An ACT approach to suicidal behaviours

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Introduction

One of the core conceptions of Acceptance and Commitment Therapy (ACT) is that experiential avoidance is at the heart of psychopathology and suffering (Hayes, Strosahl & Wilson, 1999). In ACT's view, suicidal behaviours can thus be conceptualized as the most extreme manifestation of experiential avoidance. In the presence of seemingly bad feelings, distressing thoughts, unwanted memories, or unpleasant bodily sensations, the person formulates an “I f . . . then” verbal relation in which suicide (as verbally conceived) will lead to relief, ceasing of suffering and similarly positive private outcomes (Chiles & Strosahl, 1995).

Suicidal behaviours are among challenging problems in clinical settings. Paradoxically, they are very few articles or publications solely on suicide within the ACT literature. Also, there is a need to extend ACT to new problems such as the prevention of suicidality. First, this poster provides theoretical views concordant with the ACT approach of suicide in relation to experiential avoidance. Second, it provides empirical review of researches that explains suicide as a coping strategy to avoid psychological suffering. Third, it discusses of the clinical implications of conceptualizing suicide as experiential avoidance behaviour.

Theoretical

From a theoretical perspective, several theorists see suicide as a way to deal with affects and cognitions. One of the most prominent is certainly Edwin S. Shneidman (1985) who defined suicide as an escape response in reaction to the introspective pain of excessively felt emotions such as shame, guilt, loneliness, fear or anxiety (or psychosis). For him, psychosis is a metapain (Shneidman, 1991). Emotions have to be judged as intolerable, unbearable and unacceptable to lead to suicide. Shneidman was influenced by Henry Murray (1938) who stated first: “what is suicide but a way to adjust to emotions”. Baumeister (1990) developed the “escape theory”. In this view, suicidal behaviours and various destructive behaviours are caused by a mental constriction where the individual escapes the self to avoid aversive self-consciousness. Along the same line, Dialectic behaviour therapy with borderline personality disorders view suicide as a learned behaviour in relation to emotional dysregulation (Linehan, 1993). In sum, several key figures in suicidology have conceptualized suicide as serving an emotion-regulating function.

Empirical

At the empirical level, first, some studies have found that the reason most often given for their act by individuals who have attempted suicide by overdose is to obtain relief from a painful state of mind (Bancroft, Skrimshire & Simkin, 1976). Second, studies made offenders and psychiatric patients in crisis have revealed that internal-based reasons (Holden & DeLisle, 2006), a construct much akin to psyche and experiential avoidance, were equivalent or superior to hopelessness or depression in predicting most of the components of suicidal behaviour (Holden et al., 1998; Holden & Kroner, 2003). Third, empirical literature suggests that the particular way in which self-harm operates to regulate emotions is through experiential avoidance (see Hayes et al., 1996; and Gratz, 2003). In short, some studies have shown that suicide can be seen as an experiential avoidance strategy.

Clinical

Suicidal patients have such a particular way of relating to their emotions, thoughts and feelings. In this fashion, the set of tools proposed by ACT might be efficient for intervening with suicidal patients. Although there is preliminary data on an acceptance-based emotion regulation group intervention for deliberate self-harm among women with Borderline Personality Disorder (Gratz & Gunderson, 2006), they is no ACT protocol solely on suicide yet. However, the efficiency of ACT have already been studied in DSM-IV comorbid syndromes that can lead to suicide such as drug and alcohol abuse, affective disorders, anxiety disorders, thought disorders, problems in social relationships and some physical health problems (Hayes, Pistorello, Biglan, in press).

There are several implications for intervening with suicidal behaviour as a method of experiential avoidance. First, it may not be necessary to alter the form called “suicidal behaviour” to change its psychological function (Chiles & Strosahl, 1995). It may instead be the client’s struggle to eliminate suicidal thoughts directly that leads to the sense of suicidal crisis. Second, there is no need to conceptualize suicidal behaviour as “aberrant”, it may be construed as relatively normal behaviour. This “symptom” is often associated with “mental illness” and can be replaced with a focus on alternative methods for either accepting unchangeable private experiences, targeting problem-solving efforts on things that can be controlled, or both (Chiles & Strosahl, 1995). Acceptance and mindfulness could be interesting powerful tools in intervening with suicidal patients. Third, ACT may be particularly well suited as a preventative intervention because it emphasizes on values-based and commitment skills. In suicide prevention, reasons for living is often used to intervene with suicidal patients to convey a meaning for life. In the same veins, Victor Frankl (1963) logotherapy emphasized on the meaning towards life to work with psychological pain and suicide.

Conclusion

It will be interesting in the future to see how the ACT approach will deal with suicidal behaviours theoretically, empirically and clinically. ACT theory and practice is certainly well suited to suicidal behaviours. The major account for ACT it this area would certainly be how it works through psychological pain and suffering. There view is very similar to Buddhism's conception of suffering as an inevitable condition of being human, As Shneidman (2001, p. 7) stated, borrowing Descartes formula: "I suffer, therefore I am".

References