

'FRIDAY ... 21.03'

INTRODUCTION

The 12-minute DVD follows the last day in the life of Sarah. Through her thoughts we see her perception of life and how she believes that the only solution to her problems is taking her own life. The programme has been developed as a discussion leader and can be used in group debates and to support a range of training applications for teachers, counsellors and those working in Health & Social Care.

By its nature, it is a powerful story and one that can create an emotional reaction. Discretion should therefore be used to assess the potential response from your audience – our recommendation is a minimum age of 15.

Whilst the following notes provide information on this topic, we would suggest that if facts and figures are to be quoted that this data is regularly appraised and kept up to date. The web has many excellent sites to help you with this. Most of the sites listed below provide links to others and many include copyright free material.

- www.samaritans.org
- www.youthwork.co.uk
- www.selfharm.org.uk
- www.journeyofhearts.org
- www.thegoodwood.co.uk
- www.teenage-suicide.com
- www.psychnet-net.com
- Websites of Guardian, Observer and Times

Plus

- The Young Minds Parent Information Service – 0800 018 2138

The following notes provide examples of the issues that can be discussed. The comments in ***bold italics*** are quotes from the DVD that can be used to reinforce points you may wish to raise. A full transcript of the DVD has also been provided at the end of the notes.

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Only purchasers of the DVD are authorised to make use of these notes.

SUGGESTED PRESENTATION APPROACH

BEFORE PLAYING THE DVD.

If you are working with a group, you may want to outline a few key facts relating to the issue of teenage suicide, emphasising that some of this information will form the basis of discussion after watching the video.

- **After accidents, suicide is the second most common cause of death among young people aged 15 to 24**
- **Although suicide rates for the rest of the population are in decline, the figure for 15 to 19 year olds is rising.**
- **Approximately 300 teenagers commit suicide each year – 13 per 100,000 youngsters**
- **20% increase in young women over the past 10 years**
- **75% of suicides are by men, 80% of those are committed by men aged 15 to 24**
- **Suicide is extremely rare in children under the age of 14 – estimated 20 cases reported each year**
- **Every year suicide attempts account for about 150,000 UK hospital attendances**
- **The most common method attempted is poisoning with paracetamol.**

THEN PLAY THE DVD

After watching the programme you may want to use the following four open questions.

1) What issues do you think led Sarah to suicide?

a) Loss of father?

This may have been the result of bereavement or divorce. Whatever led to her father not being there, the impact was obviously traumatic and may possibly have been the initial issue that led to all the other problems facing Sarah. When Sarah first woke that morning her thoughts included: ***'No one listens. No one..... only Dad He's gone. Shut up, stop it. Think, think, think, think, think, think.....'***

And in the bathroom after the overdose, her final thoughts were: ***'Why aren't you here Dad?'***

The fact that her father is not around has also had a profound effect on her mother who inwardly feels she needs to allow time to heal the wounds caused by his departure. She also believes Sarah is coming to terms with this: ***'She's sorting it out in her own way..'***

Her mother also hints that she has had previous problems with Sarah's emotions, for example, when she received mail marked 'Mr & Mrs' she was very concerned that Sarah might see the letter. ***'Oh no not another one... 'Mr and Mrs Kent'.... Johns gone. I keep telling them... Johns gone. If Sarah saw this she'd.... I can't go through that again.'***

b) Being picked on by other students?

Sarah is obviously being subjected to what many would consider as bullying. Although she believes she is the only one being picked on we can see that others are also subjected to the group's verbal abuse. As with the young girl seen on the steps: **'Look who it isn't... nice pigtails... lard arse... keep running.'**

It is difficult to be know what may have prompted the group to act this way towards Sarah but the following may open up discussion;

- Sarah seems to be an easy target, she does not fight back or stand up for herself
- The recent loss of her father may have led her to become introverted and not join in with others thus becoming a potential victim

The other students may regard the way they act towards Sarah as just teasing, 'having a laugh'. Do you believe the group's actions are malicious?

c) Falling behind in schoolwork?

We get the impression that this recent lapse of falling behind in her work is out of character. Sarah is genuinely concerned that she is not up to date and seems determined to make an effort. **'I'll go home... Mum's out ... she'll never know.... I'll get some work done, get up to date...'**

But it is obvious that she cannot concentrate and blames everyone, including herself, for this predicament.

'Nothing done, I've done nothing all day... what am I going to tell Mum... I know it was the school that kept ringing... what the hell am I going to do...'

Even her mother asking her to do a few simple household tasks is seen in Sarah's mind as preventing her from being able to complete the schoolwork.

'Well I have actually got quite a lot to do Mum. I mean everyone gets so disappointed in me when I don't get the grades but how am I supposed to when I'm always doing the housework?'

d) No one to talk to?

Sarah potentially had several options but decided to 'bottle' it up and face the issues on her own.

1) Her Mother?

She could have turned to her mother but there was obviously a history there of previous problems now compounded by her father no longer being around.

We can see that her mother is concerned about Sarah's welfare but she is also going through a period of emotional strain. Her solution is to 'keep busy' and immerse herself in work.

'.... Leave it. Just get to work, get busy.'

There is considerable animosity by Sarah towards her mother. She seems to be blaming her for what is going wrong in her life and every time Sarah does not get her own way it widens the gap between them:

**'She doesn't believe me. If she cared she'd let me stay at home. Just can't talk to her...'
'I feel ill now. What makes it so hard for you to trust me?'**

Sarah does, however, know that she is behaving unreasonably and this was seen after the argument with her mother in the morning as she stormed out of the house:

'I didn't mean it..... Sorry, sorry, sorry..... I'm so useless.'

Her mother noticed that Sarah had a good relationship with her husband John and was trying to apply what she thought would be the best approach:

'Leave her, that's what John always said... he could get through to her ... get her to see sense... but she's not right.... Not eating.... Not sleeping.... She's so ... so different. We must talk... I'll give her a few more minutes...'

The irony is that she used her husbands approach to 'leave it' on the very evening that Sarah took the overdose.

2) Her friends?

Although we only meet one friend, it is obvious – even from this brief encounter – that Sarah puts on a brave face to the world: ***‘No, I’ve not done any work for ages. I’m terrible.’***
‘Never mind, I’m sure he won’t care.’

To all intents Sarah seems to be coping well. However, once the friend moves on, her thoughts betray some of the anguish she is going through.

‘I’d forgotten all about that work. What the hell am I going to say... I’m so far behind... I’ll never get it done...’

It is apparent that Sarah is not mixing with her friends and her mother implies as much when she says: ***‘You need to get out and get some fresh air.’***

Although we have no details, Sarah also confirms that her behaviour may have caused rifts with friends: ***‘I know I’m such a disappointment to you, to my friends...’***

It may be that her friends are also ‘giving Sarah time’ sensing that she is going through a difficult time. But is this the right approach to take?

3) Any others who could have been approached? Her teacher, priest, doctor, The Samaritans?

- What tablets did Sarah take? If they were antidepressants, could her doctor have provided more help?
- If her failure to keep up with work was unusual, should her teachers have spotted this and questioned why this was happening?
- Could Sarah have contacted a counselling organisation such as the Samaritans? All such organisations offer confidential assistance. Local organisations can be found in the Yellow Pages. The Samaritans can be contacted on 08457 90 90 90 – calls usually directed to the nearest local branch.

2) What outward signs were there to indicate Sarah was experiencing problems?

About 20% of young people show no signs of emotional or behavioural problems prior to a suicide attempt. They ‘bottle up’ their anxieties and their behaviour is totally unexpected.

About 20% are already facing serious problems. It could be with the police or perhaps major conflict with their family, friends or school or college. It is this group that is most at risk of multiple suicide attempts. Young people in this category may already be receiving counselling or medical help. Others may have resorted to drugs or alcohol as a means to escape their problems and it is these young people who have the highest percentage of suicide attempts resulting in death.

About 60% of young people would, probably for some time, have been showing signs of emotional or behavioural problems (examples listed below). Most would not have shared their concerns or may have been ignored as being melodramatic.

The point to remember is that about 80% of young people show outward signs that there was a problem prior to a suicide attempt.

The key fact in the introduction stating **'suicides under the age of 14 are extremely rare'** is primarily put down to the fact that those in that age group find it difficult to hide emotions and it is therefore much more apparent for others to see that something is wrong.

The key fact in the introduction that there has been a **'20% increase in young women committing suicide over the past 10 years'** has received considerable attention. The reason behind this is open to debate but a popular belief is that the pressure to behave/look like role models (actresses, models etc) and to be 'successful' may be behind these increased figures.

The key fact **'75% of suicides are by men, 80% of those are committed by men aged 15 to 24'** is also a fact worth considering further. Do young men have the same 'pressures' as young women? Do more young men hide their emotions believing it to be 'macho'?

***You may consider the above statements worth debating with your group.
What do the group feel could be the reason behind these facts?***

It should be emphasised that it is usually a combination of issues, often happening over a short space of time, that is the real problem and not isolated incidents. In Sarah's case, she displayed a series of signs that should have been acted upon either by her or by those closest to her. As these were ignored it was a relatively minor incident (Sarah's second argument with her mother) that provided the 'last straw'.

The following provides examples of what others should be on the look out for as potential outward warning signs.

Changes in eating habits:

Sarah was obviously not eating regularly and meal times were becoming an issue between her and her mother.

'Once you get up and have something to eat you'll feel better. You didn't have anything last night either..'

'Sarah, I think you ought to eat something; you're bound to feel ill if you don't eat something.'

'Don't bother cooking anything because I'm not hungry.'

The reasons behind such behaviour may be based around how the young person views their body and can develop into serious eating disorders but in most cases the loss of appetite is a temporary one – a symptom of anxiety – that passes once the problems causing the anxiety disappear.

Changes in character:

Sarah was very irritable and snappy with her mother even when her mother tried to compromise: ***'... anyway if you're not right later on you can talk to the nurse and you've got my phone number.'***

(As Sarah leaves in the morning) ***'It doesn't matter...'***

(Asking Sarah for help) ***'Do you think you could help me get dinner ready and tidy up or have you got something else to do?'***

Her mother made it clear that Sarah's behaviour was unusual:

'But she's not right.... Not eating.... Not sleeping.... She's so ... so different. We must talk... I'll give her a few more minutes....'

Changes in sleep patterns:

In the opening scene we heard how Sarah was not sleeping well at night. A sign most of us can relate to when we have something on our mind that is bothering us:

'Oh shit...what a night....again. I can't believe it.....another day to get through.....I just want to stay in bed.....I'm so tired, so much to do, I really..... Dear God stop my mind.....What am I saying?'

Most people going through periods of emotional stress are noticeably restless. They believe they are keeping busy but in fact are achieving very little, this compounds the problem further adding to the sense of unrest, creating a larger barrier to normal sleep patterns.

Major mood swings:

Although similar to 'character' changes, mood swings cover a wider range in that the person may appear to be 'normal' most of the time but suddenly go either into rage or depression at the slightest sign. Whilst sudden outbursts of tears are often seen in young people as they mature, regular bouts of such behaviour could be indicative that something is seriously wrong. Sarah shows a more sustained change of character but the conflict going on in her mind in terms of 'mood swings' could be seen after the first argument with her mum.

'I didn't mean it..... Sorry, sorry, sorry..... I'm so useless.'

Unfortunately these thoughts were not directed to her mother.

Ironically, a warning sign to look out for is a sudden cheerful change after a period of depression. This is often an indication that they believe they have found a way out – taking their life.

Running away:

In Sarah's case the obvious 'running away' was from her tormentors but she also did not want to confront her teachers or her mother and she probably 'ran away' from her friends as well. This inability to face up to life and responsibilities, or at least to defend your position, is often a way of saying 'what's the point' – a clear indication that the person is unhappy.

Loss of someone close:

We have already looked at how the loss of her father had a profound impact on Sarah but it is worth emphasising again that 'Loss' does not mean death. A divorce is a major disruption and can cause similar trauma. Likewise, a falling out with a good friend can make young people feel isolated and feel they have failed in some ways to maintain the relationship. Even the loss of a pet can prove to be a breaking point if the young person is vulnerable from other pressures in their lives.

The suicide of someone close to you, or even a 'role model', often results in unique feelings beyond those of just grieving and some of these feelings can add to the anxiety already felt due to the death. (See Question 4 – 'What do those left behind feel?')

Loss of self-respect:

A feeling of being worthless can lead to the decision that there is no value in staying alive:

'This is it isn't it... this is my life from now on ... nothing will change ...'

Sarah outwardly expresses ideas of low self-esteem:

'I mean everyone gets so disappointed in me....'

'Don't you think I've got any work to do? Oh no, because I'm so lazy and crap, aren't I?'

'I know I'm such a disappointment to you, to my friends, to everyone who's ever cared about me...'

She actually despises herself for what she feels she has become: ***'I hate you.'*** Such feelings of low self-esteem can manifest themselves in self-harm, a clear indication that the young person feels they need to be either punished (by themselves) or to show to others the strength of their anxiety.

'Loss of self respect' can of course also be seen visibly in terms of a lack of interest in hygiene or personal appearance. Both potential indicators of not caring.

Decline in academic interest:

We have already looked at how Sarah's problem of falling behind added to her state of anxiety. If not already covered, it is worth discussing with your group what they would have considered the best approach to take and who takes any responsibility.

Any major change that shows lack of interest where there was previously a level of commitment needs to be considered. Primarily this shows itself through an apathetic approach to school/college work but it could also apply to employment, hobbies/sports or even social events with friends or family.

Obsession with death, suicide, depressive subjects:

Many people go through periods when they feel depressed and lonely. They believe no one cares or likes them and that it would not make a difference if they were dead. For most this is a transitory state but for some it could lead to more damaging depression.

'... it's so unfair... no one else gets picked on... I get it at home ... I get it from them ... I get it from teachers It's not right. It's just not right. What have I done wrong?...'

'...you don't actually have any idea what I'm going through.'

As we have seen, these thoughts can manifest themselves in various ways but the 'obsession' aspect can often be seen in examples of writing, drawings or frequently becoming the topic of conversation. Sarah's manic doodles illustrate this point but she may also have been putting her thoughts down in essays or stories. Whilst such work may be completely innocent, it needs to be seen in context with other issues affecting the young person at the time.

It is always worth being aware if, for example, conversation often seems to sway towards 'dark' subjects or you notice a sudden morbid interest being taken in issues related to death (e.g. access to certain websites, books, magazine articles, television programmes etc).

Obsessive behaviour can also show itself in other ways. For example some young people become obsessed with becoming as perfect as possible and go to unreasonable lengths (not confined to eating disorders) to achieve their concept of perfection.

An increased dependency on drugs or alcohol

Young people use drugs and alcohol for several reasons. It may be peer pressure that led them into dependency or perhaps as simple as 'they feel great'. But it's when young people use drugs or alcohol to help them escape from their current situation that alarm bells should sound. We have already mentioned that more young people using drugs or alcohol are 'successful' in their suicide attempts than any other group at risk. Although this is primarily due to the inherent dangers of the substances they are misusing, it is also true to note that they will usually be in a weakened physical or mental state due to previous misuse.

Giving away items of personal value

This behaviour is indicative of young people who either see no point in retaining material items or want to hand over a memento. Although we saw no evidence of Sarah behaving in such a way, it is quite commonly found and is again an important behavioural change that should not be ignored.

Previous attempts or threats

Any actual attempt at suicide is obviously an indication of desperation and unhappiness. However, for most young people they really don't want to die. What they want is to be taken seriously, to show how strong their distress is and to get others to care about them. They get to the stage where they believe that the only way out of their predicament and to make their problems disappear is to kill themselves.

Key fact in the introduction:

Every year suicide attempts account for about 150,000 hospital attendances.

All young people who attempt suicide or harm themselves should have a mental health assessment before being discharged. If an overdose has been taken then a physical assessment, even if they look and feel OK, should also be carried out as the harmful effects of some drugs can often be delayed.

Although Sarah did not openly threaten taking her life, her disturbed state of mind was apparent and her mother's comments:

'If Sarah saw this she'd.... I can't go through that again. She's sorting it out in her own way.... Leave it.'

Implied a history of tension that may have included such threats.

3) What can you do to help?

- Be aware of the 'danger signs' mentioned above – they can be used to judge whether there is a potential problem.
 - Look out for changes in:
 - eating habits
 - character
 - sleep patterns
 - Be aware of major mood swings
 - Are they unable to confront issues?
 - Signs of loss of self respect
 - Decline in academic standards
 - Obsessive behaviour – particularly relating to death
 - Giving away personal possessions
 - Dependency on drugs/alcohol
 - Threats to take own life
- Encourage young people to talk about their concerns and when they are ready to talk, give them your undivided attention.
- Don't dismiss their worries as 'petty' or 'childish'. To them, these are major problems and they want help to resolve them.
- Do not lecture them, assure them that feelings of depression are common and can be treated.
- Reassure them that they are not alone; they have someone they can confide in.
- Always treat talk about taking their own life serious. Dismissing such thoughts with flippancy or anger may strengthen their resolve to prove they meant it.
- Try not to talk about how they plan to kill themselves. Such talk could firm up the idea even further in their mind.
- Seek professional advice – apart from the young persons GP, there are several counselling organisations professionally trained to assess and advise on the best way to handle the situation.
- If practical, keep drugs locked up.

Introduction key fact:

The most common method attempted is poisoning with paracetamol. Although counter sales are restricted, it is still one of the most dangerous drugs found in a typical medicine cabinet. One approach to consider is purchasing such tablets in 'blister' packs rather than in bottles. Getting the pills out of such a pack will take longer than swallowing from a bottle. Possibly long enough to get them to think again about their actions.

- If you witness a suicide attempt, don't leave them alone. Make sure all potentially dangerous items (sharp objects, medications) are out of reach and stay with them until assistance arrives.
- A suicide attempt should always result in urgent treatment.

4) What do those left behind feel?

A question worth asking the group is: ***'How do you think those who knew Sarah would react to her suicide?'*** The following emotions are commonly expressed:

- ANGER Why didn't Sarah confide in me?
 How could she cause so much distress?
 Now I've got no one
- GUILT Should I have done more?
 If only I'd have she'd still be alive.
 I treated her so badly; it's all my fault

As with most sudden deaths, the shock and confusion can be seen in swings between a wide range of emotions. One minute angry, the next full of remorse. For those left behind, particularly vulnerable and susceptible young people, counselling may be required as they may start to harbour their own destructive thoughts. This leads to another question for the group:

'Why might those left behind become susceptible to thoughts of suicide?'

The following reasons are commonly discussed:

- As a means of punishment – they believe they should either have done more or in the belief that they were the cause of the suicide.
- As a way to escape – unable to handle the trauma and deep depression caused by a sudden death
- As a 'copy cat' – perhaps thinking this could also be a solution to their problems or as an extreme way of mimicking a 'role model'.

Mother calls upstairs: **Sarah, it's 7.30**

Sarah: *(In bed, wakes up, we hear her thoughts.) 'Oh shit...what a night....again. I can't believe it.....another day to get through.....I just want to stay in bed.....I'm so tired, so much to do, I really..... Dear God stop my mind.....What am I saying? God's not going to help, no one is..... no one listens. No one..... only Dad He's gone. Shut up, stop it. Think, think, think, think, think, think.....'*

Mother calls out again: **'Sarah, it's 7.30.'**

Sarah: *(To herself) 'Give it a rest' (Then calls out) 'I know I do have a clock.' (Then thinks.) 'Always on my back, nag, nag, nag, nag...'*

Mother: *(Walks into room) 'Sarah, you're going to miss your bus.'*

Sarah: **'I don't feel well. I feel a bit sick.'**

Mother: **'Once you get up and have something to eat you'll feel better. You didn't have anything last night either..'**

Sarah: *(Thinking) 'She doesn't believe me...'* *(Then speaks) 'I've not felt that hungry lately, (Then looks at mother- thinks) 'If she cared she'd let me stay at home. Just can't talk to her...'*

Kitchen, mother is pouring out cereal for Sarah

Mother: **'Sarah, I think you ought to eat something; you're bound to feel ill if you don't eat something. And anyway if you're not right later on you can talk to the nurse and you've got my phone number.'**

Sarah: **'I feel ill now. What makes it so hard for you to trust me?'**

Mother: **'Sarah, don't be so sensitive. You need to get out and get some fresh air. Oh, by the way I'm going to be late tonight, if you could put out the washing and feed the cat...'**

Sarah: **'Mum, for God's sake! Don't you think I've got any work to do? Oh no, because I'm so lazy and crap, aren't I?'**

Mother: *(As Sarah goes to leave,) 'It doesn't matter...'*

Sarah: **'Yeah, see you later.'** *(Slams door and leaves.)*

Sarah: *(As she walks from front door thinks) 'I didn't mean it..... sorry, sorry, sorry..... I'm so useless.'*

Off bus, approaching school, friend runs up.

Friend: **'Hey Sarah, wait up. Thought it was you. Have you done that English assignment yet?'**

Sarah: **'No, I've not done any work for ages. I'm terrible.'**

Friend: **'I'm glad you haven't done it either. It was too heavy a weekend. I went to see my mate's band play. It was really cool. Like Steve was back from Uni so we all went up there. It was good but didn't get back till 4.00 in the morning... absolutely knackered. Just worried about my work.'**

Sarah: **'Never mind, I'm sure he won't care.'**

Friend: **'Anyway got to go.'** *(Friend leaves)*

Sarah: *(Thinks to herself) 'I'd forgotten all about that work. What the hell am I going to say... I'm so far behind... I'll never get it done...'*

Back home, mother gets letter and notices who it is addressed to

Mother: *(Thinking) 'Oh no not another one... 'Mr and Mrs Kent'.... Johns gone. I keep telling them... Johns gone. If Sarah saw this she'd.... I can't go through that again. She's sorting it out in her own way.... Leave it. Just get to work, get busy.'*

At School entrance, group are taunting a female student as she enters

Bullies: **'Look who it isn't... nice pigtails... lard arse... keep running.'** *(Girl carries on walking and shouts back : 'Shut up'*

Sarah: *(Sarah walks towards the bullies. Thinking) 'Oh no, not again. Please leave me alone.'*

Bullies: **'Oh look who it is now? Bloody hell, two in one go. Oh look at your little straps. Did Mummy put them on this morning? How cute.'**

Sarah: **'Can I get past please?'**

Bullies: 'I don't think so. Not after what you said about my mate the other week.'

Sarah: 'I didn't say anything'

Bullies: 'Oh yeah? Get a grip. You must have done.'

Sarah: 'Can I just get past please?'

Bullies: 'No... go around.'

Sarah: 'You're not allowed to ...'

Bullies: 'Aww! Will you get told off? Go on.' (*Taunted by group*)

Sarah: (*Sarah turns and leaves. We hear her thoughts as she walks away*) 'Why? Why do they do that? Why me?... I'm not going back... I'm not. I'll go home... Mum's out ... she'll never know.... I'll get some work done, get up to date... Maybe Monday they'll leave me alone let me.... No they won't... it's so unfair... no one else gets picked on... I get it at home ... I get it from them ... I get it from teachers It's not right. It's just not right. What have I done wrong?...'

16.38 p.m. – Sarah is at home, looking in mirror

Sarah: 'I hate you.'

Sarah: (*Scribbling on a notepad – violent drawings. Thinking*) 'Nothing done, I've done nothing all day... what am I going to tell Mum... I know it was the school that kept ringing... what the hell am I going to do?...'

17.52 p.m. – Sarah is crying on bed. Hears mother returning home.

Sarah: 'She can't see me like this...'

Mother: (*Calls upstairs*) 'Hello Sarah, can you come here a minute?'

Sarah: 'Coming.' (*Goes to bathroom and washes face.*)

In kitchen, Sarah enters.

Mother: 'Hello.'

Sarah: 'Hi.'

Mother: 'Do you think you could help me get dinner ready and tidy up or have you got something else to do?'

Sarah: 'Well I have actually got quite a lot to do Mum. I mean everyone gets so disappointed in me when I don't get the grades but how am I supposed to when I'm always doing the housework?'

Mother: 'Well frankly Sarah, I do a considerable amount round the house and I work full time.'

Sarah: 'There you go again. How crap am I? I know I'm such a disappointment to you, to my friends, to everyone who's ever cared about me but you don't actually have any idea what I'm going through.'

Mother: 'Don't you think I was young once too? I remember how hard it was.'

Sarah: 'But I'm not you am I?' (*Stands up and leaves the room.*) 'Don't bother cooking anything because I'm not hungry.'

18.31 p.m Sarah is crying in her room.

Sarah: (*Thinking and looking back at the day*) 'This is it isn't it... this is my life from now on ... nothing will change ...nothing... it's been the same for so long' (*Sarah gets tablets and goes to bathroom. Looking in mirror and thinking*) 'Why aren't you here Dad?.... Why?..... Why?'

21.02 p.m. Mother sitting downstairs, television is playing but she is not watching.

Mother: (*Thinking*) 'Leave her, that's what John always said... he could get through to her ... get her to see sense... but she's not right.... Not eating.... Not sleeping.... She's so ... so different. We must talk... I'll give her a few more minutes....'

21.03 p.m. Sarah in bedroom.