SPEAKING OF SUICIDE PREVENTION... TRUTH-SEEKING, AGENDA SETTING, AND TRADITIONS IN CONFLICT: A NARRATIVE ACCOUNT OF EVERYDAY PLANNING PRACTICE

by

JENNIFER HUME WHITE

B.A., The University of Victoria, 1984
M.A., The University of British Columbia, 1991

A THESIS SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF

DOCTOR OF EDUCATION

in

THE FACULTY OF GRADUATE STUDIES

Department of Educational Studies
(Educational Leadership and Policy)

We accept this thesis as conforming to the required standard

THE UNIVERSITY OF BRITISH COLUMBIA

February, 2002

© Jennifer Hume White, 2002
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Educational Studies

The University of British Columbia
Vancouver, Canada

Date April 15, 2002
ABSTRACT

The main purpose of this study was to develop a more complete understanding of the deeply situated, ethical and political character of suicide prevention program planning practice through the analysis of everyday narratives or "practice stories." By offering an in-depth view of program planning practice – based on the retrospective analysis of a national conference planning process – this study provides an ideal opportunity for learning about "what matters most" when multiple interest groups come together to plan new programs. Three broad research questions provide the focus for this study: What are the diverse personal and professional understandings that stakeholders bring to the work of suicide prevention? How do these various identities and roles get enacted through language? What are the implications that these various understandings and multiple discourses have for shaping subsequent program planning experiences, decisions and actions? Using an open-ended interview structure, nine conference planning committee members were invited to reflect on their own experiences at the planning table. My own storied account of our planning experience is presented alongside the observations and stories of my planning colleagues. Thus, the varied perspectives of different planning partners and stakeholders are represented in their own words and are woven into an unfolding and textured narrative about planning practice in the mental health field. Several important findings emerged which have relevance for the future study and practice of program planning. First, there was a clear privileging of professional knowledge and interests at our planning table. Second, the tasks of problem framing and discourse shaping are key functions that planners need to bring conscientious attention to in order to advance the overall planning agenda. Finally, critical listening,
emotion, empathy, and care are important elements of communication and meaning making and I have argued that these relational attributes should be explicitly cultivated and nurtured at the planning table.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>ABSTRACT</th>
<th>ii</th>
</tr>
</thead>
<tbody>
<tr>
<td>TABLE OF CONTENTS</td>
<td>iv</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>vi</td>
</tr>
<tr>
<td>CHAPTER ONE. STARTING WITH MY PRACTICE</td>
<td>1</td>
</tr>
<tr>
<td>Purpose</td>
<td>2</td>
</tr>
<tr>
<td>Situating My Inquiry</td>
<td>4</td>
</tr>
<tr>
<td>Thinking and Practicing Across Traditions</td>
<td>11</td>
</tr>
<tr>
<td>An Initial Glimpse Into My Practice</td>
<td>13</td>
</tr>
<tr>
<td>Scope and Organization</td>
<td>17</td>
</tr>
<tr>
<td>CHAPTER TWO. THEORIZING ABOUT MY PRACTICE</td>
<td>19</td>
</tr>
<tr>
<td>Suicide Prevention and the Scientific Tradition</td>
<td>19</td>
</tr>
<tr>
<td>Program Planning</td>
<td>26</td>
</tr>
<tr>
<td>CHAPTER 3. GATHERING THE STORIES</td>
<td>37</td>
</tr>
<tr>
<td>Interpretive Inquiry</td>
<td>38</td>
</tr>
<tr>
<td>A Narrative Account of Planning Practice</td>
<td>43</td>
</tr>
<tr>
<td>Specific Procedures</td>
<td>50</td>
</tr>
<tr>
<td>Theoretical Considerations</td>
<td>61</td>
</tr>
<tr>
<td>Approach to Analysis</td>
<td>65</td>
</tr>
<tr>
<td>CHAPTER 4. STORIED ACCOUNTS OF PLANNING PRACTICE IN SUICIDE PREVENTION</td>
<td>70</td>
</tr>
<tr>
<td>Participation at the Planning Table</td>
<td>71</td>
</tr>
<tr>
<td>Translating Pain into Action: The Role of Survivors in Suicide Prevention</td>
<td>76</td>
</tr>
<tr>
<td>Aboriginal Participation at the Planning Table: Making Meaning of Absence</td>
<td>97</td>
</tr>
<tr>
<td>Narratives of Disjuncture and Solidarity in Suicide Prevention Planning</td>
<td>111</td>
</tr>
<tr>
<td>The Interpersonal and Emotional Domain in Program Planning</td>
<td>131</td>
</tr>
<tr>
<td>How Did it End? A Brief Review of the Conference Results</td>
<td>137</td>
</tr>
<tr>
<td>CHAPTER 5. MAKING MEANING OF THE PRACTICE STORIES</td>
<td>139</td>
</tr>
<tr>
<td>Theoretical Resources</td>
<td>139</td>
</tr>
<tr>
<td>Organization of Chapter</td>
<td>140</td>
</tr>
<tr>
<td>Participation, Discourse and Power</td>
<td>142</td>
</tr>
<tr>
<td>An Analysis of Disjuncture and Solidarity at the Planning Table</td>
<td>155</td>
</tr>
<tr>
<td>The Personal, Emotional, and Temporal Quality of Planning Relationships</td>
<td>170</td>
</tr>
<tr>
<td>Learning to Ask Better Questions</td>
<td>184</td>
</tr>
<tr>
<td>Judging the Trustworthiness of the Interpretations</td>
<td>190</td>
</tr>
<tr>
<td>Summary of Themes and Appraisal of Resources</td>
<td>196</td>
</tr>
<tr>
<td>CHAPTER 6. REFLECTIONS AND GOING FORWARD</td>
<td>203</td>
</tr>
<tr>
<td>Implications for Practice</td>
<td>204</td>
</tr>
<tr>
<td>Reflections on Researching my own Practice</td>
<td>210</td>
</tr>
<tr>
<td>Recommendations for Future Research</td>
<td>211</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>214</td>
</tr>
<tr>
<td>APPENDIX A. INTERVIEW GUIDE</td>
<td>223</td>
</tr>
<tr>
<td>APPENDIX B. COVER MEMO TO PARTICIPANTS</td>
<td>225</td>
</tr>
<tr>
<td>APPENDIX C. TITLES GIVEN TO INDIVIDUAL NARRATIVES EMBEDDED IN PARTICIPANT ACCOUNTS</td>
<td>226</td>
</tr>
</tbody>
</table>
APPENDIX D. REVIEW OF CASP SUBMISSIONS .............................................. 229
APPENDIX E. SAMPLE PLANNING MEETING MINUTES .......................... 231
ACKNOWLEDGEMENTS

I am indebted to my Advisory Committee – Drs. Tom Sork, Shauna Butterwick, and Jim Frankish – for their unfaltering support and care, their respect for my practice-based knowledge and experience, and their ongoing efforts to challenge my thinking and writing in thoughtful and important ways. I am also grateful to my classmates and friends (and associated teaching faculty) in the 1998 Ed.D cohort, who have all taught me so much about the virtues of caring, listening, and respect, and the role of educational leaders in cultivating the conditions for these things to flourish. And finally, I am always and forever thankful for the loving kindness that my own family has consistently bestowed upon me these past 40 years.
CHAPTER ONE. STARTING WITH MY PRACTICE

In my everyday practice as the director of a provincial youth suicide prevention program, I have primary responsibility for advancing a coherent youth suicide prevention strategy which is to be based on the principles of local ownership, broad public participation, community capacity-building, comprehensiveness, multi-sectoral action, and evidence-based practice and decision-making. While I believe that these are the "right principles" to guide effective action in this area and on the surface the "framing and focusing" functions being advanced through these words appear to promote wise action, the reality is that these notions are often in conflict with one another and the underlying assumptions are by no means unproblematic. For example, "evidence-based" practice tends to be interpreted through a narrow scientific lens and typically gets enacted through a one-way transmission of expert knowledge – which is usually in direct contradiction to the community development principles of local ownership and broad public participation. Each new initiative I undertake in trying to advance the suicide prevention agenda in this province is inevitably caught up in a complex web of epistemological tensions, diverse research traditions, and multiple professional, personal, and public discourses, which are set against a backdrop of different values and assumptions about where the "official work" of suicide prevention ought to be located – and which are all further distinguished by various understandings about who ought to be involved. A narrative inquiry that places particular emphasis on the discursive elements (text and talk) that inform and constitute current understandings of suicide prevention is proposed as a powerful tool for illuminating contemporary suicide prevention program planning and everyday leadership practice.
Purpose

The main purpose of this study is to develop a more complete understanding of the deeply situated, ethical and political character of suicide prevention program planning practice through the construction and analysis of everyday narratives or “practice stories” (Forester, 1993). By listening to and analyzing the narratives embedded in the first-hand accounts of my planning colleagues – which will be considered and presented alongside my own storied accounts – I hope to bring a new understanding to this work.

Research Questions

Three broad research questions provide the focus for this study. What are the diverse personal and professional understandings that stakeholders bring to the work of suicide prevention? How do these various identities and roles get enacted through language? What are the implications that these various understandings and multiple discourses have for shaping subsequent program planning experiences, decisions and actions?

By drawing from my own everyday practice as an educational leader and planner in the suicide prevention field and by utilizing particular intellectual and conceptual resources from the adult education program planning literature to illuminate some of the key dimensions and realities of program planning practice, this study aims to make a new and worthwhile contribution to the existing knowledge base.

Rationale

The in-depth analysis of specific program planning experiences can advance our understanding about the complexities of planning in a socially and politically constituted environment, affording a view of planning that is dynamic and authentic, i.e. contextually
situated, embedded within historically and socially defined interpersonal relationships, and characterized by competing interests, shifting political priorities, and asymmetrical power relationships. Further, such a study offers a rich opportunity to learn about the dynamic interplay between the planners' skills and intentions and the contributions of others participating in the planning effort, with a recognition that all of these transactions take place against a background of various ethical, political, and institutional imperatives.

In order to better appreciate planning practice, we need to learn more about how planners and key interest groups negotiate and decide together which actions will be taken and which avenues will not be pursued in the development of new programs or initiatives. A deeply personal and political analysis of planning practice, which will be facilitated through the construction and (re-construction) of stories and transmitted through the voices of the planner and the key planning partners, provides an ideal vehicle for learning about "what matters most" when multiple interest groups come together to plan new programs. In addition to providing a rich and deep accounting of planning practice (which will be more concerned with uncovering meaning than with revealing some ultimate and knowable truth), the approach being proposed here will also provide an opportunity to assess the theoretical robustness and the practical utility of current adult education theoretical planning concepts and frameworks (Cervero & Wilson, 1996; Sork, 2000) for informing, and adding value to, program planning practice in the mental health field, specifically in the area of suicide prevention. The knowledge generated through this study will offer a unique contribution to the field of suicide prevention but will also be of considerable value to those who work as planners, program developers, and
educational leaders in the broader fields of prevention, health promotion, and mental health.

Before describing my research project in more detail, it is first necessary to provide a context for this particular study, which among other things will serve the practical purpose of helping the reader anticipate what is to come later. In the following section then, I will briefly highlight the inescapably personal, deeply situated and practical character of this inquiry, without losing sight of some of the theoretical touchstones and disciplinary foundations informing this work.

Situating My Inquiry

This investigation is being undertaken in partial fulfillment of the requirements for the Ed.D degree in Educational Leadership and Policy, Department of Educational Studies, University of British Columbia. Among other things, the Ed.D program was established to enable students to engage in critical reflection about their current practice as educational leaders. According to the formal program description, the Ed.D program is “grounded in the belief that it is important for participants to engage in scholarly discourse about understanding, critiquing and improving practice in educational settings.”

In the absence of perfect empirical knowledge about “what works,” to prevent suicide, people like me who are in leadership positions are left with the responsibility to try to create opportunities to “make meaning together” so that our solutions to these complex problems reflect the best of what science has to offer in combination with our shared ethical and social commitment to promote human well being in communities across the province. An underlying assumption of much of my planning and program development is that broad-based, multi-sectoral participation in the design and
implementation of new programs will improve the overall quality of decision-making and strengthen the collective commitment to future actions. Trying to understand how I can more capably navigate among and between divergent and competing sets of interests in order to advance a suicide prevention agenda in this province is a central concern of my practice and provides an important focus for this research. Specifically, I am interested in understanding how various interests shape the official and unofficial discourses of suicide prevention, and how I, as a leader, can work within, and at times transform, these discourses to promote good and right action in order to reduce suicide and suicidal behaviour among British Columbians.

Much of my everyday practice takes place in and around various “planning tables” (Cervero & Wilson, 1996) which are typically populated by individuals who bring multiple viewpoints, and at times conflicting perspectives, regarding the proper aims and foci for suicide prevention efforts. In a later section I will introduce one such planning table by describing a major national conference planning endeavour that I was involved with for two years. As will become evident later, the conference planning process will serve as the main site for exploring my particular research interests and questions.

Background and Context of Practice

Having an appreciation for the nature of the particular problem of suicide and an understanding of the scope of my practice is an important starting place in this research endeavour. A brief review of the problem and a description of my practice setting is provided below.
Youth suicide in British Columbia. Suicide is a significant social problem that tragically claims the lives of too many young people each year. It is the second leading cause of death among those 15 to 24 years of age in BC and across the county. Rates of suicide among this age group tripled between the years 1960 and 1980, with a stable trend starting to occur in the 1990's (Statistics Canada, 1995). Youth deaths by suicide account for more than 15,000 years of potential life lost in this country each year (National Task Force on Suicide, 1994). Many of these deaths are preventable.

For the three-year period 1995-1997, there was an average of 25 suicides a year among young people aged 15-19 in BC (BC Coroners Service, 2000). Among those 10-14, there was an average of almost six suicides per year for the same time period. In what serves as an unwelcome and sober testament to the seriousness of this problem, there was a suicide by a child as young as nine years old in 1997. Suicides among aboriginal youth are disproportionately high when considered in terms of their overall representation in the provincial population.

Many more young people attempt suicide or consider it as an option during times of stress and crisis. According to the most recent adolescent health survey undertaken in our province, seven percent of young people in grades 7 to 12 reported making a suicide attempt in the previous year (McCreary Centre Society, 1999). Estimates from other jurisdictions suggest that among teenage girls, the ratio of suicide attempts to completions is almost 200:1 (Bland, Newman, & Dyck, 1994).

---

1 A modified version of the material included in this section originally appeared in a working paper "Assessment and Clinical Management of Suicidal Children and Youth in Outpatient Settings: Establishment of Clinical Guidelines Background Paper" (White, November, 1999)
Individual events, provincial and national health status reports, various advocacy initiatives, and prominent media coverage have all recently converged to create a heightened sensitivity about the problem of youth depression and suicide, both in this province and across Canada. For example, the recently published report, *Toward a Healthy Future: Second Report on the Health of Canadians* (Federal, Provincial, and Territorial Advisory Committee on Population Health, 1999), included the following “highlights:”

In contrast to the high levels of physical health enjoyed by most young people, psychological well being is on average, lowest among this age group. Young Canadians aged 18 and 19 were the most likely to report high stress levels (37%) and to report being depressed.

The 1996 suicide rate of 19 per 100,000 among young men aged 15-19 was almost twice as high as the 1970 rate. The suicide rate for Aboriginal youth is much higher than for their peers in the general population.

Closer to home, several recent cases of youth suicide in British Columbia serve to exemplify some pertinent clinical practice issues and concerns. A review of the cases and the circumstances surrounding the deaths reveal some serious planning concerns, service gaps and system inadequacies. In particular, integrated case management, transition planning for older youth, service coordination issues, and the development of clear postvention (i.e. after a sudden death) policies and procedures have all been identified as areas in need of improvement.

Many of these findings have emerged from the work undertaken by the British Columbia Children’s Commission over the past few years. Through their fatality reviews, care plan audits, complaints’ review processes, and public reports and recommendations, significant attention has been directed to revealing some of the
systemic weaknesses in the child and youth serving system (Children’s Commission, 1998).

In the face of such a serious problem, a great deal of attention has been devoted to understanding and responding to youth suicide and suicidal behaviour. Governments, researchers, mental health professionals, and community citizens have all been working diligently—albeit, without synchronization in most cases—to address the problem of youth suicide through a variety of research, program development, public awareness, and service delivery efforts. The Suicide Prevention Information and Resource Centre is just one of many programs established to address the problem of youth suicide in BC. Other formal suicide prevention efforts which are currently operating throughout the province include: a provincial network of 24-hour distress lines, specialized counselling agencies, a provincial educational program for school-based personnel, and a variety of community-based prevention initiatives. As well there is an integrated system of care in place in most regions of the province which is characterized by a range of crisis response programs, short-term stay hospital in-patient programs, day treatment programs, and community-based child and youth mental health assessment and treatment services.

**Suicide Prevention Information and Resource Centre (SPIRC).** SPIRC is a provincial program which is funded by the government through the Ministry for Children and Families and located within the Department of Psychiatry at the University of British Columbia. It has been in place, in one form or other, since 1993. Its main purpose is to support communities to develop programs and approaches that will reduce youth deaths by suicide through locally coordinated action and through the development and implementation of comprehensive approaches based on the best available evidence about
what works. There are four main categories of action undertaken by SPIRC to facilitate the establishment of local suicide prevention efforts throughout the province: (a) consultation and support, (b) education and skill development, (c) information collection and dissemination and (d) provincial planning and coordination.

My primary role as the Director of SPIRC is to provide provincial leadership to support the development of a comprehensive approach to preventing child and youth suicide in communities throughout British Columbia. In order to encourage the emergence of locally developed programs and solutions, which reflect the unique circumstances of particular communities, I am inevitably drawn to practice models which emphasize the participation of a diverse range of citizens. By creating the conditions for dialogue where a range of different voices and perspectives can be heard, and by working collaboratively with others, I believe that we will be in a much stronger position to advance the aims of youth suicide prevention. Further, by broadening our understanding about what the work of suicide prevention can and should entail (e.g. strengthening social environments) and by inviting more people to participate in the dialogue, it is my hope that we can provide a new way forward in the face of such a serious and difficult social problem.

Recently, SPIRC has been involved in a number of activities designed to support coordinated action in youth suicide prevention in communities across the province. Noteworthy projects include: the development of a *Provincial Framework* document for understanding the issue of youth suicide; the preparation of a *Manual of Best Practices in Youth Suicide Prevention* which specifically highlights mental health promotion, prevention, and early intervention strategies; the selection, funding, and evaluation of
several community demonstration sites throughout the province; the maintenance of a provincial dataset on all completed suicides in BC based on a partnership with the BC Coroners Service; the dissemination of a provincial newsletter, Lifenotes, to over 1000 agencies and individuals in BC; the development and coordination of an advanced clinical training workshop for child and youth mental health clinicians based on a partnership with a local counselling agency; as well as the development of a set of clinical guidelines to support the work of child and youth mental health clinicians working with suicidal clients in out-patient settings throughout the province.

Complexity of Practice

As the Director of the Suicide Prevention Information and Resource Centre (SPIRC), Department of Psychiatry, University of British Columbia, I believe that I am particularly well situated to study the dynamic and highly politicized nature of program planning. In fact, program planning and program development efforts constitute a sizable portion of my day-to-day practice as a leader in this field. Furthermore, even though they differ in their character and scope, there are some elements that remain consistent across each new planning endeavour that I undertake. These commonalities include: a provincial focus is always maintained, broad consultation is always required, a specific "deliverable" is always expected and identified, time pressures are an ever present factor in decision-making, our knowledge base in suicide prevention is imperfect, and the government as funder has a consistent and prominent interest. Other interest groups that are routinely represented include: academics and researchers, practitioners, mental health consumers and family members, and community citizens.
Thinking and Practicing Across Traditions

Much of the work I undertake as the Director of the SPIRC fits under the broad rubric of “adult education,” with various “planning activities” constituting a large component of my everyday practice. For example, most of my efforts to heighten awareness, mobilize action, and influence the way people think about the problem of suicide are directed towards adults who work within various community networks, service delivery systems, and professional organizations. These aspects of my work are distinctly educational in character. At the same time, however, my lengthy background in mental health and my particular framing and understanding of the problem of suicide means that my practice can also be described using other terms and viewed through other sets of lenses. For example, my strong belief in the role of prevention and community self-determination means that I bring a particular viewpoint and an accompanying set of values to addressing the problem of youth suicide that cannot be accommodated by an adult education planning perspective (nor – and perhaps contrary to what one would expect given my location – an individual biomedical viewpoint) only.

Clearly, much of my work could well be described using the language and ideas of health promotion, especially in some of this field’s more recent renderings (Buchanan, 2000), where the promotion of human well being is argued to be much less of a scientific enterprise and much more a distinctly human endeavour where values, ethics, and politics figure prominently. In advancing “an ethic for health promotion,” which challenges the field’s preoccupation with advancing truths through traditional scientific paradigms, Buchanan (2000) argues that health promoters should be more centrally concerned with
setting up the conditions for community members to come together as equals to deliberate about matters that concern the public good. He writes,

The field of health promotion needs to revive and reorient its practices toward bringing people together as citizens and community members to decide for themselves the kinds of lives they think are most worth living, rather than continuing to develop the 'technologies of prevention' (p. 5).

To a large extent, these ideas converge very strongly with the purposes and aims of adult education, in particular the focus on facilitating dialogue, promoting social justice, fostering the conditions for more equitable relationships, and reasserting the importance of practical reason and moral judgement (Usher, Bryant, & Johnston, 1997).

My planning practice has been, and continues to be, shaped and informed by a number of different academic traditions, primarily psychology, health promotion, and adult education, and any one of these disciplines could offer a unique set of lenses for viewing planning practice. For the purposes of this project, I am locating both my planning practice and my inquiry within the broad adult education tradition. This is not to suggest that the study itself might point me in other directions for more adequate conceptualizations of planning practice, especially since the adult education planning resources will, by definition, be incomplete and will only be able to provide partial understandings. In keeping with this point, I plan to suggest that the specific tasks and competencies that are required of me in my practice (i.e. nurturing relationships, facilitating the actions of others, coalition-building, recognizing institutionally constituted power imbalances, and creating opportunities for democratic participation) clearly draw some of their values from feminist models of leadership (Belenky, 1996) and other community development planning paradigms (Kretzmann & McKnight, 1993). Whether the term "adult education planning" adequately captures the essence of this multi-faceted
and deeply ethical work and whether the adult education planning resources from which I plan to draw can adequately account for what goes on in my practice under the banner of "program planning" are just two of the many questions that this study seeks to inform. Through this study, I expect to learn from existing theories but I also hope to contribute a fresh voice to current theoretical conceptualizations about program planning practice.

**An Initial Glimpse Into My Practice**

While the bulk of this inquiry will be taken up with narrative accounts and critical reflections on the national suicide prevention conference planning process, I would like to provide an initial entry into my practice by telling a slightly different story. A recent experience from my practice provides a compelling example of some of the key interests at stake in my work and will highlight some of the tensions that commonly emerge when communities try to mobilize a safe and effective approach to preventing suicide among youth. While the example described below is best understood as an invitation to the reader to step inside my world of everyday practice, it is important to remember that this example represents just one story from my practice (and one that is still very much in-progress). Most importantly, the themes that emerge in the narrative account below are not unlike those that surface in most of the other suicide prevention efforts and projects that I manage and hence it serves as an ideal introduction to my overall practice.

**Who Can “Do” Suicide Prevention?**

It was early afternoon when I received the call from the Assistant Superintendent from a nearby School District. She was careful in her speech, choosing her words very deliberately, and described herself as having “a delicate situation” to deal with and was hoping to get some assistance and direction from me. At first I thought she was calling to
get some clinical advice about a particular student who was thought to be at risk for suicide and I quickly pointed out that our program's consultation services were not of the "clinical variety" and if she was looking for this type of input, I could recommend several other agencies and individuals who could more adequately handle that task. She assured me that her issue was not of this type, but rather a matter concerning how the District and Board should respond in light of recent pressure from a parent whose child died by suicide one year earlier and who wanted to get access to local classrooms in order to speak directly to students about suicide and suicide prevention. For reasons of confidentiality, I will not go into the specifics of the case, but for the purposes here, recognizing the various interest groups who each had a stake in the outcome is the central concern.

**Balancing Multiple Storylines**

With respect to addressing the specific question, "Who can/should educate others about suicide?", it is clear that in this particular case, several different groups each had a very prominent interest. Firstly, the parent/family survivors of the youth who died wanted to "make sense" of their loss which meant translating their acute grief reactions into advocacy and action by educating students, parents, and school staff about how to reduce risks for further youth suicides. The school district staff (public administrators), school board representatives (elected public officials) and the local school staff (including the principal, teachers, and counsellors) all had a definite interest in this issue since the most common and logical site for delivering educational messages and programs of this nature tends to be the school system. Further, students and youth in general also had a keen interest in reducing suicidal behaviour among their peers. The
print and television media were showing consistent interest in this one particular case and wanted to report on “what was being done” to reduce teen suicide. Meanwhile, parents of children and adolescents wanted to make sure that their sons and daughters were not at risk for suicide by learning more about the issue. Finally, there was the community of suicide prevention “experts” (including mental health professionals, researchers, and community programmers) who had a particular type of formal knowledge they wanted to disseminate to the general public to reduce risks for suicide. (Incidentally, this group also had a very strong interest in controlling the manner in which such content was delivered).

What is clear from this case is that all these groups had a very strong view about what the youth suicide prevention message should be, who should deliver it, how it should be transmitted, who should serve as the primary audience, and ultimately who should decide on the worth of the particular messages being conveyed. Negotiating between and among all of these interests in a way that allows for broad input, but which clearly puts general student (public) health and well-being at the forefront, is my job as an educational leader and health promoter.

Here are just a few of the interests that are potentially in conflict in this one case: parent-survivor wishes to channel energies into “making a difference” for others by keeping the issue in the foreground which may result in public displays of highly charged (and culturally determined) emotions like rage, blame, guilt, and shame; school district staff’s interest in protecting the well-being of all students; school board interests in keeping public opinion favourable; local school staff wanting to protect their own colleagues and students from further “disruptive intrusions” paired with a desire to move on in order to begin the healing process; young people’s interests in speaking out about
the issue in ways that captivate their attention and match their needs for stimulation (often through dramatic and graphic portrayals); suicide prevention experts’ interest in mitigating the conditions which are known to contribute to “contagion” or copycat suicide (i.e. discouraging repeated, dramatic discussions around actual suicide cases which may inadvertently serve as a natural advertisement for other young people with pre-existing vulnerabilities); the media’s interest in responding to the public’s “right to know” combined with a desire to sell newspapers; parents’ interests in ensuring that the schools are safe for their sons and daughters; and the general public’s interest in knowing what is being done about youth suicide in their communities and how they can reduce the likelihood of it happening to them.

What this recent case illustrates so well is the fact that there are multiple understandings about what ought to be done about the problem of youth suicide. This situation is also fairly typical in terms of the challenges I face in my everyday practice as an educational leader. The stakes are high (it is a “life-and-death matter” after all), strong emotions are brought to bear on the topic, a sense of urgency is always present, multiple and conflicting viewpoints exist, and despite social scientists’ best efforts to treat suicide as if it is a scientific problem that will be solved through the systematic application of epidemiological research findings and increasingly sophisticated evidence-based techniques, the problem of suicide stubbornly persists, consistently managing to elude rational understanding, explanation, prediction, and control. These themes will surface again when I discuss the conference planning process so I will not go into any further detail here. To conclude this chapter, I will turn my attention to discussing the organization of the document.
Scope and Organization

While my practice is obviously concerned with the specific issue of suicide prevention, it is important to note that the purpose of this inquiry is not to provide an overview of the existing suicide prevention literature, nor is it designed to answer questions about why people kill themselves or how to reduce risks for suicide. There is already a vast and growing literature in suicidology specifically devoted to tackling these very difficult questions. While my study will certainly have relevance for practicing suicide prevention practitioners, especially insofar as it seeks to expose certain taken-for-granted assumptions about the nature of the work itself, this research also provides an important opportunity to view and analyze everyday planning practice through a personal and socially situated narrative lens.

Interpreting mandates handed down from above, deciding who should be involved, negotiating across various organizational and personal interests, and acting under conditions of ambiguity and conflict – not to mention indifference – are just a few of the challenges that confront health and educational planners everyday, irrespective of their practice locations. By offering an in-depth view of program planning practice, through the retrospective analysis of one particular planning event, it is my hope that this study will offer something of value to a range of educational and health planners. A brief overview of the material to be covered in the next five chapters is described next.

Chapter 2 provides a review of the relevant literature, with a focus on the dominant epistemological traditions and perspectives in suicidology followed by a consideration of the program planning literature. Chapter 3 describes the overall approach to this study, which is clearly located in the “practitioner research” camp
(Jarvis, 1999) and which, by definition, requires an eclectic methodological approach. More specifically, the study draws from the following research traditions: case study, narrative inquiry, and discourse analysis. Chapter 4, the most substantial chapter, presents a richly textured series of personal and professional accounts of planning practice, based on our suicide prevention conference planning experience. Chapter 5 offers further in-depth analysis of the practitioner accounts, drawing from a broad range of theoretical resources in the program planning literature as well as from the fields of health promotion, social constructionism, feminist theory, and adult education. The document concludes with Chapter 6 which discusses the main implications for planning practice and provides a series of suggestions for future research.
CHAPTER TWO. THEORIZING ABOUT MY PRACTICE

A range of intellectual resources can be employed for the present study in order to help me to better understand and analyze the practical, ethical, epistemological, and technical challenges that confront me daily as a planner, educator, community developer, and leader in the suicide prevention field. A review of the relevant literature is provided next, starting with a brief review and critique of the dominant intellectual traditions within which the practice of suicide prevention is deeply entrenched, followed by a review of the program planning literature in adult education.

Suicide Prevention and the Scientific Tradition

Suicide is an act of self-inflicted, intentional death. It is an extreme decision that is undertaken by those who perceive their stress and suffering to be insurmountable – a choice that is made by approximately 500 British Columbians each year (BC Coroners Service, 2000). For every death by suicide in this province, there are estimated to be between 50 to 100 more who engage in non-fatal suicidal behaviours. Contemplating suicide, usually in the face of some type of adversity, is even more common. When this type of suicide ideation persists, it can signal an elevated risk for future suicidal behaviour. In sum, suicide is a significant social problem that prematurely claims too many lives each year and creates an undeniable legacy of pain, sadness, and grief for those left behind.

Over the past several decades, the study of suicide and the practice of suicide prevention has become increasingly formalized, characterized most notably by the

---

2 This section integrates material from previous unpublished essays, prepared over the course of the three year Ed.D program (1998-2001), and from a recently published "Director's Message" (August 2001), a regular column in our program's newsletter, Lifenotes.
emergence of credentialed suicidology experts, the development of practice standards for organizations and practitioners, and the cultivation of a specialized and scientific body of knowledge which is grounded in scholarly research and empirically informed research efforts. In fact, much of the current emphasis on evidence-based decision-making and best practices in suicide prevention reveals how deeply entrenched the official practice (and study) of suicide prevention is in the scientific tradition and how ardently the field takes up the rationalist values and political imperatives of the day, where a concern for accountability, results, and the efficient allocation of resources all figure prominently.

Despite a plethora of North American and international research in this area, we still lack definitive answers to the question, “which particular individuals, faced with which specific circumstances will actually go on to kill themselves?” In other words, we cannot predict individual suicide outcomes. Suicidologists from around the world bemoan this lack of certainty:

Suicidal behaviours are complex and multifaceted. Their richness, diversity, and stubborn persistence transculturally throughout recorded human history are stiff challenges to those of us who would understand, predict, and intervene in them (Maris, Berman, & Silverman, 2000, p. 3).

Studies can identify factors that contribute to suicide, and reasons for suicide can be inferred, but no scientific study can explain why a particular person acts to end his or her life, and almost all the assumptions about causes of suicide are based on ‘association’ of factors (Commonwealth of Australia, 2000, p. 8).

Privileging Science

Despite conceding that suicide is a complex social problem that, at least to date, has managed to elude social scientists’ best efforts to predict and control it, there has been no dampening of enthusiasm for advancing the scientific understanding of suicide, which, according to its proponents, will provide the requisite knowledge and clarity that
are necessary for developing increasingly specialized suicide prevention and intervention techniques. The editor of the field’s most prominent journal, *Suicide and Life-Threatening Behavior*, captures this orientation well: “As with many other scientific disciplines, suicidology has both a strong scientific base (e.g. epidemiology, biology, psychology) along with clear clinical and preventive applications (e.g. assessment, screening tools, theory-based interventions)” (Silverman, 2001, p. v).

While we clearly need to continue to develop our knowledge base in this field, and the contributions of social and medical scientists are undeniably important and must be supported, there is a danger in assuming that the scientific frame is the only viable paradigm for understanding and intervening in this complex, multi-determined problem. In fact, this privileging of the scientific, positivist tradition for understanding human behaviour and social problems, has led several authors, located across an array of disciplines, to express serious doubts and concerns. For example, Buchanan (2000), writing about an “ethic for health promotion” describes his own sense of disquietude in the face of rising technical rational responses to our health and social ills,

The commitment of health promotion researchers to explaining human behaviour in terms of cause-and-effect relationships has created a void in our understanding of human behaviour. What is missing from these explanations is the human ability to discern different meanings in the past, to imagine different futures, to choose the values by which we think we ought to live, and to create a life on the basis of the will to become the kind of people we deem worthy (p.59).

Gergen (2000), a social constructionist, writes about “traditions in trouble,” and calls our attention to the taken-for-granted character of language, and notes the unique power bestowed on those who speak the specialist language common to the scientific community,
As scientific communities have grown strong, so have they developed specialized vocabularies, methodologies, modes of analysis and practices of reason. Thus we confront the emergence of a new "knowledge class," groups who claim superiority of voice over all others (p. 18).

From a feminist perspective, Ruddick (1996) offers a poignant commentary on the place of caring, love, and justice in evaluating various epistemological claims in the health sector which has extraordinary relevance for the practice of suicide prevention,

...there are many ways and capacities for knowing that go into the ability of a community, or a hospital, to keep a person alive. Many treatments can be learned, tested impersonally, and methodically delivered. But finally I look for ways of knowing and counting knowledge that would judge these treatments in the light of the pleasures they offer, the love they make possible, the care they provide, and the justice they observe (p. 267).

In a related field, Woolfolk (1998) laments the limitations of the "science versus humanities" debate that currently characterizes much of the practice and study of psychotherapy, and advances a position that rejects this either/or mentality,

Therapy is beyond both the art and science it comprises, an activity involving the development, elucidation, and application of practical knowledge and acumen through dialogue—a form of pedagogy encompassing fact and value, analogous to what in other times has been called the cultivation of character or the development of practical wisdom (p. 5).

Bringing a critically reflective stance to interrogating the "intellectual baggage," that the scientific tradition imposes on our understanding of human behaviour is itself a liberatory practice since it opens up new ways of making meaning and taking action. At the same time, however, we cannot afford to fall into the trap of setting up unhelpful polarities (e.g. positivism vs. constructionism) or deny the importance of developing a scientific understanding of complex social phenomena, including suicide. In other words, we should aim to hold these divergent views with a "both/and" perspective instead of an "either/or" point of view.
Forester (1996), writing about how practitioners actually learn in the planning and policy-related professions, brings an important and balanced voice to this discussion. He cautions that in the face of the positivist paradigm’s limitations we must resist the temptation to “throw the baby out with the bath water.” More importantly, we should not lose sight of the very practical questions that caught our attention as research practitioners in the first place.

The point here is not to scapegoat positivism but to note that the imperial effects of social science narrowly construed have often terrorized both graduate studies and social inquiry more generally. We forget too easily that science is a cultural form of argument, not a valueless, passionless use of magical techniques... The point here is not to argue against hypothesis testing when it is possible, not even to argue for a desperately needed broader conception of social research, but to pursue the question of how practitioners learn and develop good judgement in practice... (Forester, 1996, p. 191).

Clearly the uncritical acceptance of the positivist orthodoxy as the only approach to advancing knowledge in the human services realm is becoming much less common, thanks in large part to the contributions of postmodern and feminist critiques (Gergen 2000; Goldberger, Tarule, Clinchy & Belenky, 1996; Usher, Bryant & Johnston, 1998). And yet within the field of suicide prevention, as in the broader sectors of health and education generally, the scientific view of the world still reigns supreme, as revealed through the field’s zealous pursuit of evidence based programs and empirically validated techniques.

What Counts as Evidence?

A primary challenge faced by suicide prevention practitioners is the fact that indisputable evidence about “what works” in suicide prevention remains in short supply and that which does exist is often debatable in terms of its quality, especially when judged by traditional scientific criteria. While most decision-makers and front-line
practitioners would favour program planning and implementation efforts that reflect the findings from empirical research, the fact remains that in the field of suicide prevention, the nature of the work is rarely amenable to traditional forms of scientific inquiry and the findings that do exist are by no means unequivocal.

Like the difficulties associated with evaluating non-traditional or alternative health practices, the process of evaluating social interventions, including suicide prevention programs, is plagued with problems since the overall orientation “...does not lend itself readily to the atomization into elements required by standard evaluation processes and clinical trials” (Butcher, 1998, p. 270).

Not surprisingly, the evaluation of programs and strategies which are designed to prevent complex social problems is notoriously difficult. Part of the problem rests with the fact that what constitutes success is really a “non-event,” in this case, the absence of a suicide or suicidal behaviour. Quite apart from the obvious challenges of measuring a “non-event” is the issue of attribution: what accounts for the fact that no suicides took place? Was it the educational intervention, the school policy, the role of the media, the family support strategy, the peer helping program, the treatment for depression, the community wellness initiative? Or some combination of these?

Despite the different lenses through which the problem of youth suicide is viewed and understood, and despite the challenges associated with designing and evaluating prevention activities, most researchers and practitioners would no doubt agree that, like other complex social problems, the issue of youth suicide will not be ameliorated through any quick fix or single strategy solutions. Further, most who work in the suicide prevention field would probably also agree that wherever possible, we should be
engaging in those activities that hold the most promise for success, while discontinuing practices that show limited effectiveness. Despite its simple premise, this notion is fraught with complications in everyday practice. Commenting on the challenges of evidence-based decision-making in the health care field generally, Butcher (1998) writes:

Basing decisions on, and solving problems through, evidence is a cornerstone of rationality and, as such, is opposed only with great difficulty. But agreement with the principle masks a series of vital questions which include: what are the goals to be achieved, what are the acceptable means of achieving those goals, what is the type and level of the decision, by whom is the decision being made, what is the nature of the evidence and, indeed, what would even count as evidence and how is that evidence related to a decision? (p. 265)

Who Can Make Knowledge Claims?

Quite apart from the fact that science can neither explain nor fully account for all human experience, the assumption that the “objective” knowledge of science will provide the answers to our most vexing social problems is fundamentally undemocratic. According to Gaskell (1988), a traditional scientific paradigm often seeks to substitute the knowledge of experts for the knowledge of ordinary people. Concurring with this observation, Holmstrand and Harnsten (1997) translate Nitsch’s (1990) comments regarding the anti-democratic spirit of traditional research dissemination efforts.

There is a tendency in our society to ascribe higher dignity to scientific knowledge than to knowledge that springs from experience. Therefore, the transmission of research information risks being reduced to a confrontation, or a one-sided cultural invasion, rather than a fruitful exchange. This not only reduces effectiveness of the research information but also goes against our own democratic principles (p. 90).

This brief review and critique of the dominant intellectual traditions which have historically guided the practice and study of suicide prevention has been designed to put my own practice into a larger institutional context, while simultaneously surfacing some of the epistemological tensions that exist between an expert “rationalist” discourse and a
community citizen or grassroots discourse. Next I will provide an overview of the relevant program planning literature, which, not surprisingly, has many parallels with this section in terms of exposing the dominance of the technical rational tradition in planning theory (Wilson & Cervero, 1997).

**Program Planning**

The program planning literature in adult education provides a rich account of some of the major shifts in thinking that have emerged in this field over the past few decades. Traditional and sterile views of program planning have given way to more dynamic and contextually rich conceptualizations of the complex and contested terrain known as program planning. A brief review of some of the key themes in the literature is provided here.

A traditional view of program planning would suggest that good planning is nothing more than the skillful application of a series of discrete and sequential steps which are to be implemented according to some rational formula to achieve some specific and predetermined end (Cervero & Wilson, 1994). A brief glance at some of the planning literature in adult education confirms that this linear view of planning practice has enjoyed a rather longstanding and—until only recently—undisputed reign (Sork & Buskey, 1986; Tyler, 1949). This historical privileging of the technical rational view of planning has been well described in the literature (Adams, 1991; Wilson & Cervero, 1997) and in many respects, it persists to this day in a variety of forms. Assessing needs, defining objectives, preparing teaching activities, and designing evaluation strategies are typical steps identified in the traditional lore of program planning. While such technical
aspects of planning are of unquestionable value, they are by no means the only factors which need to be attended to when designing new programs.

Recognizing the contributions of the larger social and political planning context, the range of diverse interest groups involved, and the pivotal role of planners themselves, several authors (Cervero & Wilson, 1994; Sork, 2000) have recently advanced new perspectives on planning that are much more congruent with planners' real world experiences. As such, these newer planning frameworks are far less prescriptive in character and while they undoubtedly lack the neatness and precision of traditional planning models, their value rests in the fact that they more adequately capture the real essence of planning work: negotiating interpersonal relationships, managing conflicting interests and values, and deliberating about ethical questions; all in the context of asymmetrical power relationships and shifting social and political environments.

Given the complexity and uniqueness of my practice, formal planning theories and frameworks can only go so far in accounting for the situated realities and multiple discourses that characterize and shape my everyday work as a leader in the suicide prevention field. Further, while some aspects of my practice fit comfortably under the banner of “program planning” (e.g. planning a national conference on suicide prevention) other actions that I routinely undertake as an educational leader are less well accommodated by this term (e.g. navigating between multiple interest groups to mobilize and foster actions that advance the youth suicide prevention agenda).

The most common definition of program planning advanced by Wilson and Cervero (1996a) is “a social activity in which planners negotiate personal and organizational interests to construct educational programs for adults” (p. 6). Their
emphasis on *constructing programs* as the specific end to be pursued through planning activities is perhaps too restrictive for my purposes. Instead, I tend to understand my work as a planner in much broader terms, and appreciate some of Wilson and Cervero’s (1997) later efforts to define planning as “any where, any time educators imagine possibilities of action” (p. 104). Forester’s (1989) description of planning as the “guidance of future action” is another more encompassing definition which would appear to accommodate orchestrated efforts to shift understanding, change attitudes, initiate new processes, and re-configure relationships, as reasonable ends to be pursued through planning.

**Approaches to Program Planning**

As discussed in the introduction, program planning theories in adult education have traditionally been noted for their emphases on step-by-step procedural logic, rational decision-making, and an uncritical acceptance of the value of specific technical tasks like assessing needs, setting objectives, designing curricula, and preparing evaluation strategies (Sork & Buskey, 1986; Wilson & Cervero, 1997).

Cervero and Wilson (1994) have categorized some of the dominant trends in the program planning literature and refer to this traditional conceptualization of program planning practice as the embodiment of a “classical viewpoint.” In contrast, the “naturalistic viewpoint” improves on the sterility and rigidity of some of the classical planning models by acknowledging the role of the specific planning context and the contributions of planners’ personal judgements. Houle’s (1996) system-based theory of educational program planning, with its emphasis on flexibility and responsiveness to learner needs and feedback, is a good example of the naturalistic perspective.
A third and distinct view of planning practice, which has been enthusiastically taken up by Cervero and Wilson (1994), is the "critical viewpoint" which operates from a similar set of ideological commitments as those found in a critical theory perspective. Since Cervero and Wilson's planning theory occupies a prominent place in my work, I will devote some time in the following section to describing its key constructs and main tenets.

Critical viewpoint. This approach represents a significant departure from more traditional views of planning as it draws attention away from the technical aspects of planning, and highlights the fact that planners are always making decisions within a context of shifting and unequal power relationships, giving new and prominent attention to the ethical and political issues that are understood to be ubiquitous features of all planning. Drawing heavily from the critical viewpoint, and influenced by the work of Forester (1996), Cervero and Wilson (1994, 1996, 1998) and Wilson and Cervero (1996a, 1996b, 1997) have been some of the most prolific writers in the adult education planning field. They suggest that planning activities always have two outcomes: "planners ‘construct’ educational programs, and through their practices, they ‘reconstruct,’ either maintaining or transforming, the power relationships and interests that make planning possible" (Wilson & Cervero, 1996a, p. 9).

Four central concepts undergird Cervero and Wilson's (1994) planning theory: power, interests, negotiation, and responsibility. Each will be discussed in turn. Power, according to Cervero and Wilson, "is the capacity to act, distributed to people by virtue of the enduring social relationships in which they participate" (p. 29). Interests, according to these authors direct the actions of planners and others involved in the planning process.
They define interests as “complex sets of predispositions, embracing goals, values, desires, expectations, and other orientations and inclinations that lead a person to act in one direction or another” (Wilson & Cervero, 1996a, p.9). They go on to suggest that there are at least five groups of people whose interests always matter in planning programs: learners, teachers, planners, institutional leaders, and the affected public. Furthermore, planners’ enduring power and influence is determined by their ability to effectively negotiate between the interests of those involved in the educational process (Cervero & Wilson, 1994). Negotiation takes place as planners “confer, bargain, or discuss with other people to arrive at the settlement of some matter” (p. 156). Finally, responsibility refers to the fact that planners must act responsibly in deciding whose interests will matter and whose interests will be represented in the planning process.

Wilson and Cervero (1996a) have advanced a theory of program planning that puts people squarely at the centre, since as they frequently observe, planning work is fundamentally “people work.” These authors further note that planning work is consistently political since it always takes place in the context of shifting interests and asymmetrical power relationships and it is always ethical, since decisions about who “sits at the planning table” as well as the process of making judgements about whose interests matter, requires thoughtful reflection and ethical deliberation (Cervero & Wilson, 1998; Wilson & Cervero, 1996a).

By explicitly acknowledging that planners do not act alone in creating educational programs for adults and by drawing our attention to the diverse range of interest groups that always have a stake in the planning process and outcome – learners, teachers, planners, institutional leaders, and the affected public – Cervero and Wilson (1994) have
articulated a theory of program planning that is both comprehensive and practically relevant. At the same time, however, the case study examples that they included in their "sourcebook" (1996) were typically limited to giving accounts of the planning landscape according to the perspectives of the "officially designated planners" only.

While rich in their detail, especially for their ability to capture the "messiness of planning," these first-person accounts of planning practice generally failed to include the viewpoints and voices of other planning participants at the table or key interest groups who had a prominent stake in the outcome. If "planning work is a social activity," as Cervero and Wilson assert, and if the reality of planning practice is such that multiple perspectives and interests are constantly being considered and advanced though deliberation, negotiation, argument, and even manipulation, then the inclusion of other planning participants' viewpoints (and their interpretation of events) in the case descriptions and analyses is critical. More recent published accounts of program planning efforts (Rees & Cervero, 1997; Umble, Cervero & Langone, 2001) have included the voices of a range of planning partners and stakeholders which has enriched the overall analysis by illuminating the historical processes and organizational relationships that give shape to the interpersonal dynamics and decisions at the planning table.

While Wilson and Cervero (1996b) have clearly underscored the importance of taking an ethical stance in program planning practice, their conceptual contributions remain somewhat underdeveloped in this area. For example, even though they recommend that planners create a "substantively democratic process," whereby all those who have an interest in the program have a chance to be involved in deciding what is
important, such observations offer very little guidance to planners in terms of the specific actions that ought to be undertaken. Further, their reliance on the concept of “negotiation” to explain what planners actually do in order to plan responsibly (Cervero & Wilson, 1994) may leave other avenues for understanding planning practice unexplored. To be fair, in response to legitimate challenges and critical feedback (Sork, 1996), these authors have recently made some significant strides in refining their concept of negotiation which has led to the emergence of some promising new conceptual planning resources like the roles of “substantive” and “meta-negotiations” in planning practice (Cervero & Wilson, 1998).

Still, based on their planning theory, many questions remain unanswered. For example, how do planners actually go about attempting to create the conditions for substantively democratic planning? How might one recognize the existence of a substantively democratic process? What other processes, besides negotiation, are involved in planning responsibly?

Effectively articulating some of the limitations of the critical perspective, Sork (1996) has persuasively argued the need for a more complete description and theoretical accounting of adult education program planning practice; one that can both “explain the complexities of planning and guide those involved” (Sork, 2000, p.179). A brief review of Sork’s question based approach to planning is described below.

A question-based approach to program planning. Through the development of a comprehensive planning framework that is “generic, generative, and derivative” in character, Sork’s (2000) “question-based approach to planning,” represents a potentially
valuable contribution to the program planning field by offering a conceptual resource that
can be used as both a guide to planning as well as an analytical tool.

Sork identifies six general elements (or clusters of activities) that are common to
most planning endeavours: analyze the context and learner community, justify and focus
planning, clarify intentions, prepare instructional plan, prepare administrative plan, and
develop summative evaluation plan. By highlighting some of the skills and
understandings that are required from planners in each of these areas as well as across
three interrelated program planning domains – the technical, the social-political, and the
ethical – Sork’s planning framework incorporates and builds on the valuable work of

Among other things, Sork’s framework encourages planners to ask themselves
key questions within each of these domains in order to help them traverse more mindfully
across each of these important areas. He notes,

When used to *guide planning*, this framework should prompt those involved to
pose questions they believe are important to answer, then consider what
techniques from among the vast number available might help answer each
question. When used to *analyze planning*, the framework can serve to organize
questions that are posed explicitly or suggested implicitly by the decisions or
actions of the planners (italics in original, p. 180).

In summary, Sork’s framework appears to support a balanced and integrated
approach to program planning practice. He recognizes that planners need a range of
skills and competencies, including: technical skills, social competencies and political
savvy, as well as skills in moral deliberation and ethical decision-making. His
comprehensive framework, which effectively encompasses the most common structural
tasks of planning while also recognizing the influence of broad contextual factors, offers
a potentially promising and practical planning tool for adult educators.
A Focus on Talk

While Cervero and Wilson's (1994) work and Sork's (2000) framework both reflect broad views of program planning and as practical tools, they support planners to undertake their work in ways that recognize its unique and "messy character," neither of these conceptual resources specifically invite planners to consider the way in which "planning talk," or in my case "suicide prevention planning talk," serves as the medium through which problems are produced and defined, decisions made, stories told, compromises achieved, actions pursued, and ethical commitments upheld (or not).

Picking up on the work of Rees and Cervero (1997), who give specific attention to the way language gets used to exercise power in adult education planning practice, I plan to rely on conference planning participants' reflections as a vehicle for exploring the various understandings of suicide prevention work and the particular ways in which power - which is expressed through language - operates at three different levels: situational, institutional, and societal.

A Focus on Listening

Maintaining an exclusive focus on talking without taking a concomitant interest in listening would create the impression that planning is only about talk. In fact, talk that takes place without listening not only precludes the possibility for shared understandings to emerge, it is also fundamentally meaningless. Curiously very little substantive attention has been devoted to analyzing the role of listening in planning theory. To restore more balance to the way we understand interpersonal communication and collaborative action in planning educational programs, I plan to devote some attention to
understanding the role of listening at the planning table, relying primarily on the work of Forester (1986, 2000) and Bickford (1996).

Forester (2000) has devoted considerable attention to analyzing the role of listening in everyday planning processes. While he acknowledges that words are undeniably important, without careful listening and without critical attention paid to the function of these words, the opportunity for developing critically enlightened planning practices is sorely compromised. He writes,

It is certainly not just about words... We always face the danger, in studying ordinary work, that we will listen to what is said and hear words, not power; words, not judgment; words, not inclusion and exclusion; "mere words," and not problem framing and formulation, not strategies of practice (p. 37).

Bickford (1996), who writes about the critical role of listening in fostering socially democratic practices, acknowledges that a focus on listening has been conspicuously absent from most contemporary democratic theories. She writes,

To highlight the role of listening is to confront the intersubjective character of politics. Communication inherently presupposes different beings and the possibility of something between them; it points to both separateness and relatedness” (emphasis in original, p. 4).

Cultivating a culture of critical listening and care at the planning table is essential to good practice and more prominent attention should be given to analyzing the role of listening in current planning theories. Forester (2000) and Bickford (1996) provide some important intellectual resources for thinking about and understanding program planning dynamics from a perspective which includes a focus on listening. These ideas will be taken up in more detail in subsequent chapters.

These represent just a few of the fresh contributions to program planning theory and practice that I hope to make with my study, which necessitates a discussion of some
other conceptual and methodological "tools to think with," each of which finds its intellectual home in the broader interpretive tradition. These intellectual resources will be described in the next Chapter.
A unique opportunity to both reflect on my own actions as a leader/planner and critically analyze how the various interests and discourses typically shape the development of actual suicide prevention programs, is currently available to me through a retrospective inquiry into the planning process that guided the development of a national conference on suicide prevention, which I chaired in October, 2000. This four-day conference on suicide prevention was first and foremost an educational event that sought to increase awareness about the serious problem of suicide in our country and like most conferences of this type, it also created an opportunity for dialogue, networking, and shared action to take place among people from diverse professional and geographic backgrounds.

Reflecting on my role in the conference planning process, interviewing planning committee members and reviewing some of the written records that were produced for the conference itself will provide me with unique access to the multiple discourses currently constituting the field of suicide prevention and will help me understand the richly layered and storied character of this work. Further, this type of inquiry will expose for analysis the competing epistemological tensions, the different frames for understanding and discussing the problem, the means by which these multiple discourses get negotiated and translated into program decisions, and the acute sensitivity which characterizes most “suicide prevention talk.” Taken together, these elements provide the unofficial foundation for my everyday decision-making, leadership, and planning practice.
Interpretive Inquiry

Several features of the traditional case study method (Yin, 1989) will be retained for the purposes of this project, including the attention to context and the use of multiple data sources. However, in order to give an accounting of the conference planning process that is personal, evocative, and representative of multiple perspectives, I plan to rely on several resources from the interpretive tradition, including narrative inquiry (Clandinin & Connelly, 2000; Kohler Riessman, 1993), social constructionism (Gergen, 2000), and discourse analysis (Gee, 1999).

Narrative Inquiry

According to Gee (1999), “Narratives are important sense-making devices. People often encode into narratives the problems that concern them and their attempts to make sense or resolve these problems” (p. 134). Multiple definitions of the term “narrative” exist since storied approaches to understanding human experience cut across an array of disciplines and professions, but for the purposes here, I am guided by the general definition of narrative offered by Kohler Riessman (1993): “… it refers to talk organized around consequential events. A teller in conversation takes a listener into a past time or ‘world’ and recapitulates what happened then to make a point, often a moral one” (p. 3). At a more specific level, Labov (1982) suggested that personal narratives typically have six common properties: an abstract (summary), orientation (time, place, location), complicating action (sequence of events), evaluation (meaning of the action), resolution, and coda (return to the present). In listening to the planning accounts provided by my colleagues I was informally guided by Labov’s criteria in an effort to “locate the individual stories.” More will be said about this in a later section.
Using a narrative approach to position and reveal some of the dominant understandings, tensions, multiple discourses, as well as the gaps and silences (stories not told) that emerged throughout the conference planning endeavour will provide an entry into my world of practice that promises to be both authentic and powerful. Even though one of the strengths of this study is the inclusion of the voices of others who sat at the planning table, it is also important not to lose sight of my active role in shaping the storied accounts of planning practice that are to be included here. As Forester (1996) notes,

Planners not only present facts and express opinions and emotions, they also reconstruct selectively what the problems at hand really are. And they characterize themselves (and others) as willing to act in certain ways or not, as concerned with these issues, if not so much with those, as having good or poor working relationships with particular others, and so on. So not only do we tell stories..., but our stories tell a good deal about us as well (p. 196).

Finally, by positioning my own “autobiographical narrative” (McLean, 2000) about the conference planning experience alongside the stories of my planning colleagues, I have been able to reflect anew on many of my own earlier premises and assumptions.

Social Constructionism

Among other things, social constructionism offers a useful set of lenses for undertaking an ideological critique of suicide prevention and everyday program planning practice. By calling into question some of our heretofore unexamined assumptions about truth, knowledge, and the primacy of individual reason, the social constructionist invites us to “generate alternative understandings of greater promise” (Gergen, 2000, p.40). Like the critical perspective espoused by Forester (1989) and taken up by Cervero and Wilson
(1994), social constructionism also concerns itself with exposing the role of dominant interest groups in reproducing inequitable power relations.

Four working assumptions express the essence of social constructionism according to Gergen (2000). First, the terms by which we make sense of our world and our self are neither required nor demanded by “what is there.” Second, our modes of description, explanation and/or representation are derived from relationship. Third, as we describe, explain or otherwise represent, we also shape our future. And fourth, reflection on our forms of understanding is critical to our future well being.

Clearly the role of language plays a central role in social constructionism and our ability to use language to shape new meanings and invite alternative understandings is critical to our role as planners. Elaborating on this point, Rees and Cervero (1997) suggest that “responsible planners must not only be aware of many levels of meaning in discourse but must also know how to use language skillfully and politically to exercise the full extent of their agency” (p. 63). As Forester (1989) puts it, good planners do not so much solve problems, but rather they recreate them anew, “reformulating them so action and strategy are possible, sensible, and agreeable” (p. 16). In order to investigate how we use language to enact various identities at the planning table, and make new understandings possible, I plan to borrow some conceptual resources from the field of discourse analysis as well. A brief summary follows.

**Discourse Analysis**

Authors working in the health planning field recognize the importance of using innovative qualitative methodologies, including discourse analysis, to capture the complexities of program planning practice. Degeling (1996) writes,
...we take the view that future research should be designed to provide ‘thick’ case study descriptions which, utilizing concepts and methods drawn from ethnography, socio-linguistics and discourse analysis, provide detailed interpretations of both the structured and contested nature of the processes by which the various dimensions of specific planning episodes were constituted and played out (p. 114).

While I will borrow some key theoretical concepts and methodological tools from the broader field of discourse analysis for my inquiry, I am not setting out to “do a discourse analysis” on suicide prevention practice per se. As such, I will not be coding and analyzing all of the utterances of research participants, nor will I be engaging in a micro level examination of all of the texts surrounding the suicide prevention conference. Rather, I am concerned at a more general level with how, “the details of language get recruited, ‘on site,’ to ‘pull off’ specific social activities and social identities…” (Gee, 1999, p.1) and more specifically, how such identities – which reveal themselves through everyday stories and “language-in-use” – get played out in the suicide prevention planning arena.

My analysis will include a focus on the “situated meanings” and “cultural models” (Gee, 1999) of suicide prevention used by my planning colleagues with a view to understanding how these diverse renderings typically get “played out” at the planning table, what these various understandings might imply for planning and program development efforts, and how leaders like myself go about making sense and taking action in the midst of these multiple perspectives. By paying attention to the words that people use to describe their understandings of suicide prevention activities and by recognizing that it is through language that people enact activities, perspectives, and identities (Gee, 1999) I plan to examine the potential meanings and effects that the
multiple discourses in suicide prevention have for overall program planning and development.

Even though the analytical tools I am using are grounded in different theoretical traditions, I am confident that by using elements of narrative analysis, social constructionism, and discourse analysis I will be able to investigate my practice in a thoughtful and critically engaging way. Further, I believe that an eclectic approach, which reflects carefully chosen elements from a variety of compatible theoretical and research traditions, is an appropriate and effective way to study one’s own practice. For example, using concepts from the narrative tradition allows me to appreciate the storied character of planning work, and helps me to focus on the ways that practitioners use stories to make sense and meaning of their experiences at the planning table. Social constructionism, with its focus on the way we use language to constitute social reality provides a helpful set of lenses for viewing planning practice since, among other things, it gives us some practical tools for thinking about “the consequences of putting things this way” (Gergen, 2000). In a related vein, some conceptual tools from the broader field of discourse analysis will also be helpful as I try to better understand the way in which planning participants use language to construct their own and others’ identities at the planning table. Given my research interests, and the specific questions that are guiding this study, I believe that these particular resources can each make a unique contribution to advancing our knowledge and understanding about what matters most when diverse interest groups come together to plan educational programs for adults.

Finally, through this analysis I expect to be able to make a worthwhile and fresh contribution to the adult education program planning literature by building on previous
authors' (Cervero & Wilson, 1994; Umble, Cervero, & Langone, 2001) understanding and use of the term “negotiation,” which they regard as the central activity used by planners to deal with conflicting interests, and which I will re-interpret as a strategy undertaken by planners to shape, mobilize and transform the various discourses at the planning table. In addition, I hope to make an important contribution to the professional literature in suicidology, where first-hand accounts of practice – including critical reflection on what it means to “do suicide prevention” – are sorely lacking.

A Narrative Account of Planning Practice

Practice stories offer powerful tools for learning and represent legitimate approaches to scholarly investigation. For example, the use of narrative to better understand a range of human experiences has been effectively demonstrated by anthropologists, psychotherapists, urban planners, and educators alike (Behar, 1996; Clandinin & Connelly, 2000; Coles, 1989; Forester, 1996, 2000; Polkinghorne, 1988). Using narrative to better understand the adult education planning landscape is a unique approach that will allow this project to reflect the storied character of this work, while at the same time offering a powerful tool for analyzing and advancing planning practice.

The opportunity to “co-construct and tell practice stories” will allow me to reveal the complexity of planning practice, which by definition is characterized by action, interpersonal relationships, practical reasoning, ethical conflicts, shifting politics and power structures, ambiguity, and unpredictability (Cervero & Wilson, 1994; Jarvis, 1999; McLean, 2000; Usher, Bryant, & Johnston, 1998). According to Forester (1996) practice stories offer valuable tools for learning and their power lies in their idiosyncratic, dynamic, and situated character; in other words “the messiness is the message” (p. 201).
For the purposes of this project, I am gathering data and reviewing records — in the form of first-hand accounts of planning participants, personal reflections, minutes from planning meetings, and formal correspondence — representing the collaborative efforts of our national suicide prevention planning committee. Instead of adopting the stance of an "objective and detached" researcher, I am locating myself in the midst of the planning action, embodying the spirit and principles of what Jarvis (1999) characterizes as the "practitioner-researcher." Simultaneously playing the roles of practitioner and researcher, participant and observer, actor and analyst, storyteller and listener, is never easy, and yet it is within and among these roles that most educational leaders and planners must sensitively and sensibly manoeuvre everyday. A narrative approach that allows the researcher to speak from an "I" position, but which allows for other voices to be heard, is best suited for capturing the transitory, vulnerable, deeply situated, personal and political nature of program planning practice (Jarvis, 1999; Ellis & Bochner, 2000). Being "vulnerable" in this case, does not mean indiscriminate self-disclosure. Instead, "the exposure of the self who is also a spectator has to take us somewhere we couldn’t otherwise get to" (Behar, 1996, p. 14).

The history and character of this planning effort makes it particularly well suited for this type of investigation because it reveals the presence of multiple, and sometimes competing interests, and at the same time it typifies my planning practice. In addition, the conference planning process is well bounded and fits very tidily under the label of "program planning in adult education." I have chosen this particular project to study because, apart from presenting a range of practice challenges to me in my role as an educational leader, it also shares many features with other efforts I am involved with in
my everyday practice, i.e. involving multiple perspectives to enhance the quality of
decision-making, having a concern with fairness, mobilizing a commitment to take "good
and right action," and supporting broader ownership of the problem and its solutions. It
is also a good case to study retrospectively and narratively since it has a distinct
beginning, middle, and end.

By giving a retrospective account of the conference planning process I will be
able to reflect on what happened from start to finish and will be able to include the
perspectives of those who participated in the planning in the overall narrative analysis. It
offers me an excellent opportunity to analyze the power relations, tensions and
opportunities, interpersonal dynamics, and social and political constraints that typify
planning practice. Further, such an approach enables me to appraise the analytical value
of certain adult education planning theories, concepts, and tools like Cervero and
Wilson's (1994) notion of "a substantively democratic process" and Sork's (2000)
"question-based framework."

By drawing from real planning episodes to construct storied accounts about
"...who is attempting what, why and how, and in what situation, and what really matters
in all that" (Forester, 1996, p.202), I will be able to apprehend planning practice from a
new and powerful vantage point. The conference planning project will be discussed very
briefly below in order to introduce some of the major interest groups and planning
stakeholders. Through the presentation of a very brief personal account, I will also begin
the task of temporally and contextually locating myself in the midst of the planning
action.
The Canadian Association for Suicide Prevention (CASP) is a national non-profit organization dedicated to the prevention of suicide and suicidal behaviour in Canada. CASP is guided by a volunteer Board of Directors and the organization has sponsored a national suicide prevention conference each year since 1990 at various locations across the country including Winnipeg, Halifax, Montreal, Saskatoon, Toronto, Banff, and Iqaluit, to name a few. For the period 1998-2000, I served as an elected Board member of CASP and I also served as the conference program co-chair of the 11th Annual CASP conference which was held in Vancouver in October, 2000.

**Early tensions.** While I was a volunteer Board member of CASP, I was also maintaining my full-time position as the Director of the Suicide Prevention Information and Resource Centre (SPIRC) in the Department of Psychiatry at UBC. Almost from the moment I agreed to serve as the CASP conference program chair did I experience the unwelcome realization that I was caught between two different sets of organizational interests with respect to how the conference should be managed. And that was just the beginning. A brief first person account reveals some of the early tensions I was facing.

*I remember sitting at the Board meeting in Winnipeg in 1998 discussing some of the problems encountered with previous CASP conferences. Since I was the Secretary, I was obliged to listen to the discussion and deliberations of the Board carefully so that I could record the key themes and decision points as faithfully as possible. The biggest concern being expressed by Board members was financial. Some of the earlier conferences had lost money which had thrown CASP into serious debt and which took a long time from which to recover. Many hard feelings remained and emotions continued to run high regarding the issue of*
conference deficits. In response, the CASP Board had recently developed a letter of agreement to be signed by the local host agency which outlined the following conditions: if the conference loses any money, CASP will bear no financial obligation whatsoever, but if a profit is made, CASP will split it with the local host agency on a 50-50 basis. I remember feeling worried about how I would explain this proposed arrangement to my own unit director back at my work site, especially when I knew her to be someone who valued her ability to act autonomously, but even more significantly, she had a very low tolerance for anything that resembled outside interference in the business decisions of our local unit. I felt very torn between wanting to support CASP's national interests and yet I did not want to enter into an agreement that would make my own local organization vulnerable to financial loss. How could these Board members have the audacity to set down all these conditions with respect to how the conference was to be managed when they provided virtually no administrative or financial support to local organizers? e.g. simultaneous French translation must be provided for all plenary sessions (I knew this was very expensive and my experience in the past told me that very few conference delegates attending the Vancouver conference would be unilingual Francophones), student discount rates must be offered, Board members should be given lower conference registration rates, etc. While setting down all these "rules" for local conference organizing committees, the Board made it abundantly clear that not only would they not offer any financial support to local organizers but they would not bear any responsibility for potential conference losses either. I distinctly remember
thinking to myself, “maybe I will have a new job in a new province by the time the
year 2000 rolls around and I won’t have to face all this mess.”

It was against this backdrop that the CASP conference planning committee began
their work in earnest, which was approximately two years before the conference was to
take place in October, 2000. One of my earliest strategic decisions was to recruit a
conference program co-chair who I thought might be able to help me navigate more
effectively between the interests of the CASP Board and my own local organization by
bringing a more neutral presence to (what I perceived to be) an already politically
charged planning process. I approached her because she had served on the national
CASP board in the past and had a good understanding of the national and local politics.
As a psychiatric nurse educator with a range of contacts in the field, she brought a
specific set of skills and expertise to the task of co-chairing the national conference that
complemented my own. Over dinner one evening, the two of us (casually and
uncritically) generated a list of specific people and agency representatives that we
thought should be invited to sit on the national suicide prevention conference planning
committee.

Assembling the planning committee. I remember being quite emphatic about
wanting to have an aboriginal representative as well as a survivor representative on the
committee. I knew their particular voices would need to be heard at our planning table
and their early involvement would be critical to us if we wanted to develop a conference
program that would meet the needs of a range of stakeholders. I had a specific interest in
constructing a conference program that would reflect the diversity of work being
undertaken in the suicide prevention field. I was eager to disrupt the singular and
uncritical view of suicide prevention – which I had come to expect based on my experience at previous conferences of this sort – which I believed was rooted in a distinct and historical privileging of certain mainstream professional voices like mental health practitioners and researchers.

Apart from these strategic interests of mine, the rest of our choices for assembling a planning committee were fairly obvious (at least to my co-chair and me) and reflected our attempts to ensure representation from the major stakeholder groups in suicide prevention, many of whom were our colleagues and friends. They included crisis centre staff, academic researchers, mental health clinicians, and community level practitioners.

**Description of the Planning Committee**

Besides myself and my co-chair, other individuals represented on our planning committee included: four representatives from the crisis centre sector (a director of a community crisis line, a director of volunteers, a Chinese crisis line volunteer coordinator and a First Nations crisis line coordinator), one clinically oriented mental health practitioner, a psychiatric nurse educator, a faculty member from an academic department whose research interests included child and youth suicide prevention, a parent survivor whose son died by suicide, and a published author who wrote a book about suicide for parents. One academic psychologist with a long research career in youth depression and suicide was invited to join the committee but he declined due to a lack of time.

Most of the individuals who sat on the committee had a longstanding interest in suicide prevention and most had been practicing in the field for well over ten years. The majority of planning participants had a minimum of a baccalaureate degree (in nursing or
social work), several had a master’s degree (in social work or counselling), one member had a Ph.D (in psychology) and two others, including myself, were doctoral candidates in education.

There was some minor turnover in committee membership over the two-year period due to geographical moves, but for the most part the planning committee was a very stable group who faithfully showed up to all the scheduled meetings. All meetings took place in a fairly standard board room (i.e. a square room with bare walls – except for a large white board and a window – which was dominated by a long oval table surrounded by 10-12 beige chairs) which was located on a university campus in the city of Vancouver. I chaired all of the meetings with the exception of one or two (my co-Chair lived in another city and she joined many of the meetings by speaker phone). A formal meeting agenda was sent out to all committee members in advance. My program assistant served as the recorder and minutes were produced and distributed following every meeting. On occasion, up to one or two out-of-town representatives joined the meetings by speaker phone. On average there were approximately ten people, including my program assistant, and myself sitting at the planning table at any one time.

**Specific Procedures**

Using an open-ended interview structure, research participants were invited to reflect on their own experiences at the planning table. Meeting agendas and minutes, e-mail messages and other correspondence related to the conference, plus my own personal notes were also reviewed as a way to anchor particular events in time and to remind me of key issues and various decision points along the way. My own storied account of planning practice draws from all of these data sources, and will be juxtaposed with the
observations and stories of my planning colleagues. Thus the varied perspectives of different planning partners and stakeholders are represented in their own words (based on their responses to a series of open-ended questions) and are woven into an unfolding and textured narrative about planning practice in the mental health field.

Interview Process

Those individuals who served on the conference planning committee were invited to participate in this study, which consisted of one face-to-face interview with myself, plus a series of brief follow-up conversations, either by telephone or e-mail, for the purposes of clarifying something that was said during the course of the interview. All nine committee members agreed to participate. One member requested to respond to the interview questions in writing since English was her second language and she felt more comfortable participating this way. While the written responses she provided were minimal, often in the form of three to five word answers, I have made every attempt to include her responses in the analysis wherever possible. I also arranged to have someone interview me which has enabled me to include my own voice alongside those of my colleagues. All of the interviews took place in the local practice settings of my colleagues during the months of June and July, and one person was interviewed in her home.

Interview questions. Questions asked through the “conversational style” interview were drawn from the Interview Guide, which has been included in Appendix A. These questions have been informed by the published literature in program planning in adult education (Cervero & Wilson, 1996; Forester, 1989; Sork, 2000) revealing a particular concern with power, interests, and participation at the planning table. By focusing on
participants' personal and professional understandings of the everyday work of suicide prevention, the interview questions were also designed to provide me with access to the ways in which language gets used by participants to frame problems and mobilize particular discourses at the planning table (Degeling, 1996; Rees & Cervero, 1997).

Further, given my explicit interest in enabling participants to provide storied accounts of their experience at the planning table, the questions and follow-up prompts were worded in such a way as to maximize the opportunity for interview respondents to offer very personal and deeply situated “lived accounts”. Finally, the three research questions, which were included in chapter one, guided me in preparing the final version of the interview guide.

Guiding research questions. To reiterate, the key research questions which are driving this study are: What are the diverse personal and professional understandings that stakeholders bring to the work of suicide prevention? How do these various identities and roles get enacted through language? What are the implications these various understandings and multiple discourses have for shaping subsequent program planning experiences, decisions and actions?

Use of field notes and personal reflections. Following each of the interviews, I was struck by certain themes that emerged during our conversation, or else I noticed that my curiosity had been piqued by particular comments made by my planning colleagues, all of which I routinely recorded in my journal as a way to capture my immediate observations and reflections about the interview process. These field notes served as helpful reference points during the analysis phase and I relied on them in the early stages of my analysis.
A sample commentary from my personal log, which arose following my interview with a planning committee member named Janice, is included below.

*Clearly, helping a suicidal person may involve personal sacrifice at times. On the other hand, Janice’s sentiment, which is captured in the oft-quoted slogan “suicide prevention is everybody’s responsibility” is also potentially problematic because we also have other participants making claims to having particular expertise when it comes to dealing with suicidal individuals (see for example Jayne’s comments re: clinicians who aren’t capable of doing “appropriate suicide risk assessments”), and by definition, this means that there are only a certain few who can “handle it properly.” I think this is one of the classic mixed messages that we transmit in the field of suicide prevention: “it’s everybody’s responsibility to intervene when they suspect someone of being suicidal while at the same time, dealing with these sensitive situations requires a very specific expertise and skill set that only a certain, highly trained few, have.”*

**Transcription**

I transcribed each of the eight audiotaped interviews myself in order to thoroughly immerse myself in the narrative data as well as to begin the analytic phase of the study. I prepared a verbatim transcript of each of the one-hour interview conversations with my planning colleagues, which included all of the “uhs, ums, uh-huhs, y’ knows,” and incomplete sentences that characterize human speech. Since I had pre-existing relationships with each of my research participants, we came to the interview process with a high level of trust as well as a lot of shared history, shared language, and common
assumptions about the field of suicide prevention, leaving a lot of room for unspoken understandings and agreements to emerge between us.

My status as an “insider” in this inquiry (Acker, 2001) also meant that certain unresolved tensions from our planning experience may not have surfaced in the interviews. It is important to recognize both the advantages and limitations of being an insider when researching one’s own practice. For example, while rapport was easily established and our interviews were marked by a high degree of trust, ease, and familiarity, it is possible that any potential concerns or criticisms that my colleagues/participants might have had about the overall planning process might have been squelched, or at least softened, out of a desire to “protect me” or based on a wish to keep our professional relationships free from discord.

As Acker (2001) notes, while interviews conducted by insiders typically enhance the opportunities for trust, sharing, and emotional expression to occur between interviewers and respondents, it is also true that these very conditions may occasionally compromise the overall quality or trustworthiness of our data. In this spirit Acker (2001) asks, “[Is] the insider’s ability to see between the lines a useful interpretive tool or a potential bias? [Does the] insider interview have additional ethical consequences as participants might reveal more of their personal pain than they might have intended” (p. 158)? These important questions will be given further thought and attention in the analytical phase of this work.

Reconstructions

Rather than send participants a verbatim transcript of our conversation, I sent them instead a reconstructed version which gave special attention to the narratives that
were embedded in their accounts. In most cases I identified between six and eight stories that were embedded in each of the participant accounts of our conference planning process as well as their overall understanding of the work of suicide prevention. Each of these stories was given a title (based on participants’ words wherever possible) and was set slightly apart from the rest of the question and answer format of the transcribed interview. Second, I retained the essence of the remainder of our conversation by including a “tidied-up” version of our interview (e.g. deletion of utterances like “uh,” “hmm,” indecipherable passages, etc.). Further, for the purposes of clarity and ease of reading, I combined certain responses under truncated versions of my interviewer questions in order to give maximum attention to participant responses. At the same time however, I was mindful that I co-constructed this particular conversation with participants and what was reported represented a locally situated dialogue between two friendly professional colleagues with a shared history as well as a shared language regarding the work of suicide prevention. All of the participants were invited to choose a pseudonym for themselves and these have been used throughout this text. A section from a typically reconstructed interview is included below.

Jennifer: Please elaborate on your recollections of the conference theme, what did it mean to you?

Louise: I liked that [theme generation process]. That was key to also motivating the committee members. Like I think we had a really strong committee and a lot of

---

3 Stories were identified using Labov’s (1982) six criteria for defining simple narratives: abstract or summary, orientation (time, place, actors), complicating action (sequence of events), evaluation (meaning), resolution, and coda (return to present).
continuity and I think those early sessions captured people’s imagination and we did some really creative work that sustained us with some of the grunge work later, you know. So I liked the creativity part of it as well in terms of process. And I just liked the metaphor [“exploring our diverse landscape”] in terms of our collective understanding of how broad the issue is in suicide prevention and diversity and that we don’t have all the answers and so that being as inclusive as possible was important. Yeah.

Jennifer: Did you ever sense there were times when your understanding of the conference purpose was ever different from others on the committee?

Story Number 5. Don’t Squelch the Passion

Louise: I think they’re all good perspectives. I know there were a couple of places, especially for instance around survivors, where that came up. That we needed to sort through how to hear their important perspective and ensure that it had its place in the conference and at the same time be sensitive to their needs especially if they were survivors who were early on in their grief process that might come. And also we set aside a day for them to have some of their own plans and activities. So I remember some places like that where there was, where we had to come to understand each other’s perspective and where it fit.

I think people have passion. They are passionate about what they know best and fair enough, and so I think our responsibility as a committee as a whole was to not squelch that passion but to find a way to
still hear it and educate each other so that overall you know it would come together appropriately. So I mean that's the task of the working group to do that and I felt that. I didn't think anybody's perspective was squelched. Certainly I felt opportunity to share my input and where I was passionate. So there was some respect there and we weren't all experts in everything.

And I think there were some good points which, I can't remember so much the detail, but places where there was good meaningful dialogue and discussion. You know it wasn't all administrative. You know it was creative. There was a learning there, you know it wouldn't have been all that meaningful for me to go all that way over there and just you know, do administrative stuff. And I mean that was really the point of that committee and getting that diverse perspective, if we didn't get a chance to talk about that and grapple with some of those issues that we grappled with about our vision and how it would get translated, why bother? So I think we did do that.

Jennifer: Compared to other planning committees you've been on, what was this experience like?

Louise: Actually I felt really good about it. I felt a bit intimidated at first at being asked and wondering what...it was my first time being involved on planning a national conference for sure. It was a bit difficult for me being over here in [another city] but we worked that out. It was very positive though I think. I was
amazed at how we sustained our energy and commitment to it over such a long period of time. I thought that was quite remarkable. I think there was some really good connections with people that developed that probably have continued. I sure feel like that. I know some people that I wouldn't have known and that I would feel quite comfortable calling. So a lot of mutual respect and so given the challenges I think that people were very committed, very committed.

Validation Check

Research participants were invited to review the full reconstructed transcript and I asked them to let me know if they had any questions, concerns, comments, or further thoughts (see Appendix B for a copy of the cover memo that was sent to participants to explain the process that I followed and to invite their feedback). Six of the eight participants responded. Some had concerns about how their confidentiality would be maintained, others had thought further about the issues since the time of the interview and added new reflections, while two of them offered alternative titles to “their stories,” in order to better reflect their nuanced experiences and understanding. Almost all expressed surprise and dismay at their inarticulate expressions and what appeared to them to be rambling, incomplete thoughts and utterances, and yet all agreed that I had captured the essence of our time together.

As qualitative researchers, we need to recognize that when we convert talk into text we inevitably risk confronting our participants with a negative image of themselves (i.e. incoherent, disjointed communicators) and we must approach this task with empathy, sensitivity, and foresight. For example, by advising research participants in advance that we all sound like rambling, incoherent speakers when we convert our everyday
conversations into written text, we normalize the process and in so doing, we hopefully assist our participants to know what to expect while also reducing their critical self-appraisals.

Managing the Volume of Stories

The range and volume of narratives embedded in each of the participant accounts exceeded my ability to conduct in-depth analyses on all of them. For example, each of the eight participants told at least six stories over the course of our interview, and I identified and assigned titles to just over 60 distinct narratives. The identification of individual stories and the creation of unique titles which were designed to capture their essence marked the initial stage of my analysis. These titles served an important function in terms of enabling me to manage, sort, and analyze across participant responses (see Appendix C for a listing of narrative titles by participant).

Deciding what to include in the overall analysis. Given the sheer volume of stories and the number of different personal accounts of planning practice, I clearly had to make some decisions about which stories I would attend to and which narrative threads would remain unexplored. For the most part, these decisions were guided by the published program planning literature, my own research questions, and my own personal recollections of what mattered most at the planning table.

More specifically, after thoroughly considering all of the narrative data and all of the question and answer exchanges, and using the range of story titles I had co-constructed with my participants as my conceptual roadmap, I was able to discern certain patterns and I slowly began to recognize a series of recurring and substantive themes. I also began to notice areas of contested and shared meaning among planning participants.
As a result of this initial level of analysis, I then began to restrict my attention to examining those narratives that corresponded with at least one of the following criteria: those that best embodied the themes from the planning literature (e.g. participation and differential relations of power), those that figured most prominently across participants’ accounts (e.g. role of survivors, aboriginal absences), and those that seemed to reliably capture the essence of our planning challenges and our strengths, at least from my perspective as the Chair (e.g. epistemological tensions, problem-framing, and the role of interpersonal caring and respect).

Moving from story titles to broader interpretations. In many respects, the story titles that I assigned to the embedded narratives served to remind me of the range of issues that figured prominently in participant accounts. These titles captured the essence of the individual narratives, relying on participants’ own words as much as possible, and I often used them as a sorting device to analyze across individual accounts. In the chapters that follow, individual stories are occasionally reproduced in their entirety and are introduced using the title I originally assigned to them. In other cases, carefully chosen excerpts from a range of individual narratives are presented alongside one another, leading to the emergence of a newer and much larger collective narrative. These polyvocal narratives are often introduced into the text with a new title or heading.

While the individual narratives were a primary source for my analysis it is also important to acknowledge that I drew from other elements of my interviews with participants to make meaning and frame understandings. In other words, several important planning themes arose within the context of interviewer and respondent exchanges but these ideas and comments did not always flow out of a distinct storied
account. It is important to recognize that I often included excerpts from participant responses in my analysis, even when they were not part of one of the 60 or so “designated stories”.

Finally, readers will be introduced to a range of narrative themes throughout the next two chapters. While the story titles listed in Appendix C hint at the diverse range of experiences narrated to me by participants and they serve as reminders of some of the key interests that were at stake, there is no direct correspondence between these specific titles and the presentation of findings provided in Chapters 4 and 5. In other words, readers should consider these titles – and the individual narratives which they attempt to capture – as running themes which were continually playing throughout our two-year planning process.

**Theoretical Considerations**

While I am clearly serving as the primary author of the practice stories that will be told here and I am working deliberately to craft a coherent narrative based on our multiple, and sometimes contradictory, perspectives, I have nonetheless created opportunities for my planning partners to read preliminary versions of my reconstructed accounts. As the author of these practice stories, which mirrors my role as a planner, I must ultimately decide whose contributions will count, whose tales will be told, how their perspectives will be positioned and represented, whose views and contributions will be relegated to minor plots, and how the larger story itself will be framed and constituted.

I have also had to make ethical decisions about withholding certain written accounts, especially if I determined that certain excerpts might be harmful or hurtful to other planning participants. This level of self-consciousness has added to my ethical
responsibility in terms of trying to do justice to the participants by ensuring that their voices are accurately represented in the stories that I construct. At the same time however, such mindfulness, combined with an acknowledgment of my own status as “a vulnerable observer” (Behar, 1996) will help me in the future as I continue in my aspirations to become a more technically competent, socially and politically astute, ethically conscientious, planner (Sork, 2000).

Methodological Tensions

Before moving on to a description of the analytical phase of this study, it is important to expose and discuss some of the key tensions that arise in pairing a narrative inquiry with a theoretically informed set of research questions. On the one hand, a narrative inquiry is by definition, open-ended, organic, capable of revealing many truths, accepting of contradictions, tolerant of ambiguities, and noteworthy for its lack of a predetermined or fixed endpoint. On the other hand, formal theories of planning orient our gaze to particular areas of interest, while simultaneously concealing other potential contributions and/or explanations, right from the outset. In the case of Cervero and Wilson’s work (1996), they are driven by a set of assumptions that arise out of a critical perspective, where issues of power, interests, responsibility, and negotiation are of primary interest. Sork’s (2000) framework appears, on the surface, to be more accommodating of different theoretical perspectives, and yet it is still governed by some pre-existing assumptions about what planning work actually entails.

It is important to clarify that with this investigation, it is not my intention to formally test these planning theories. Rather, the resources from the adult education planning literature (Cervero & Wilson, 1996; Sork, 2000) will serve as heuristic tools in
guiding the interpretation of the narrative accounts of practice. They will of course only be able to provide a partial view of the textured landscape of planning practice, which means that I will be free to look elsewhere for other, more adequate conceptualizations, if the stories suggest that a more powerful explanation is needed. In other words, even though I am interested in knowing how these particular adult education planning tools and theories might explain and assist with understanding planning practice, the use of these resources will not preclude my search for more adequate theories in light of the themes that emerge.

**Everyday Planning Practice**

Through the analysis of these planning stories, I hope to give an accounting of planning practice that is richly layered, deeply situated, and consistently dynamic, and which is at the same time, grounded in an overall theoretical context. I aim to present a realistic rendering of this type of work which allows for contradictions, conflicts, frustrations, and triumphs to be revealed in ways that resonate with other planning practitioners’ experiences. By weaving the theoretical resources from the published scholarly literature together with practical everyday examples from planning and leadership practice to illuminate the character of this work in new and powerful ways, I believe that this work embodies the formal intentions of the Ed.D program. Perhaps even more significantly though, it is through this type of practical storytelling, critical reflection, and scholarly analysis that I will be able to continuously enhance my own practice as an educational leader and planner, with the ultimate hope that this type of inquiry and the lessons it generates will also benefit others practicing in similar roles and contexts in the future.
Given what we know about the real world of program planning – a social activity in which planners negotiate personal and organizational interests to construct programs (Cervero & Wilson, 1994) – the narrative approach being proposed here is judged to be the most appropriate research design for developing a deeper understanding of planning practice. Further, given that the advancement of reflective practice is an explicit goal of the Ed.D program, the approach described here has several advantages over the traditional single case study design since it will allow me to critically reflect on my practice in a more realistic and personally engaging way. A narrative approach does not seek to provide once-and-for all answers, but rather it aims for approximate understandings and can accommodate unsettled meanings, based on multiple perspectives and plural voices (Ellis & Bochner, 2000). Stated even more poignantly, practice stories “…enrich our critical understanding if they allow us to talk about the ‘political passions of planning’-the academic undiscussables of fear and courage, outrage and resolve, hope and cynicism, as the planner must live with them (Forester, 1986, p. 200).

Finally, taking my cues from Buchanan (2000), I believe that research efforts in the health and human services field need to be thoughtfully reconsidered so that we can move beyond the traditional positivist research agenda which typically identifies “prediction and explanation” as the only fruitful outcomes of research. In fact, Buchanan (2000) suggests that there are at least five other purposes that theory and research can serve, including: making assumptions explicit, understanding, sense-making, sensitization, and critique (p. 136). These capture the core aims of this inquiry.
Approach to Analysis

In the next two chapters, I intend to present and analyze the narrative accounts of suicide prevention planning practice provided by my colleagues, a process that will unabashedly include my own recollections and perspective, but at the same time the discussion will be theoretically anchored by the inclusion of the voices of relevant scholars and related research texts. In approaching this analytical task, I am guided by two distinct, yet complementary resources, Kohler Riessman’s (1993) five level approach to narrative research and Clandinin and Connelly’s (2000) three dimensional narrative inquiry space. The core features of each of these analytic resources will be described in turn below.

Five Levels of Representation

Kohler Riessman (1993) conceives of narrative research as involving five levels of representation: attending, telling, transcribing, analyzing and reading. The narrative process actually begins long before the curiosity of the researcher has been piqued, with the everyday lived experience of the research participant. For example, all of us experience the social world directly, typically taking the experience for granted, not thinking about it or critically interrogating it, a state that Husserl (1973) referred to as the “natural attitude.” Eventually, though, we begin the process of attending to experience, whereby we selectively notice certain things while relegating other details to obscurity. By attending, we make certain phenomena meaningful (Kohler Riessman, 1993), which is the first level of representation in narrative research. The next stage involves telling our story about what we experienced and what we noticed, which by definition will be incomplete and partial. In my study, which is typical of most formal research projects,
the "telling" or account-giving by participants, took place in response to my research interests and questions, and the process was initiated by me in my role of researcher. Participants did not see my interview questions ahead of time as I wanted to approximate the conditions of a "natural conversation" as much as possible. In other words, I did not want to simply receive their prepared or rehearsed responses. Irrespective of the interview process and context, the story that participants choose to tell is always performative in nature, and is very much shaped and actively co-constructed with the listener/researcher.

Before describing the last three levels in Kohler Riessman's model, and in anticipation of potential challenges regarding the veracity of participant accounts, it is necessary to digress briefly to discuss issues of truth in narrative research. The issue of whether participants are telling the truth, whether what they tell actually corresponds to "what actually happened," has been an issue that has preoccupied narrative researchers and their positivist critics for some time.

For the purposes of the present project, I locate myself in the social constructionist camp, which suggests that instead of seeking some irrefutable, once-and-for-all, Truth, we ought to instead consider the meanings and the consequences of "the various ways of putting things," and appreciate that all forms of text and talk exist within particular cultural and institutional traditions which have their own sets of rules for determining validity and legitimacy (Gergen, 2000). Rather than coming to expect my planning colleagues to reveal some objective and verifiable form of truth about what happened at the planning table, I am instead looking to them to help me understand how roles and identities get enacted through language (Gee, 1999), and how, upon reflection,
they have come to understand their work in suicide prevention – using our conference planning experience as a site for exploring everyday practice – so that we can all begin to see how the personal and professional discourses of suicide prevention ultimately shape program planning decisions and actions.

Kohler Riessman (1993) includes an excerpt from the Personal Narratives Group (1989) that frames the issue of truth-seeking in a very helpful way:

> When talking about their lives, people lie sometimes, forget a lot, exaggerate, become confused, and get things wrong. Yet they are revealing truths. These truths don’t reveal the past “as it actually was,” aspiring to a standard of objectivity. They give us instead the truths of our experiences… Unlike the Truth of the scientific ideal, the truths of personal narratives are neither open to proof nor self-evident. We come to understand them only through interpretation, paying careful attention to the contexts that shape their creation and to the world views that inform them. Sometimes the truths we see in personal narratives jar us from our complacent security as interpreters “outside” the story and make us aware that our own place in the world plays a part in our interpretation and shapes the meanings we derive from them. (p. 261)

Once participants have told their stories, according to Kohler Riessman’s five-layer narrative research schema, the researcher role becomes increasingly more pronounced through the tasks of transcribing and analyzing. The process of transcribing is itself an interpretive practice, given that there are multiple decisions to make about how to convert spoken language into written text. The specific details about how I handled this phase of the research project were provided in an earlier section. In the analysis phase of the model, the researcher works at an even deeper level to probe meanings, reshape, re-construct, and ultimately re-present the storied accounts of participants in new and powerful ways with conscious attention paid to the audience for whom this work is being produced. Analyzing participant talk as a social practice is an interpretive process which is inevitably shaped by values, politics, and theoretical
commitments. The fifth and final stage of Kohler Riessman’s model is the reading of experience, which emerges when the reader, who brings her own history, culture, and meaning, encounters the final written text.

**Three-Dimensional Narrative Inquiry Space**

Clandinin and Connelly (2000) are educational researchers who regard narrative inquiry as a way of understanding experience, of “stories lived and told” (p.20). They describe three dimensions along which narrative researchers need to ground their work: time, place, and the personal/social. By mindfully attending to each of these three dimensions as I listen to, transcribe, and analyze my colleagues’ accounts of suicide prevention planning practice, I am reminding myself of the importance of time, place, and the personal/social dimension in making meaning of experience, adding a powerful set of analytic lenses to complement the five level approach to narrative analysis described by Kohler Riessman (1993). Another helpful contribution from Clandinin and Connelly is their emphasis on back and forth, inward and outward views. For example, while listening to and analyzing the stories and accounts of my planning colleagues, I am inevitably invited to consider my own storied life, past experiences, triumphs and frustrations – illustrating the evocative potential of narrative renderings of experience – and even though some of these reminiscences of mine are from an entirely different time and place, on occasion, I am moved to insert them into the text as a way to illustrate the relational and dynamic quality of narrative inquiry.

**Judging the Trustworthiness of Qualitative Data**

The criteria for judging the trustworthiness (as opposed to “the truth”) of the interpretations will be informed by Kohler Riessman’s (1993) four-pronged approach to
validation in narrative analysis. She suggests that “traditional notions of reliability simply do not apply to narrative studies, and validity must be radically reconceptualized” (p. 65). Towards this end she identifies four key criteria upon which narrative work might be judged: persuasiveness, correspondence, coherence, and pragmatic use. Each of these dimensions will be considered in detail in Chapter 5, following the presentation of the findings and analysis.

Format and Organization

Finally, since I will be presenting a variety of voices in the next chapter – my own, my planning colleagues, as well as those from the scholarly literature – I need to say a few words here about the format. Whenever I am quoting a planning colleague directly, I will indent and italicize his or her comments. In cases where I am offering my own personally reconstructed version of events, using such literary devices as dialogue, setting, and plot, I will make this explicit in the introduction to the piece. Occasionally I have inserted a personal story of my own which I will also indent and italicize. All quotes from the published literature will be handled according to the conventional norms of scholarship.
CHAPTER 4. STORIED ACCOUNTS OF PLANNING PRACTICE IN SUICIDE PREVENTION

Following the procedures outlined in Chapter 3 (i.e. interviewing, transcribing, locating embedded narratives in participant accounts, re-constructing individual accounts, and doing a series of validation checks with all participants), I am now ready to present the findings from my study, as well as offer some preliminary analysis. While it has never been my intention to analyze the overall conference results, I will spend a little time at the end of this chapter briefly reviewing some of the main outcomes and key learnings, based on my personal impressions and participant feedback. Further analysis and discussion will be provided in Chapter 5.

For ease of reading, I have organized the bulk of this chapter under three main broad headings. These categorical devices have emerged from analyzing across individual participant accounts, capturing the common, the unique, the celebrated, as well as the contentious issues at the planning table, while simultaneously picking up and building on many of the dominant themes in the adult education planning literature.

The three headings that I will use to organize the narrative accounts that follow are: (a) participation at the planning table, (b) disjuncture and solidarity in suicide prevention planning and practice and (c) the interpersonal and emotional domain in program planning. While these headings allow me to explore a range of territory relevant to suicide prevention and program planning, it is important to acknowledge that the findings presented here do not constitute an exhaustive summary of everything that was said to me by research participants, nor is the analysis intended to provide a final and definitive statement about what program planners ought to do in order to be more
successful in their program planning efforts. Rather, it is my hope that the analysis and reflections that are offered here will strongly resonate with other practitioners and readers in ways that invite them to be more mindful, compassionate, and critically reflective about their own planning practices, prompting them to interrogate some of their own taken-for-granted assumptions about the nature and goals of suicide prevention education. Buchanan’s (2000) hopes for a renewed research agenda in health promotion effectively captures my own aspirations as a practitioner-researcher and I take much inspiration from his work, which, among other things, invites us to consider expanding our notions about the aims of scholarship,

The field ... needs the kind of research that can help all of us—researchers, practitioners, and community members alike—become more sensitive, critical, articulate, constructive, less oblivious to subtle social dynamics, less blind to unconscious assumptions, and more understanding of the complexities of modern life (p. 143).

Participation at the Planning Table

A central and prominent concern in most contemporary planning efforts, both in the health promotion field and in the practice of adult education, pertains to the issue of participation (Green & Kreuter, 1999; Wilson & Cervero, 1996b). Who should be invited to join the planning meeting? How many different interest groups should be included? Which people should be chosen to represent particular interests at the planning table? And no less significantly, but perhaps less commonly considered, who is missing?

In everyday planning practice, individuals are typically asked to participate based on their affiliation with a particular interest group, with a deliberate effort usually made to recruit those who have a clear investment in the program being planned. Most planning theorists and practitioners recommend that planning and decision-making will
be enhanced through the meaningful participation of those who are most affected by the issue or concern being discussed. For example, Wilson and Cervero (1996a) suggest that one of the key responsibilities of program planners is the facilitation of a substantively democratic process, which for these authors means that, "all people who are affected by a program should be involved in the deliberation of what is important" (p. 11). Green and Kreuter (1999), writing in the field of health promotion, suggest that planning efforts should begin with an explicit consideration of the needs and interests of the target population, which is "best accomplished by involving the people in a self-study of their own needs and aspirations" (p. 38).

While the principles and values of participation, interdisciplinarity, democratic processes, and community involvement – which are typically held up as the sacred tenets of good planning practice – are important notions which helpfully direct the gaze of planners to the sociopolitical and ethical tasks of planning (Sork, 2000), all too often, these words become distorted and over simplified, reduced down to nothing more than planning slogans. For example, in my experience, the notion of democratic participation often gets perverted into a "checklist approach" to convening planning meetings: aboriginal, check; youth, check; minority group representative, check; academic expert, check; and so on. Members are chosen as much for the visibility of their affiliation with a particular group, as they are for their unique contributions to the tasks of planning. This fairly typical approach to recruiting individuals to the planning table only begins to hint at some of the challenges and tensions faced by planners, not the least of which is the unproblematic assumptions about personal and professional identities – usually understood to be located in one-dimensional, singular and coherent selves (Gergen,
the meanings ascribed to institutional affiliations, and the adoption of "membership categorization devices" (Baker, 1998) that planners use to guide their decisions about who should participate. Further, even though recommendations for the development of "substantively democratic processes" are theoretically important, such concepts are sometimes less than helpful in everyday planning encounters.

To their considerable credit, Wilson and Cervero (1996a, 1996b) do elaborate on what might actually be required of planners in the creation of a substantively democratic planning process. On the one hand, they identify five groups of people whose interests will always matter in planning adult education programs: learners, teachers, planners, institutional leaders, and the affected public. At the same time however, these groups are usually differentially privileged in terms of their overall status and power (e.g. teachers typically exercise more power than learners). Surprisingly, this is not an issue that Wilson and Cervero take up in any great depth. Furthermore, reaching agreement at the planning table about which specific individuals and target audiences these categorical labels refer to is another matter altogether. For example, in our conference planning case, the learners were conceptualized and described slightly differently by each of the participants at the planning table.

At yet another level, Wilson and Cervero (1996b) pose three questions that planners ought to ask themselves when considering who should participate at the planning table: Which people will represent the range of possible interests? Are the representatives invited to the planning table legitimate? Are the representatives the best possible planners, given the circumstances?
Extending this question-based approach to directing and analyzing planning decisions even further, Sork (2000) has developed a planning framework that specifically invites planners to consider key issues across the technical, sociopolitical, and ethical domains of planning, through the use of questions and prompts. For instance, in the sociopolitical domain, Sork offers the following as examples of questions that might be considered, “Why aren’t more women involved in planning this program and what will be the consequences of not changing this? Who isn’t here that should be and how can we get them involved?” At the ethical level, planners’ attention is drawn to questions concerning the right and the good: “Is this planning action consistent with a commitment to social justice? Is it consistent with the ethic of care that is the focus of the program?”

Given that the issue of participation – which exists in the form of dialogue, personal engagement, relationships, and human interaction set against a backdrop of social and cultural traditions and institutional discourses – is so central to everything that takes place at the planning table, I plan to spend considerable time focusing on the question, “who participates at the planning table?” By listening to and analyzing the narrative accounts of my suicide prevention conference planning colleagues, I intend to illuminate how individuals come to define the key interests in suicide prevention education, and how each of their accounts of what took place at the planning table reveals their own very nuanced understanding of what mattered most, in terms of who was there and who was absent. Further, by placing these individual accounts alongside one another, interspersed with my own reflections and storied accounts, I plan to draw attention to the complexity, contradictions, and moments of solidarity that existed among conference planning participants, with the hopes that this re-presentation of a much
larger, co-constructed, collective story will invite new meanings and reflections, offering new hope for “going forward together in the future” (Gergen, 2000).

In previous examples and descriptions of my practice, I have highlighted some of the key interests that typically have a stake in the business of suicide prevention: mental health professionals, including clinically oriented practitioners and prevention program developers, researchers, crisis response agencies like 24-hour distress lines, aboriginal community leaders and service providers, and survivors who have lost a loved one to suicide. Depending on the program being developed, the interest groups may vary, but for the most part, these groups represent a consistent and core set of interests in suicide prevention work in Canada. Each of these groups was represented on our conference planning committee.

Two prominent themes – which will be exemplified through the voices of participants in the next section – surfaced in the accounts of committee members with respect to the question of participation on the planning committee: the sensitivity and tension that routinely surfaced as a result of having a parent survivor on the committee and the lack of consistent aboriginal representation at the planning table. The former is concerned with the presence, quality and perceived legitimacy of a particular interest group’s contributions while the latter reveals a concern with the absence of representation from a key interest group. Each of these themes will be examined in detail below through the presentation of participant accounts, woven together with my own reflections as a planner, and analyzed through the lenses of various planning theories and other relevant conceptual resources.
Translating Pain into Action: The Role of Survivors in Suicide Prevention

In the field of suicide prevention, as in other parts of the larger health and mental health systems, there is an increasing recognition that those who have been directly affected by a particular issue – whether it is suicide, mental illness or another social problem – have special “insider knowledge” that should be taken into account and capitalized on when planning new programs. Mental health consumers (which typically refers to those who suffer from a mental illness and their loved ones), patient advocate groups, and others dedicated to the improvement of mental health services, have been tirelessly arguing for decades for the meaningful involvement and inclusion of mental health consumers’ and families’ voices on relevant planning and decision-making bodies.

In the United States, a grassroots organization, spearheaded by survivor parents of suicide, called the Suicide Prevention Advocacy Network (SPAN), has been instrumental in calling public attention to the problem of suicide (Cook, 2001) and recently, due in large part to the efforts of SPAN, a large scale, well funded, national suicide prevention strategy has been mobilized and launched through the office of the Surgeon-General (US Public Health Service, 1999). In Canada, a national survivor movement does not formally exist, and yet several agencies in provinces across the country, as well as the Canadian Association for Suicide Prevention (CASP), have actively supported the interests and needs of survivors, primarily through the provision of bereavement counselling, self-help support groups, and the development of postvention policies and guidelines for responding in the aftermath of a suicide death in schools and communities (Rosenfeld, 1998).
To date in Canada, survivors’ interests have primarily been constructed by professionals, with a primary focus on grief, bereavement, trauma, and the provision of clinical services. Less explicit attention has been given to supporting survivors in their efforts to become public advocates, educators, and social change agents, although this is slowly changing.

My own invitation to re-think the role of survivors in suicide prevention education can be traced to two important events: my departure from front-line clinical work and meeting Marie, a survivor of her 20 year old son, Randy’s suicide and an active member of our conference planning committee. At our first meeting, I was immediately struck by Marie’s intensity and energy as well as her hunger for knowledge. While I had no doubt of Marie’s mettle and her immense reservoir of courage, I also remember her tears, her endless self-questioning, and her struggles to maintain her composure as we sat together in the hospital cafeteria, one rainy afternoon in December. What follows below is my own reconstructed version of the first day I met Marie; a storied account which represents an integration of my own memories and understandings and Marie’s personal reflections and comments.

A Story About Beginnings

“...
tainted by the incident somehow. I keep thinking how alone he must have felt around that time, and knowing what I know now about risk factors, and warning signs, and the whole suicidal process, I can only guess that that incident marked the beginning of Randy’s downward spiral into that dangerous tunnel of black-and-white thinking. And yet when I look back, I realize that he was probably depressed as a child, and I just didn’t know about such things then…”

Marie barely took a breath, before she veered off in another direction, to tell me of Randy’s early experiences in school. He’d been bullied and teased as a child, and Marie felt disappointed with the school’s tepid response, and wonders in hindsight if she should have intervened. “If only I’d gone to the school to confront the principal when he was back in grade 2, maybe the outcome of Randy’s life could have been different. But you know I just thought it would be better for him to figure some of this stuff out on his own. After all, he wouldn’t always have me around to defend him.”

And then we were back in present time, in the cafeteria, with Marie wiping away her tears, straightening her shoulders, and probing me about what I knew about the empirical relationship between gifted children and suicide, “What does the research say?” What about these traits of hypersensitivity and perfectionism I keep reading about, are they really risk factors for suicide? And what about the link between bullying and depression?” Her eyes were locked on to mine the whole time she spoke, impaling me with their intensity, as if the answer to why her 20 year old son killed himself would finally be revealed to her through the sheer force of her will to understand.

Despite the weight of Marie’s grief and her desperate search for answers, I felt no trace of discomfort, no pressure to say something profound, nor did I assume any
responsibility for helping her to manage her emotional burden that day. Instead I just listened, nodded my head a lot, made soothing sounds with my voice, reached out to touch her hand on occasion when she cried, allowed for lots of silence to stand between us, and eventually when I finally did speak, I think what I said was, “would you like a refill on your coffee?”

Re-thinking the Role of Survivors

At the time of that first meeting with Marie, I was not working as a mental health therapist, but rather, as the program director of a provincial suicide prevention program which was established to promote awareness about suicide prevention, support the work of practitioners in the field, conduct research and support evaluation efforts, and develop useful resources to advance the agenda of suicide prevention. It is significant that when I met Marie, I did not see her in the role of “client.” Even though my own professional background as a counsellor and my previous clinical work with survivors prepared me well to respond to Marie with empathy, support, and hopeful encouragement for the future, she did not come to see me for the purposes of grief counselling and I did not respond to her as a client. She came to see me because she wanted to “get involved,” to use her painful experience to help others in some way, and to learn as much as she could in order to better understand her own son Randy’s suicide.

Of that first day we met, Marie recalls,

*I’m sure that the first time I met you, I remember you just listened for two hours and that was great. Just the gift of you guys and [another organization] in helping me walk the journey that I needed to walk, cause I’m sure I was a basket case at the beginning. Later, you helped by listening and feeding back and by meeting me*
at an intellectual level rather than a therapy level and not dismissing me when I was trying to feed into what needed to be done or what was going wrong. And that just was magical.

It's rather ironic that perhaps one of my greatest “therapeutic encounters” (in terms of truly being helpful to another person who was suffering), emerged when I was able to shed the institutional trappings of the counsellor role and meet Marie as an equal citizen. In the past, when I was serving in the “counsellor role,” I would have been ultra conscious of the time, making surreptitious glances at my watch to determine how much time was left in our “session,” plus I would have been making a mental note about how I’d better ask Marie about her own mental health history, because something she’d said led me to believe that she may have suffered from a serious bout of depression in the past. As the reconstructed exchange in the cafeteria reveals, my relationship with Marie was not constituted by the discourse of “professional help,” with its emphasis on scheduled appointments, intake interviews, assessments, symptom inventories, diagnoses, and treatment goals, which all get transacted in a professional office setting, during one-hour blocks of time, once a week. Instead, I met her as I would a colleague or a potential new friend.

Defining Survivor Interests at the Planning Table

As I recall, Marie was not the only survivor at our planning table when we first began planning the national suicide prevention conference. Another woman, Joanne, who had lost her husband to suicide was also quite involved at the beginning of our project. I remember being struck by the fact that Marie and Joanne, despite their common bond of being survivors of a loved one’s suicide, had very different understandings of the role of
survivors in the business of suicide prevention. In her professional life, Joanne was the executive director of a large provincial health agency and she brought more of her “professional self” to the conference planning table, offering her experience as a fundraiser, conference organizer, and planner. Her identity as a survivor of suicide appeared almost secondary, and while she and Marie agreed to develop the “survivor stream” of the conference, Joanne made it clear that she and Marie did not necessarily agree on how this part of the conference program should be tackled. Eventually Joanne moved to another province to take a different job, hence she was only with us for half a dozen meetings, but her early presence at the planning table was both beneficial and instructive.

The dangers of essentialism. Clearly, expecting one individual to represent a predetermined and definable set of interests or one institutional agenda at the planning table (i.e. “we’ve got the survivor angle covered”) is rather naïve, not to mention essentialist (hooks, 1994), unduly constraining, and potentially harmful to the dialogue. Furthermore, it is often the marginalized or non-mainstream groups (e.g. survivors or aboriginal representatives) who come to be understood as “other,” and it is not uncommon to see representatives from minority groups getting tagged with the “special interest group” label, as if their identities can be summed up in unequivocal, monolithic terms (hooks, 1994). Meanwhile, the mental health professionals and academic researchers (of which I am clearly a member) typically occupy the privileged and normative positions at the table and in my experience, their “overall appropriateness” as planning representatives rarely gets interrogated or challenged.

Through the course of this analysis I have become much more sensitized to my own capacity to essentialize and “other” the voices of the survivor and the aboriginal
representatives at our planning table, and I recognize the insidious ways in which I have fallen victim to privileging and reproducing traditional relations of power, both in my everyday practice and in presenting the findings from this study. For example, even in the organization of this section, I have instinctively focused on examining the ways in which the dominant mental health professionals have constructed survivors’ participation at the planning table as problematic, rather than the other way around, and I have had to be ever vigilant against these harmful and essentializing tendencies in preparing this text.

By shifting my gaze to asking the question, “What is problematic about the way the mental health professionals participate at the planning table?” or “What does it say about them/us that they/we continue to characterize survivors’ or aboriginals’ participation as problematic?”, I am opening up space for more effective critical analysis to take place.

**Constructing survivors’ identity.** In addition to the problems identified above, one of the other consequences of expecting planning participants to “speak for their, and only their, interest group,” is that it has the rather undesirable effect of limiting individual participation to well-bounded, predictable territories. For example, as long as Marie was engaged in “survivor talk,”(e.g. speaking of her grief, her vulnerability, her reliance on professionals), she was on safe ground, for she was complying with many of the professionals’ notions of how survivors are constituted. These were the unwritten rules of engagement.

One participant at the planning table, Anne, observed the dynamics unfolding this way:
The one thing that I kept struggling with was the ongoing discussion about the role of survivors at the conference. And my previous experience in conferences is that [those that are affected directly] participate fully in the sessions, they do some of their own sessions, but they are welcome to go into anybody else's, and they are often looked to as experts. So I had the same notion that that was the role of survivors, but it became really clear to me in a couple of the conflicts that that wasn't what other people thought. They were actually quite fearful of having survivors involved that actively and they were feeling a little bit protective of them and needed to make sure they were safe and that their issues didn't blow up in the middle of the conference. You know to be honest I kept thinking, this is a conference of all these practitioners and clinicians, I mean why would that be a problem (laughs)? I'm not sure how to describe what the concern about survivor participation was but it seemed as if it was to ensure that survivors fulfilled their role - although I was never quite sure what the role that they were supposed to be filling was. But as I listened to the conflict, there was just this concept that there was a particular role that survivors had to fulfill and that the conference had to be constructed in a way that they would fulfill that role and not really anything else.

Creating Space for Substantive Involvement

Let me now turn to some of the other participant accounts to understand in more detail how the assumptions about survivor participation, and by extension professional participation, made themselves known at our planning table. Among other things, the analysis of multiple participant voices, which have largely emerged through individual
narrative accounts but which will now be placed alongside one another, allows us to reflect anew on some of the sociopolitical and ethical dilemmas and tensions that surfaced at our table. By placing these accounts together, the reader also begins to see both the subtle and overt tensions among participants regarding the role of survivors vis-à-vis professionals at the planning table, offering a powerful glimpse into the complex dynamics we navigated through together in order to jointly construct and advance our planning goals. Such hindsight reflection also enables us to look from a distance to determine if other questions or considerations about participation might surface which will warrant further attention and analysis.

Multiple Voices at the Conference Planning Table

Out of a core group of ten planning participants, including myself, nine of the individuals were “professional suicide prevention practitioners.” They were directors of agencies, adult educators, mental health therapists, researchers, and crisis centre staff. Only one person, Marie, a survivor of her son’s suicide, was not working full time as a paid mental health professional. Her status as a survivor was clearly troubling on occasion to others at our planning table. Here are just two accounts of this discomfort:

May:  *We all get stuck – those of us that aren’t survivors, with feeling guilty about trying to stay respectful to the survivor, when sometimes, what we want to do is tell them to “shut up.” But we know that they haven’t got the skills, that they’re not ego intact enough to tolerate it. For example, if I’m with a survivor and they fall apart then I immediately end up flipping into a therapeutic role rather than trying to be a committee planning person. I found the meetings really anxiety provoking from that perspective.*
Another participant, Jayne, reflects,

*It gets back to our own sense of anxiety around suicide, our own concern for survivors and how much pain they’re going through, and wanting to give them whatever it is that they need out of the goodness of our hearts, saying, “if that’s what you want, you can have it” without us as professionals saying, “that’s appropriate, but that’s not appropriate.”* I think we did that actually. There were times as a committee we did say, “no, hold on that’s not appropriate.” But I think it’s harder. It’s harder to do it to a survivor than to another professional colleague.

As the only survivor on the committee, Marie saw things quite differently,

*Professionals see survivors as the person on the operating table, that something is “done to,” rather than “done with.” The survivors bring more than their grief. We are not just patients. We have skills, we have insights, and we have ideas about what needs to be done from a different perspective. We can say “this is what works, this is what doesn’t. This is our need, this is what needs to be done. This is what’s missing. These are the presentations we need to see.” There are certain things you guys don’t know. And there are skills we can bring to the table where, I’m sorry, therapists are clueless.*

**Survivors vs. Professionals**

What quickly becomes evident from each of these brief accounts is the fact that both “the professionals” and the survivor cast their positions at the table in terms of “us and them.” Furthermore, both the professionals and the survivors reveal their
considerable levels of frustration with the other, exemplified through expressions like wanting the other to “shut up,” or characterizing the other as “clueless.” This kind of language, although harsh at times, is important to illuminate because it reveals the emotional intensity that participants brought to the table, and captures some of the highly charged, yet mostly unspoken, interpersonal tensions and differences that I had to contend with in my role as the planning committee Chair. It is also important to note that despite the apparent equivalency in their frustration levels and occasional expressions of hostility toward the other, the survivor and the professionals are not equally advantaged and their relationship is marked by asymmetrical power. This detail must not be overlooked in any future analyses.

Of further significance is the fact that Marie clearly puts me in the professional camp when she emphatically states that there are certain things you guys don’t know. There is a certain level of derision in her tone that conveys her sense of frustration with having to put up with all of these “know-it-all” professionals. Conversely, the two earlier accounts given by the professionals, place the survivor in the role of “vulnerable other.” In this case, the survivor-as-other is understood to be emotionally fragile, lacking in judgement about what’s really appropriate, requiring that trained therapists be “standing by” ready to intervene, lest their unstable egos give way.

Practitioner researcher dilemmas. As an aside, it is important to acknowledge the ethical challenge I experience as a practitioner researcher here, trying to be fair, balanced, and authentic in the presentation of these individual accounts of my colleagues – in particular, the decision to include statements that may be read as mean-spirited, intolerant, or judgmental. For example, how can I be “balanced” in the face of such
obvious power asymmetries? Even though by sharing the interview transcripts with
research participants I ensured that they all had a chance to validate and/or modify what
they said in the interviews and even though I am conscientiously attempting to honour
and accurately represent their individual perspectives and experiences, my choice to
foreground some of their statements and not others reveals my own, very active
interpretive hand here.

Taking responsibility for the interpretations. This text clearly represents my
situated and nuanced understanding of "what took place at the planning table," and as
such, it remains partial, contingent, and open to further re-interpretation. As Kohler
Riessman (1993) reminds us,

Human stories are not static, meanings of experiences shift as consciousness
changes. Nor can our theorizing across a number of narratives be evaluated by
individual narrators. They may not even agree with our interpretations (so it is
important, whenever possible, to clearly distinguish between our views of
subjects' lives and their own). In the final analysis, the work is ours. We have to
take responsibility for its truths (p. 67).

While I have no trouble taking full responsibility for the interpretations provided
here as well as for the new, more richly textured narrative that I am weaving throughout
these pages, I did experience a considerable degree of self-doubt and discomfort trying to
decide whether to share this multi-layered analysis with my planning colleagues. While
each of the participants did have the chance to validate and/or modify my textual
representation of their identities (when I allowed them to review the reconstructed
versions of our interviews), in the end, they were not given the opportunity to see how I
stitched their stories together with the narratives of other participants, which were also
coupled with my own observations and the resources from the scholarly literature.
In part, this decision arose from a desire to protect some of my planning colleagues from discovering that others occasionally had negative things to say about them. Despite my use of pseudonyms I knew that planning participants would likely be able to recognize each other in these accounts. At another level, I believed that the individual stories and the personal accounts of planning practice were very powerful, especially because of their raw, occasionally troubling, and uncensored character. I did not want to compromise the tenor nor the strength of these stories by risking the possibility that by sharing the broad level analysis, participants’ would become preoccupied with constructing a more socially desirable impression of themselves and would ask me to revise their words or soften their image somehow.

Even though I know that this is a public document, and participants will eventually have full access to its contents, I ultimately made a decision that was motivated by one-part care and sensitivity and one-part judgment call – the latter being fuelled by a desire to achieve a certain level of investigative integrity and rigor. Whether or not it was the right decision or not, I will never know, but by being transparent about my dilemma and by exposing my own (continued) uncertainty, it is my hope that others who research their own practice will benefit. Suffice it to say that despite the expressions of frustration and occasional attitudes of intolerance conveyed by my planning colleagues, my respect for each of them and my trust in their commitment to advancing the goals of suicide prevention remains high. I am grateful for their candor, especially their willingness to say the difficult or unpopular thing, as it allows all of us to learn more about what happens when competing interest groups come together to plan educational programs for adults.
An Imbalance of Power

In the following passages, Marie offers two different, but equally compelling accounts of her experiences with knowledge and power at the planning table. In the first instance, she recounts her feelings of legitimacy and power, while in the second account, her experience of invisibility and powerlessness dominate:

*As a survivor, to be the one to put together the Call for Papers was like, "wow, I get to do this!" That was a great gift and I decided, "okay I'm going to play with this." That was great to be able to be the lead on that, to bring some words to the text, and to push people. I remember having fun. And another committee member gave me this fabulous, clear, supportive feedback, just the words I couldn't come up with. Because of her background, I'm sure doing lots of papers, lots of conferences, she just said, "is this what you're trying to say?"*

In contrast, on another occasion, Marie recalls,

*I do remember feeling somewhat dismissed. There was the time when I mentioned the name of the woman (who was eventually selected as the keynote speaker) at like four meetings. But the conversation just went right past me. Because obviously, from the rest of the group's perspective, I couldn't possibly have any good ideas.*

Clearly, the experience of personal power and authority at the planning table is constantly shifting. Power, according to the French theorist Michel Foucault, is not something that is located within individuals, but rather it is ever present, manifesting itself in our everyday encounters and practices (Brookfield, 2001a). Sometimes we feel powerful and sometimes we feel impotent and invisible. And this is inevitably true for everyone, not just those who are institutionally or politically disadvantaged. It is likely
that many of the shifts and discontinuities in our sense of personal power and agency have much less to do with our specific actions as individual planning participants, and much more to do with our historically constituted social identities and institutional relationships. Typically, these relations of power are revealed through language, both at the planning table (Rees & Cervero, 1997) as well as “behind-the-scenes” (Degeling, 1996). These ideas will be taken up in more detail in the next Chapter.

Confronting Images of My Own Power

What has been very intriguing to me in the present analysis, is to listen to other committee members’ accounts of what they witnessed me (as the Chair) doing in my efforts to rebalance some of the power at our planning table. For instance, one of the committee members, May, tells a story below which clearly reveals the survivor vs. professional mentality alluded to earlier, but in addition, she also provides a very interesting, and rather troubling interpretation of my actions as the Chair.

There was one meeting that I went away from, and it was around the survivor stuff, and I was frustrated because I had tried to be honest, and respectful, and open, and tell the survivor to “shut up that it was a stupid idea,” because that’s what a lot of people were voicing, and she didn’t get it. I don’t know if there was anybody at the table that supported her but we all kept dicking around with it instead of saying no. And you had tried several times, several of us had tried several times. But I remember you saying, “well, what about this, what about that?” and she wasn’t going to buy any of it and then I remember you sort of gave her an assignment, (laughs), you said, “well you go do that, do some research on it or something” which I thought was wonderful and that shut her up for a little
while. For the short term it got her out of our hair, but it did come back to haunt us a little bit. And my frustration was, see I'm more head-on than you are, my frustration was “well shit now she’s going to come back to the next meeting,” because to some degree she was like a dog with a bone, but it did waylay her and we got on to other things.

If one did not know any better, a person could easily get the impression that May was referring to a pesky child that needed to be brought under control when she uses phases like, “it got her out of our hair” or “that shut her up for a little while.” Of further interest here is the fact that my actions were interpreted to be aligned with hers (and apparently the rest of the committee) and my invitation to Marie to do some additional information-gathering in order to respond to some of the concerns being raised by the group, was understood to be a covert act designed to silence her.

Furthermore, May’s language is very strong and even jarring at times in this passage, but by her own admission, one of her strengths is her “willingness to say things.” She notes that this ability to be frank has always worked well in groups: “I have a sense of humour and I can get away with saying things that a lot of other people can’t get away with saying.”

While I can confirm that this blunt style of May’s is congruent with my everyday experience of her, and indeed her disarming candor can often be quite refreshing, I also have to wonder whether this level of uncensored commentary and frank self-disclosure might also be an artifact of my status as an “insider interviewer” (Acker, 2001). Would May have felt such a high level of trust with an interviewer who brought more of a distant and objective stance to the interview encounter? Has she somehow been “set up”
to reveal more to me because of our well established professional friendship? In providing me with such unprecedented access to her private world views, do I not then have an even stronger obligation to ensure that her appearance throughout this text is well-rounded and balanced? These are just a few of the challenges that quickly come to the fore when researching one’s own practice.

Quite apart from the challenges I face as a researcher, this particular account of May’s calls up considerable personal discomfort in me. While I clearly recall the circumstances and the overall tension among committee members that May recalls with this story, I am left to wonder if my intentions at the time might have been misinterpreted by others as well. Worse yet, what if there is a grain of truth in there somewhere? i.e. maybe it was one of those meetings where I felt tired and drained from managing all of the competing interests and maybe I was guilty of dismissing Marie with a “token task.” Maybe there was something patronizing in my tone on that particular occasion that led May to think I was simply trying to get Marie to “shut up.”

Among other things, this story and brief analysis effectively illuminate the fact that participants at the planning table are constantly imputing motives to others, making assumptions, constructing meanings, and acting on those assumptions and meanings, in ways that are potentially harmful. Furthermore, by gaining access to others’ insights and impressions about what was going on at the planning table, I am able to critically reflect on my own actions as a planner from a new and more richly textured vantage point.

**Listening to the Chorus of Voices**

Clearly there was a diverse range of perceptions regarding the role of survivors at our conference planning table and nearly every one I interviewed, with the exception of
one person, specifically identified “survivor issues” as a source of tension in planning the conference. Typically these responses emerged following a question I asked about whether they ever sensed their understanding of the conference purpose was different from others, or whether they ever observed others at the table encountering tensions that could be attributed to such different understandings. To conclude this section, and in order to better appreciate the full chorus of voices at our planning table, I have assembled below a range of participant observations and opinions, including my own, regarding the place and participation of survivors in suicide prevention and more specifically, their role in our national conference.

*Marie: The attitude from some of the professionals was, “you’re going to be grieving together, what else could you as survivors talk about, how could you possibly make a presentation that professionals would be interested in?”*

*Jayne: I think that for survivor parents, it’s extremely hard. Some people need to make sense of their loss by going out in the world and quote, making a difference. Survivors don’t intend to do harm, they don’t believe they’re doing harm, that’s the last thing they want to do, but [going public with their stories] does do harm. And there’s no such thing as truth, because survivors don’t know what it was that caused the suicide of their loved one and can never find it. And so their efforts to educate others comes from their own inner pain and I think that when you teach from pain, you can’t teach anything that’s real.*
Louise: We needed to sort through how to hear survivors important perspective and ensure that it had its place in the conference and at the same time be sensitive to their needs especially if they were early on in their grief process.

Paul: Some of the presentations were to be done by survivors and we were concerned about how resolved their issues were around the suicide loss, we were concerned about the concept of contagion, and all those things needed to be discussed.

Eva: Survivors are terrifying to be around because there’s nothing else, there’s nowhere else, it’s just that one thing. If I walked in to the planning committee as a new person to something like that, the whole passion around survivor pain would be so scary. You almost need a special place for survivors’ pain.

May: A survivor, rightfully so is going to stay stuck on their issues. And it’s a personal thing. They haven’t got the skill or ability necessarily to globalize their own personal issue. Nor should they be expected to.

Anne: If I were to put into words, the sentiments of those who may have judged the survivor presentation negatively, I think the words would have been “these people weren’t ready to present yet. They hadn’t worked through their grief.” But, I’m not sure you ever work through your grief and I thought that the place that the survivors were at in their process brought a lot of power, a lot of power
and impact to their presentation for the audience. And they did a great job of knowing when they had to stop themselves. I believe they had a sense about that. They didn’t need me or anybody else to control that. They could say "I’m going to stop here. Sorry, I can’t say anything more about that because I’m not ready to yet.” And that was important for members of the audience to see and to hear.

For me, the issue of survivor participation on the planning committee and in the conference program itself turned on issues of inclusiveness, emotional safety, and my responsibility as the Chair to try to bring balance to the discussion as much as possible.

Jennifer: I remember feeling surprised by the amount of energy that appeared to go into “keeping the survivor in her place” (i.e. conveying caution, invoking professional language, and freely passing judgment on her ideas to a degree that was markedly different from other interactions at the table). I was also shocked by the level of antagonism that I felt being directed towards the survivor by one or two of the mental health professionals. While I was committed to making space for a range of voices to be heard and was explicitly dedicated to upholding the principle of inclusion in our planning effort, I also realize in retrospect that I was expecting a lot of Marie to be able to “take on” all of these mental health professionals all by herself.

It also seemed to me that the issue of “contagion” was invoked as a way to regulate, control, and silence survivors. In the field of suicide prevention,
there is a well-established body of knowledge\(^4\) which confirms the existence of a clear contagion or “copycat effect” under some very particular circumstances. Based on the evidence, it appears that the risk for imitative suicidal behaviour is greatest when vulnerable individuals, like those who are already depressed or suicidal, become exposed to repetitive and sensational, front-page media portrayals of suicide. It’s as if the story serves as a kind of “natural advertisement” for suicide.

It has been my experience that professional suicide prevention practitioners, including many of those at our planning table, often come to equate any strong emotional expression about suicide with a specific risk for contagion. At the same time, there is a clear subtext that suggests that only trained professionals know how to maneuver in this complex, emotionally loaded, territory and the experts couldn’t necessarily trust survivors to know how to publicly tell their stories of loss and suffering without creating a potential risk for contagion.

In the absence of certain knowledge about what conditions might lead vulnerable others to commit or attempt suicide following a presentation on suicide, the concern about contagion must be taken seriously. As someone who wanted to make sure that we didn’t silence the voices of survivors or deny the public expression of emotion, while upholding the safety of all conference participants, I found this to be a very tricky line to walk.

---

By examining these accounts together, we begin to appreciate the range of perspectives regarding survivor participation on the planning committee and the role of survivors in the formal conference program. It is clear that some of the positions are more directly in conflict with one another, while other perspectives resemble more of an observer role or “witness to the process.” Appreciating the range of interests at stake, and the varying levels of personal and professional investment in the actual outcome, is critically important for planners and leaders to recognize, since those participants in the role of “observers” can often be actively recruited to validate the positions of those in direct conflict, disrupt some of the stalemates, and open up space for less polarized discussions. This type of practical intervention requires both skill and sensitivity on the part of the planner, clearly falling within the ethical and sociopolitical domains of Sork’s (2000) planning framework. I will now bring the discussion on survivor participation to a close and will turn my attention to the issue of aboriginal representation at the planning table.

**Aboriginal Participation at the Planning Table: Making Meaning of Absence**

For the two years leading up to the CASP conference, a central and explicit interest of mine, as well as the rest of the conference planning committee, was to recruit more aboriginal representatives to our planning table. Without question, suicide and its prevention is an important issue and pressing concern in aboriginal communities across Canada.

Many communities throughout British Columbia have higher than average rates of youth suicide and suicidal behaviour. While not all First Nations’ communities have rates of suicide that exceed the provincial average (Chandler & Lalonde, 1998), the
problem of suicide among many aboriginal communities is extremely serious, particularly among young males. Suicide and suicidal behaviour among Canada’s First Peoples can only be understood through a historical context which highlights the negative effects of colonization, social oppression, and political disempowerment. Loss of language, cultural traditions, land, and loss of the rights to parent their own children represent just a few of the legacies of the Canadian government’s earlier social policies (Kirmayer, 1994). In turn, family violence, unemployment, substance abuse, poverty, illiteracy, low birth weights, and higher than average rates of sudden infant death (SIDS) and suicide, have become all too common among many aboriginal communities in Canada (Canadian Institute of Child Health, 1994).

At the outset of our conference planning process I believed that by involving more aboriginal participants on our planning committee that we would be able to develop a conference program that would better reflect their interests, that we would be able to involve more aboriginal presenters in the program, and that more aboriginal people from across Canada would attend the conference. Interestingly, during the two-year period of our conference planning process, the CASP Board of Directors was simultaneously looking for aboriginal representation on their national Board. Like us, they were finding it difficult to find someone who was interested, willing, and able to make a commitment to serve at the Board level.

Who Speaks for Whom?

When I first began approaching people to serve on the planning committee, I had a specific aboriginal representative in mind. Cal was well-respected in the aboriginal community, he had done some important work in the area of aboriginal youth suicide
prevention, and his office was close to mine, making it easy for him to attend meetings. To my delight, he agreed to participate and attended the first meeting. Regrettably, his other commitments started to compete for his attention and Cal was no longer able to attend on a regular basis. In his place, however, he sent a non-aboriginal woman, Janice, a woman with whom Cal was currently working. At the time, Janice and Cal were collaborating on an important book project designed to benefit aboriginal youth. Janice describes her initial attendance at our committee meeting this way,

Cal and I were doing a book together on suicide prevention for aboriginal kids and he said he was invited to this conference planning committee and he couldn’t go all the time, how about me going. That’s how it happened. So I went in his place. But I only went for that one meeting in his place. And then I said “I’m not representing aboriginal people here so you’ll have to come. I’m not taking your place, I just represented you at that one meeting.”

And then he didn’t come ...well he didn’t come at all. And he was quite happy to leave on me there representing aboriginal people. But I wanted to firmly make sure that I wasn’t, right! But I would report everything back to him so that he was informed. So I was a conduit for him as well and I remained so throughout. Even though I was firm trying to say “I’m not representing aboriginal people,” I did act as his substitute there. I did feel that the aboriginal people were not being represented and I did have to always have one eye on that and that’s where I felt my watching brief was for the committee. While at the same time saying I wasn’t doing it you know (laughing). Cause you know I’m not appropriating that position. But somebody had to do it. But I would go back to
Cal and say “this is what’s happened for the most part.” Not in the last few meetings no, but for quite awhile I did. Just write it in my report.

What is clear from Janice’s account is her tremendous sense of ambivalence about serving as the representative for aboriginal interests on our committee. On the one hand, she knew her role was important because aboriginal issues were not being adequately addressed, and by her own admission she felt capable of serving as the committee’s “watching brief” on this issue, but at the same time, she was very sensitive about being seen as “appropriating” this position, and was adamant that she was not representing aboriginal people at the planning table.

Of further interest here is the fact that Janice was asked to attend the committee meetings on behalf of an aboriginal representative, and her presence at the table, while unquestionably helpful and legitimate, was at the same time, most unexpected. Janice was not originally sought out because of her unique experiences, contributions, or skills, and unlike the other committee members, she was never sent a formal invitation to join the planning committee, denoting her as a permanent and official member. As it turned out, Janice became an important and contributing committee member and we were grateful for her thoughtful input and obvious competence, and yet her unexpected arrival at the committee meetings raises some important questions about who decides who will be given a permanent seat at the table. For example, in situations where someone is serving as a proxy representative, who judges the overall appropriateness of this decision? In other words, even though she enjoyed the trust and respect of Cal, what

---

5 According to Janice this is a legal term; it means paying close attention to a subject without interfering, you “hold a watching brief” on behalf of someone else.
would have happened if the committee had found Janice’s actions to be obstructive instead of facilitative?

My own personal reflections about this issue reveal some of the additional challenges that we were facing.

*I am sure that the committee would not have brought the same level of acute sensitivity to this issue of representation if we were talking about substituting one mental health professional’s voice for another. For example, under such circumstances we likely would not have wondered about a “replacement member’s” overall appropriateness. Further, we would not have questioned their capacity to speak for all mental health professionals, nor would we have been worried about how outsiders to the process would potentially judge us.*

*We did not want to find ourselves complicit in reproducing historically racist and disempowering practices by planning a national suicide prevention conference without the active involvement of First Nations representatives. Our desire to have meaningful aboriginal contributions was born out of a genuine belief that aboriginal participation in the conference planning process was important and critical to the conference’s overall success. I think that we also wanted to publicly demonstrate our commitment to inclusive planning by being able to point to the ongoing presence of aboriginal voices at our planning table. I was aware that our planning process could have been rightly criticized for its failure to build meaningful bridges with the aboriginal community.*

Wilson and Cervero (1996b) acknowledge that planners need to consider both the legitimacy of certain planning participants as well as determine whether they are “the
best possible planners given the circumstances” (p.22). While Janice brought a
tremendous repertoire of skills and experiences based on her previous work with
aboriginal communities, she herself was not aboriginal, and by her own admission, she
felt uncomfortable “speaking for aboriginal people.” At the same time, however, given
that we were having difficulty recruiting a permanent aboriginal representative to our
planning committee, Janice’s contributions and her mindfulness about aboriginal issues
were invaluable resources to draw from.

Committee Member Perceptions

While most committee members recognized the importance of having an
aboriginal voice at the table, they also appreciated the challenges of trying to recruit
aboriginal representatives to the planning committee. When asked directly about what
they thought of the mix of perspectives at the planning table, most members had
something specific to say about the absence of consistent aboriginal representation. Here
is a sample of some of their observations:

Anne: The struggle to get and maintain aboriginal participation was not
particularly unique to this committee, it was more a function of what people who
are leaders in the aboriginal community are called upon to do, and the number of
things that they are called upon to do. And the importance of them being here,
there, and everywhere, all at the same time.

Janice: They’re “committeed” to death. Most of them, who are working hard at
stuff, have their own committees already.
May: You know it was frustrating with the First Nations comin' and goin' like they did. And because we'd set the conference theme as diversity, we couldn't say, “well, hmm, I wish you'd stop that.” Like we needed them there but we weren’t connecting with people at all, I don’t think.

Jayne: I think that the only way it could have been improved would be if we had a committed aboriginal, but we didn’t. So there was a disappointment when we'd get people that would sound like they were really qualified and could offer something and then they wouldn’t come next time and then someone else would come, and then they wouldn’t come.

Louise: Maybe we put too many eggs in one basket – by only inviting one aboriginal representative. Without a key person who is just going to do it and be there, my experience is that to involve meaningful First Nations’ input, it takes a lot of relationship building, a lot of front-end effort. I think there were just some circumstances where we were hoping that the one representative would be there. It didn’t happen and then it was really difficult to catch up.

Eva: One of things is that any conference that is going to have the whole of Canada in its name is kind of intimidating (laughs). So you’re wondering [as an aboriginal person], “well okay, how can I sort of come and learn and make a difference.” I think from the name itself, it’s kind of big.
Paul: I was a bit disappointed because some people that could have added so much, weren’t really there. For example, some people would be starting to participate and then sort of drop off the face of the earth. Gone. I was sort of surprised by that. Like the first aboriginal representative was there maybe once or twice and then just disappeared. And then another aboriginal representative was there once and then sort of disappeared.

And I think “okay what could we have done differently?” Maybe a strong conference presented in an essentially industrialized, western culture doesn’t meet the needs of First Nations or some of the immigrant experience. It just may not.

Paul is one of the only members who questioned whether the forum we were inviting aboriginal representatives to participate in was palatable to those who may have been operating out of a different set of cultural assumptions and values and who likely brought different expectations regarding the purposes of conference planning. Most of the other committee members expressed some level of bewilderment about why we could not recruit and retain consistent aboriginal participation – typically understanding the absence in terms of aboriginal people being overwhelmed and/or experiencing competing priorities – without necessarily reflecting on whether our dominant culture and mainstream conference planning process, may have itself, served as a barrier or threat to such participation.

In other words, several committee members’ comments reveal their position of privilege and dominance by constructing aboriginal participation as problematic. For example, it is “they” not “us” who have failed to demonstrate their commitment to the
mainstream planning process. Rather than interpreting aboriginal members’ absence through a lens that examines these issues from the perspective of socially and historically constituted relations of power, several professionals locate the problem within the individual aboriginal participants themselves.

Paul wonders,

*From what little knowledge I have of First Nations, maybe it’s something where a sharing across generations would have been a more appropriate forum for providing that information [on suicide prevention], where the information presented might have more of a specific “community sense.” Whereas the conference really was, “we have this information to impart to people.” It’s not the sense of “a community sharing across generations,” instead it’s sort of a sharing across individuals and different people.*

Eva’s Story

As a way to balance some of these dominant culture perceptions regarding the absence of aboriginal representation at our planning table, I would like to call special attention to Eva’s voice. Eva is a soft-spoken aboriginal woman in her early forties, with a kind, open heart and generous spirit, who joined our planning committee for only two or three meetings towards the end of our planning process. I originally met Eva at a meeting of aboriginal health care providers that I attended specifically to recruit more aboriginal members to our CASP Planning Committee. I was delighted when Eva identified herself as someone who worked at the First Nations Crisis Centre and thrilled when she expressed interest in participating on our conference planning committee. I
regret that I did not cross paths with Eva earlier as I think that even in the short time she was with us, her contributions to our planning efforts were substantial. Eva recounts,

_When I was younger, I was about six years old and one of my brothers - like a stepbrother - I remember watching him walk up in front of everyone, and it seemed so normal, it was a normalized event, where he continuously attempted suicide. He just walked up to the tree and he tied the rope around his neck and when the tree branch broke everyone around him was laughing and I was thinking this isn't right, this isn't right. As I got older, I knew some people that attempted suicide, I myself had had those thoughts because our environment was so dysfunctional, and so when I went to look for what I'd like to do to make a contribution back towards the community, working [in the area of suicide prevention] was a very natural thing for me to plan._

Eva goes on to describe how suicide and suicidal behaviour among members of her community, not unlike many aboriginal communities across the country, has become, tragically, all too commonplace. She recounts a recent experience of working with a group of young aboriginal women in a healing circle and observes, “they don’t think of suicide as ‘not the norm.’ It’s a way of coping, you know. They don’t see what the big deal is about it or suicide prevention.”

To complicate matters further, according to Eva, there is strong evidence of a “community in denial,” in response to the problem of suicide. It is almost as if the shame and the guilt and the grief and the fear all accumulate to create a state of individual and community paralysis in the face of yet one more person’s suicidal behaviour. Eva acknowledges the deadly consequences of such denial,
I think a lot of people are so scared if someone says, "I'm going to kill myself" and then they don't know what to do. They say, "I don't want to handle this," so many suicidal people get segregated or get pushed away or shunned. Or they think they're just making it up.

While I will leave further analysis to the next chapter, suffice it to say here that these brief accounts of Eva's illuminate the level of individual and collective trauma experienced by many aboriginal communities in relation to the issue of suicide. Individual community members and aboriginal leaders alike are often left feeling overwhelmed, beleaguered, hopeless, and demoralized in the face of such an accumulation of tragic losses, which undoubtedly leaves very little time, faith, or emotional energy for participating in more formal suicide prevention work.

Like Riding a Wave in a Dinghy Boat

Picking up on this point further, it is noteworthy that Eva, too, has experienced considerable challenges trying to engage aboriginal community members in the work of suicide prevention. She describes her recent experience trying to recruit aboriginal volunteers to serve on the local crisis line,

It was very frustrating being the coordinator for the crisis centre. They had this great idea in their minds that they wanted the crisis centre exclusively run and volunteered by First Nations people. And it was excellent, it was really such a visionary thing to have First Nations' involvement.

But to get First Nations people out to volunteer, it was like trying to ride a wave in a dinghy boat. I couldn't do it. It was so hard. I had to ask the Director if I could look at bringing non First Nations on – people who had the heart for
First Nations people—and she thought about it and thought about it and I continually came back in and asked her and eventually she agreed and so I got a greater response.

But you know it's so frustrating that no one wants to turn out and do this. And for me, having worked in this area and the work I've done through the crisis line, through the RCMP, I am one of the only First Nations people that has made that commitment and followed through with the training and it is so frustrating. We have the highest suicide statistics for our youth and no one wants to get out there and do the work and we can watch our kids die.

While Eva's story reveals her own set of challenges in recruiting individuals from her community to participate in a suicide prevention effort, it is important to acknowledge that this apparent resistance to participate is by no means unique to aboriginal communities. Suicide is a very painful and emotionally loaded topic for most people and it is always difficult to generate community-wide interest in the issue. This is not only because the topic carries a considerable stigma, but also because people often have to risk their own vulnerability when they join an educational session or participate in a crisis intervention effort dedicated to exploring issues of emotion, pain, and suffering.

Participating From the Heart

In an effort to bring this section on aboriginal participation to a close, I come full circle by re-introducing some of our earlier conference planning challenges regarding the absence of aboriginal participation. At this point though, I ask the reader to more explicitly consider some of Eva's narrative accounts in order to bring much needed
context to the dialogue, as well as a cultural lens for viewing the issue of aboriginal participation. In doing so, my hope is that we can move beyond naive and uncritical assumptions and open up space for alternative, and perhaps more promising, understandings to emerge.

In the earlier passage above, Eva provides some important resources for thinking about the issue of “representation by proxy,” when she suggests to her Director that they recruit to the crisis line, “people who have the heart for First Nations people.” In my estimation, this includes people like Janice, who, though not aboriginal herself, clearly had her heart in the right place when she served on our planning committee. As Janice herself characterizes this role,

*I have a kind of a different experience with suicide prevention than most people do, as well as having strong affiliations with aboriginal people, although I don’t represent them, I have one eye on what’s going on in that community most of the time.*

The considerable respect that Janice enjoys from members of the aboriginal community is a further testament to her legitimacy as a representative of aboriginal interests, and is revealed in the excerpt below where she modestly recounts the unexpected public recognition she received from the prominent aboriginal leader who served as the host of our conference banquet,

*I was so touched by what he said at the end there. I was thrilled! That was so kind of him. He said that he got 1000 invitations a year and that he accepted about two. And he accepted this one because of my work with aboriginal people and suicide prevention. And I was...I’m still thrilled by that. I thought he accepted*
because he was a friend of my daughter's (laughs). And to get that kind of recognition from him. I mean I was just stunned.

Finally, it is also significant that Eva herself recognizes the impossibility of representing all aboriginal people at the planning table, and yet her words invite us to be both proud about what we can contribute, as well as humble in our offerings.

Well, I know a few people that would be opposed to me speaking for all aboriginal people, but I don't feel that. I truly feel that I'm a good person to represent these issues. I can talk in general, I don't have to be an expert about it. I know I've gone through the same experiences as a lot of people of my generation. I have children and I know the experiences they've had. And now I have a grandchild, so now I know the difference I can make. I've touched a third generation. It's a pleasure to go out there.

Creating the Conditions for Meaningful Involvement

To conclude this section on participation, I would like to make one last observation, which I intend to elaborate on in the next chapter. Even though Sork’s (2000) planning framework and Cervero and Wilson’s planning theory (1994) explicitly invite us to ask ourselves, “who is missing from the planning table?” and while Cervero and Wilson highlight some strategic considerations for managing power imbalances at the planning table, neither of these conceptual resources offers much guidance to planners in interpreting sustained absences, which occur in spite of active recruitment and outreach strategies. Clearly sending out repeated formal invitations to those “who have a stake in the program” is not enough, nor is it sufficient to simply reflect on and identify “who is missing.”
Planners must also recognize the powerful cultural and institutional traditions within which their planning activities occur (i.e. in our case this meant that meetings were scheduled in advance, they took place in a Board room, had a designated Chair and minute-taker, were guided by a formal agenda that was typically faxed out one week ahead, and participants engaged with one another according to the norms of professional discourse) and reflect on the ways that these taken-for-granted approaches to acting in the world may serve to inadvertently discourage participation from some minority group representatives or other disenfranchised groups. As planners, we also have to ask ourselves, “Who else is at the table and how might they inhibit or facilitate the active participation of marginalized groups?” What can I do as a planner to deliberately cultivate the conditions for their voices to be heard?” and “How can listening and caring be explicitly supported?”

Finally, it may be time to start interrogating the constraints that the metaphor of the “planning table,” potentially imposes on our thinking, particularly with respect to the creation of substantively democratic processes. For example, while the notion of a planning table appears, at least on the surface, to connote a benign space where all voices will be equally valued and heard, the image may also inadvertently carry with it the unwelcome baggage of institutionalized practices and professional privilege.

Narratives of Disjuncture and Solidarity in Suicide Prevention Planning

In many respects, we have already been introduced to the theme of disjuncture through the previous discussion on participation at the planning table. For example, in several participant accounts, it became apparent that there was a sharp divide between survivors and professionals. While less clearly understood, but nonetheless present, there
was also a gap between aboriginal interests and the mainstream views of the rest of the committee. In this next section I plan to explore two additional themes of disjuncture that emerged in participant accounts. The first concerns the troubling divide between personal and professional identities that exists within individual participants while the second explores the clash of personal and professional interests as it manifested between participants.

Personal and Professional Interests in Conflict

One of the most powerful examples of this intra-individual conflict is embodied in May’s story. At the time of our interview, May was feeling particularly philosophical and deeply reflective about our collective efforts as suicide prevention practitioners, since she had just recently learned that her own mother had been diagnosed with ALS, a very debilitating and terminal neurological disorder. May’s anguishing efforts to come to terms with her mother’s illness, as well as all of the associated questions that dealing with a terminally ill loved one raises about “quality of life,” appear to have put her on a bit of a collision course with some of her (previously) taken-for-granted professional assumptions, about the work and proper tasks of suicide prevention. Her personal and professional disquietude is very much in evidence in the following account.

*I find my own personal beliefs about suicide and the whole issue of prevention are going through a major shift right now given what’s happening with my mother (crying). I was thinking about this last night given I knew we were having this conversation today. If she chose to kill herself I would not interfere and in fact I’d probably assist her. Which is a huge change for me in terms of the whole business about assisted suicide.*
To me it's not an issue of "physician assisted suicide." I see that as a very medical model, egocentric, chauvinistic way of looking at it. But the whole business of assisted suicide, I mean my husband and I have talked about it in terms of what kinds of things we would no longer want to be alive for and decided the various things, and then both of us said that we would want the other to assist us and I can remember saying at that time to my husband "I couldn't do that, I don't think I could help you die." But looking at what's going on with my mom, I could help her die, and that has very much changed, like then if my husband said the same thing to me in similar circumstances, I could help him die too.

So I mean it has very much changed what I think should be prevented, and then what is the definition of suicide, I think is where that goes. I mean maybe this isn't suicide, maybe we need to re-look at what suicide means, maybe it's not just this broad self-driven death. Maybe that's not an appropriate... or I don't know. I'm somewhat rethinking the whole thing right now.

What is especially illuminating about this narrative of May's is how well it captures the uncertainty, the inevitably personal, and the heavily value laden nature of the work of suicide prevention. As a professional who has worked in this field for over ten years, I have found that candid personal disclosures like May's, which reveal her willingness to confront the question "whose lives are worth living anyway?" are extremely rare. Instead, in our professional roles, most of us uncritically accept and publicly reiterate the "standard messages and assumptions of suicide prevention", i.e. suicidal people don't really want to die, they just want their unbearable pain to end, and hence we must actively try to prevent all suicide deaths.
While I find such assumptions to be generally helpful, especially for their facilitative power in activating a helpful and caring response towards those at potential risk for suicide, and I typically convey these messages in some form or another in most of my educational efforts, I also know that these premises do not represent unequivocal truths. Furthermore, these assumptions become particularly problematic when we try to rely on them during our encounters with those who are terminally ill. Rather than being an enterprise of great technical and moral certainty, the everyday work of suicide prevention usually entails many shades of gray, and many of us have come to learn first-hand, just how fuzzy and unclear the whole business of saving lives can be.

**Personal Suffering and Professional Distancing**

I can relate to May’s experience of having her mother recently diagnosed with ALS and finding her professional commitments and theoretical understandings of the work of suicide prevention suddenly getting called into question. Everything that we take for granted in this field, and all the slogans and educational messages we repeat, often without thought or question (i.e. suicidal people don’t usually want to die; we must do everything in our power to try to prevent someone from killing themselves; there is a right way to assess suicide risk and intervene with someone who is suicidal) take on quite a different meaning when you have somebody in your life who is struggling with a debilitating terminal illness. Here’s my story.

> It was December, over ten years ago, when Bill, my then boyfriend’s brother, died of AIDS. Like most deaths of this nature, it was a horrifying experience to witness, particularly so because this was before the advent of many of the more effective contemporary drug treatments for HIV and AIDS. Bill had been in and
out of hospital for several months prior to this point, receiving endless tests as well as various conventional and experimental treatments. At the end — we all knew he wouldn't be leaving the hospital this time — his six foot frame had wasted away to just over 120 pounds and his lovely blue eyes took on a slightly frantic look. He was constantly in pain from lung infections, pneumonia, spinal taps, Kaposi's sarcoma, and numerous other excruciating conditions associated with the HIV virus, and seemed to get only occasional relief from the acupuncture he was receiving as part of an experimental trial. I remember supplying him with a relaxation tape to listen to while he was in hospital and feeling such a sense of satisfaction when he told me that it had actually helped him get to sleep one night. Every time I hear a version of that relaxation exercise, "At the sound of my voice, you will notice yourself becoming more and more relaxed..." I think of Bill.

Les was Bill's long term gay partner. Les was a slightly built man in his thirties with small, close set eyes that I never quite trusted. He was also HIV positive. In truth, Les was not a particularly likeable fellow — arrogant, humourless, and a bit of a "know-it-all" in my opinion. Nonetheless, I felt compassion for him and I believed his love for Bill and his grief in response to Bill's death was absolutely genuine. What I was quite unprepared for in the weeks following Bill's death however, was Les' expectation that my boyfriend and I would become complicit in helping him to execute his own evolving suicide plan.

At the time I was working as a suicide intervention counsellor. Needless to say I found being privy to Les' explicit plans for his own suicide (the date, the method, the time) and listening to his specific instructions about how we were to
handle his affairs following his death by suicide, very unnerving. My boyfriend and I were both emotionally exhausted and grieving over the loss of Bill and were not in a position to be thinking very clearly, and yet in retrospect (which strikes me as slightly frightening now) the rational quality to our discussions was unmistakable. "Well how many pills do you actually have stockpiled?" "How do you know that’s enough?" "Where are you going to do it?" "Who else have you told about this?"

I also remember feeling mad and resentful that Les would "burden" us in this way, especially since we didn’t share an emotional closeness with him and we had literally just scattered Bill’s ashes a few weeks before. But even more significantly (and perhaps dangerously), I could understand and empathize with Les’ choice to kill himself. Given the context — we had all just witnessed Bill go through a frightening and agonizing death and were sure that Les’ end would be no different — I actually remember thinking, “I’d probably do the same thing if I were in his shoes.”

My actual response to Les was much more non-committal, probably best characterized as total passivity, but by doing nothing in response to his suicide talk, I likely transmitted a not-so-subtle message of my own, “You’re right Les, your life is not worth living.” So much for all of my professional training and preparation in suicide prevention, i.e. never keep someone else’s suicide plans a secret, remove all potentially lethal means from someone’s home, and get immediate help from the available community resources.
As it turned out, a worried relative from out-of-town (who Les had phoned to “say goodbye”) unbeknownst to us, called someone else to intervene, and Les ended up being hospitalized (against his will) in the psychiatry department for several days. He was furious and determined to get out of the hospital as soon as possible so that he could follow through with his suicide plans. At least that’s how he felt at first. Later, after several days elapsed, he seemed much more ambivalent about his choice to die, and he actually went to stay with that same relative in another city following his discharge from the hospital. We never heard from him again.

What is important to recognize here is the inevitable confusion that arises when we are faced with ethically challenging situations like this one, and how difficult it is to know what to do, especially when we no longer have the benefit and clarity of “professional distance.” Adopting the stance of a “professional caregiver” – even though this posture was revealed to be problematic in some of the encounters between the survivor and mental health professionals at our planning table – may have enabled me to take wiser action in this particular instance. For example, I am quite sure that my passive reaction to Les’ suicide plans would have been quite different if he had come to see me as a “client in crisis.” For example, I would have felt more certain of my professional responsibility, I would not have brought my own personal grief, anger, and confusion to the relationship, and I certainly would not have felt such deep empathy for his suicidal wishes.

At some level, this story may also shed some important light on the tension encountered between survivors and professionals described earlier since it hints at the
difference between knowing and acting based on an “up close and personal” experience of suffering, and knowing and acting based on more distant and remote professional theorizing about what it means to suffer. According to hooks (1994), there is a particular and unique quality to knowledge that arises from suffering, and she notes that “this complexity of experience can rarely be voiced and named from a distance” (p. 91). Clearly experiences like mine, and like May’s experience with her terminally ill mother, invite us to learn about suicide prevention from a very different vantage point, one that demands that we confront our own values and beliefs about which lives are worth living, rather than simply focusing on implementing the “technologies of prevention” (Buchanan, 2000).

While at first this story may appear to have little relevance for program planning, the truth is that no matter who we are, we are always navigating between and among multiple personal and professional narratives which will inevitably colour our thoughts and actions at the planning table. Our personal context shapes our professional perspective and vice versa. For example, when asked whether she thought there were any contentious issues at our planning table, one of our committee members put it this way, "Jennifer, there’s stuff going on in my life that’s highly dramatic, so no!(laughs) You know, when you’ve got a kid on drugs, this planning stuff is nothing right?! So you know I can’t remember anything that was contentious.

In addition to giving a human face to the members who sat at our planning table, the above excerpt also reminds us that even though people have ostensibly come to the table to participate in the tasks of planning, and we may even occasionally expect them to share our enthusiasm for the planning work, the truth is that there will always be many
personal and professional demands competing for members' attention. It behooves us to remember that individual commitments to the official tasks of planning will inevitably wax and wane, depending on how much of the "highly dramatic stuff" might be going on in people's lives, or their communities, at the same time.

**Personal Commitments and Professional Obligations**

A different tale of disjuncture emerges from Marie's account of the planning process when she describes her perception of the difference between volunteer contributions and professional attendance at the planning meetings.

*Everybody else at the table was a professional and yet they were saying, "we're all volunteering our time," and I'm thinking, "no you're not, you're taking time out of your day, but in fact you're being paid for it. You're not in there licking envelopes and donating your own stamps and paying for your own gas. I know that this is not volunteering. Your organization to some level authorized you to be part of this committee."*

*And so it was really strange and disappointing that everybody took the two hours that they said they'd be at the meeting but in fact they didn't follow through with the tasks they said they were going to do in a lot of cases. They were more like visionaries who just expected to come and do their two hours and that was it, that was that.*

While not specifically related to the conference planning process, a similar theme emerges from Louise's narrative account when she describes her experience managing a volunteer-based crisis line. In the passage below, Louise identifies some of the
frustrations she feels when she is confronted with medical professionals or other experts who misunderstand the role of lay people in the work of suicide prevention.

*You know there's always tensions that come up when a medical perspective comments on volunteer delivered services. You know, the medical perspective is powerful in health delivery and psychiatry is powerful and it's difficult to find a psychiatrist that really wants to come to understand the value of volunteer delivered services and the role that they have. I think we've been challenged with that. As I said, there's been a significant transfer of staff from our agency to mental health services, which has allowed some of that education to happen from within, which has been great because the psychiatrists are sure not comin' and knockin' on my door and saying "I'd really like to learn about your program."*

Louise goes on to describe her understanding of the possible origins of this schism between the medical sector and community-based, volunteer-run programs,

*I guess the medical professionals would judge the role of volunteer delivered service as either ineffective, or "less". They have a lack of understanding of its role. I get frustrated but often I think some people in the medical profession are not focused much on prevention, they're focused on treatment, and also tend to see themselves as pivotal in all levels of intervention and I don't think that's necessary.*

*I see the need for specialized professional services, especially once at-risk people have been identified and seen as in urgent need for support. So we can link callers that are at risk directly to emergency mental health services, for instance. We work closely with the mental health programs here in the health region and I*
mean at least at the treatment end of the continuum, I see where there is lots of work that they do well and need to do. But they’re often inaccessible. They have all kinds of exclusion criteria to when you can access those services — they’re 9 to 5, they’ve got waitlists, there’s all kinds of barriers to how people get there, so I see that partnership where the crisis line is 24/7, anybody can call and we’re a key access point for all vulnerable adults including suicidal callers — to those other services, which are also expensive and specialized. I often say, “everybody who has a headache does not need to see a brain surgeon,” you can call and get a lot of immediate emotional support on a crisis line that helps you to cope with your next day. You do not need to see a psychiatrist. But boy the people who need to get on to some medication, and need to have some psychotherapy, that’s not our skill. We know what our limits are too and we’re not trying to do everything.

While arising out of different sets of circumstances, both Marie’s and Louise’s narratives foreground the presence of two distinct discourses in the field of suicide prevention: the community-based, grassroots volunteerism approach vs. the specialized, scientific, “professional as expert” approach. Both were revealed in various ways at our planning table and both will be explored more fully in the next chapter. Next I will examine narrative accounts of solidarity at the planning table.

Theme/Team Building

Like others at the planning table, I remember our early planning meetings with great fondness. We spent at least three meetings in brainstorming and visioning type exercises, trying to come up with a conference theme that could serve as both a marketing tool as well as an organizing framework for the program. We played with words, images,
and pictures. In the end we settled on the following theme, “Suicide Prevention in Canada: Exploring Our Diverse Landscape.” It is noteworthy to remember that in one of its earlier renderings, the theme was worded slightly differently, with the subtitle appearing as “Celebrating Our Diverse Landscape.” While it was a legitimate desire to want to bring an air of celebration to the important work being done by clinicians, volunteers, and researchers across the country, the reality was that for many survivors of suicide, this was certainly not a topic for celebration. Upon further reflection, the committee agreed that the original wording could easily be construed as being insensitive to survivors’ losses and hence we came up with the modified phrase. This is just one example of an effective and important compromise that arose following collective reflection by the committee as a whole.

Several other committee members recalled these early meetings as important coalition building processes, and interestingly, some of their accounts reveal the particular value they placed on the creative character of these discussions.

Anne: Well I mean I love the theme and just the whole process of putting it together and picking the right words and the depth of meaning behind words like “diversity” and “landscape” and what those represented visually around suicide prevention. I remember myself being up at the white board drawing pictures and other people being up drawing little pictures. So it was a very visual process is what I recall about it, which means it is hard to describe in language, in terms of the process of creating it. But we talked about what was important to us and the various constituencies that we wanted to represent in the theme and the importance of being inclusive both in terms of what today is kind of the traditional
definition of diversity which is a multicultural diversity, but also that we wanted
to recognize in that concept, the diversity of roles so the researchers, the
survivors, the practitioners, the clinicians, and so on, that was really important
piece of what we were doing. The concept of exploring I think, as I recall had to
do with the fact that we don’t know all the answers that we’re seeking them, we’re
looking for them, and looking for them from each other. Landscape...I don’t
really remember a lot of the stuff associated with landscape other than the
Canadian concept of different landscapes, different geographies and that kind of
thing.

Louise: I liked that theme generating process. That was key to motivating the
committee members. I think we had a really strong committee and a lot of
continuity and I think those early sessions captured people’s imagination and we
did some really creative work that sustained us with some of the grunge work
later, you know. So I liked the creativity part of it as well, in terms of process. And
I just liked the metaphor in terms of our collective understanding of how broad
the issue is in suicide prevention and diversity and that we don’t have all the
answers and so being as inclusive as possible was important. You know it wasn’t
all administrative. It was also creative. There was a learning there. It wouldn’t
have been all that meaningful for me to go all the way over there to attend
meetings and just do administrative stuff. And I mean that was really the point of
that committee and getting that diverse perspective, if we didn’t get a chance to
talk about that and grapple with some of those issues that we grappled with about our vision and how it would get translated, why bother?

Paul: Besides giving us a framework, the theme helped to promote the idea that suicide prevention does occur in a diverse landscape, particularly across Canada. It's the urban rural division, the first nations, immigrant experience, the diversity of people that are doing research and investigations, to those that are doing front line work on crisis lines, suicide counselling, bereavement, work with prevention, that whole range of diverse landscape as well. And to hopefully find a common forum for people to come together and talk and share their experiences.

It is apparent that this early process was important, both in terms of creating a unifying focus for the conference program itself, but also from the point of view of building a sense of connection and community among committee members. By creating space for committee members to actively participate in shaping and defining the educational program, in a way that captured their imaginations and sense of creativity, I believe that we were building a stronger collective commitment to the overall conference planning process. What is interesting to contemplate is how Cervero and Wilson's (1996) planning theory might help with interpreting this type of energetic, creative, communal action at the planning table. Can their central concepts of power, interests, negotiation, and responsibility offer us anything of value in trying to better understand this important aspect of planning or might it be the case that their analytical resources have more relevance when trying to make sense of the difficulties, tensions, and challenges at the planning table? These questions will be examined further in Chapter 5.
Consensus in the Selection of Conference Papers

Another place in the conference planning process where we achieved a great sense of solidarity was in the review and selection of conference papers and workshops. A small sub-committee was struck to handle this task, and I realize in retrospect that I clearly fell victim to traditional expectations when it came time to assemble the “Selection Committee” (often understood in academic circles to be the “Scientific Committee”), as I did not invite Marie, the only survivor, to join this group. Obviously any claims I make regarding our group’s solidarity must be tempered by this reality and understood from this perspective, i.e. the subcommittee was probably more homogeneous and like-minded than the committee as a whole. Still, a consideration of the review and selection process offers important opportunities for learning.

Anne: One of the areas that stands out for me was the whole decision-making process around some of the abstracts that had been sent in and trying to understand what it was that someone was trying to do and whether that would be appropriate. Whether it was more of a clinical intervention as opposed to a paper about a program or service or piece of research or that kind of thing. And how far to take survivors’ stories as they wanted to present it at the conference. So making some of those decisions and trying to work off what people had submitted and understanding that was difficult. It was difficult to interpret the meaning of the submitters. I think we actually worked quite well as the selection sub-committee to decide on the proposals and so on. But it was when you read something and kind of went, “what does this really mean?” “what is this person going to do?” “how are they going to present themselves?” and “how are people going to react to that?”
Paul: I wasn’t necessarily anticipating being part of the selection process of going through the proposals – and being part of that process of weaning them down, whittling them down to exactly who would be appropriate and that. That I found really interesting and that wasn’t part of my expectations and it was quite enjoyable. I enjoyed that. I liked that. It gave me sort of an insight into what was coming up and being part of that and getting a fairly good sweep of the different types of things that were coming across into the conference was really interesting.

What I found amazing about that process was, for the vast majority of the submissions we didn’t accept, several we didn’t agree on, there was just something that everyone saw that, “okay this is something we’re not comfortable, I’m not comfortable with” and so we just put those to the one side.

It is also important to highlight my role as the Chair in establishing a review process that was fair and transparent, while also setting out explicit criteria for developing a high quality program. To assist with the selection process, I developed a set of guiding criteria for reviewing incoming submissions which helped committee members make judgements about which proposals should be accepted (see Appendix D for a copy of these criteria). A clear exclusionary criterion was established to reject those proposals that might create a climate of dramatic sensationalism or invite too much emotional intensity, as a way to both reduce potential risks for suicide contagion and to keep suicide survivors “relatively safe” from having to re-experience traumatic memories around their own suicide losses. To a certain extent then, the cohesion that the selection committee experienced can be attributed, at least in part, to my selective appointment of members to the sub-committee and my active orchestration and shaping of the criteria for
decision-making. In other words, I used my role as a planner to systematically organize others' attention, which according to Forester (1989) is one of the central responsibilities of any good planner.

Interestingly, my efforts to develop explicit criteria to assist with decision making at various points in the planning process appears to have been met with mixed results by committee members. On the one hand, Paul really appreciated my efforts to provide a structure for our collective deliberations. He comments,

_"I think you did a wonderful thing in terms of really spelling out the terms of reference – this is what we're here to do, and this is what we're looking to do. Like when we were looking at submissions, “okay this is what we’re looking for and this is what we’re not looking for.” Those type of things. Sort of having things more spelled out."

In contrast, another committee member Marie found my efforts in this regard, less than helpful,

_"We would get bogged down sometimes, because we were just brainstorming. I remember that was one of the things, where you came up with criteria for what we wanted the keynote speaker to do, and it was all really airy fairy as far as I was concerned."

These instances each hint at the kind of power I held as the Chair of the planning committee in establishing the terms for decision making, setting the agenda, and shaping perceptions and needs. Forester (1989) suggests that while these activities are core functions of all planners, it is equally important to acknowledge that each of these
activities has the potential to serve as vehicles for perpetuating misinformation, distorted communication, and misrepresentations of reality. Further reflection on these issues will be provided in the chapter to follow.

Finally, to conclude this section on solidarity, I once again offer a medley of committee members’ voices which provides further evidence that, despite our many differences, there were many moments of perceived cohesion and a shared mutual respect for one another.

Janice: What went well was that everybody felt quite willing to speak up. And I think because of the way you ran the meeting everybody was heard. Nobody…I don’t think anybody felt like they couldn’t speak up. I don’t have a whole lot of tolerance for people who don’t speak up at meetings anyway. I think if you’re going to come to a meeting and you have something to say you should just say it. And it was certainly easy to do that at that meeting.

Jayne: This was the best committee I’ve ever sat on. I think the people that were committed, were really committed – and like in any committee there’s always those who for whatever reason find it more difficult to get there. But for those that were committed, they were really committed, they worked hard, really hard. And I had a real sense of pride in taking this over, in doing it and putting it on and being able to say that we’ve accomplished this. It was a real sense of sharing and camaraderie. I thought it worked, as a committee, it was great.
Marie: I don’t think we ever truly got at each others’ throats which can certainly happen in things like that where you have people stomping out of the room and never coming back. For the most part, I think people were respectful of each others’ needs and wants.

Anne: I think we worked fairly well together in terms of listening to each other and sorting through some of the contentious issues and balancing the various streams that were available to people. I felt very positive about the planning experience. I thought we worked well as a team and the ability to use technology and involve everybody in different geographical areas, I thought that was excellent.

Louise: I was amazed at how we sustained our energy and commitment to it over such a long period of time. I thought that was quite remarkable. I think there was some really good connections with people that developed that probably have continued. I sure feel like that. I know some people that I wouldn’t have known and that I would feel quite comfortable calling. So a lot of mutual respect was there and given the challenges I think that people were very committed, very committed. I also think people have passion. They are passionate about what they know best and fair enough, and so I think our responsibility as a committee as a whole was to not squelch that passion but to find a way to still hear it and educate each other so that overall you know it would come together appropriately. So I mean that’s the task of the working group to do that and I felt that. I didn’t think
anybody's perspective was squelched. Certainly I felt opportunity to share my input and where I was passionate. So there was some respect there and we weren't all experts in everything.

Paul: I think for the most part we sort of relied on compromise or consensus about what may be the best way of approaching the situation or doing it in this circumstance. I didn't think anyone was left out in the cold on their ideas. I think there was, in the planning process, even with all the different sort of viewpoints or oppositions, there was always sort of a consensus or an agreement about how to proceed with a particular thing or what should be done. A compromise if you will, and if a compromise couldn't be made, at least everyone was heard.

My own thoughts and reflections regarding our committee's overall cohesion and my role in shaping the group's solidarity are offered below:

*For the most part, I genuinely looked forward to chairing these planning meetings. I always found the discussions to be animated and lively, and quite often controversial. Rightly or wrongly, I interpreted this (highly charged atmosphere) to mean that we were tackling important issues. The level of energy in the room and the seriousness with which people engaged in their deliberations suggested to me that people were very committed to the conference planning project.*

*I often felt quite challenged in my role as the chair and I typically felt very drained and exhausted after the two hour meetings. I was always aware of*
holding several different, and often conflicting interests in my mind at once. I remember what a juggling act it was trying to allow adequate space for discussion, making sure that all participants' contributions were given a respectful hearing, while also moving the process along so that we could move forward with some very practical decisions.

Even though some meetings ended abruptly, with some important issues left undecided or up in the air, I distinctly remember using the process of creating and distributing the meeting minutes as a way to both reflect on what happened as well as to selectively orient people's attention in the future. The reconstruction of a planning meeting, through the creation of minutes (making a formal record of decision points), became an important way for me to subsequently shape, frame, and organize participants' attention.

The use of minutes to foreground certain interests and not others is just another example of how planners can shape and construct educational programs, while simultaneously working to reconstruct various asymmetrical power relationships (Wilson & Cervero, 1996a). A typical set of minutes from one of our early planning meetings is included in Appendix E. Apart from the administrative tasks that are very much in evidence in the formal record, one can also discern my attempts to clarify various relationships and sort out roles among various planning members in this particular set of minutes.

The Interpersonal and Emotional Domain in Program Planning

Sork's (2000) planning framework and Cervero and Wilson's (1994) planning theory both give explicit attention to the "sociopolitical dimension" and the "people work
of planning” and indeed the retrospective analysis of our conference planning process shows the important and complex manner in which interpersonal relationships – many of which existed before the start of the planning project, and hopefully endure beyond the conclusion of the formal planning process – provided an essential foundation upon which many planning decisions got made. While it may not be true in all planning cases, many of the people who came together at our planning table had a previous history with one another, and many of these relationships had a personal quality to them, marked by loyalty, trust, as well as a persistent continuity through time. In other words, while there were many complex interpersonal dynamics and shared decisions that took place at the planning table, it is important not to lose sight of all of the conversations and planning decisions that took place in-between planning meetings – on the phone, by e-mail, over lunch, carpooling, and “via the grapevine.”

In the accounts that follow, the importance of personal relationships, especially their temporal quality, which existed beyond the bounds of the planning table, is very much in evidence.

May: Why do I think you invited me to join the planning committee? Cause I had bailed on the national CASP board but had said that I was still committed to do the conference and that I would continue to be involved with that. So I figured you inviting me was just you being polite. I really did. But I wanted to be involved so I wasn’t prepared to challenge it at all, so I thought, “to heck with ya.” You’re going to be polite, then let’s see. Plus, I found that I really enjoyed the whole process and I really liked working with you. So it worked out quite nicely.
Eva: I commuted with a survivor to the committee meetings. And I can see her passion and why she was involved. She makes things happen and she is so dynamic. I’ve met survivors where their children have taken their life and I can’t even imagine that and I’d probably be as driven as they are...

Louise: I’ve been so excited to be part of two research projects now that another committee member worked with us on and what’s exciting to me is that there’s been a bridge between a community based program in a non profit sector and the research world and doing really substantive, you know qualitative and quantitative work. I think it has to be a bridging of your different understandings so I’ve had a lot of excitement about seeing that. But it’s not ivory tower, it’s rooted in real programs that are being delivered that have developed in a community from a grassroots level and researched well by people who are willing to reach out and see what’s going on in the community.

Anne: I think it was just kind of worrisome, not so much from the point of view that I thought this survivor panel was something that we shouldn’t be doing or anything. That didn’t really cross my mind but I think it was more with an awareness of the conflict that I had picked up between people on the planning committee. So it was like, okay, who is going to be in the audience here and where are they going to go with the nature of this presentation? And so it was, the worry was more from the point of view of being kind of judged by members of the
committee/audience that this was an inappropriate session or that kind of thing.

And in the end, that didn’t happen, you know.

Marie: I was delighted in getting to know another committee member. She is such a treasure. She certainly sustained me through a lot of that because we just had a great time. We still have a great time together.

Beyond Power Relationships

A limitation of Wilson and Cervero’s (1996a) work is the absence of attention they give to the complex range of personal relationships at the planning table. Instead of viewing personal relationships through a series of variegated analytical lenses, it seems as if these authors conceive of social relationships at the planning table exclusively in terms of power. Indeed, it seems as though every time these authors use the word “relationship” in their published works on planning, it is almost always prefaced by the term “power.” According to Wilson and Cervero, “The fundamental enduring social relationship that structures the context in which planners routinely work is power: who has it and what they do with it” (p. 9).

However, if as these authors routinely assert, “planning work always requires ‘people work’” (p.5), then why is it that they give virtually no attention to discussing the importance of cultivating, nurturing, and maintaining relationships, for reasons and purposes that go beyond “restoring the balances of power?” How is it that the virtues of integrity, honesty, and caring get overlooked when discussing the “people work” of planning? These characteristics are key elements that need to be given more explicit attention when judging the effectiveness of any planning activity.
While Sork’s (2000) description of the sociopolitical domain in planning clearly incorporates the interpersonal dimension, it is difficult to know – since access to his conceptual thinking is currently limited to the ideas sketched out in his brief chapter – just how far his analytical framework might be extended in order to accommodate a more richly textured view of interpersonal relationships. At this point, it is fair to say that Sork’s framework certainly picks up on the critical viewpoint of relationships when he underscores the importance of “the interests involved, the power relationships at play, and what they mean for planning (p. 185).” Whether or not his question based framework can provide some additional analytical power in terms of understanding the complex web of interpersonal relationships at the planning table is a topic that will be pursued in more depth in Chapter 5.

Caught in the Middle

In the narrative account below, one of the committee members describes a situation where she felt “caught in the middle,” between me as the Chair and another planning committee member. She had pre-existing relationships with both of us which she clearly wanted to maintain, and this excerpt provides a good example of the tension she experienced trying to support both of us, and respond to the perceptions of other committee members, during a time when she perceived we may have been at odds.

*I was very aware of that and on a personal level I felt a bit uncomfortable. I was caught in the middle. Because that was something for you and her to sort out, but I was really aware of it. I also knew that there was some sense of disappointment from the rest of the committee about her involvement. And so there were some places there where on a personal level I didn’t really know how to help with that.*
but I was aware of it. Yeah. I absolutely admired, especially latterly, when you might have felt overwhelmed with being solely challenged and taking on as much as you took on. I absolutely admired how ...calm is not the right word – there were times when you didn’t look calm (laughs) – but you, you were just gracious in assuming the responsibility and I was very aware of it and very appreciative of how you did that. Particularly for me because I was kind of caught there in the middle. Not intentionally but because I had a relationship with both of you, and although she shared with me sometimes where her limitations were, I have a different style than she does too, and I wasn’t 100% comfortable with places where I felt she stepped back. So overall that was probably the place where I was most anxious about what the outcome would be because I really valued my relationship with both of you and I was worried about potential conflict there probably and I really appreciated how, I guess you got through it.

It is not clear to me yet how some of the existing adult education program planning resources (Cervero and Wilson, 1994; Sork, 2000) might be able to account for the deeply personal character of some planning activities, such as the one described above. Framing the experience above as an example of a “power relationship at play” or an instance of a “negotiation among competing interest groups,” seems misplaced here.

Even Sork’s (2000) ethical domain, while offering helpful suggestions for thinking about the moral dimensions of planning, like “is this the right thing to do?” still cannot quite capture all the subtle ethical tensions and contextually specific interpersonal dynamics implicit in the participant account above. At some level, the ethical domain in planning, at least as it has been articulated by Sork to date, still seems limited when
trying to accommodate the practical everyday ethical concerns of individuals in relationships, i.e. will she still speak to me when this is all over if I stick to my principles and oppose her position at the planning table? Is it worth it to proceed in this way if it means risking losing a friendship over this planning decision? On the other hand, given that one of Sork’s (2000) strongest contributions to program planning practice has been his invitation to ask ourselves questions which fall within the spirit of the technical, sociopolitical, and moral domains, perhaps the power of his model is already in evidence here and it is just a matter of giving more explicit attention to the personal and everyday character of planning relationships in future articulations of his framework.

To different degrees, both Cervero and Wilson’s (1994) planning theory and Sork’s (2000) framework appear to have some limitations in terms of their ability to explicitly analyze the place of personal caring, warmth, and empathy at the planning table. Further, these resources leave little room for examining planning participants’ interests in maintaining personal connections beyond the planning table, which was exemplified in this participant’s narrative, as well as others’ accounts. These matters will be taken up in the next chapter.

**How Did it End? A Brief Review of the Conference Results**

In general, the conference was considered a tremendous success and we managed to attract close to 400 delegates from across the country. The feedback received was generally very positive, and those who attended the conference really appreciated the richness and diversity of the program as well as the chance to meet and network with their colleagues across the country. Our planning committee was very excited about the range and quality of submissions received in response to our Call for Abstracts. Our final
three-day program included over 90 individual sessions, i.e. plenary addresses, panels, workshops, papers, and posters. For the first time ever, a “Partnership Breakfast” was held which was specifically designed to showcase the important contributions of survivors in advancing the overall suicide prevention agenda. While we did not earn a profit, I feel satisfied with the fact that we managed to attract close to $40,000 in funding awards, balanced our budget, and hosted a very successful conference by most accounts.

Only a few conference delegates (21%) completed the conference evaluation forms, but for those who did, the conference was generally rated very favourably. Noteworthy themes which emerged from participant responses included: not enough participatory opportunities or time for discussions after presentations, more emphasis on childrens’ issues, two pre-conference workshops should not have been merged at the last minute, obtaining continuing education credits for professional organizations would help to attract more participants from the U.S., good coverage of topics, variety of workshops and high quality of content, people were wonderful – friendly, and showed respect and care, networking opportunities were ample, good diversity of people, presence of First Nations people especially appreciated, very well organized brochure and program-at-a-glance, and a good mix of clinical and public health perspectives. Lastly, the attempt to strike a balance in the program between scholarly research presentations and more practical, skills-oriented workshops is always a challenge and several comments from participants illustrated this tension, i.e. it was too research oriented for some while not academic enough for others.
CHAPTER 5. MAKING MEANING OF THE PRACTICE STORIES

With the previous chapter, I have already begun the task of analyzing planning participant accounts, drawing heavily from the theoretical resources in the program planning literature like Forester (1989), Cervero and Wilson (1994) and Sork (2000), for example. With this chapter, I intend to deepen my analysis of individual participant accounts and the overall planning process by relying on a broader set of conceptual resources, but I also plan to reflect on the new and richer "polyvocal narrative" about suicide prevention planning practice that has started to emerge as a result of placing several participant accounts — including my own — alongside one another.

Theoretical Resources

Before moving on though, it is important for me to acknowledge some of my theoretical commitments here. In the spirit of social constructionism (Gergen, 2000) and other postmodern projects, it is important to declare that the aim of this endeavour is not to eradicate and replace the positivist worldview and accompanying claims of privileged knowledge — a tradition within which the practice of most mental health professions is firmly grounded — with some superior and known alternative, but rather it is to ask the question, "what are the consequences of thinking about and constituting problems in this way and how could it be otherwise?" Even more specifically — what are the consequences that these stories produce, what kind of people do they shape us into, and what new possibilities do they introduce, for living our lives (Ellis and Bochner, 2000)?

Furthermore, and in keeping with the narrative tradition, there is an intentional invitational quality to this text, one that actively attempts to draw readers in by evoking in them a desire to ask themselves their own critically reflective questions about their
practices in planning and suicide prevention education. Clandinin and Connolly (2001) suggest that “many narrative studies are judged to be important when they become literary texts to be read by others not so much for the knowledge they contain but for the vicarious testing of life possibilities by readers of the research that they permit” (p. 42).

A posture of self-reflexivity will be adopted throughout the analysis and discussion presented here (Gergen, 2000; Ellis & Bochner, 2000). By reflecting on my own premises, by willingly suspending my own interpretations, and by staying open to alternative renderings of reality, I am making myself (and my readers) available to hear other conversations and possibilities.

A key aim of this analysis then is to lay bare some of the potentially problematic assumptions that keep all of us stuck, whether it is as a result of framing issues in unhelpful polarities, uncritically accepting the status quo, believing in a singular and unequivocal Truth, or by invoking privileged forms of knowledge. By adopting a stance of “differentiating appraisal” (Gergen, 2000), we can begin to interrogate the consequences of thinking in taken-for-granted ways, and “bring forth alternatives that retain some of the virtues of a problematic tradition while removing those we believe harmful” (p. 41). Finally, it is my hope that this discussion will have relevance for a range of planners, adult educators, mental health professionals, and other human service providers and practitioners.

**Organization of Chapter**

Several important themes emerged in the presentation of participant accounts in Chapter 4, many of which will now be revisited for further analysis. The issue of participation is a primary focus in the planning literature, and indeed, some vexing
questions related to participation – both in terms of the perceived legitimacy of
survivors' participation, as well as the absence of consistent aboriginal representation –
occupied a central place at our planning table. I will explore the issue of participation at
the planning table through a variety of analytical lenses, with an emphasis on the
examination of various cultural and institutional discourses that serve to frame, regulate
and in many cases perpetuate, the “outsider status” of certain representatives (i.e. in this
case non-professional, non-mainstream culture participants) at the planning table. This
will be extended to include an examination of the epistemological and ethical
assumptions underlying the “professional as expert” vs. “community citizen/grassroots”
discourse currently characterizing much of the public dialogue and published texts in the
suicide prevention field. Next, I will revisit the themes of disjuncture and solidarity at
our planning table. In addition to relying on existing resources, which are located within
the adult education program planning literature (Cervero & Wilson, 1994; Sork, 2000), I
also plan to weave in some relevant contributions from political philosophy (Young,
1997) and the health planning sector (Degeling, 1996) to make meaning and advance new
understandings of some of the narrative accounts of everyday suicide prevention planning
practice. I will then pick up on some of the threads I introduced in the previous chapter
regarding the interpersonal and emotional domain in program planning. By drawing on
some resources from feminist scholarship (Bickford, 1996; hooks, 1994; Jagger, 1989) I
will elaborate on my earlier critique of certain program planning resources (Cervero &
Wilson, 1996, Sork, 2000), which called attention to these theorists’ tendency to
underestimate the importance of the temporal, personal, and emotional quality of
relationships among planning participants. Lastly, I will re-visit Sork’s (2000) question-
based framework to determine what unique contribution, if any, it might be able to make in trying to arrive at a better understanding of these personal and professional accounts of planning.

**Participation, Discourse and Power**

I believe that participation at the planning table is *always* problematic. Instead of naively believing that we can actually create a space where “all who have a stake in the program have a chance to participate” (Cervero & Wilson, 1996), we must instead regard the creation of a “substantively democratic planning process” as an ideal towards which we ought to be aiming. Sork’s (2000) question-based framework can be very helpful here as it outlines the kinds of questions we ought to be asking ourselves in our attempts to be more ethically responsible, socially and politically sensitive planners. For example, Sork invites us to ask ourselves, who isn’t here who should be and how can we get them involved? Why aren’t there more women (aboriginals, survivors, etc.) involved in planning this program and what will be the consequences of not changing this?

Reflecting on these questions and thinking about my own experience with various planning processes, it seems to me that a critical focal point should be the minimization of the most egregious forms of exclusion and tokenism at the planning table. An examination of some of the institutional structures and sociocultural premises that lead to the establishment of “conference planning committees” is a good place to start, as it is through the enactment of many taken-for-granted, mainstream professional assumptions about conference planning generally, and suicide prevention education specifically, that the seeds of exclusion and tokenism potentially exist.
Let's Strike a Committee

It is perhaps the most common (and occasionally dreaded) forum for planning new programs, especially among professionals – the Committee. There are different types of committees – working, advisory, ad hoc, standing – with varying levels of formality defining them. Some committees have official Terms of Reference guiding their activities, specifying the committee’s goals, objectives, timelines and reporting relationships, while others take on a much more informal character, i.e. loosely affiliated groups of interested people who come together periodically to respond to particular problems or issues. Irrespective of their practice location, most professionals who work in the health and human service arena or the education sector have plenty of experience with committees. In fact, they “know the drill so well,” that they can articulate the “rules” of committee work and can cite the norms dictating professional-to-professional engagement without hesitation:

Janice: I mean people on this committee are used to committees. They’re used to knowing how to process this. They know enough not to say “you’re out of your mind.” You know they know enough to say, “have you considered something else...?”

May: Like if you and I are in a meeting Jennifer and we come at it that you’re a professional and I’m a professional, there’s certain guidelines that we operate within and we know exactly how to carry on. And I still need to be respectful but I can say “listen I really disagree with that and I think it’s a really dumb idea.” And if you fell apart on me that’s your problem.
Alternatively, Marie, the survivor, offers quite a different perspective on committee work:

*Actually I don't think I have sat on many other committees. You know just project task forces like the census, or like getting up a church directory, back to more of the pragmatic stuff. To sit around and just hang out; I've never done that well. I kind of left English like in grade 10, you know, so those kinds of theoretical, literature kind of conversations...not me. Just sitting and listening to everybody, and realizing it was just a conversation that was totally different.*

With these three brief excerpts, we get a glimpse of the audacity of some of our professional assumptions, as well as our power to exclude and alienate – no matter how unwittingly – and we begin to see just how problematic some of these assumptions might be for some of the individuals that we invite to our planning tables. These remarks also provide a good opportunity to investigate how language gets used to enact certain roles and identities at the planning table.

In an effort to demonstrate the performative character of language in constructing social worlds, Gee (1999) provides an extraordinarily relevant example of how our words, activities, identities, and relationships can all work together to signal that we are “at a committee meeting.”

I enter a plain, square room, and speak and act in a certain way (e.g. like someone about to run a meeting), and low and behold, where I sit becomes the “front” of the room. We talk and act in one way and we are engaged in formally opening a committee meeting; we talk and act in another way and we are engaged in “chit-chat” before the official start of the meeting. I talk and act in one way one moment and I am speaking and acting as “chair” of the committee; the next moment I speak and talk in a different way and I am speaking and acting as one peer/colleague speaking to another (p. 12).
Of course, "proper recognition" of these words and cues can only come to those exclusive few who have been inducted into the rarefied bureaucratic culture of committee meetings in the first place. Clearly, there are idiosyncratic rules and norms for participating in a committee meeting and we must resist the tendency to assume that everybody who comes to our planning tables will know what these are. Further, we need to create the conditions for diverse and democratic participation by actively engaging those who are not necessarily "veteran committee goers."

A good example of how our committee failed on this front comes from Bea, a planning committee member whose first language is not English, and who provided her responses to my interview questions in writing. In response to the question, "do you feel like you were able to make a meaningful contribution to the planning committee?" she replied, "Not really since I am new to Canada. I am not familiar with many things, I should learn first."

I shudder now when I think of Bea dutifully attending almost every meeting, listening to the sometimes raucous pitch of our conversations, all the while being so painfully aware of her silence, and yet not knowing how to engage her or capitalize on her considerable strengths. I can well imagine that Bea's experience held much in common with the disturbing, yet frighteningly familiar first-hand account of a "discussion group" recently provided by Brookfield (2001b),

I rarely found participating in discussion to be the liberatory, democratizing experience it was proclaimed to be. Rather, I experienced discussion as a competitive ordeal, the occasion for a Darwinian survival of the loquaciously fittest. Participating in discussion became translated into a form of competitive intellectual besting in which triumph was claimed by those who said the most or made the most brilliantly articulate and insightful comment (p. 207).
As the Chair, I take a certain amount of responsibility for the fact that Bea did not feel like she was able to make a meaningful contribution to the planning process. In retrospect, I believe I could have done a lot more to ensure that Bea’s presence was acknowledged and valued – enabling her to become more of an “engaged voice” (hooks, 1994). Making space for her to “get in,” meeting with her individually before or after meetings, setting out the conditions for others at the table to demonstrate listening and care, explicitly valuing the role of experience, and actively engaging her in specific projects in order to enable her to feel part of a (planning) community, are just a few strategies that come to mind now.

Whose Interests are Being Served?

Meanwhile, in a different, yet related matter, Eva, the aboriginal representative, offers a point of view that invites us to reconsider our views around the construction and delivery of educational programs in suicide prevention for aboriginal participants. Without necessarily intending to, Eva gently challenges our assumptions about the relevance of large-scale professional suicide prevention conferences, which have been designed from a dominant culture perspective, for aboriginal participants.

I believe the elders definitely have a role to play in suicide prevention. They are so respected that if anyone can make an impact in our community in suicide prevention it is the elders. I mean going to the pow wows, going to the community gatherings or the friendship centres, you know there’s just so many places to reach First Nations people. But the people that can really educate people in this community are the elders.
With Eva’s comments, the dissonance between two very different pedagogical approaches to educating aboriginal community members about suicide prevention is brought into stark relief. On the one hand, there was the national, three-day, professional conference in a large urban city which was designed to attract up to 500 participants that the planning committee was envisioning, and on the other hand, there is Eva’s recognition that setting up opportunities for aboriginal elders to speak about suicide prevention at their own local community gatherings is a strategy that holds a great deal of promise. While there is no need to treat these two approaches as fundamentally incompatible, it is important to see the consequences of acting with a singular and uncritical view of what the needs of the learner community might be. With the benefit of hindsight and reflection, I am now able to ask myself a much more pointed and fundamentally important question, “given the way the conference was being constructed and organized, whose interests were really being served by having more aboriginal participants on the national conference planning committee?”

Analyzing the Learner Community

Sork’s (2000) basic elements of program planning can make a valuable contribution here. He identifies six basic areas within which most planners must work (i.e. ask questions, make decisions and take actions) to advance the planning agenda. They are: analyze the context and learner community, justify and focus planning, clarify intentions, prepare instructional plan, prepare administrative plan, and develop summative evaluation plan.

I believe we failed in our efforts to fully analyze the diversity of our learner communities. For example, while we know that suicide is a serious problem among
aboriginal communities, it does not necessarily follow that any and all educational efforts related to suicide prevention will benefit and interest aboriginal people. More specifically, we did not fully appreciate aboriginal peoples’ particular, and often very personally painful, connection to the issue of suicide, their historical (and often negative) experiences with mainstream professional education, their local traditions for sharing knowledge, and the implications that each of these things had for participating in a national conference on suicide prevention. Sork (2000) writes,

To analyze a learner community is to come to an understanding of who might participate in the program and what about them – their biography, their life circumstances, their ideological commitments, their aspirations – might be important to take into account in planning (p. 182).

Had we done more of this front-end work, we may have discovered a way to creatively respond to some of the unique needs, circumstances and historical traditions of aboriginal communities. For example, we might have considered inviting aboriginal participants to work together with us to develop a plan for educating aboriginal community members and service providers about suicide prevention. We might have then run a series of educational events alongside our larger conference which could have included elders, smaller gatherings, traditional healing practices, offered in different sites, etc. Of course all of these things still depend on having personal connections and relationships with those people in the aboriginal community who can provide sustained leadership for these types of educational projects. I am under no illusion that these types of relationships are easy to cultivate, especially for someone like me who is operating from a university based, dominant culture, professional practice location, which is governed by strict deadlines, bureaucratic procedures, and finite resources.
In the spirit of Sork's (2000) question-based framework, a new question to ask is, “When educational plans are initiated by those from outside a particular learner community, is there any hope for success in responding to this group's unique circumstances?” More specifically, “In the absence of meaningful representation from one of the identified learner communities at the planning table, is it wise, or even justifiable, to continue, equipped only with our good intentions and best hunches regarding their interests?” And finally, a simple but important question to always ask is, “Who initiated this educational program and what are the implications of this for moving forward with our planning agenda?”

A Tale of Two Discourses in Suicide Prevention

Many of the tensions and differences that emerged at our planning table regarding the issue of participation, in terms of who was there and who was not, and whose knowledge counted and whose did not, were by no means unique to our conference planning experience. In many respects the findings from this study, which revealed the presence of two very distinct discourses, can be seen as a mere microcosm of the larger debate going on in the suicide prevention field generally, where the tensions between a professional/expert approach and a community grassroots approach are legendary. This should come as no surprise since most planning processes typically reproduce and recreate existing relations of power. Forester (1989) writes,

Some people get timely information and others do not; some gain access to formal and informal sources of power and some do not; some voices are organized and may be influential, whereas others are excluded and may remain silent and ineffectual (p.8).

Further, many of the tensions we encountered at our planning table, like those facing the field in general, were founded on a series of unspoken epistemological
questions, which, in keeping with Cervero and Wilson’s (1994) critical perspective, are fundamentally concerned with power: who has it and what they do with it. For example, “who can advance knowledge claims?” and “what counts as evidence?”

The personal and the social. At another level, some of the problematic aspects of participation, like the experience of Janice – who was caught in a bind trying to ensure aboriginal interests were in the foreground, while at the same time, not “appropriating their role” – exemplifies a tension between the “personal and the social” described by Clandinin and Connelly (2000), or the “situational and societal” described by Rees and Cervero (1997). On the one hand, as the narrative accounts reveal, Janice was a legitimate representative or “conduit” who brought a lot of personal knowledge and experience with aboriginal communities and she also “participated from the heart.” On the other hand, both she and the rest of the committee were acutely aware of the sociocultural context of most aboriginal people in this country, which includes a history of colonization, oppression, and disenfranchisement by the dominant culture. Irrespective of Janice’s qualifications, her honourable intentions, and even her acceptance by many well-respected aboriginal leaders, the fact that she was a member of the dominant culture meant that her role at the planning table was fraught with complications. She herself sensed the danger associated with “being seen to be” speaking for aboriginal people, which was revealed in her repeated and emphatic assertions that “I do not represent aboriginal people here.”

Privileging of professional interests. There was also a clear privileging of professional knowledge and experience at our planning table, which became apparent not only in the way the committee meetings were structured, which was analyzed above, but
also in the way committee members came to understand one another. Even though we do not have a record of conversations from the meetings themselves, we do have the benefit of committee members’ reflections, feelings, and concerns, which, taken together, hint at the insidious manner with which some of these relations of power come to be reproduced.

*Jayne:* You know how I feel about survivors out of their pain – without consultation – what they’re doing and how destructive some of that can be. I don’t know if we can ever help survivors to understand that they need to consult with professionals, with experienced people. And I don’t know how we get that across to survivors and help them, help them make some meaning and purpose for their life in a constructive way. I don’t know how we do that. I mean it’s a real struggle.

Picking up on the same theme, May comments on the role of professionals in assisting survivors at the planning table,

*I have no idea how long ago it was that her son committed suicide, but she’s still at a very personal place. And isn’t going to get passed that – maybe ever, and I don’t think we should necessarily expect her to. So to me it’s our responsibility as the professional in the piece to be able to take that information and globalize it for them. Not make them do it, not expect them to represent it, but that I will do that.*

May also reflects on the skills she thinks might be required of participants at the planning table,

*Because we decided that diversity was going to be our theme, we then hastily hauled in a couple of people that probably we should have taken more time to*
decide if they had the skill set to participate in a group. I mean they certainly represented the diversity in themselves in their agency, but whether or not they were the right person to participate in a committee, I don't know. Like I think there's a real skill set involved in committee work that I sort of came to realize a whole lot more. You know, it's all well and good to be invited to a table, but to me you don't just show up and say "gee thanks, I'm really glad I'm here." You need to be able to say, "I don't have the skills you require" or "What skills or what is it you require of me?" and be able to have whatever it is that is required.

While these sentiments do not necessarily reflect the dominant perspective at our planning table, the comments do exemplify an uncritical and at times paternalistic stance among some mental health professionals regarding the place of survivors in public and professional education in suicide prevention; premises which are worth exposing for further analysis.

Interestingly, Marie, the only survivor at the table, had some ideas of her own about the skills and training required for effective participation on the committee,

*I think in terms of survivors, I did have to kind of train you guys. Like I wasn't talking bereavement, you know, how to set up a bereavement group. It wasn't therapy, it wasn't talking group sessions, but I was talking about the fact that we have something to offer as survivors, like how to do fund raising, how to set up whatever. Survivors have skills, things we can bring to the table, so I think that was the mindshift I had to get you guys to work on.*

It is interesting to note how the tension between the expert and grassroots community discourse in suicide prevention (revealed here through the voices of the
"professionals" and the "survivor"), which are each rooted in very different epistemological traditions, infused every stage of our planning process, making my role as the Chair very challenging at times. A brief analysis of my role, from a critical viewpoint, follows.

Managing power imbalances at the planning table. Power, according to Cervero and Wilson (1994), who borrow from Isaac (1987) "is the capacity to act, distributed to people by virtue of the enduring social relationships in which they participate" (p. 29) As the Chair of this planning committee, I tried to exercise my power in order to influence and reconfigure some of the inequities at the planning table. For example, I was acutely aware of many of the tensions between survivors' interests and professionals’ assumptions, and while I believed that Marie was extremely capable of being assertive about her needs and opinions, I was also mindful of her minority status as a layperson or so-called "non-professional." Among other things, this left her without recourse to the institutional bases of power within which the professionals were practicing, and within which their claims to truth were being advanced. My task as a conscientious planner and student of the critical view of planning (Forester, 1989; Cervero & Wilson, 1994) was to recognize the inherent power imbalance and to work deliberately to support Marie and shore up her authority at the planning table. I did this in at least two ways.

One way was to give her full responsibility for managing the "survivors’ stream" in the overall conference program, which she very capably managed, leading to the development and practical enactment of the concept of "survivors as advocates in suicide prevention." In the language of Cervero and Wilson (1994), by legitimizing her interests as a survivor, and by validating the fact that her knowledge counted, I enabled her to
develop a unique survivors’ program at the conference, which incidentally, was
unprecedented and had never been done in quite this way before at previous CASP
conferences. The other way, exemplified in the story of our first meeting provided in
Chapter 4, was to treat her as an equal as opposed to a client.

Bickford (1996), writing about the creation of public spaces for political action
and the specific role of listening in democracy, might describe my posture towards Marie
as a stance of solidarity, which she understands to be distinct from compassion. She
writes,

Solidarity in this sense treats the oppressed as actors and equals, not merely as
victims. Solidarity means regarding others as capable of taking an interest in the
world and speaking for themselves, capable of political action and therefore
meant to be listened to and not simply cared for (p. 77).

Further attention will be devoted to examining Bickford’s work, specifically as it
applies to the role of listening at the planning table, in a later section. For now, it is
important to acknowledge that by picking up on this distinction between compassion and
solidarity, I am not suggesting that some individuals who have suffered a tragic loss like
the suicide of a child will not benefit profoundly from the intervention of a caring and
skillful therapist, nor is it to deny the important role played by many professional
caregivers in helping human beings to manage in the face of serious mental illnesses,
stress and adversity. This critical awareness – which, incidentally, has only emerged
through the process of deep and distant reflection – merely calls attention to the
possibility that other (non-clinical, non-expert responses) may also be helpful to those
who have experienced great loss and pain, while also illuminating some of the potentially
problematic aspects of “medicalizing suffering” (Kleinman, 1995), professionalizing
compassion, and turning citizens into clients (Kretzmann & McKnight, 1993).
To conclude this section on participation, discourse, and power at the planning table, I would like to make the following observation. According to the critical perspective, it is simply not enough for planners to make space for people at the planning table, there is also a concomitant social and ethical responsibility to recognize that power is not located within individuals but within culturally and institutionally-based relationships and traditions (Cervero & Wilson, 1994). People come to the table with pre-existing power differentials that occasionally need to be deliberately reconfigured, for “the planner who pretends to act as a neutral regulator may sound egalitarian, but is nevertheless acting, ironically, to perpetuate and ignore existing inequalities” (Forester, 1989, p. 101). Furthermore, planners are in an ideal position to cultivate a culture of caring, listening and respect at the planning table, with a particular emphasis on ensuring that those at the margins have a voice and can be heard. More will be said about this in a later section.

An Analysis of Disjuncture and Solidarity at the Planning Table

Several instances of disunity at the planning table surfaced in the accounts of participants, several of which have already been interpreted to be reproductions of existing power imbalances and competing discourses in the field of suicide prevention generally. I have also suggested that many moments of cohesion and solidarity at the planning table may have been as much a consequence of my decision to allow the professional interests to dominate (e.g. in the review and selection of conference abstracts) as anything else. There is good reason however to probe a little deeper into these accounts of disjuncture and solidarity to see what else might be going on, and to
determine if some conceptual resources borrowed from outside the adult education and program planning fields might be able to advance our understanding even further.

A Critical View of Negotiation

In the face of competing sets of interests, Wilson and Cervero (1996a) maintain that the primary task of planners is to negotiate (i.e. "confer, bargain or discuss with other people to arrive at a settlement") with and across specific interest groups to construct educational programs and re-construct power relations. The concept of negotiation, as Wilson and Cervero have defined it, appears to have much in common with the term deliberation. Young (1997) describes a typical model of deliberative democracy wherein, "Putting forward and criticizing claims and arguments, participants in deliberation do not rest until the 'force of the better argument' compels them all to accept a conclusion" (p. 61). She further notes that the norms governing public deliberation – not unlike those surrounding negotiation, I would argue – carry "implicit cultural biases that can lead to exclusions in practice" (p. 62).

Paul furnishes an example of a typical conflict between interest groups at our table, which offers me a good opportunity to critically analyze the concept of negotiation and public deliberation,

I guess if I was to look at a pattern it would have been survivors on the one hand and the therapists, clinicians and professionals on the other. They were both sort of approaching the same goal at times but from very different perspectives. Survivors were "wanting to give a public face" to the work that survivors had done in working through their grief and their loss, like through the presentation of their artwork, tapestries and such at the conference. And the professionals were
concerned about the idea of memorializing or making sort of a tombstone in a way. And they were concerned about not making a shrine out of someone’s suicide death. Each of them was drawing from “this is what I know” and “this is what I know.” I think for the most part we sort of relied on compromise or consensus about what may be the best way of approaching the situation or doing it in this circumstance.

Recognizing culturally advantaged speakers. On the one hand, I could agree with Paul and say that we were a consensus-seeking group, relying on our skills of negotiation and deliberation to arrive at a decision that was agreeable to all. On the other hand, if I were to reflect more deeply and critically, I would say that the final outcome of most of our negotiations privileged the dominant professional interests, not only because they/we were the majority voice but also because these individuals are typically more skilled in very particular forms of public persuasion, negotiation, and deliberation. Young (1997) writes,

...the social power that can prevent people from being equal speakers derives not only from economic dependence or political domination but also from an internalized sense of the right one has to speak or not to speak, and from the devaluation of some people’s style of speech and the elevation of other (p. 63).

In relying so exclusively on the concept of negotiation to understand how planners work with others at the planning table to reconcile competing sets of interests, Cervero and Wilson (1994) risk privileging a culturally specific set of communication practices. Young (1997) suggests some new ways forward by offering a model of communicative democracy which views “difference” as a resource to the whole group, as opposed to an obstacle to be overcome. Further, she suggests that there are three
conditions that should be established in order to promote fair discussion and decision-making: significant interdependence, formally equal respect, and agreed-on procedures. Each of these concepts will be briefly explored below.

First, in order for significant interdependence to be realized, Young suggests that participants need to recognize that the activities and pursuits of some, will inevitably affect the way that others "in the polity" will be able to pursue their interests and conduct their activities. Second, equal respect can be cultivated through agreements that recognize that each person has the right to express their opinions and points of view, and that furthermore, all ought to listen. Finally, the members of the group should ideally come to some agreement regarding the procedural rules that will be followed in order to consistently practice the principles of fair discussion and decision making.

Finally, in addition to the valuable role played by critical argument in fostering healthy democratic practices, Young (1997) suggests three other elements which are deserving of more attention: greeting, rhetoric and storytelling.

Because they recognize the embodiment and particularity of interlocutors, these three modes of communication help establish and maintain the plurality that...is necessary to the meaning and existence of publicity....these communicative forms supplement argument by providing ways of speaking across difference in the absence of significant shared understanding (p. 69).

I believe that planners could clearly benefit from incorporating these, and many of Young’s other ideas about communicative democracy, as a way to foster more fair and equitable democratic practices at the planning table. Further attention will be devoted to examining how these ideas might be taken up in practice in the final chapter.

Unanswered questions. Some of most challenging unanswered questions related to Cervero and Wilson’s (1994) concept of negotiation include: Were the moments of
collective harmony recalled by participants, like the theme-building process for example, the result of a series of successful individual negotiations among participants? Or was this experience merely another example of professional privilege and institutional dominance, i.e. well-socialized professional committee members enacting their finely honed skills of brainstorming? Alternatively, when Marie revealed that she felt dismissed because of her status as a survivor, is this because she failed to negotiate well? Because I failed to create the conditions for her substantive involvement? Or because of the institutional dominance of the professional perspective? On the other hand, given Marie’s sense of satisfaction with the outcome of creating a unique and unprecedented program for survivors at the conference, based on the concept of survivor strengths and advocacy (instead of grief and pathology), are we to determine that, on balance, survivors’ interests were successfully negotiated?

What these questions raise, among other things, is the fact that it is very difficult for planners to claim any objectivity when they are navigating their way through these complex relationships and shifting interests. Despite our best intentions, we are not neutral actors who are capable of bringing a dispassionate and ethically superior view to the planning table. Brockett and Hiemstra (1998) articulate this point well,

...planners are often called upon to make decisions about whose needs are to be served, who will have access to information about programs and to the programs themselves, how programs will be delivered, and how information about program outcomes will be gathered and utilized. While we work from the assumption that most adult educators are committed to acting in an ethical manner, we also recognize that decisions such as those listed above provide an opportunity for misuse of power, whether such misuse is intentional or not (p. 123).

Cervero and Wilson’s (1994) concept of responsible negotiation, while extraordinarily helpful for its ability to highlight the inescapably social and political
character of planning, perhaps makes too many assumptions about planners' ability to consistently recognize asymmetrical power relationships. For example, the concept of negotiation fails to acknowledge some of the ethical dangers which can arise when planners inevitably bring their own internalized values of the dominant culture, institutional biases, personal values, and subjective interpretations of the interpersonal dynamics to the planning table. Furthermore, as Brookfield's (2001a) analysis of Foucault's work reminds us, we can never be outside the presence of power and its ubiquity means that "we adult educators have to accept that all of us, at all times, are implicated in its workings" (p. 8).

Another Perspective on Planning

Following a critical review of three of the most common approaches to planning in the health sector, including the critical approach espoused by Cervero and Wilson (1994), Degeling (1996) sets out to rethink planning theory and practice in an effort to deal with some of the limitations inherent in each of the following theoretical approaches: rational, pragmatic, and critical theory perspectives. A brief review of some of Degeling's key ideas is presented next.

Picking up on the concerns raised in the previous section regarding the assumptions made by critical theorists about the capacity of planners to recognize and ultimately transcend the everyday workings of power, Degeling (1996) writes,

Is it the case, for example, that social structure can be sidestepped by planners first, assisting other players to recognize its language/knowledge/power dimensions (i.e. its discursive composition); and second, making them aware of the differential relationships of power and advantage that flow from this construction (p. 107)?
Furthermore, despite the clear conceptual and ideological differences among each of the three most common approaches to planning, Degeling (1996) argues that they are all based on two common assumptions. First, they are all grounded in a belief that planning represents a means to a pre-given end, and second, they each assume that what takes place in the course of planning and what results from it, is determined by the approach, whether it’s a technical rational approach, a “bottom-up” pragmatic approach, or an approach based on critical theory. Challenging these assumptions, Degeling suggests that what takes place at the planning table cannot be precisely predetermined nor are the outcomes of planning activities the direct byproducts of what those designated as planners do.

Instead, Degeling proposes that, planning should be examined in the way that it is called on as actors engage in ‘unguided and contested searches’ for approximate understandings and contingent agreements to temporarily resolve issues which are inherent within the institutionalized agendas that characterize the locales in which they are located (p. 109).

By conceiving of planning as “context-dependent language play,” and by characterizing planners as “actors,” Degeling brings attention to both the “scripted character” of planning as well the creative nature of “the strategies that players employ in mobilizing and elaborating the idea and discourses of planning for strategic effect” (p. 102). In contrast to Cervero and Wilson’s (1996b) metaphor of “the planning table,” Degeling advances the idea of planning processes as “episodes” in which, ...some players (not necessarily planners) have managed to ‘write into’ multi-person dramas (i.e. the institutionalized agendas and their associated politics) which have been in progress for some time. The episodes in question are scripted and enacted, as specific players (again not necessarily planners) for strategic effect mobilize discourses, variously associated with the attributed purposes,
functions and outcomes of planning, and offer these as providing a way forward in addressing ‘wicked problems’ (p. 109).

While we do not have direct access to the actual conversations that took place during our two year conference planning process for this analysis, we can nonetheless imagine how various discourses may have been mobilized for strategic effect by listening to the various personal and professional understandings of suicide prevention that were present at our table. Examples are provided in various participant accounts below:

Paul: We need some really basic stuff around suicide prevention. Like getting the knowledge about the resources that we do have out to people, like basic counselling services, self-help groups, all those type of things need to be put out into the community and made more accessible to the people. The purpose of suicide education is to get the basic knowledge out there of what the signals of suicide might be so people are aware of them, give them basic knowledge and skill on how to respond to those signals of suicide.

Anne: I think the most important areas around actually being successful in terms of preventing suicide have to do with providing support to the people that are supporting a person who is suicidal or potentially could be but that issue hasn’t emerged for them yet. So family members, friends, professionals, school personnel, community members, just really helping all of them to sort of understand what’s going on when someone starts to talk about their concepts of killing themselves. And helping them to understand how to deal with confronting that personally, and more importantly how to support the individual person that’s going through that.
May: One of the things I'm very disappointed about is the lack of attention [at conferences] to the whole issue of mental health issues and suicides, particularly as research is showing more and more that people who complete suicide in fact have a diagnosable mental illness. So we need more education to people generally around mental illness and what suicide is.

Louise: If people feel they can talk about their depression, their suicidal ideation, then that's the key to prevention.

Janice: I think we need community commitment to preventing suicide. I think we still are living in a society that pretends it isn't happening much, you know they just think that someone else is looking after it. So I still think that we need to feel a sense of personal commitment to individuals to prevent suicide and I'm not sure that's there.

Bea: The most important thing is education. Let people know where and how to get help when they are down.

Marie: I think moving away from the suicidal crisis into talking about the depression, talking about the multi faceted stuff. Also, bringing the topic of suicide out on the table, that suicide exists, that we need to talk about it, that we need to capture people when it's earlier and certainly fine tune, so we aren't giving Prozac to everybody in the world.
Jayne: I think we need to get into the universities and into the schools. We need to teach people how to make adequate risk assessments. Also, there's not enough clinical stuff happening at the conferences. I want to learn something new that's going to help me and it doesn't only come from survivors, my learning. It needs to come from therapeutic models, it needs to comes from the other bases. I've been in the field for years, there isn't a whole lot I can learn right here in BC. People are coming from outside, they've got experience, I want to learn from them.

Eva: We need to communicate that there's other options besides suicide. The basics would be just even recognizing the signs, you know like, is there a plan involved, or just simple prevention messages that they can keep in mind ...and it's not scary.

I would be remiss if I did not include my own perspective here regarding my understanding of suicide and the key tasks of prevention, since I clearly had a strong voice and a great deal of influence at the table.

Too often suicide prevention gets construed in people's minds as crisis intervention or intervening with individuals in distress. People typically understand it as work that only gets undertaken with individuals in crisis. I strongly believe that we need to broaden our view of what it means to do suicide prevention so it can encompass a whole range of other things besides just individual clinical interventions. For example, I think there's a whole lot more we can do around involving community members in meaningful dialogues about the kinds of lives they/we want to live. Plus, there is so much more we can do to
create much healthier social environments for young people. We need to intervene with individuals and their circumstances.

Framing the Problem

Rein and Schon (1993) define framing as

...a way of selecting, organizing, interpreting, and making sense of a complex reality to provide guideposts for knowing, analyzing, persuading and acting. A frame is a perspective from which an amorphous, ill-defined, problematic situation can be made sense of and acted on (p. 146).

By way of the above excerpts, it is apparent that participants at our planning table had varying notions of what suicide prevention work entails, but several themes are worth noting here. First, many mental health professionals framed the issue of suicide and its prevention in a very particular way: suicide is an individual problem, the work of suicide prevention begins with the encounter with the suicidal individual, trained interveners are best equipped to respond to those in a suicidal crisis, clinical approaches and services are often favoured, and according to one of the participants, any new and valuable knowledge about suicide prevention is most likely going to come from those who come from outside the province!

Second, even though Marie’s stance as a survivor has typically been shown to be distinct when compared with the voices of the professionals, there are clearly some instances when her perspective echoes that of the professionals. I interpret this to be a classic Foucaultian example of how the dominant professional discourse inevitably begins to infuse the language of ordinary citizens (Brookfield, 2001a). Marie, speaks about her experience trying to make meaning of her son’s suicide,

*When I go through your list of risk factors and other lists, there are risk factors screaming all over the place. We’ve since figured out from this research that he*
probably actually started his last depressive cycle when he was in grade 11. Also the thing with giftedness and suicide, there was a link there, not necessarily that every gifted kid is suicidal but there’s a link there. Hypersensitivity, the perfectionism, et cetera, they can become part of the issues that are also risk factors for suicidal kids, suicidal people.

Despite subtle differences, many of the planning participants subscribed to a fairly conventional view of suicide prevention, whereby individual risk factors, like mental disorders and other diagnosable conditions like “giftedness,” for example, play a prominent role in the emergence of suicidal behaviour. It is not difficult to imagine how such a framing of the problem imposes certain limits on what constitutes acceptable and legitimate foci for suicide prevention education and practice. For example, by locating suicide risk exclusively within individuals, prevention efforts become solely focused on modifying individual characteristics, e.g. reducing risk factors and bolstering protective factors, while the broader sociocultural and economic contributions to the problem typically become obscured from view. Degeling (1996) recognizes the importance of problem framing at the planning table when he writes,

stakeholders... are increasingly embroiled in discursive struggles over the conceptual frames that are used for purposes of problem delineation, the boundaries of problem categories, and the criteria that are appropriate for classification. The players recognize that discursive struggles over these matters are central to framing what is included and excluded from consideration; and, hence, the interests that are heard or marginalized in decision making and resource allocation (p. 110)

If we take up Degeling’s challenge to view planning as “context dependent language play” then we will most likely find ourselves giving greater prominence to problem-framing, locating our work within institutionalized discourses, and recognizing
that we are participating in episodes “already in play.” Furthermore, by aiming for “approximate understandings” and “contingent agreements,” we reduce some of the pressure to step outside our own locations to resolve asymmetrical power relationships, and instead direct our attention to shaping and mobilizing discourses which may hold the greatest promise for going forward together.

**Animating public discussions about suicide prevention**

Without question, public awareness, professional knowledge, and our everyday practices will be enhanced by scientific advancements in the study of suicide. At the same time however, we cannot afford to exclude from view, forms of understanding that emerge from alternative ways of knowing. In fact, by recognizing the partiality and imperfection of our current scientific knowledge base, we are free to call attention to those approaches that hold promise for advancing the aims of suicide prevention, which not only emerge out of different (non-scientific) traditions, but also exemplify and legitimize other forms of knowledge and different levels of evidence (Buchanan, 2000; Butcher, 1998).

Buchanan (2000) suggests that we ought to place more emphasis on setting up the conditions for community members to come together as equals to deliberate about matters that concern the public good, instead of being singularly preoccupied with finding scientific and technical solutions to complex problems like substance abuse, violence, and suicide. Facilitating public dialogue about “what constitutes a worthwhile life” is typically outside the bounds of “official” suicide prevention practice, and yet it is within these types of conversations that the fertile seeds for enlarging citizen viewpoints

---

6 Portions of this section are adapted from a recently published “Director’s message” in Lifenotes (White, 2001).
and animating the current debate about the promotion of human and community well-being exist. Remarkably, these types of normative discussions – which emerge out of ethical, political and philosophical traditions – have been almost wholly absent from the contemporary professional discourse in suicide prevention.

**Words matter.** The way we talk and write about our field of practice – what suicide prevention entails and what it does not – can have a powerful effect on shaping what actually gets done in order to advance the agenda of suicide prevention. By using different frames for understanding, by asking critical questions, and by challenging our taken-for-granted assumptions about the nature of the problem and its solutions, we are opening up space for alternative understandings to emerge, ones which may hold even greater promise. Towards that end, words and phrases which we notice surfacing less often in current public discussions about suicide prevention, but which may open up some avenues for animating the current community dialogue include: practical reason, moral action, local knowledge, narrative and storied accounts, situated knowing, sociocultural understandings, love, justice and care, political and ethical commitments, “practice-based evidence,” citizenship, public deliberation and ultimately – making meaning together about the way we want to live our lives.

**Current challenges.** Realistically speaking, most mental health clinicians are not well suited or effectively located for leading and implementing broader community mobilization strategies – efforts which are centrally concerned with social justice, increasing public participation and ownership of the problem of suicide, reducing marginalization, building local capacity to define and solve problems, and increasing the
quality and availability of social supports for all community members. In fact, the majority of suicide prevention workers, like those at our planning table, are professionally trained in the formal disciplines of mental health (psychology, psychiatry, nursing) and hence tend to bring an individual clinical orientation to understanding and responding to the problem of suicide. The focus and concern of mental health clinicians is most commonly restricted to the individual suicidal patient or client (and often extends to the client’s family), and interventions are typically designed to reduce levels of suicide risk inherent to the individual. Examples of typical clinical strategies include: reducing levels of suicide ideation, substance misuse, and “cognitive distortions” (which serve to keep clients stuck in old maladaptive patterns), while increasing personal coping and problem-solving capacities. These are all important and worthwhile efforts to undertake with those suicidal individuals who avail themselves of the services provided by the professional mental health service delivery system. Regrettably though, many individuals who complete suicide have not sought help for their mental health problems in the year before their death. Clearly we cannot rely on the interventions of the formal mental health system alone to deal with the problem of suicide and suicidal behaviour.

Furthermore, by relying exclusively on a scientific paradigm to understand and respond to the problem, we risk diminishing the political, ethical, social, cultural, contextual, and historical features that clearly contribute to the emergence of suicide and suicidal behaviour. Worse yet, this narrow way of framing the problem keeps us caught in the rather seductive trap of looking for The Truth – an inevitably problematic approach.

7 In British Columbia, for the period, 1994-1998, 53% of females and 35% of males who died by suicide received help for a mental health problem in the year before their suicide.
typically precludes us from accommodating multiple meanings and understandings of the problem and hinders us in our pursuit of more socially and ethically ambitious agendas like community and citizenship-building, cultural enhancement and renewal, reducing social inequities, and promoting greater public dialogue about "what matters most" in terms of creating hopeful futures for ourselves, our neighbors, and our loved ones. As planners, we can assist people to re-think their notions about what it means to "do suicide prevention," by becoming more critically reflective about the conceptual frames, theoretical premises, and problem definitions that serve as our starting places.

The Personal, Emotional, and Temporal Quality of Planning Relationships

A key theme that surfaced in the presentation of participant accounts in Chapter 4 was the enduring, and often personal quality to many of the relationships at the planning table. For example, once the official tasks of the planning committee concluded, it was not uncommon to find many of the key stakeholders maintaining personal and professional connections with one another. Furthermore, many of these relationships predated the establishment of the planning committee. This is not surprising given our longstanding and shared interests in suicide prevention. Not only were we familiar with each others' work and practice locations, but we typically expected to encounter one another again. What this meant was that participants, including myself, were mindful of the importance of these relationships in our lives, not simply from a strategic and instrumental point of view, but also because of our desire to sustain our friendships and nurture our healthy collegial relations in the long term.
Relationships Matter Beyond the Planning Table

An example of the value placed on relationship maintenance and continuity was provided in the previous chapter when Louise expressed her considerable discomfort at being “caught in the middle” between me as the Program Committee Chair and another committee member. The value she placed on wanting to maintain harmonious relationships with both of us, beyond the life of the planning committee, was foremost in her mind and affected the way she acted at the planning table. By her own admission, the fear of being caught in a potential loyalty conflict was a source of great personal anxiety and consternation to her.

Other examples which illuminate participants’ interests in maintaining particular kinds of relationships with various stakeholders, colleagues, and partners beyond the planning process are provided below. Several of these accounts also exemplify a clear tension between the personal and the social (Clandinin & Connelly, 2000).

Janice: If I’d been in charge of the workshop, you know I would have just taken charge as I say. But I wasn’t so it was pretty frustrating. That was really frustrating. And I was really unhappy with the situation. And you know the complicating factor is that the presenter is one of the advisors on my thesis committee so you know I don’t go up to him and say “you know you really did a bad job.” You don’t do that, it’s not smart.

Marie describes how she had to work with another committee member to ensure that her intentions were not misunderstood in trying to advance the notion of “survivors as advocates,”

I know that [a committee member] totally freaked out in terms of “survivor advocates” cause I think all she could think of was the bra-burning type, you
know, back to the sensationalistic, stringing people up by their thumbs and doing lawsuits and all that kind of stuff. So we certainly had to work on that a lot.

Louise in turn describes a dilemma she encountered trying to recruit various professionals, many of whom were her colleagues, to participate on a panel as part of a pre-conference workshop without having sufficient resources to cover their travel expenses to come to Vancouver.

*I mean you ask them to be involved in meetings here to plan this presentation, and it took quite a bit of their time, and then we were asking them to go over to Vancouver and there was very little of their expenses provided in terms of their transportation, hotel and time. I think it was pretty successful as far as the audience's perspective but I felt responsible that some of those panel members had very little time to speak and there wasn't a lot of time for audience reaction to their comments so I wondered how satisfied they'd been. I guess it added to my sense of responsibility around how satisfying their experience would be based on the effort that went into it.*

As one last example, Jayne subtly reveals her interest in maintaining an ongoing relationship with me when she carefully couches her opinion below,

*You're the last person I should probably say this to because you're funded to work with kids – but I think that suicide prevention amongst teenagers has been worked to death ... bad terminology, but it's true.*

While varying in degrees, each of these accounts reveals the speakers' interests in protecting their relationships – at least those that they have deemed to be important – from undesirable intrusions or future disruptions. It seems that whatever decisions or
actions take place at the planning table, they appear to be undertaken with these potential future consequences in mind. Some of the motivations may be viewed as more strategic than friendly or compassionate, but participants’ mindful orientation towards maintaining harmonious collegial relationships well into the future, while perhaps not unmistakable in these accounts, is at least, clearly indicated.

Caring, Listening, and Emotion in Planning Relationships

One of the criticisms that was introduced in the previous chapter had to do with the limitations of Cervero and Wilson’s (1994) planning theory in accounting for some of the positive interpersonal dynamics that surfaced at our planning table, including expressions of care, compassion, reciprocity, and empathy. I argued that these authors’ tendency to interpret all social relationships at the planning table through the singular lens of “power, politics, and negotiation,” diminished the opportunity to see other shadings in these complex human relationships. For example, Marie talks about the important role of having allies at the planning table and the importance of being listened to as well as giving and receiving respect.

*You need to have an ally like Jennifer (laughs). You’ve got to find people who are willing to listen to you. Listen to and acknowledge and support that you’re going to do things, but also help you, help guide you to doing it in an appropriate way and feeding in information. And I think that you have got to respect other people but you also have to table your ideas. I think that you just keep workin’ at it.*

Paul in turn comments on the importance of maintaining an open and responsive stance to others’ ideas at the planning table,
It would be myself and a few of the other participants on the organizing committee that sort of had come to that conclusion and it was just other people who hadn’t quite arrived there yet. And just being part of that process. And part of that too is trying to keep an open mind cause maybe out of that process of deliberation, maybe someone comes up with a point that I haven’t thought of. And then it’s, okay let’s look at this.

Jayne speaks about the frustration she experiences when bureaucratic procedures have the effect of distancing us from the very people that we are supposed to be serving as mental health professionals.

The thing that I find perhaps the most frustrating is when I sit on committees, and people are talking about policies and procedures and planning and strategies and mission statements and they forget that it’s people out there. The more people that get involved, and the more government that gets involved, there’s more distancing from the pain of the person that’s suffering. And I don’t know how to bring that back sometimes at committees. I get frustrated because we get so caught up in words and dialogues about ideas or concepts but not people. And the people get lost. I really think they do sometimes.

While the communicative virtues of caring, listening, respect, and openness may be viewed as givens by many who routinely participate in planning exercises, the reality is that these relational attributes are not always in evidence when competing interest groups come together to plan new programs. Further, the more tenaciously that individuals cling to their own personal beliefs, values, and idiosyncratic views of the
world, the less chance we have to open up space for jointly constructed meanings — a cornerstone of transformative dialogue (Gergen, 2000) and collective action.

If all that we take to be true and good has its origin in relationships, and specifically the process of jointly constructing meaning, then there is reason for us all to honor — to be responsible to — relationships of meaning making themselves. The quest, then, is for means of sustaining processes of communication in which meaning is never frozen or terminated, but remains in a continuous state of becoming (Gergen, 2000, p. 157).

**Transformative dialogue.** In the face of difference, whether it is between survivors and professionals, dominant culture and minority group representatives, researchers and clinicians, or theorists and practitioners, it is important for planners and adult educators to have some means for keeping the dialogue open, to allow for the possibility of new and shared meanings to emerge. Gergen (2000) identifies a number of different strategies for enabling more fruitful dialogue among those who bring opposing viewpoints to the table. While he describes a rich array of approaches and orientations that are designed to foster jointly constructed meanings and support ongoing communication under highly constrained conditions (e.g. enabling a different kind of conversation to take place between pro-choice and anti-abortion advocates), three ideas in particular have caught my attention. These include: inviting people to express themselves through personal stories instead of abstract arguments, bringing a stance of curiosity to the “other’s” position, which in and of itself signals affirmation, and using “linguistic shading,” to enable those with opposing viewpoints to move closer together. Gergen notes that “if our statements of belief contain words that are not fixed in their meaning, they are open to linguistic shadings that can transform them into something else” (p. 161).
By using subtle shadings to replace some of the more problematic terms at our planning table, we may have been able to have more meaningful and thoughtful conversations. For example, instead of discussing the potential "contagion effect" (which was often discussed in very dramatic ways, conjuring up images of hysteria and out-of-control emotions), we may have been better off talking about "having a concern for the potentially vulnerable members of the audience." Further, the word "commitment," particularly as it got used in reference to aboriginal attendance, is another word that could have been given some different shadings in order to enable new meanings and understandings to arise. For example, instead of questioning the level of aboriginal commitment to the overall planning process, we would have been better off asking about aboriginal participants’ overall comfort levels as well as their "opportunities to make a difference."

I believe that I could have utilized these types of approaches in our conference planning process as a way to reduce some of the underlying feelings of frustration and hostility that occasionally percolated below the surface between the professionals and the survivor. In fact, several of these ideas could have been woven into some early "ground rules" about how we as a group were going to manage in the face of inevitable differences and tensions. By being more forthright about my role as the Chair, including my explicit commitment to fostering "healthy engagement and dialogue" and "equitable participation," committee members may have had more of a chance to explore some of their differences in a context of safety and trust.
When asked what we might have done differently to improve the overall planning process, May concurs that an explicit set of “ground rules” would have been very helpful,

If it's going to be a committee that large there should actually be a little bit of time for setting some ground rules. “Okay this is how we’re going to proceed,” all that kind of stuff. I don't know, but I’d never done anything like that, and I don't know if you had, so how were we supposed to know we needed ground rules? But I think that would have made a difference in the long run if we’d thought about that. You know past, “we’ll be polite” and all that stuff. Things around being honest and that kind of stuff would have made a difference.

Caring and moral action. Buchanan (2000) describes caring as “the expression of solidarity with fellow community members. It is bearing witness for their welfare. It is embodied in social practices that strengthen people’s dignity and autonomy” (p.162). He suggests that the act of caring has a clear moral dimension to it which risks being eroded as social scientist and health practitioners dedicate themselves to pursuing increasingly sophisticated technological solutions to deal with our social ills. At its worst, caring becomes transformed into curing (Buchanan, 2000).

One of the best known and cogently argued conceptualizations of caring as moral action comes from Nel Noddings (1984) in the education sector. Her “feminine approach” to understanding the practical ethics of caring has much to offer us here as she highlights the role of “feelings, needs, impressions, and a sense of the personal ideal” (p. 3) when analyzing moral decision-making, particularly among women. When we pay attention to the personal expressions of gratitude, compassion, mutual goodwill, and
support contained in the following participant accounts, we bear witness to the level of care and sensitivity that suffused many of the planning relationships at our table.

Marie: The more I work with people the more I thought that it has to be grounded in what we know and what I've learned from the experts, who I of course lean on a fair bit and I thank you for being helpful with that, and really coming up with a wonderful group of people who were able to listen to me and also gradually help me learn. So I mean that was a fabulous gift from you guys.

Anne: I think that the survivor on the committee had quite a powerful influence on that because she really clearly had a sense or a vision of what role she thought survivors should take, and was very good at articulating that and the rationale. And I think it was difficult for people to come with arguments that were counter to what she was saying, you know. I think there were a variety of people that supported that and supported her voice. You know in the face of that kind of support, the people that were against it really perhaps felt you know that they were being politically incorrect in arguing against it, so they kind of had to back down and be quiet.

Louise: I was aware there was a challenge there, and some dissonance, and it kinda got worked through. I felt aware that you probably had a lot on your plate around dealing with some of that, but I wasn't asked to get involved in that and I'm glad (laughs). But I was really glad I guess as a member of the planning
committee that it got resolved and it didn’t interfere with my ability to give my input and do what we needed to do.

By casting planning participants’ expressions of care and mutual support as distinctly moral actions, and by understanding some of the tensions that arose as moral conflicts, we are able to extend Sork’s (2000) conceptualization of the ethical domain in planning practice to include some of the more prosaic embodiments of ethical behaviour. New questions to consider, which locate moral action in the midst of our everyday encounters with others, include: “How can I transmit my feelings of care in a way that fosters respect for this individual or this particular relationship?” “Am I affirming the human dignity of this person by proceeding in this way?” “How do my actions support the establishment of conditions which will enable caring to flourish” (Noddings, 1984)?

Listening. Forester (1989) devotes a whole chapter in his book, Planning in the Face of Power, to the role of listening, which he describes as “the social policy of everyday life.” He suggests that careful listening requires sensitivity, self-possession and judgment and it serves as the bedrock of caring human relationships. Through listening we nurture our relationships, but even more importantly, “listening is an action of being attentive, a way of being in the moral world”(p.108).

Forester identifies five aspects of critical listening that warrant further attention. First, echoing themes already espoused by Gergen (2000), Forester underscores the importance of the attentive stance – “demonstrating an attitude of caring involvement, inquiry, and wonder” (p.111) which he suggests will set the stage for mutuality and dialogue. Second, the use of questions is essential to listening well. Third, through the process of careful listening, planners can explore meanings and sort out ambiguities.
Fourth, by using our listening to make meanings public, we reduce the chance for self-deception and distortion. Finally, listening both conveys respect and confers legitimacy on the speaker.

There is also a level of humility in listening well and Anne exemplifies this attribute when she describes her feelings about being asked to join the planning committee,

_I was honoured to be asked because I considered myself to be quite new in that whole area of suicide prevention and so I felt I was going to be able to learn and take a lot more away than I was able to offer in terms of knowledge._

Bickford (1996) has written extensively about the role of listening in cultivating citizenship and promoting socially democratic practices and many of her ideas have considerable relevance for program planners. Among other contributions, Bickford (1996) advances a theory of democratic communicative interaction that depends not on the possibility of consensus – which often falsely universalizes the perspective of the powerful – but on the presence of listening (p. 18).

Listening, for Bickford, is a distinctly political activity as well as “an act of concentration.” Listening well, rests on a clear interdependence between the speaker and the listener – who are considered different but equal participants. Seen in this way, listening is no less a performance of personal agency than speaking. This unique and active emphasis on listening has considerable relevance for those of us who work as planners, particularly for those, like me, who are dedicated to promoting the norms of justice and citizenship and who are interested in creating planning spaces which are democratic, inclusive, and egalitarian. On this point, Bickford is especially helpful as she
notes that citizenship is characterized by a tension between openness and commitment; a
tension that is never fully resolved. In fact, she suggests that “citizenship is the practice
of living with that tension” (p. 186).

Finally, Bickford highlights two important characteristics of attentiveness – a
quality inherent in listening – which have particular relevance here: emotional
orientation and focused awareness (p. 41). By foregrounding the role of emotion and care
in listening, Bickford reinforces many of the qualities already advanced by Forester
(1989) above. By relying on Forester’s and Bickford’s contributions regarding the
thoroughly political and ethical character of listening, which clearly advances our
common and everyday understanding of this term, I think I could have enhanced our
overall planning process, while also creating an opportunity for substantial learning to
take place. Furthermore, given the prominent role that emotion plays in my practice as a
suicide prevention practitioner generally, and in our conference planning effort
specifically, I plan to devote some time in the next section exploring the role of emotion
in planning practice.

Emotion at the planning table. Through a variety of participant accounts, we have
already been introduced to some of the ways in which emotional expressiveness was
construed as problematic by some of the mental health professionals at our planning
table. For the most part, allowing “too much emotion” at the conference itself was
considered dangerous as it was linked in many people’s minds with a risk for suicide
contagion. Furthermore, the “personal pain” of the survivor on our planning committee
was occasionally regarded as problematic because of its apparent potential to impede
judgment and interfere with truth-seeking. Remember Jayne’s comments regarding survivors’ pain:

... their efforts to educate others comes from their own inner pain and I think that when you teach from pain, you can’t teach anything that’s real.

And then there was May’s concern about survivors’ inability to “globalize their pain,”

...it’s a personal thing. They haven’t got the skill or ability necessarily to globalize their own personal issue.

And finally, we heard Eva comment on the “specialness and scariness” of survivors’ pain,

... the whole passion around survivor pain would be so scary. You almost need a special place for survivors’ pain.

Feminist scholars, bell hooks (1994) and Allison Jagger (1989) offer some valuable conceptual resources for understanding the relationship between emotion and knowledge, each of which have extraordinary relevance for program planners and educators. For example, hooks writes about the importance of creating learning environments where passion, personal experience, and emotion all have a place, and where the “possibility of recognition” is always present. Even though hooks’ central concern is with creating democratic spaces in the classroom, I believe that her contributions regarding “transformative pedagogy” are equally applicable to planning settings. She writes, “Whenever we address...subjects that students are passionate about
there is always a possibility of confrontation, forceful expression of ideas, or even conflict” (p.39). Furthermore, according to hooks, knowledge that derives from personal experience must not be denigrated or silenced and in fact, such experiential knowledge can enhance the collective learning experience for all.

Critical pedagogies of liberation ...necessarily embrace experience, confessions and testimony as relevant ways of knowing, as important, vital dimensions of any learning process (p. 89).

Jagger (1989), echoing many similar themes, writes about the historical suspicion and distrust of emotion inherent in positivist epistemology. Challenging some of these traditional assumptions about what counts as “trustworthy” knowledge, Jagger invites us to consider that “emotions may be helpful and even necessary rather than inimical to the construction of knowledge” (p. 146). By acknowledging the close link between emotions and values, and by recognizing their socially constructed character, Jagger reminds us that our emotions can serve as clues to prevailing forms of social life.

Towards that end, Jagger identifies a certain class of “outlaw emotions” which are “distinguished by their incompatibility with the dominant perceptions and values” (p. 160). Furthermore, such outlaw emotions, “may provide the first indicators that something is wrong with the way alleged facts have been constructed, with accepted understandings of how things are” (p.161).

Within our planning committee structure, it would not be too much of a stretch to come to understand Marie’s experiences of frustration and anger with some of the mental health professionals’ attempts to construct her as a client (victim), as an example of Jagger’s outlaw emotions. Jagger (1989) writes,

The perspective on reality available from the standpoint of the oppressed...is a perspective that offers a less partial and distorted and therefore more reliable
view. Oppressed people have a kind of epistemological privilege insofar as they have easier access to this standpoint and therefore a better chance of ascertaining the possible beginnings of a society in which all could thrive. They are more likely to incorporate reliable appraisals of situations (p. 162).

By recognizing the important contributions that emotions—especially those that are expressed by individuals at the margins—can make to advancing our collective knowledge and understanding, I believe I will be better equipped to manage in the future. Moreover, by acting with more mindfulness and greater sensitivity towards these particular emotional undercurrents, I hope that I will be capable of exercising even greater wisdom and leadership in my future planning encounters.

With this section I have tried to show the importance of listening, care, respect, emotion, and empathy as a way to bring some needed balance to the critical perspective—with its emphasis on interests, negotiation, power and responsibility (Cervero & Wilson, 1994). In the next and final section of this Chapter, I plan to re-visit Sork's (2000) planning framework with a view to discovering how it might be able to account for some of these richly layered human contours and historically constituted personal and professional relationships.

**Learning to Ask Better Questions**

Sork (2000) argues that it is time for us to give up our search for the perfect planning model, and instead focus our attention on asking better questions. Many questions have been raised throughout this analysis, many of which have already been anticipated by Sork, like those concerning participation at the planning table for example. If the critical perspective occasionally constrains our understanding of everyday planning dynamics because of the theoretically imposed tendency to view all planning
relationships in terms of power, interests, and negotiation, is it possible then that Sork's planning framework will find its particular strength and value in its "generic and generative" character?

By acknowledging that each planning situation is unique, and by recognizing that there is no one set of predetermined ideological tenets driving the particular planning exercise, Sork liberates educational planning from the clutches of too much fanciful theorizing, and instead invites a level of analysis that accommodates a range of theoretical commitments, while simultaneously foregrounding certain domains for mindful attention and practical/ethical action.

The value of his question-based approach has already been conveyed in the analysis undertaken to this point. For example, by recognizing the investment that planning participants had in keeping their relationships harmonious beyond the life of the planning committee, I am now able to appreciate the relevance of some new and additional questions, "Given what I know about the importance of their personal or professional allegiance to each other, is it wise to continue going down this road if it means risking further dissent between them?" "Given what I know of their personal history together (whether it be fractious or congenial), what might I anticipate at the planning table as a result?

While these questions do not provide me with answers per se, nor do they direct me to take a specific course of action, what they do do is stand as reminders that there is no "one right way," and they helpfully draw my attention to "what matters most" at this particular planning table. By recasting actions and episodes at the planning table into a series of relevant questions, we are relieved of the extraordinary burden of single-
handedly "figuring out" the various power imbalances that need to be realigned to become more equitably configured. Instead, we can use the questions that get generated as opportunities to pause, wonder, and critically reflect together about the best way to go forward, which, incidentally, may include the need to reposition certain relations of power at the planning table on occasion.

Taken together, the participant accounts of our planning process reveal a great deal about the concerns, commitments, and preoccupations of our members. Throughout this analysis we have seen that many of the stakeholder interests were likely made explicit at the planning table through language while others were more subtly transmitted through various unspoken assumptions about the nature of the problem or via the structural organization of the committee itself. Using Sork's (2000) framework to guide the analysis of "what mattered most" at our planning table, I am able to present a series of critical reflections as well as introduce a set of more refined questions.

Several questions are implied by the content of individual practitioner accounts, and many of these questions are brought into even sharper focus when we observe the collective impact of several participant accounts presented together. Some of the questions easily correspond with Sork's "basic elements" of planning, like "analyzing the learner community" for example, while other questions can be more properly located within one of the three foundations or "domains" of planning, including the technical, the sociopolitical, and the ethical.

**Questions Pertaining to Participation**

Several of the questions pertaining to participation, which have been inferred from the individual accounts, concerned issues of subjectivity, legitimacy, epistemology,
as well as the more practical issue of recruitment and retention of members. Most of these questions concern the human dynamics of planning, and as such, they are located within the sociopolitical domain. "Are survivors of suicide legitimate educational planners given their idiosyncratic and subjective experiences?" Does the deeply personal pain of survivors and aboriginal representatives interfere with their ability to plan on behalf of others?" Is the subjective lived experience of survivors any more or less "biased" than the institutionalized perspective of professionals? What meaning is to be ascribed to the absence of certain groups from the table and how might we modify our structure or process to enable greater participation from marginalized groups? Lastly, a question that falls within the ethical domain includes, "Can we ethically justify our public claims to have aboriginal interests in mind when we have no consistent aboriginal representation at the table?"

Questions Pertaining to the Relations of Power

Through the retrospective analysis of our conference planning process, I have been able to see more clearly how I colluded in privileging the voice of professionals through my own uncritical acceptance of such conventions as the formal committee structure, my over reliance on "discussion groups" and "brainstorming exercises" to generate ideas, and by assembling a review committee which excluded laypeople, to name just a few. Relevant questions which emerge from the analysis of participant accounts and which fall within Sork's sociopolitical domain include, "Is the planning group structured in such a way that assumes a familiarity with certain institutionalized discourses (i.e. the formal committee meeting) and what are the consequences of this for certain minority participants?" "Is consensus at the planning table always a sign of
healthy dialogue and debate or does it sometimes mean that any potential dissenting
voices have simply been silenced and how can I be more vigilant in recognizing the
difference?” In what ways are certain planning participants’ positions being privileged as
a result of their situational, institutional, and societal dominance?” And finally, “How is
language being used to promote the egalitarian exercise of power, and what possibilities
exist for resistance, reformation, and responsible action” (Rees & Cervero, 1997)?

Questions Pertaining to Issue/Problem-Framing

Given that each of the planning participants came to the table with different
unspoken understandings about suicide and given that we each had varying notions about
the most important tasks of suicide prevention as well as conflicting ideas about the
proper audience for suicide prevention education, we were clearly not “all on the same
page,” when it came time to advancing the overall conference aims. While this in itself is
not problematic, particularly since having a diverse group of participants involved in
planning the conference is presumed to lead to a richer, more inclusive educational
program, what it does raise is the importance of making space for participants to share
and clarify their respective understandings, allowing for more jointly constructed
meanings to come forth. Some relevant questions to ask include: “What might be some
of the unspoken understandings about the problem or issue that we are attempting to
respond to with this educational program, and how can we go about surfacing these
different views in a constructive way?” “If the educational program is being advanced as
a solution, then what is the nature of the problem?” “What are the consequences of
framing the issue or problem in this way, and are there other, more promising frames to
adopt?”
Many of these questions have been inferred from the tensions that have been revealed through this analysis and they call attention to the powerful role of language in shaping collective understanding and action at the planning table. Further, language also provides the vehicle through which ethical commitments are upheld. Rees and Cervero (1997) write, "Praxis through language use, or constituting ethical agency, is key to both the egalitarian exercise of power and ethical discourse" (p. 73). While Sork's (2000) description of the sociopolitical and ethical domains does not include a specific focus on language use at the planning table, I believe that these types of questions would easily find a home in these two domains.

At a practical level, I think it would have been very worthwhile to spend time at the beginning of our planning process clarifying, understanding, and listening to each others' views about suicide and suicide prevention. Three questions described by Gergen (2000), which were used as part of a "Public Conversations Project" and which were specifically designed to increase the potential for more constructive dialogue to take place among those with deeply entrenched and opposing viewpoints, could have added considerable value to our planning process.

1. How did you get involved with this issue? What's your personal relationship or history with it?
2. What is at the heart of the matter for you?
3. Do you experience any pockets of uncertainty or lesser certainty, any concerns, value conflicts, or mixed feelings that you may have and wish to share? (p. 155)

What I particularly like about these questions, is the personal character of them, as well as the presupposition embedded in question three that acknowledges that we all experience moments of doubt and uncertainty in our various beliefs and positions. By spending time at the beginning allowing planning participants to publicly share their
opinions and thoughts in a safe environment which recognizes and accepts the
tentativeness of all of our claims is an important intervention that could have had far
reaching effects on subsequent interactions and planning dynamics at our table.

This brings my formal analysis to a close. I will now turn my attention to the issue
of judging the trustworthiness of my interpretations, relying on the criteria that were
introduced in Chapter 3.

Judging the Trustworthiness of the Interpretations

Each of Kohler Riessman’s (1993), four criteria for judging the trustworthiness of
narrative data – persuasiveness, correspondence, coherence, and pragmatic use – will be
discussed below with specific reference to the analysis provided here.

Persuasiveness

According to Kohler Riessman, persuasiveness refers to the plausibility of the
analysis, i.e. are the interpretations reasonable and convincing? She suggests that
persuasiveness is greatest when claims are supported with evidence from informants’
accounts and when alternative interpretations are considered. In the present analysis, I
have invited readers to consider the plausibility of my claims by presenting multiple
participant accounts alongside one another. For example, in order to strengthen the
interpretation which characterized our planning process as one in which professional
interests were privileged, I presented a series of verbatim quotes from planning
participants which revealed an array of troubling concerns and questions regarding the
legitimacy of survivor contributions. Not only were we able to see evidence of positions
in direct conflict with one another, we were also given the opportunity to see how others
at the planning table witnessed and understood these tensions, which serves to strengthen the overall plausibility of the interpretations.

While several interpretations emerged out of the critical perspective (Wilson & Cervero, 1996a), where the role of interests, power, and negotiation took centre stage, I also considered alternative ways to make meaning of our particular planning dynamics. For example, by moving beyond the frame of negotiation to understand some of the interpersonal dilemmas reported by participants, and by listening closely to the planning stories told by my planning colleagues, I was able to draw attention to some previously neglected dimensions of planning practice including, critical listening, empathy, and care.

Correspondence

The criteria of correspondence refers to how well my textual representation corresponds to participants’ self-understanding, and can largely be fulfilled by providing participants with the opportunity to view the work-in-progress. In this case I provided my planning colleagues with the opportunity to review the reconstructed version of our interviews, which meant giving them a chance to review the full text of our conversation as well as to see the specific stories (and the titles I assigned to them) embedded in the interview transcripts. Several respondents provided additional thoughts or clarifying comments or raised specific concerns, while others offered different titles to better capture the essence of the narratives I had identified.

Examples of participant responses include:

Marie: I took the opportunity to reread your reconstructed vignette of our first meeting. The bit that strikes me this time is your first paragraph - and my impact on you. I hadn't realized I'd had as big an impression on you as you've had on
me. Obviously it was intended to be. And it has been, and continues to be, an amazing journey.

May: It's interesting to read almost verbatim what one speaks. I'm surprised by all the repetitive comments – that have more context when the non verbals of a conversation are observed – and how it detracts (and distracts) from the conversation when all you see is the verbatim writing. Also of interest is seeing in black and white how unsettled I am these days around suicide/death and dying. Having said that I'm probably in a different space today than I was then - life is truly a journey.

I believe you have captured 'the essence' of both my comments and my confusion. I enjoyed the process and hope that it wasn't the end of our relationship. I have always found it rewarding to connect with you. Please try to keep in touch as you go along.

Louise: Please clarify for me how this information will be presented in final form. I liked the titles for the stories, except for story # 4. For me the issue is about the lack of understanding or value within some of the medical community regarding the role of community prevention, particularly when it is provided by lay people and volunteers. There is a need for a lot more education in this regard. Otherwise, I was fine with it.
Anne: I just had the opportunity to go through the hard copy to the transcript. A pleasant experience. I quite agree with the story titles etc. and enjoyed reading what I said. Some new learning occurred to me. Again, around the issue of safety in the conference for survivors which the committee struggled with.

Janice: On a quick look, it appears that I seem to forget all the rules of grammar when I speak. I can hardly believe I’m such a wandering, meandering, inarticulate participant. Ah well. It seems to contain an accurate account, but I will give it closer attention next week.

Jayne: It was quite an experience reading this — I didn’t realize I was so incoherent so often — but also was interested in my own unrehearsed responses. Thanks for the opportunity.

Coherence

According to Kohler Riessman (1993), coherence exists at three levels: global, local, and themal. Global coherence is revealed when we come to understand a speaker’s goals in telling his or her story. By retrospectively reflecting on their involvement with the conference planning process, participants in this study were often making an effort to justify their actions through their particular account giving. For example, in the excerpts below we see evidence of the strenuously expressed goal-directed interests of Marie (the survivor) which stand in contrast to those of Jayne (the mental health professional). These passages typify several of the participant accounts that have been presented throughout Chapters 4 and 5. Throughout the analysis I have characterized these
differences as an “us vs. them” struggle as well as an example of contested power and legitimacy.

Marie: I had a lot of support from you. I think I kept talking. In some ways I did my own thing. I said, “this is what the survivor day is going to look like.” I have a real strong need of this is what the agenda needs to be.

Jayne: I think there was always a bit of a sense of having to rein in the survivor... because of the passion and the commitment of survivors to kind of keep that as a part of the conference and not the whole conference.

Local coherence is “what a narrator is trying to effect in the narrative itself, such as the use of linguistic devices to relate events to one another” (Kohler Riessman, 1993, p.67). For example, in the account below, Janice uses the metaphor of a “puzzle piece” to describe her role on the planning committee which serves to explain how she came to define the boundaries for her own participation. Her use of this metaphor enables the listener to better understand a series of later accounts whereby she expresses frustration at her “limited role,” i.e. she was not really in charge, she was just a piece of the puzzle.

If I'm a committee member I don't take on the job of all the planning. I just take my section of it and do that the best I can and fit in the best with what’s going on. I do make general comments at a meeting. But I take away only my section. And I pretty well work like that all the time because there’s only so much time. If I'm in charge that’s another thing. I’m very careful not to be in charge most of the time (laughs). It’s a big job. So I take my section and generally do what I’m supposed
to do and do it on time. And that’s how I fit my piece. I consider myself a piece of the puzzle that goes in. And I don’t try and take the whole thing on.

Other committee members’ accounts offer us a glimpse into how participants came to understand their own contributions at the planning table which, in many cases, reveals a desire to see themselves as rational actors capable of exercising their own individual agency. These self-reflections enrich the overall planning accounts and embody the criteria of local coherence because they show the conscious attention that participants brought to their individual roles, the specific interests they represented, and they help us to make better sense of events and decisions undertaken at the planning table.

Louise: I was always cognizant that I was the voice of the crisis lines and their contribution and I’m pretty much a collaborative player so I didn’t see myself as there only for that, but I would speak up and felt that was part of my role to speak up about how to ensure the best representation of crisis lines’ involvement that we could get.

Jayne: We made a lot of mistakes the first time around [hosting the conference in 1990] and I’m assuming that you hoped that you could learn from our mistakes, that I could learn from my mistakes. I think that I was maybe the only – other than you – the only clinician there. And that’s something that I sometimes find disappointing about CASP conferences. There’s not enough clinical stuff happening. For those of us who are actually doing the treatment, there’s a lot of community stuff, there’s crisis stuff, survivors certainly because they have a
passion for it, but clinicians, even on the Board level I think get overlooked a lot.
And they're out there doing the treatment.

Thematic coherence refers to the recurrence of particular themes in the narrative accounts. Several of the individual narratives were organized around significant and recurring themes, many of which have already been expressed through a series of polarities: “us vs. them,” “survivors vs. professionals,” “volunteers vs. experts,” “aboriginal vs. mainstream,” “individual vs. social,” and “public vs. private.”

Pragmatic Use

This level of validation will only be revealed in time because it refers to the degree to which the findings from this study will be taken up by others – researchers and practitioners alike. Kohler Riessman (1993) writes that this particular criteria is “future oriented, collective, and assumes the socially constructed nature of science” (p. 68). It is my hope that the narrative approach that has been used throughout this investigation will prompt researchers and planners to consider their own planning practices anew. In terms of my own practice as a planner, the intersubjective storied accounts that have been presented here have definitely altered the way I think, talk, and take action in my own local practice setting. Some specific practical implications of this work are described in the final Chapter.

Summary of Themes and Appraisal of Resources

While I will make no attempt to conclude this Chapter with neat and tidy conclusions nor will I offer once-and-for-all recommendations for planning practice, what I will do is summarize some of the main findings that have emerged from this analysis. I will also provide a brief appraisal of some of the key theoretical resources that
have been utilized throughout this analysis. In the next and final Chapter I will discuss some promising possibilities for going forward as planners, educators and suicide prevention practitioners that build on many of the ideas that have been developed here.

**Key Findings**

There was a clear privileging of professional knowledge and interests at our planning table which became apparent through an analysis of the cultural and institutional discourses embedded in planning participant accounts as well as through a retrospective consideration of the structures and processes constituting our planning activities. Some clear epistemological tensions emerged in the individual narrative accounts of planning examined here, and in many instances they mirrored the discursive debates that characterize the field of suicide prevention more generally. Specifically, there was a distinct split between the views of several of the practicing mental health professionals and the parent survivor which led to frustration, misunderstanding, and conflict on occasion. Through this analysis, I have been able to make better sense of some of the unspoken tensions that existed at our planning table, and I am able to appreciate the historically and institutionally rooted character of several of these conflicts.

I have also suggested that with respect to aboriginal interests in suicide prevention we were less than adequate in our attempts to “analyze the learner community.” Too many assumptions were made about the relevance of the program content and the appropriateness of the mainstream format without substantive input from aboriginal representatives. As a result I am left with several unanswered questions about the ethical justification of proceeding with educational planning efforts when members of an identified learner community are consistently absent from the table.
Another theme that surfaced in these participant accounts is the personal/social, public/private character to many of the deliberations at our planning table. Individuals are constantly shifting back and forth between advancing their own private idiosyncratic interests and mindfully attending to the larger sociocultural context within which the overall planning process is located. Whether we encounter a tension between our private and public selves or find ourselves traversing sensitive terrain with respect to various historically constituted relations of power, we must attend to many layers of individual and social reality as we both structure and deliver educational programs for adults.

The tasks of problem framing and discourse shaping are key functions that planners need to bring conscientious attention to in order to advance the overall planning agenda. At our planning table, participants had varying notions about the proper tasks and foci of suicide prevention education and as the Chair, I can confirm that these contested meanings went largely unexplored. By bringing some of these assumptions to light, and by showing the different personal and professional understandings of the work of suicide prevention, it is my hope that planners and suicide prevention practitioners will be able to act with more sensitivity and intentionality as they maneuver across this inevitably complex discursive terrain. More specifically, I have argued that explicitly creating the conditions for jointly constructed meanings to emerge among planning participants is a promising avenue to pursue.

Finally, relationships matter at the planning table. While many of the conflicts, tensions, and differences were understood to be artifacts of the differential relations of power that existed at the table, some of the interpersonal concerns that surfaced appeared to arise out of other personal and ethical commitments. Furthermore, critical listening,
emotion, empathy, and care are important elements of communication and meaning making and I have argued that these relational attributes should be explicitly cultivated and nurtured at the planning table.

**Appraisal of Theoretical Resources**

First, I would like to acknowledge the value of Cervero and Wilson’s (1994; 1996) concepts of interests, power, and negotiation. These resources have proven to be useful lenses with which to retrospectively view this planning process. For example, by understanding the unique tensions that arose between the professionals and the survivor as a case of – at least in part – asymmetrical power relations which were historically constituted by particular institutional and cultural discourses and traditions, I was able to better appreciate and understand many of the frustrations experienced and expressed by participants. Furthermore, I have become much more sensitive to the social and political dimensions of planning as a result of Cervero and Wilson’s contributions and have found the concept of “interests” to be a particularly useful tool for understanding the complex interpersonal dynamics at the planning table. Conceding the value of viewing program planning practice from a critical viewpoint does not mean however, that there are not some practical limits to Cervero and Wilson’s concepts, particularly with respect to how concepts like “negotiation” and “substantively democratic processes,” might be understood and adhered to in reality. Finally, there seems to be an inherent assumption in Cervero and Wilson’s work that all planning activity is discrete and bracketed, with all of the action localized at a singular “planning table.” Such an assumption belies the fact that those at the planning table often come with pre-existing relationships, they meet with
one another in a variety of other contexts during the formal planning phase, and they often continue to engage one another after the planning has concluded.

Second, I believe that the contributions of Degeling (1996) from the heath sector have been extraordinarily useful, particularly his framing of planning as “unguided and contested searches for approximate understandings and contingent agreements” (p.109) which, among other things, calls unique attention to the dynamic and temporal dimensions of planning in ways that Cervero and Wilson’s (1994) and Sork’s (2000) contributions do not. By giving more explicit attention to the existence of various discourses at the planning table, Degeling’s work helps planners to focus on the ways in which health and social problems get constituted, and the manner in which policies, educational goals, and program design efforts emerge as derivatives of these deeply situated, socially constructed understandings.

Third, Sork’s (2000) question-based framework has been revealed to be a helpful analytical device for understanding the particular concerns and commitments of planners. Its unique value rests in its “generic, generative, and derivative” character since the framework creates an opportunity for planners to focus on the idiosyncratic dynamics of particular planning processes, which in this case were revealed in the narrative accounts of participants, while also providing a structure for thinking about planning practice in a critically reflective way. By thinking about the concerns, passions and, at times, conflicting interests of planning participants in a way which allows the storied character of these dynamics to emerge and by converting these narrative threads into a series of relevant questions, I believe planners can act with more freedom, creativity, and diligence. By strengthening the focus on language and discourse, and by framing
expressions of personal care and respect as distinctly ethical actions, I have argued that Sork’s framework could be enhanced even further.

Fourth, from a methodological perspective, I believe that borrowing resources from the narrative tradition in order to study program planning dynamics has been particularly useful, while also opening up fruitful avenues for future research. Kohler Riessman’s (1993) work on narrative analysis and the conceptual contributions of Clandinin and Connelly (2000) have enriched this work considerably.

Fifth, the individual contributions of Forester (1989, 1996), Gergen (2000) Buchanan (2000), hooks (1994), Young (1997), Jagger (1989) and Bickford (1996) have all been immensely helpful here, both in terms of adding theoretical depth to this investigation, as well as for their respective ideological critiques. While representing different theoretical commitments, each of these authors has helpfully called attention to some of the consequences of privileging the scientific, expert paradigm in trying to fully understand human behaviours, motivations, and relationships.

Finally, I have found that many of these analytical tools and conceptual resources have provided a fairly high degree of explanatory power, or theoretical robustness, in terms of accounting for what goes on in my everyday planning practice. Given that my own professional commitments as a planner and educational leader emphasize egalitarian decision-making, justice, inclusivity, and broad public participation, the attention given to creating substantively democratic processes and reconfiguring asymmetrical power relations (Cervero & Wilson, 1994) and the explicit focus on the sociopolitical and ethical character of planning practice (Cervero & Wilson, 1994; Sork, 2000) have all helped me to better understand what took place at our planning table. More specifically,
these theoretical resources have helped me to make better sense of some of the conflicts
and frustrations that existed at our conference planning table and they have also given me
a language for naming some of the troubling experiences we encountered.
CHAPTER 6. REFLECTIONS AND GOING FORWARD

By adopting different sets of lenses for making meaning, by asking critical questions, and by challenging some taken-for-granted assumptions about the nature of this work, I hope that I have opened up space for thinking about and understanding planning practice in new and evocative ways. Through the presentation of multiple voices and the close examination of diverse and intersecting narrative threads, I believe that this work has effectively captured the highly intersubjective, and multiply layered character of everyday program planning practice. Furthermore, I believe that the storied accounts of planning practice that have been presented here have called our attention to some previously unexamined contours and aspects of planning processes, hopefully setting the stage for planning theorists and practitioners to look in new and more promising directions in the future in their efforts to understand, and act in the midst of, a range of complex planning dynamics.

In the previous chapter I have already confirmed the value of particular program planning resources in adult education (Cervero & Wilson, 1994; Sork, 2000) and have appreciated many of the specific contributions that these authors have made to broadening our understanding about the work of everyday planning practice. With this sixth and final chapter I plan to consider the potential applicability of those findings which have arisen here which both challenge, and build on, Cervero and Wilson’s critical perspective and Sork’s question-based framework. This includes, for example, the powerful role of storytelling and listening, and setting up the conditions for democratic, caring, and egalitarian planning processes to emerge. The chapter will then conclude with
a reflective commentary on the challenges of studying one’s own practice and will offer a series of recommendations for future research in this area.

**Implications for Practice**

Three broad headings will provide the organizational structure for this final discussion: (a) listening to the stories, (b) setting the stage for making sense together, and (c) striking a balance.

**Listening to the Stories**

By thinking about planning practice as “multi-person dramas which are already in play” (Degeling, 1996) we are offered a powerful opportunity to see the storied character of planning work. Among other things, this allows us to see the creative potential for things to be otherwise, which is an especially welcome realization when faced with the conflicts, impasses, and tensions that inevitably arise at the planning table. In the conference planning case examined here, we were able to see evidence of multiple storylines, including for example: the struggle for parent survivors to achieve legitimacy in the face of professional dominance and power, the professionals’ efforts to support and relate to survivors in ways which reflected their own traditions and professional training, the attempts to make meaning of aboriginal absences at the table within a larger sociocultural context, the tension between personal and professional identities highlighting the individual and social realms of planning practice, and the deliberate moves to maintain and achieve relational harmony among participants.

Complex narrative threads are continuously in the process of being shaped, performed, and reconstituted at the planning table both by the participants themselves and through the powerful presence of certain dominant cultural and institutional discourses.
When planners adopt the frame of a multi-layered, “story-in-progress” to understand some of the tensions and misunderstandings that inevitably take place at the planning table, it is my belief that they are granting themselves license to respond with increased creativity, sensitivity, flexibility, and freedom. Re-storying, reframing, and making effective use of questions to generate new and alternative possibilities are just some of the techniques that planners can draw from (Sork, 2000; White & Epston, 1990).

Examples of the powerful potential of reframing in making new and different meanings possible which have been suggested throughout this analysis include: relating to survivors as citizens or advocates instead of clients or patients, understanding aboriginal absences from a perspective which interrogates our mainstream assumptions about the nature of educational planning rather than naively assuming that aboriginal stakeholders are simply “too busy” or “overwhelmed” to join us, and finally, seeing participants as caring, emotionally expressive, moral actors who are motivated to preserve harmonious relations with their colleagues in addition to seeing them as politically astute and power sensitive individuals who are deliberately advancing their own strategic self-interests through the mobilization of various discourses and negotiations.

By cultivating the conditions for planning participants to engage with one another in personal and storied ways, I believe that we are setting the stage for more jointly constructed meanings to emerge (Gergen, 2000). For example, in the conference planning case examined here, many of the individual narratives (i.e. about how participants came to be involved in the field of suicide prevention, their personal and professional beliefs about the work, and their understandings of the conference purpose)
never really came to light at the planning table, at least not in any explicit sense. In other words, while planning members knew that Marie was a survivor of her son’s suicide, they did not know much about her personal story nor did they know about how she came to be such a passionate champion of the concept of “survivors as advocates”. We were also not privy to the personal frustrations and challenges recently experienced by Louise who was trying to educate professionals in her community about the value of a volunteer-based crisis response service. Likewise, Eva’s frustrating experience as the volunteer coordinator with the aboriginal crisis line and her earlier recollections of her stepbrother’s suicide attempts were important stories that had a relevant bearing on our work as suicide prevention education planners and yet these narratives were not available to other members at the planning table.

Articulating her vision of communicative democracy, Young (1997) suggests that there is a powerful leveling effect that can sometimes be accomplished through storytelling, “Because everyone has stories to tell, with different style and meanings, and because each can tell her story with equal authority the stories have equal value in the communicative situation” (p. 73). Further, by placing more emphasis on facilitating personal and professional storytelling among participants, planners can promote understanding across different social locations whereby “the combination of narratives from different perspectives produces the collective social wisdom not available from any one position” (p. 73).

By recognizing and identifying the particular stories that people bring to the table and by noticing the larger polyvocal and multi-layered narrative that inevitably emerges from the collective effort, planners can position themselves as both participants in the
unfolding drama as well as active and deliberate shapers of others' attention (Forester, 1989). While we can never stand completely apart from our own sites of practice, which are typically constituted by complex relations of power that are expressed through language, we can create the conditions for participants to “tell stories of their own involvement” (Gergen, 2000) and we can extend an invitation to all members to contribute to this new and textured narrative.

Setting the Stage for Making Sense Together

By making space for planning participants to share their personal relationship to the issue, by encouraging them to describe their understanding of the nature of the work i.e. “what’s at the heart of the matter for you?” (Gergen, 2000), and by allowing their own subjective concerns and commitments to be revealed in an early context of safety and trust, I believe that those who are charged with the responsibility of leading planning exercises will be laying an important foundation for future decisions and actions. Based on the learning that has emerged from this study, I would recommend placing even greater emphasis on fostering a climate of trust, caring and respect and cultivating a spirit of curiosity, attentiveness, and mindfulness among all planning participants. This could be achieved through early structured dialogues and through the generation of group norms and by specifically highlighting the insidious ways in which certain positions are institutionally and culturally advantaged. By identifying and naming the pre-existing differential relations of power, and by sensitizing others’ attention to its often invisible workings, planners can create the conditions for more mindful action to take place across a range of planning sites and planning communities.

Becoming more mindful is gaining self-knowledge. It is becoming more attentive, more aware of the full extent of the reasons for our acts, for the choices we make.
It is not letting ourselves fall into self-deceit, ignoring or denying that we might be acting out of spite, gluttony, or greed. It is allowing the full range of our motivations to enter into our consciousness so we can better see if that is the kind of person we want to be, and deciding on another course of action if acting out of ill will is not how we like to think of ourselves (Buchanan, 2000, p. 112).

Modelling an open stance, conveying a posture of self-reflexivity, actively practicing critical listening, and specifically inviting participants to join in the collaborative process of “making sense and meaning together” (Forester, 1989) we are laying the groundwork for a very different type of planning process to emerge. By utilizing techniques from adult education (Brookfield, 2001b) and by capitalizing on the contributions from feminist theory (hooks, 1994, Young, 1997) to enhance the quality of discussion and promote fair and equitable participation among committee members I believe that planners can work with greater intentionality and effectiveness.

For example, inviting members to generate the ground rules for conversation, using tools to periodically conduct anonymous discussion audits (which provide feedback to the leader/planner about participants' experience as planning group members), and exercising power responsibly to increase opportunities for participation (Brookfield, 2001b) represent very sound and practical interventions that planners could adopt in order to fulfill their obligations to advance an ethically responsible planning agenda. In addition, by explicitly recognizing that there is a certain amount of pain and discomfort associated with giving up old ways of thinking, knowing, and interacting (hooks, 1994), we are each given a new opportunity to practice patience and understanding as we face the confusion and occasional resistance that inevitably comes with charting a new course. Finally, when we reconstruct our ways of knowing, we eventually come to realize that we are fundamentally engaged in the act of reconstructing ourselves (Jagger, 1989).
Striking A Balance

Obviously the technical tasks of developing the conference program, like recruiting presenters, preparing the communication plan, securing funding, and all of the other administrative tasks related to conference planning must be executed with competence and care and cannot be underestimated or ignored by placing an exclusive emphasis on power, politics, and interpersonal relationships and interests. Further, the planning meetings must not be allowed to degenerate into endless philosophical arguments or impractical debates about the meaning of everyday words and there clearly needs to be an appropriate balance struck between the technical aspects of planning and the sociopolitical and ethical domains (Sork, 2000).

While we need to aim for a balance between the rational and the political domains of planning (McLean, 2000), we also have to be equally vigilant to ensure that our everyday planning talk does not get taken over by the language of too much formal theory or research. Other writers who work in the community psychology and community development fields (Hustedde, 1998; Maton, 2000) can offer us some important resources for thinking and talking about our planning practices in ways that are passionate, personal, and inviting.

For example, beyond some of the technical skills, ethical imperatives, and political sensibilities discussed throughout this work, there is also a need for those of us who work in the human service field to undertake our work with heart, soul, and humility (Maton, 2000). Acknowledging the difficulty in arriving at a precise definition of soul for use in this context, Hustedde (1998) attempts to capture some of its essence:

It is about deep meaning and quality relationships. Soul thrives on paradox. It is about mystery—the presence of something profound that cannot be grasped by science or the boundaries of human language (p. 154).
In other words, like any other endeavour in the human services field, educational planners must recognize that their practices will always take place at the messy intersection between art and science; embodying both values and facts, emotion and cognition, action and theory, research and poetry. Any future attempts to study everyday planning processes must give attention to all of these dimensions, no matter how difficult they may be to elucidate.

Reflections on Researching my own Practice

My experience as a “practitioner-researcher” (Jarvis, 1999) has been extremely rich and rewarding, filled with an abundance of opportunities for personal and professional learning. At the same time, the uniquely personal character of this work has also presented me with many vexing challenges and dilemmas along the way. On occasion, I have come face-to-face with some deeply troubling professional attitudes and assumptions about the work of suicide prevention, which among other things, have raised serious epistemological questions in my mind about whose knowledge counts and whose does not.

Through this analysis, I have also discovered my own complicity – albeit unwitting – in perpetuating various asymmetrical relations of power, both at the planning table and in the preparation of this text. Confronting the trappings of my own professionally advantaged position and cultural privilege has been uncomfortable to say the least. At the same time however, it has sensitized me to the insidiousness with which these social relations of power assert themselves into our everyday lives and how important it is to stay mindful and critically reflective.
One of the hardest tasks has been trying to honour my colleagues’ perspectives and narratives, i.e. presenting their stories and excerpts with all of the respect and dignity that these stories deserve, dutifully capturing planning participants’ multi-dimensional characters, while also staying faithful to my own sense of what mattered most at our planning table. Acker’s (2001) contributions regarding the challenges of being an “insider interviewer” have been particularly illuminating and helpful here.

**Recommendations for Future Research**

For those practitioners who are committed to creating democratic, inclusive, and egalitarian spaces for joint planning and collective problem-solving to take place, I believe that the findings here will be of considerable relevance. Furthermore, for those practitioner researchers who might want to explore in more detail some of the themes that have been suggested here, I would suggest that Young’s (1997) work on communicative democracy holds a lot of promise.

For example, if we accept Young’s (1997) premise that under ideal democratic circumstances there is an element of transformation that takes place when individuals from different social locations, cultures, and needs, speak and listen across differences, then one of the things we might look for in analyzing future planning processes is evidence of this transformation. A key set of research questions to guide the analysis of future planning projects, which emerges from Young’s work on communicative democracy, include: How are differences perceived among planning participants at the start of the project and how are such differences understood over time? How does interaction with others (“encounters with difference”) transform individual understandings and preferences? What are the specific strategies that planners employ to
foster "significant interdependence"? In what ways can planners establish the conditions for difference to be understood as a resource to the group?

By paying close attention to the ways in which individual planning participants come to understand one another, including the way that their perceptions change over time, we may be able to build on the important work of Cervero and Wilson (1994, 1996) and Sork (2000) to develop an even finer appreciation for what is involved in the cultivation, and ongoing maintenance of democratic planning relationships. Such an analysis should include a focus on talking and listening, as well as a critical appraisal of the structures and institutional processes within which the planning meetings take place.

Finally, to build on the process that was initiated here and to enliven future studies about planning even further, it is recommended that participants be given the opportunity to review verbatim transcripts or audiotapes of actual planning meeting dialogues, and then be invited to comment on what was going on from their perspective. For example, what was their understanding during this particular interaction? What were they trying to achieve at that particular moment in time? What did they think was the motivation or intention of their colleague(s)? How could things have gone better? Would they have handled things differently if they had the chance to do it over again?

In closing, I would like to acknowledge that with this inquiry, it has been my intention to advance the theory and practice of program planning in ways which capture the essence of this work in a manner that is fresh, engaging and meaningful for practitioners and theorists. By using individual participant accounts to lay bare some of the conflicts and tensions that confronted us as a planning group, by re-introducing a vocabulary of care and empathy into the dialogue, and by critically reflecting on both our
strengths and our challenges, I believe that I have made an important contribution to the program planning and suicide prevention literature. I hope that others will take up the challenge to build on this work by sharing deeply situated narrative accounts from their own planning practices, enabling all of us to "see ourselves in others' stories," and assisting all of us to go forward in ways that may hold even greater promise.
REFERENCES


Kretzmann, J. & McKnight, J. (1993). *Building communities from the inside out: A path towards finding and mobilizing a community’s assets*. Chicago: ACTA Publications.


Rosenfeld, L. (1998). 'I can’t hear the music.' In A. Leenaars, S. Wenckstern, I. Sakinofsky, R. Dyck, M. Kral, & R. Bland (Eds.), *Suicide in Canada* (pp. 376-384). Toronto: University of Toronto Press.


APPENDIX A. INTERVIEW GUIDE

Understandings of Suicide Prevention

1. Tell me about how you’ve come to be involved with, or have an interest in, the topic of suicide prevention?

2. There are lots of different ideas out there about what needs to be done to prevent suicide. What do you think are the most important issues to focus on?

3. Speaking more specifically now, I wonder if you could tell me about your understanding of the goals and tasks of suicide prevention education, (Follow-up prompts: for example, what’s the purpose? Who’s the audience? What are the anticipated results? etc.)

4. Is there anything else you would like to say about suicide prevention?

Conference Planning Committee Experience

5. In your mind, what was the main purpose of the suicide prevention conference that we hosted back in October, 2000?

6. Who do you think our conference was aimed at primarily?

7. Why do you think you were invited to join the CASP Planning Committee? (Follow-up prompt: what was it like to be asked? What were the specific skills, qualifications or experiences that you brought to the table?)

8. What did the conference theme, “Suicide Prevention in Canada: Exploring Our Diverse Landscape” mean to you?

9. Can you think of any moments when you sensed that your understanding of the conference purpose and target audience might have been different from others at the planning table? (Follow-up prompts: please give examples, please elaborate, etc.)

10. Compared to other planning committees you’ve been involved with, what was this experience like?

11. Do you think that the mix of perspectives represented on the planning committee was a good one? How might it have been improved?

12. What were your expectations in serving as a member of the planning committee? Were they met? Please elaborate.
13. Were there ever any moments during the planning process when you felt frustrated or discouraged? Could you tell me about this?

14. Did you feel as if you were able to make a meaningful contribution to the planning process? If not, why not? (Follow up prompts: Please give examples, elaborate, etc.)

15. Were you ever surprised by something that took place during the planning process?

16. What did you think went especially well during planning?

17. What did you think was especially problematic during planning?

18. When it was all over, how did you feel about the overall conference planning experience? How about the conference itself?

19. What would you recommend to others who might get involved in these types of planning efforts in the future?

20. Is there anything else you’d like to say about the conference planning experience?
APPENDIX B. COVER MEMO TO PARTICIPANTS

From: Jennifer White

To: Ed.D Research Participants

Date: September 18, 2001

Subject: Personal and Professional Narratives in Suicide Prevention: Reconstructed Interview Transcript

Dear Friends and Colleagues,

As promised, please find attached a copy of a slightly reconstructed version of our one-hour interview, which took place in late July/early August of this year. Please review this document and let me know if you have any questions, comments, or concerns. Also, if something in the text strikes you as incomplete, unfinished, or you encounter an idea or thought that you feel you'd like to elaborate on, please feel free to make a note in the margin and return the document to me. Alternatively, you can send me a separate note or email with your clarifying thoughts, reflections or additional comments.

In addition to transcribing the series of questions and answers that shaped our interview, you will note that I have also highlighted certain “stories” which were embedded in each of your accounts, and I have given each of these stories a temporary working title. Please offer any feedback or suggestions about these “working titles,” and advise me if you’d like to provide an alternative title.

For ease of reading, you will note that I did not transcribe each and every question posed in the interview, but rather subsumed several of your comments under one question or “story title.” In just one case, the audiotape recording was very poor during the latter part of the interview, making it difficult to accurately transcribe all of the comments. If any of you feel that there are any key elements missing, or if you feel that there is “an essence” to your comments that I have failed to capture, please send me a quick note or email to advise me.

Finally, you will note that all names and personal identifiers have been removed and I have referred to you by your alias throughout the interview transcript (in one case, I assigned an alias since you did not choose one for yourself).

I am very grateful for the time and energy that each of you has generously given and appreciate your willingness to share your thoughts and reflections about our field and about our conference planning process. I was very struck by your collective candor, wisdom, and genuine compassion for others. Thank you.
APPENDIX C. TITLES GIVEN TO INDIVIDUAL NARRATIVES EMBEDDED IN PARTICIPANT ACCOUNTS

Jayne

Arrival by Accident
Years of Witnessing Others’ Pain: Opening the Blinds to Let the Sun Shine In
Learning in the Midst of Anxiety: Achieving Clinical Competence in Suicide Prevention
Making Sense from Pain: The Role of Survivors in Suicide Prevention
Planning in the Context of Competing Interests: Walking a Tightrope
Traversing Sensitive Terrain: Reining in the Survivors
A Workshop Fiasco: Observations from a Distance
Bureaucratic Procedures Distance us From People in Need

May

Whose Lives Are Worth Living? When Personal Experiences Collide with Professional Assumptions
Huge Philosophical Questions: Personal Beliefs and Professional Obligations in Conflict
The Superficiality of Some Suicide Prevention Education Efforts: Any Idiot Can Do It
Mixed Feelings: The Role of Survivors, Academics, and Clinical Staff in Suicide Prevention
Survivors at the Planning Table: On Managing Guilt, Anxiety, and Falling Apart
Sensitive Issues at the Planning Table
Beyond Diversity: Committee Members Also Need Skills
Confronting a Dog with a Bone

Anne

Responding to Practical Concerns: Collaborative, Community-Based Research
Aboriginal Youth Experiences of Distress and Healing: First Hand Accounts
Survivor Participation: What’s the Problem Exactly?
Planning Committee? Program Committee? Evolving Meanings
Decisions, Decisions: Who Should be Included as a Presenter?
Powerful Learnings: Oh, That’s the Problem
Anticipating Judgement: Hearing the Voice of the Critics
A Trust in Survivors’ Capacity to Self-Monitor: No, It's Really Only a Problem in Your Mind

Eva

An Early Eyewitness to Suicide
Suicide is Normal: Reflections
Burying Suicides: A Community in Denial

226
Educating About Suicide: Dangerous Assumptions
Capitalizing on the Wisdom of Elders for Suicide Prevention
Recruiting Aboriginal Volunteers for Suicide Prevention: Like Riding a Wave in a Dinghy Boat
Turn On and Light Up: Success Stories in Suicide Prevention Education
An Unexpected Gift: Grief, Love, and Gratitude
The Special Terrifying Pain of Survivors

Janice

"Do Something:" An Invitation to Make Meaning Out of Suffering
Educating About Youth Suicide Prevention: Parents as Students
Handy Guidelines for Some Common Problems
Who Speaks for Whom at the Planning Table? Ambivalence, Proxy Representation, and Political Sensitivities
Identifying One's Niche: Just A Piece of the Puzzle
De-Railed, Disappointed, and Disempowered: Some Consequences of Planning on the Fly

Louise

Heartfelt Passion for a Community Taking Care of Itself
Bridging Two Worlds: Community Programs and Scholarly Research
Collective Understanding and Reciprocal Respect
The Need for Community Education Among Medical Professionals
Don't Squelch the Passion
Unexpected Dilemmas in Planning: Paying Attention to the Needs of the Presenters
Role Confusion: Who's In Charge Here?
Caught in the Middle: Relationships Matter

Paul

Roots in Volunteerism
Identifying the Target Audience: Us and Them
All in the Same Boat, Rowing in the Same Direction
Interpreting Absences: A Cultural Lens
Review of Submissions: Surprising Agreement
Dynamics of Difference and Striving for Consensus

Marie

Randy's Story: Early Signs
Encounters with Professional Helpers
Hindsight Learning: What Does the Research Say?
From Private Grief to Public Advocacy: It’s Not a Choice
Survivor-Professional Partnerships: Grounded Knowledge, Legitimacy, and Occasional Flailing Around
A Healing Journey: What Helped Along the Way
Contributions to Suicide Prevention: Survivors Bring More Than Their Grief
Memorable Conference Moments
Survivor Knowledge and Professional Assumptions: You Guys Don’t Know Everything
On Airy-Fairyness, Being Dismissed, and Sitting Around Brainstorming
APPENDIX D. REVIEW OF CASP SUBMISSIONS

Early Sorting Categories:
(While there is some considerable overlap between categories, use these as general guides when sorting submissions)

1. Clinical
2. School/Community/Provincial-National Programs
3. Research
4. Survivors/Bereavement Issues
5. Aboriginal
6. Crisis Management/Crisis Centre Issues
7. Training/Education
8. Other

Preference Shall be Given to Presentations Which:

(Explicit Criteria)
1. Build on the theme, “Exploring our Diverse Landscape”
2. Describe the impact, consequences, results expected
3. Describe the application to other settings

(Implicit Criteria or CASP 2000 Conference Norms)
4. Be mindful of the survivor program at CASP 2000 which has been formally described as “survivors” as partners in suicide prevention
5. In keeping with the theme of diversity and in order to reduce separations/divisions between groups, consider giving support to those presentations that promote dialogue among diverse groups
6. Consider giving support to those voices that have not traditionally been heard at CASP conferences in the past.
7. Don’t shy away from potentially controversial or non-traditional presentations—-even though we may not agree with what is being proposed, we want to be able to provide a forum for healthy discussion and debate. Our job is to ensure that presenters and participants are given a chance to engage with one another in a way that is safe, respectful, and socially and ethically responsible

Exclusionary Criteria (or aspects of presentations that will require modification):

1. Presentations that are offering “direct clinical/therapeutic services” to participants (rationale: this is contrary to CASP purpose and goals statement)
2. Presentations that may be deliberately fostering conditions of high-level emotional intensity/catharsis among participants and/or workshop strategies that may seen to be otherwise “unsafe” or risky for potentially vulnerable members of the audience
3. Any program or research project that is judged to be unethical or morally objectionable.

Managing the Volume: Some Considerations

1. Five breakout rooms will be available for three, 1 1/2 hour time blocks each day. Depending on the mix, we may be able to offer six papers (requires two rooms-3 papers per room), two workshops (requires two rooms), and one panel (one room) during any one (1 1/2 hour) time block. This would work out to approximately 27-30 different sessions a day. Over three days, we could conceivably manage up to 90 presentations.

2. Where a presenter has submitted more than one session, please note your preference by indicating which is the strongest submission.

4. Where you think a presentation might be better suited as a paper vs. a workshop (or vice-versa), please indicate. Also keep in mind that some people could be asked to present a poster instead.

General:

Make lots of notes. Record your questions and concerns. Come to the next scheduled meeting prepared to discuss and defend your choices for inclusion and exclusion. We will aim for consensus in our deliberations. In the face of any impasses, the program co-chairs will take the considerations of the committee into account and will make the final decision.
APPENDIX E. SAMPLE PLANNING MEETING MINUTES

CASP 2000 Conference Program Committee Meeting
Friday, September 18, 1998

In Attendance:

Regrets:

1. **Introductions** – Crisis Centre representative was welcomed as a new member to the Conference Program Committee.

2. **Organizing Committee** – Committee member provided an overview of some preliminary budget issues, which were summarized on a two-page table. Key areas that required input from the Program Committee were highlighted and discussed. The Program Committee confirmed the following:

   **Conference Centre Issues**
   - Five break-out rooms should be reserved
   - A separate poster board room and poster boards should be reserved
   - A designated “quiet room” should also be set aside for the duration of the Conference
   - A meeting room for up to 15 CASP Board members to be reserved for an all-day Board Meeting, Wed. Oct. 11

   **Social/Hospitality Issues**
   - Welcome Reception to take place Wed. Oct. 11 in the evening after the pre-conference workshops (emphasis on making connections, “lighthearted and fun,” may include some theatre/music/dance entertainment, no alcohol)
   - Survivors’ Breakfast to take place Thurs. Oct. 12
   - No opening ceremony but we would like to arrange for a welcome address and opening remarks from the Chief of the Burrard Band, and perhaps a government representative (Thurs. Oct 12.)
   - AGM and “brown-bag lunch” to take place Friday, Oct. 13
   - Banquet to be held on Saturday evening, Oct. 14 (details to be finalized, could include being bused to another site, e.g. First Nations Longhouse, Museum of Anthropology); banquet tickets (and transportation costs) to be purchased separate from the conference fees

   **Communication Issues**
   - Brief abstracts to be included in program (printed in the language in which they were submitted)
Printed proceedings of all conference papers may be produced depending on costs

Gifts/Honouraria
- Keynote speaker to be hired at a cost of $1000.00 plus expenses
- All pre-conference workshop facilitators should be paid a modest honouraria
- Chief of Burrard Band should be given a gift of approximately $200.00
- Odin Books may make gift books available for others

Fundraising
- Need to make decision about whether we will pursue corporate sponsorship

Marketing/Distribution
- Advertise the conference through the use of a “postcard” advising people about the conference, including: when and where, and how to get more information
- Brainstormed a list of key sectors, professional associations, and organizations that we should target
- Getting information out through the use of a website would be ideal; e-mail distribution should also be considered

3. Clarification of Roles and Responsibilities of the Program Committee – Members requested some clarification regarding their roles as Program Committee members vis-à-vis the Organizing Committee. There was some concern that they were engaging in planning tasks that were more suited to the Organizing Committee and many wanted to reaffirm their interest in developing the Program. While the Program Committee agreed to provide input to the Organizing Committee as necessary, it was felt that this could be more efficiently accomplished (e.g. through the solicitation of written feedback between meetings or by striking smaller workgroups made up of volunteers with a specific interest or previous conference planning experience). Those who live in Vancouver, and those with previous experience at CASP Conferences might be particularly good resources to draw from. Jennifer to work with her colleague to develop a mutually agreeable strategy for the future.

4. Keynote/Plenary Speakers – Jennifer to prepare a letter to confirm the Keynote Speaker, for Thursday, October 12, 2000. Committee member has learned that J’s schedule as an actor makes it virtually impossible to book him this far in advance and recommended that we pursue someone else who may be able to make more of a firm commitment. Committee member suggested another Canadian First Nations’ actor who recently appeared in a movie.

5. Pre-Conference Workshops – Survivors, First Nations, and Crisis Intervention were proposed as the three pre-conference workshop areas at the previous meeting. Characteristics of the pre-conference workshops were discussed: approximately six hours in length, designed to be interactive and dynamic, facilitators would be paid.
6. **Emerging Conference Components** – Committee agreed to adopt the content areas and perspectives outlined by Jennifer on the agenda as a loose guiding framework for organizing the conference program.

7. **Development of Key Tasks and Timelines** – Jennifer agreed to prepare a timeline, outlining key tasks for the Program Committee for discussion at the next meeting. Another committee member has agreed to review the first draft before distribution to committee members.

8. **Additional members** – In order to assist us to better address relevant multi-cultural issues, two organizations have been approached about sending a representative to sit on the Conference Program Planning Committee but neither organization has indicated interest. A Chinese Crisis Line was recently established and it was suggested that they might be able to recommend a representative. Jennifer to follow-up.

9. **Next Meeting** Friday, January 15, 1999, from 11:30 a.m. to 3:30 at UBC