

An ACT approach to suicidal behaviours

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Introduction

One of the core conception 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 "if . . . 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 **extent 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 **psychache**). For him, psychache 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, certain 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 male offenders and psychiatric patients in crisis have revealed that **internal-based reasons** (Holden & DeLisle, 2006), a construct much akin to psychache 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 emphasized on **values-based and commitment skills**. In suicide prevention, reasons for living is often used to intervene with suicidal patients to conveys 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 humain. As Shneidman (2001. p. 7) stated, borrowing Descartes formula: "**I suffer, therefore I am**".

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