence.

# In the End

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1/3

## **In the End**

My client is willing to live, I should be elated  
and I am  
But something feels missing  
Missing from my own life  
He lives, all well and good  
But where does that leave me?

Unless one is suicidal, our own death  
Is not something we think about  
When going about our day

# In the End

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2/3

All that changed for me in the therapy room  
When you spoke about your own death  
and said  
**“There's nothing left for me in this life”.**

I paused, to rethink how I was doing my life.  
Who & what was I taking for granted?  
My finitude was brought into sharp focus.  
My own mortality stared me back in the face.

# In the End

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3/3

An evaluative look at my life  
Helped me decide  
How it was, I wanted to live out  
The rest of my days.

In the end,  
Working with suicidal clients  
Has made me  
A bit more present  
Both with myself, and with others.

In the end, my client lives!

# Therapy then is like coming alongside another and paddling to safer shores

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**In the End – My Client LIVES!**

**Thank You!**

# Discussion / Psychotherapy Practice Evaluation

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- **Aim:** (i)to describe to my audience the what & the how of working with a particular suicidal client within the Ghanaian cultural context. (ii)With the help of my audience, we can evaluate my way of working to clarify if it qualifies as existential or otherwise.
- **Practice Reflection Question:** Can Existential Therapy be authentically practiced in a therapy room of a collectivist or semi-collectivist country like Ghana?
- **Motivation for Practice Evaluative study:** Clinical placement work at two hospitals in Ghana & experiences of contrasting supervision I received during my Dprof study @ NSPC & my constant self-questioning of - Am I doing this right (existentially)?