

D5 af deconst suic

T(herapist): So you've been having some suicidal thoughts. How close have you come to actually doing something?

P(patient): Not very close, but I think if I had a gun...not that I could get one, but...

T: You would do it?

P: I think so.

The therapist's countertransference involves an urge to provide the patient with something to make her feel better, e.g. reassurance, medication, insight, etc. However, one of the written expectations of DDP, set at the beginning of treatment, is a commitment to keep oneself safe. So this patient's statement that she would shoot herself is a direct violation of that commitment.

T: Then you shouldn't be here in treatment. You know, this treatment is about becoming integrated and differentiated as a person. And, you know, depression is an important part of the work and if you are not committed to the recovery process then you shouldn't be here.

Instead of acting on his countertransference to provide something to the patient, the therapist employs experiential challenge. Experiential challenge disrupts the dynamics of the Guilty Perpetrator State, where patients see themselves as hopelessly bad and their therapists as well-intentioned, but ineffective.

P: Well, I don't have a gun.

T: But that's not keeping yourself safe and remember one of the expectations we have is that you keep yourself safe. And that means if you have a gun and feel like shooting yourself, you get yourself to the hospital and get admitted.

The therapist makes another challenge, reminding the patient about her prior commitment to keep herself safe.

P: What are they going to do?

The patient is not yet responding to the challenge, but clarifies her expectation that any help she receives will be ineffective.

T: They'll keep you safe.

P: Would you want to live like this?

The patient is presenting a trap and a Catch-22. If the therapist responds affirmatively, he is confirming that suicide is the best option. If he responds negatively, then he appears unempathic, not understanding the depth of the patient's suffering. The therapist feels pulled to reassure the patient, e.g. "Just hang in there, things will get better." However, reassurance would simply enact the Guilty Perpetrator State and would again come across, paradoxically, as unempathic.

T: Well, you have to decide that for yourself. I'm not here to see you into a completed suicide. I'm here if you're serious about recovery. And in the last few weeks I've seen you more constricted. And I know you come up with all sorts of reasons for that... 'I'm afraid, I'm this, I'm that.' You have been going to your group therapy, which is wonderful, but then you didn't show up last Friday and you've been talking about cutting down the frequency. And you know, you can do that or you can make a decision to move on with treatment and recovery. It's that simple. You could be bringing in your dreams; you could be exploring relationships, exploring your drinking. There are all kinds of things you could be bringing up. But you are making a decision not to make use...

When employing experiential challenge, the therapist should always present a choice between continued illness and recovery, while remaining neutral between those two options. In this way, the locus of conflict shifts from external, between the suffering patient and the ineffective therapist, to internal, e.g. "Should I participate in treatment or shouldn't I?".

P: I'm coming here asking for your help.

The patient continues to display dynamics of the Guilty Perpetrator State, where the therapist is an ineffective rescuer and she is beyond redemption. However, there is a touch of angry accusation, suggesting that she may be starting to shift towards the Angry Victim State, which is easier to deconstruct. Despite this shift, the therapist elects to provide another challenge.

T: But that's not the therapy. One thing we talked about at the beginning was that in order for this therapy to be helpful, you have to be an active participant. The one thing that doesn't work is for you to sit back and say, "Cure me".