

The background is a light blue gradient with several realistic water droplets of various sizes scattered across the surface. The droplets have highlights and shadows, giving them a three-dimensional appearance.

# CHRONIC SUICIDALITY

HOW IT IMPACTS OUR WORK  
AS CRISIS COUNSELORS

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# CHRONIC SUICIDALITY VERSUS ACUTE SUICIDAL CRISIS

- CRISIS IS TIME-LIMITED, AS WE HAVE BEEN TRAINED TO UNDERSTAND CRISIS
- ACCORDING TO OUR TRAINING, WHEN CAN WE EXPECT A CRISIS TO RESOLVE?
  - SIX WEEKS
- CHRONIC SUICIDALITY, ON THE OTHER HAND, IS ENDURING, JUST LIKE ANY OTHER ILLNESS WE HAVE KNOWLEDGE ABOUT
- CAN AN INDIVIDUAL HAVE BOTH, OR IS IT JUST ONE OR THE OTHER?
  - AN INDIVIDUAL CAN STRUGGLE WITH BOTH OVER THE COURSE OF A LIFETIME

# DEFINING CHRONIC SUICIDALITY..... IN THE WORDS OF REAL PATIENTS

- AN AFFLICTION WHERE A PERSON IS UNABLE TO SEE A VIABLE FUTURE, HAS A PERVASIVE THOUGHT PROCESS THAT OTHERS WOULD BE HAPPIER IF THEY WERE GONE.
- WITH THIS, THERE IS THE NOTION THAT THEIR PROBLEMS ARE IMPOSSIBLE TO SOLVE
- CHRONIC SUICIDALITY OFTEN PERSISTS DESPITE IMPROVEMENTS IN OVERALL WELL-BEING. IT CAN ALSO EXIST WITHOUT A FORMAL PSYCHIATRIC DIAGNOSIS OR WITHOUT OTHER PSYCHIATRIC SYMPTOMS
- THERE IS A DEEPLY HELD BELIEF ABOUT THE SELF THAT DEFIES ALL LOGICAL EVIDENCE
- THE WISH TO “NOT EXIST” AND SUICIDAL THOUGHTS OFTEN BEGIN IN CHILDHOOD
- WHAT DO YOU THINK IS THE AVERAGE AGE OF ONSET FOR THIS?
- AGES 5-10

# THE SUICIDAL WISH

- AN UNCONSCIOUS OR CONSCIOUS DESIRE FOR ONE'S OWN DEATH
- AS COUNSELORS, WE ACKNOWLEDGE THE CALLER'S PAIN
- WE ARE NOT THERE TO ARGUE THE WISH AWAY FROM THE CALLER...WE LISTEN TO THEIR STORY
- WE TRY TO SEE HOW THE CALLER ARRIVED AT SUICIDE AS AN OPTION FOR THEM
  
- WE EMPATHIZE WITH THE CALLER....THIS MEANS:
  - HONORING THE EMOTION BEHIND THE SUICIDAL DESIRE
    - MEET THE CALLER WHERE THEY ARE AT
    - MANAGE OUR EMOTIONS—NEUTRAL STANCE
  - SEEK TO UNDERSTAND FROM A PLACE OF COMPASSIONATE CURIOSITY
    - AVOID FIXING AND PROBLEM-SOLVING

## • DOES THE DISTINCTION BETWEEN ACUTE AND CHRONIC SUICIDALITY MATTER FOR HOTLINE WORK?

- YES, BECAUSE IT WILL HELP US DIFFERENTIATE WHICH REFERRALS TO GIVE
- IF SOMEONE SUFFERS WITH CHRONIC SUICIDALITY, THEY MAY INDICATE THIS BY THE FOLLOWING:
  - A KNOWN CALLER WHOSE MAIN PRESENTING ISSUE IS SUICIDE
  - A CALLER WHO SAYS THEY HAVE STRUGGLED WITH IDEATION, SUICIDE ATTEMPTS FOR YEARS
  - A CALLER WHO STATES THEY NEVER GET RELIEF FROM THE SUICIDAL WISH, EVEN AFTER YEARS OF THERAPY AND/OR MEDICATION
- IF YOU HAVE THE SENSE THAT THE CALLER IS CHRONICALLY SUICIDAL, THIS DOES NOT MEAN THAT WE ARE DISMISSIVE—IN FACT, IT MEANS WE HAVE TO EMPATHIZE MORE WITH THE SUICIDAL WISH (MORE ON THAT LATER)

# MORE ON THIS...

- THE SUICIDAL WISH CAN PERSIST EVEN WHEN OTHER SYMPTOMS ALLEVIATE
- SUICIDALITY CAN BECOME A LIFE LONG CONDITION
- SUICIDAL THOUGHTS BECOME A WAY OF LIFE AND.....
- SUICIDAL THOUGHTS AND PLANS CAN BECOME THE NORM FOR OUR CLIENTS (THINK OF SOME OF OUR KNOWN CALLERS)

# SUICIDAL BELIEF SYSTEM:

THOMAS JOINER, 2001

- CHARACTERIZED BY PERVASIVE HOPELESSNESS
- UNLOVABILITY- “I DO NOT DESERVE TO LIVE”
- HELPLESSNESS- “I CANNOT SOLVE THIS”
- POOR DISTRESS TOLERANCE- “I CANNOT STAND THIS PAIN ANYMORE”
- ACCOUNTING FOR ALL OF THE ABOVE, WHAT IS THE ONE ESSENTIAL ELEMENT THAT IS NEEDED TO CREATE A SUICIDE ATTEMPT?
- CAPABILITY

# THOUGHT PROCESS

- DO THESE CHRONIC SUICIDAL THOUGHTS CAUSE THE PERSON DISTRESS?
  - MOST OF THE TIME, NO
- IT FEELS LIKE THE SUICIDAL WISH HAS ALWAYS BEEN THERE
- BECOMES PART OF THEIR IDENTITY
- “IT FEELS LIKE I AM BETRAYING MYSELF IF I TRY TO EXPERIENCE JOY”
- RELATIONSHIPS CAN BE MORE PAINFUL THAN THE SUICIDAL STATE. WHY?
- BECAUSE THE JOY/CONTENTMENT/HAPPINESS IS NOT PART OF THEIR IDENTITY



# WHY EMPATHY?

- EMPATHY ALLOWS THE CALLER TO UNDERSTAND WHY SUICIDE IS ONE OPTION FOR THEM, BEFORE THEY CAN SEE ALTERNATIVE OPTIONS TO MANAGE THEIR PAIN
- THE PAIN CAN DISSIPATE WHEN WE, AS THE COUNSELOR, NORMALIZE AND EMPATHIZE
- THE COUNSELOR MODELS FOR THE CALLER THAT WE CAN TOLERATE THEIR SUICIDAL WISH
- BY DOING THIS, THE CALLER CAN BEGIN TO TOLERATE THEIR OWN PSYCHIC PAIN

# CRISIS RESPONSE PLANNING & WHAT HAPPENS AFTER THE CALL

- INCREASE CONNECTIVITY-HOW DO WE DO THAT?
- DECREASE CAPABILITY—HOW DO WE DO THAT?
- THE BIG “A” THAT WE NEED TO FOCUS ON WITH THE CALLER
- THE CHRONICALLY SUICIDAL INDIVIDUAL— RESOURCES AVAILABLE-----NEXT PRESENTATION BY NIMRA

# FURTHER READING AND SOURCES CITED

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