

Edwin S. Shneidman's Theory And Practice: Similarities With The Cognitive Behavioural Approach

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Introduction	Edwin S. Shneidman's theory or anodyne psychotherapy	Cognitive behavioural theory or psychotherapy
<p>Edwin S. Shneidman is a pioneer on suicide prevention around the world. He emphasised on a variable called psychache to explain suicidal behaviours. Psychache designates a psychological pain. It is defined as the introspective pain of excessively felt emotions such as shame, guilt, loneliness, fear or anxiety (Shneidman, 1993). When these emotions exceed a person's own tolerance threshold, the individual considers suicide in the aim of ceasing the suffering. According to Shneidman's theory, psychache is created by the frustration of psychological needs deemed vital for the individual.</p>	<p>Suicide is caused by Psychache or psychological pain (Shneidman, 1985).</p>	<p>Psychopathology and suicide are explained by affective, cognitive (and behavioural) variables.</p>
<p>While clearly influenced by psychodynamic concepts (including transference, unconscious process, and symbolism), Shneidman's approach to suicidal behaviours cuts across theories of psychotherapy (Ellis, 2001). When we look at it closely, his generic strategies and understanding of suicidal patients are similar to the ones used by cognitive behavioural therapists. In fact, Shneidman gives a key role to cognition in explaining suicide and intervening with suicidal patients (Jobes & Nelson, 2006).</p>	<p>Psychache is a metapain (Shneidman, 1989) or a metapsychological pain (Shneidman, 1991). It is the pain of excessively felt emotions (e.g., anxiety, depression, guilt).</p>	<p>In Wells (2000) cognitive approach, negative metacognitive beliefs affect the development and persistence of psychological disorders.</p>
<p>Cognitive behavioural theory had an central influence in suicidology and psychology. Aaron T. Beck, one of the founders, stated that hopelessness, a cognitive schema characterized by negative or pessimistic expectations about the future, is a catalytic agent to suicide.</p>	<p>The patient is in a state of perceptual constriction. Suicide is seen as the only solution (Shneidman, 1993).</p>	<p>Beck (1964) defines suicide as a response to a problem for which there is no solution. Suicide is thus caused by an impaired reason, a reduction of one's consciousness or a hopeless state of mind.</p>
<p>The objective of this poster is to provide insights on linking Shneidman and cognitive behavioural theories and practices. This is done by reviewing work on suicide and psychopathology from Shneidman's anodyne therapy to cognitive behavioural therapies (including the new approaches from "third wave"). The comparison was made on the basis on Shneidman's main assertions on suicide.</p>	<p>The conceptualization of the situation is essential. The situation needs to be interpreted as intolerable to lead to suicide.</p>	<p>For Beck et al. (1979) first cognitive therapy of depression, psychopathology (for instance depression), and suicide are based on the patient interpretation of events.</p>
	<p>The threshold to pain, or the ability to tolerate the pain, is crucial in explaining suicide.</p>	<p>The concept is similar to the distress tolerance skills used in dialectic behavior therapy with borderline personality disorders (Linehan, 1993).</p>
	<p>The psychological pain must be evaluated as unacceptable to increase suicidal risk.</p>	<p>Albert Ellis (Ellis & Ellis, 2006) techniques use unconditional self-acceptance (USA) to diminish emotional perturbation. Also, the new « acceptance » therapies, some based on bouddhism psychology, teaches us to accept the suffering (Hayes, Strosahl, & Wilson, 1999).</p>
	<p>Suicide is a way to escape the pain.</p>	<p>Acceptance and commitment therapy claims that psychopathology (and suicide) occurs primarily because of experiential avoidance (Hayes & Strosahl, 2005). This is familiar to the emotional dysregulation observed in personality disorders (Linehan, 1993).</p>
	<p>Psychological needs are of great importance in Shneidman's theorizing and intervening. In his perspective, the personality is shaped by psychological needs, and the frustration of these needs creates psychache.</p>	<p>This view is in a lot of aspects similar to schema therapy, an integrative approach that explains personality and psychopathology (Young, Klosko & Weishaar, 2003).</p>
	<p>Shneidman's approach can be understood within the framework a diathese-stress cubic model. With the concept of psychache, perturbation and press are predictors of suicide (Dionne & Labelle, 2005 ; Shneidman, 1992).</p>	<p>A "suicidal mode" was described and applied by Rudd (2004) on suicidal behaviours based on Beck's (1996). A mode is defined as an organizational unit that contains schemas, and as an integrated cognitive-affective-behavioural network.</p>
Conclusions		
<p>In sum, when we search for articles that link Shneidman and cognitive behavioural therapies in databases like <i>PsyINFO</i>, <i>Medline</i> and <i>Current Contents</i>, very few articles can be found. Also, no references are made between both Beck or Shneidman in the literature. Paradoxically, even though they are some differences in their orientations and methods, a lot of similarities can be found in Shneidman's and cognitive behavioural theories and practices. It is thus interesting to find that these approaches had come to the same conclusions about suicidal behaviours and their interventions are much alike.</p>		
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