FROM "LIVING TO DIE" TO "DYING TO LIVE"

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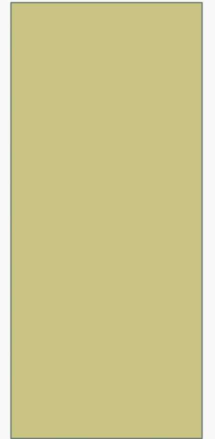


SUICIDE ATTEMPTS

- Underlying all theoretical understandings of suicidality is deep emotional pain or “psychache” (Selby, 2014; Shneidman, 1993).

RECENT TRENDS-A PARADIGM SHIFT

POMPILI M. (2018) **THE INCREASE OF SUICIDE RATES: THE NEED FOR A PARADIGM SHIFT**
WWW.THELANCET.COM VOL 392 AUGUST 11, 2018

- "A paradigm shift is needed that should focus the assessment of suicide risk on the centrality of the mental pain in suicidal individuals. (Shneidman ES. Suicide as psychache. *J Nerv Ment Dis* 1993; **181:** 145–47)
- Suicide risk is too often considered a symptom of a given disorder or disease, and a medical approach is taken to explain the individual's wish to die. However, as a complex, multifactorial process, suicide risk is generated over the course of several years via the developmental processes of the individual. (Turecki G, Ernst C, Jollant F, Labonte B, Mechawar N. The neurodevelopmental origins of suicidal behavior. *Trends Neurosci* 2012; **35:** 14–23.)
- Rates of suicide can only be reduced if resources are devoted to understanding the mental distress of individuals who are suicidal and by promoting effective connection with clinicians. Suicide risk is typically assessed with checklists, psychometric instruments (eg, Beck hopelessness scale, suicide intent scale, suicidal ideation questionnaire, reasons for living inventory), and clinical interviews. Such an approach, although important, does not necessarily promote empathic understanding of patients' negative and painful emotions. Getting in touch with how clinicians respond emotionally to the assessment of suicide risk in their patients could help overcome barriers.
- Many unmet needs exist in the care of suicidal people, and suicide prevention measures will only be effective if the subjective experiences of our patients are taken into account."

ROLE OF DIAGNOSIS ACCORDING TO LINEHAN (2008)

- "No compelling evidence that the disease model has led to effective interventions for suicide prevention"
- "treatments targeting suicide behavior have been much more effective than those targeting the underlying disorder."

QUALITATIVE STUDIES (NON-RSA SPECIFIC)

- Interventions Account for:
  - the individual's understanding of their attempts (Leitner et al., 2008);
  - The person's perceptions of themselves in the world, their future and their relationships to others (Bennett, Coggan, & Adams, 2002; Bostik & Everall 2007; Everall et al. 2006; Han et al., 2014; Paproski, 1997; Taylor, 2002);
- Identified as important:
  - Access to people who are available, supportive, nonjudgmental (Bennet et al., 2002; Leitner et al., 2008);
  - Providing skill development in the areas of understanding emotions and problem solving (Bennet et al., 2002; Han et al., 2014)

SEEKING CLARIFICATION AND UNDERSTANDING

- It sounds like you're experiencing a lot of pain, what are your thoughts about dealing with it? How are you managing to cope? Have you thought of ending your life?
  - **IF YOU DON'T ASK, YOU DON'T KNOW!**
- What is the difference between non-intentional self harm and a suicide attempt? How do you know the difference? How would I see/hear that it's different?
- What would suicide end for you? How would dying be helpful?
- How is NSSI helpful for you? What need does it meet?

CAREPROVIDER ATTRIBUTES

- Collaboration, respect, individualized approaches, and an inherent belief in the value of the suicidal person (Cutcliffe, Stevenson, Jackson et al., 2006; Gordon, Stevenson & Cutcliffe, 2014);
- The pain has been acknowledged and validated (Gordon et al., 2014; Samuelsson et al., 2000; Sun, Long & Tsao, 2014; Talseth, 1999).

3 C'S +

- Each session carries the underpinnings of:
  - Competency, control, choice
  - Keeping safer

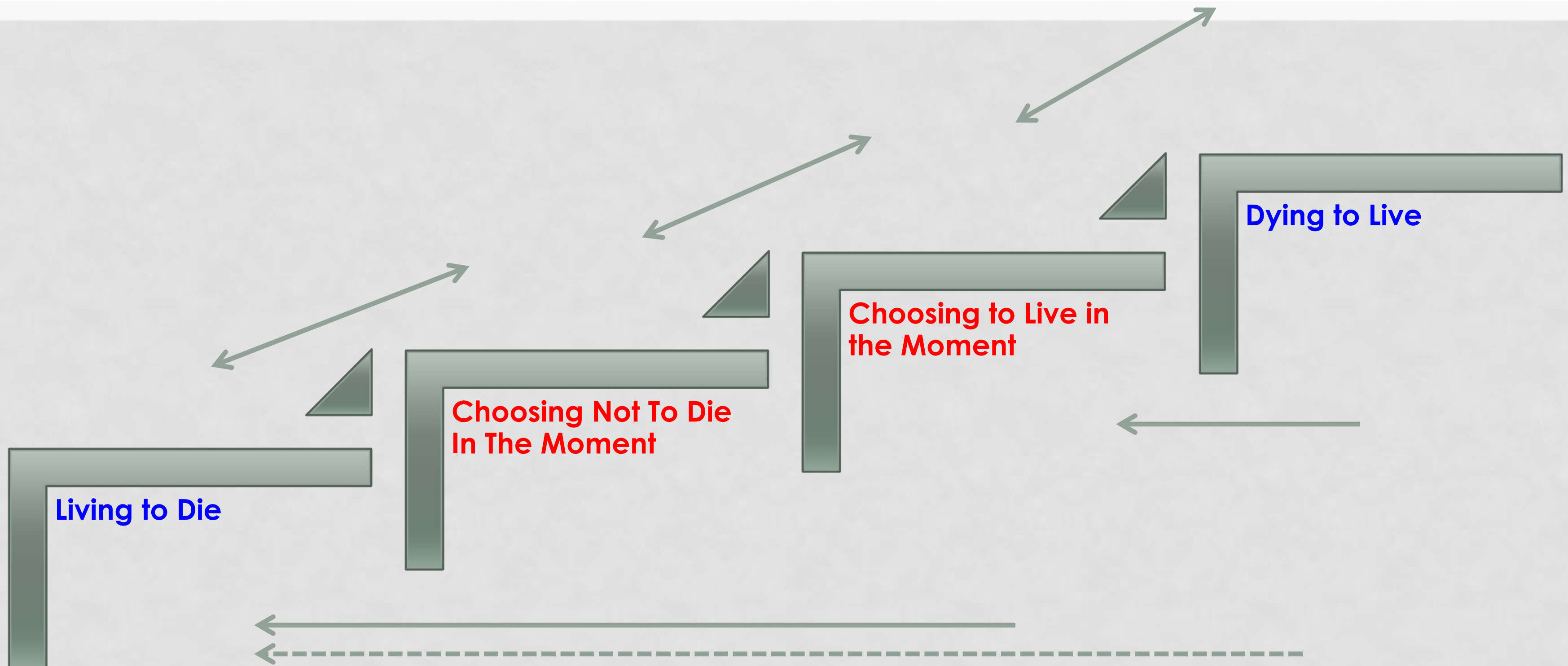
FRAMEWORK

- Suicide attempts are understood as a communication of the need to ‘end the pain, even if just for a moment’ (Dieter, Nicholls, Pearlman, 2000).

THEORETICAL UNDERPINNINGS TO BEGIN:

- "undifferentiated states of high emotional arousal…*unstoried emotions*—are almost always experienced as disorganizing, distressing, and frightening by participants" (Angus & Greenberg, 201, p.21).
- "naming an emotion integrates action, emotion, and meaning and provides access to the story in which it is imbedded" (Angus and Greenberg, 2011 p.21).

THE PROGRESSION



Surviving In The Moment
? A critical feature of RSA?

LIVING TO DIE

- Experience/Feelings
  - Great emotional pain.
- Thoughts/Choices
  - No future.
  - No hope.
  - “It will never end”.
  - “No one gets it”.
  - “I need to stop the pain”.
- Careprovider Response
  - Nonjudgmental support.
  - Eliciting understanding of the experience.
  - Validation and humanization.
  - Safety.
  - De-escalation.

RELATIONSHIP TO SUICIDE CHANGES: LIVING TO DIE

- Meaning of suicide and death were described in three categories:
  - "suicide as mistress"
    - A comfort; an inevitable outcome; or as a solution to an intolerable life to which there was no connection. "*Suicide was .. my mistress… it was my solution for all.* (15:100).
  - "to never feel again"
    - *"suicide would be to never feel it again…because it becomes so intense you know, …you just want to burst out of your own body um the emotion gets so high.." (2:461)*
  - suicide served as an identity,
    - *"I was going to die by suicide either by the time I was sixteen or by the end of high school and when you tell yourself that so many times it becomes so integrated, you know that you not only believe it but it becomes a promise to yourself and so every time I failed an attempt I wasn't just failing myself I was failing that promise you know which really became my whole purpose and identity" (13:220)*

Bergmans, Y., Langley, J., Links, P.S. & Lavery, J.V. (2009). The Perspectives of Young Adults on Recovery from Repeated Suicide-Related Behavior. *Crisis*. 30(3):120-127.

CHOOSING IN THE MOMENT

- Alone
  - *"I, I can't do this. I, I, I'm alone, I can't do this. No one really knows what I'm going through. I can't, I can't bear this burden any longer."*

CHOOSING NOT TO DIE IN THE MOMENT

- Experience/Feelings
  - Great emotional pain.
- Thoughts/Choices
  - This has to stop.
  - I can't do this.
  - Possibility.
  - Maybe if I….
- Careprovider Response
  - Nonjudgmental support.
  - What do you want to end?
  - Validation and humanization.
  - Providing a language of context and understanding the experience.
  - De-escalation strategies.

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CHOOSING NOT TO DIE IN THE MOMENT

- Reaching Out:
  - *"…I wasn't able to talk about any of those things nor was anyone I knew in my immediate universe able to talk about those things. … I think the biggest thing I still struggle with 100% is shame and stigma, like it's still a big- problem for me…"*
- A Common Language:
  - *"Knowing that when I wasn't safe, being able to come in here and say I wasn't safe, having people listen to me when I said I wasn't safe and that was basically all I could say at that point…When I'm able to say quite simply to somebody that I know speaks the same language and for me to say I'm not safe, I knew that he knew what I was saying. Whereas if I had gone anywhere else and said I'm not safe they might've just you know turned around and said you know what the hell are you talking about and thrown me back out."*

CHOOSING NOT TO DIE IN THE MOMENT

- Awareness, language, reaching out, courage:
  - *"So part of our vocabulary is me explaining how I was feeling and part of the vocabulary was I can't explain this so hence I want to end my life. So it was the double whammy of I can't communicate what I'm feeling plus my actions are really scarey to most people and we can't talk about it… I think it takes a lot of guts for a person to say if I'm feeling very depressed or I'm isolating or whatever, it would be really helpful if you did x, y, z; like that's a really hard conversation to have with people"*

SURVIVING IN THE MOMENT

- Early stage of transition
  - *"but I found a lot of the time I was kind of in a should I, shouldn't. You know like I need a reason why I shouldn't kill myself today and you know it's really looking like a good idea right now but I really need to know why I shouldn't do this right now. So I had a lot of internal discussion with myself you know okay this is my plan and I always had elaborate plans and I'd think (clears throat) for some things it was like well I can't do that right now …I'm going to come back to this thought because it's really sounding good to me."*

- successful navigation through crisis episodes in "*choosing not to die in the moment*" creates a foundational scaffold toward the possibility of "*choosing to live in the moment*"

SURVIVING MOMENT BY MOMENT

- Making choices about one's life and destiny on a moment by moment basis without a clear commitment to life or death.
- Characteristics:
  - uncertainty and fear of life, death and the future.
  - Two interlinked states: choosing not to die in the moment-choosing to live in the moment

TIPPING AND TURNING POINTS: AMBIVALENCE

- *“Awareness is a curse;“... it became a bit of a battle in my head for a little while…”* (10:332-335)
- *“I was kind of stuck in I was too scared to die and I was too scared to live so I was like in this like limbo area…and that really kind of you know really you know really screwed me up and the hurting became more severe like” (14:582)*
- *“ I didn’t know how to live and it suddenly I think scarier and harder to live than it is to die..and it (dying) was just all I knew…making the choice to live is going against everything you know …” (13:218;231)*

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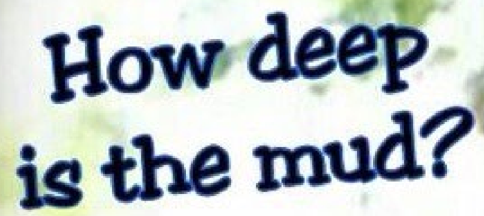
CHOOSING NOT TO DIE IN THE MOMENT

- Loss of the past; stuck in the moment, an unknown future:
  - *"I wanted all the noise in my head and the um crying and the inability to, to function, get out of bed, I wanted that to end. I wanted, what I wanted to be happy and active and the way I had used to be um but I didn't know how to get back to that so I had given up on that. I'd think oh I'm never going to be happy again. I'm going to live like this forever. Ah I don't want to live like this for the next 50 years of my life and it was just such a horrendous thought um that you know it, it seemed like a reasonable thing to do at the time."*



We all go through the
same stuff differently.

CHOOSING TO LIVE IN THE MOMENT

- Experience/Feelings
  - Awareness of pain emerging; not out of control.
  - Names of some feelings.
  - Awareness of agency and skill.
- Thoughts/Choices
  - "Uh Oh…."….Awareness/Agency
  - "This has to stop".
  - "I need to/can….."
- Careprovider Response
  - Nonjudgmental support.
  - Recollection and validation of past successes and current challenges.
  - Expansion of emotional literacy, understanding, skill development.
  - "striking while the iron is cold" (Pine, 1986)

CHOOSING TO LIVE IN THE MOMENT

- Need to have a base of successful navigation through crisis episodes in "*choosing not to die in the moment*" to create a foundational scaffold toward the possibility of "*choosing to live in the moment*".

MOVING TOWARD LIFE

- Awareness:
  - *"it was always about the behaviour … I wasn't looking at the reasons behind the behaviours and the foundations for them … I was acting out what I was feeling"* (13:901-905).
  - "..[I] *needed people to point out to me that I was not my depression…to start to realize it."* (13:678-679).
- Strategies:
  - a "*buffet*" (4:1958) of concepts, skills, insights, connections and awarenesses, unique to each client
- Connections with Careproviders:
  - *"Sincere…open" (2:922) "just having them listen" (5:561); "understanding" (6:69); " She was always up front and she was completely consistent"* (4:487)

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CHOOSING TO LIVE IN THE MOMENT

- Trapped and uncomfortable :
  - *"Well clearly whatever methods I've used weren't successful…so if that's my way of leaving the scene because things become too difficult …[it] doesn't even work. So um it kind of traps you in life (laughs) and then you have a choice which I guess I always had of making life worth living or finding another way [to end my life]."*
  - *"I mean behavior you can change, not always the thought processes is what I'm finding. … it's a big struggle and, … it becomes a bigger struggle after you have more insight…You figure out that dying isn't as easy as maybe you had hoped it was at the time and living is a little easier but it's still overall a lot of work, a hell of a lot of work"*

CHOOSING TO LIVE IN THE MOMENT

- Learn, repeat, teach:
  - *"… once I learned that… this too shall pass, … a feeling is just a feeling, … You say these things a hundred times over in your head enough times and that's when you learn … and then you go talk to your friends, family, your partner or whoever and help get them to help reiterate that stuff with you, … you gotta teach yourself …that's what's destabilizing...give a vocabulary to yourself and then help others learn the vocabulary and accept the vocabulary as well. It's a lot of work and it can be very…like you know…upsetting and sad…end points and high points."*

CHOOSING TO LIVE IN THE MOMENT

- Not Alone:
  - *"…when I could understand that people struggle with suicidality, that it's not uncommon, that people struggle with depression, that people struggle with thoughts of harming themselves, … it just wasn't me because for a long time I just thought it was me. … once I learned that there were folks walking with heavy boots all over the place then, I just felt like I could say to my friends, my parents, like ya know, I'm not a freak here."*

CHOOSING TO LIVE IN THE MOMENT

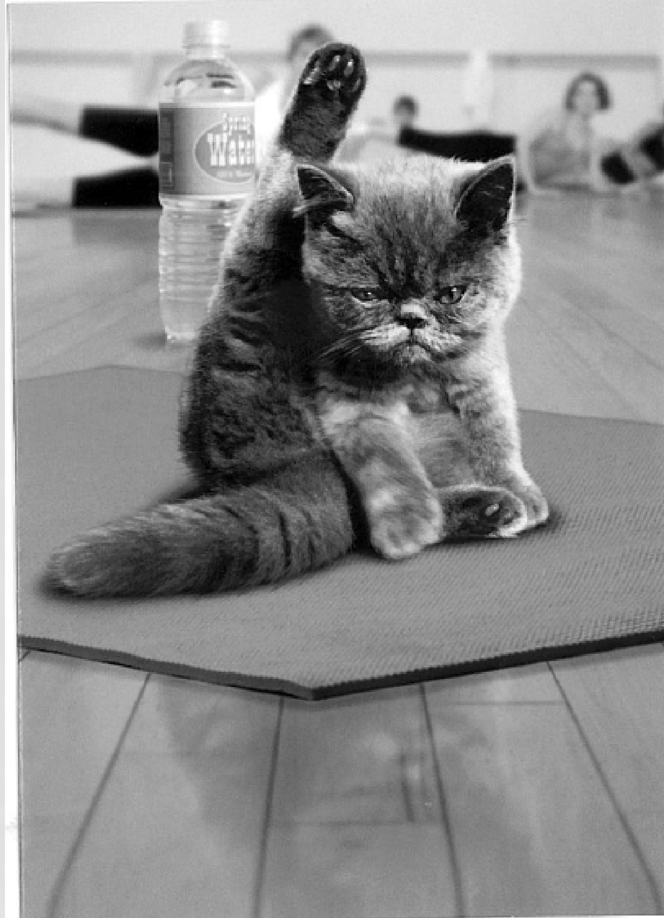
- Being met with compassion:
  - *"And he said well don't apologize, keep your dignity and just move forward. You've done something you shouldn't have done um but look at it that way, as something to learn from almost you know… Think oh crap I came that close did I really want to end my life…"*

SURVIVING IN THE MOMENT

- Common themes: language, skills, connections, awareness and understanding:
- multiple challenges in the the process.
- Ambivalence highly fluid, nuanced and requires intervention to be congruent with the present state:
  - Both a lifeline and torture whereby assumptions about intent and meaning cannot be assumed.
  - Atransient state with great fluidity
  - Development of language, vocabulary and understanding of one's own experience.
  - Skills to keep safer, people who will understand and support.
  - Shame, stigma, losses can be hurdles to overcome.

AFTER 40 WEEKS A CLIENT SENDS..

I meditate
I do yoga
I chant
…..
And I still want to smack someone!



DYING TO LIVE

- Experience/Feelings
  - Able to name current feeling(s).
  - Awareness of agency and abilities.
  - Awareness of vulnerabilities
- Thoughts/Choices
  - I can keep myself safe.
  - I know what to do.
  - I know who to go to.
- Careprovider Response
  - Support, validation, nonjudgment, challenge.
  - Insight and interpretation.
  - Continuation of development of emotional literacy and skill development.

DYING TO LIVE: THE PROCESS

- *"Pockets of recovery."*
- *"Having a heavy back pack and you take out one book at a time until you can carry it."*
- *"… fight the demons every day, so that you see tomorrow…step by step, moment by moment".*
- *"I have the skills and the agony."*
- *"I'm like a colouring book, black and white pages but every day I fill in another picture or a piece of a picture with colours."*

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SAFETY PLANNING

- **Early Warning Signs:**
  - Physical, cognitive, emotional, behavioural
- **Things I can do on my own to keep safe(r):**
  - Grounding, distraction, self-soothing
- **People who I can spend time with (or stay away from):**
  - Focus is not to discuss risk-movies, coffee shop, walk, etc.
- **People who I can reach out to when feeling unwell (or stay away from):**
  - Able to let me feel, cry, scream, be quiet, make tea.
  - Differentiate "doers" from "listeners"
- **Professionals I can reach out to:**
  - Therapist, counsellor, doctor, case manager
  - **Canadian Suicide Prevention Service: 1-833-456-4566**
- **Creating a safer Environment:**
  - Reducing access to means
  - Creating a safety/comfort box

Adapted from: Stanley B and Brown, GK (2008) Safety Plan Treatment Manual to Reduce Suicide Risk: Veteran Version
http://www.suicidesafetyplan.com/uploads/VA_Safety_planning_manual.pdf

CARE FOR THE THERAPIST

- Know your institutional obligations and restrictions.
- Document, document, document!
- Consult (yes, ask for help) when in the least amount of doubt.
- Have regular supervision.
- Know your “allies” and “team”.
- Know what helps you rest and restore for yourself…then do it! ☺
- Keep learning…

?????????????????????

THANKYOU!

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