

WORKING WITH SUICIDAL CLIENTS

by

Albert Pesso

The metaphors and imagery that I use in this article are what I keep in mind as background when I work with clients who may be suicidal, have had poor early rearing experiences and possibly toxic intrauterine history. Experience with people of diverse cultures and from many countries has led me to believe that the metaphors used below are useful, applicable and perhaps even archetypal. For many clients these images are meaningful and believable on the emotional level. With those clients who are not traditionally religious, I replace the term god with other similar concepts such as the cosmos, nature, the void, Buddha, etc. Those readers who are put off by religious terms may feel free to replace them with their own terms and images which carry similar meanings.

Before we are born, when we are pre existent and not yet alive, we are in the arms of God. There, we are immersed and embedded in bliss and one nests that provides total pleasure and security. There, we cannot die, for we are not yet alive; we cannot be hurt, for we are surrounded by safety and power; we cannot be lost, for we are not separate beings.

To be drawn away from God, to be willing to live on another level, on earth to be born into flesh and reality we must be led with sweetness and good tasting things, like those found in God's presence: unending love, warmth, security and blissful feelings. Why else should a child soul be willing to come to earth and be alive, if life will not be as attractive as being in heaven with God?

The uterus is perfect as the heaven earth bridging vessel. It provides the closest approximation to the experience of being sheltered in the warmth and loving ness of God. Embedded in the warmth and closeness of a fleshly, child longing, mother (whose uterus, might in fact, be the earthly equivalent of God, and provide, perhaps, the original experience out of which images of God are created), the soul hardly notices that it is now on earth and no longer with God in heaven.

After the child is born, the arms, hearts and fond gazes of the parents have to sustain the effect of the sweet, loving embrace of the uterus. The parents must let the child know that God also lives in their hearts, their arms and their gazes for what else has the child known but that, and she will miss it and long to return to it in heaven with God, if it is not found and experienced on the living plane.

These metaphors and images have clinical application, for if the client's experience of the uterus in her original history has been foul, and the arms and hearts of the parents rejecting, the client longs to go home again to where things were right and good tasting. In her emotional center, she knows she is not in the right place. Souls know what it is they have experienced and what is their birthright. They long for the comfort and pleasure that was before life and they struggle to find ways to return.

Children who have had illness at an early age, one month to six months, and who have had to be separated from their home and placed in hospitals, have a rather stereotypic response to this circumstance. The near death experience seems to separate them (their souls?) from their bodies and keeps them from trusting and relating to their parents, especially if the illness they have suffered is life threatening. It is as if they have come close to death, and by implication, God, and have become, consequently, that much less connected to and invested in earth and living. They seem to be less interested in the real world and seem to be somewhat far away and longing for some other place that seems more ultimately and legitimately real than they find themselves on earth. Such children, when they have become adults and have not yet overcome the effects of this early trauma, tend to be dreamers, fantasizers of other worlds, pray-ers to God. They are fascinated with other worldly topics, alienated from ordinary experience, and show other such signs of cathexis to something and someone other than ordinary, living people and places. They speak of never feeling at home, either in their bodies or in the houses and cities of their upbringing.

It is as if their transition from being in the arms of God to being in the arms of their parents has been disturbed and they land somewhere in between. They are not fully in the arms of God, yet they seem always to be yearning for and closer to God than to people. And in the past, they were not fully in the arms of their parents, for their parents typically describe them as aloof and unwilling or unable to let them become close and intimate with them. They long to feel intimacy, trust and lovingness with people, but seem never to fully be able to accomplish this step.

During the time of illness, when life is almost gone from them, when they are struggling to remain alive, they found no familiar face to turn to, only strange nurses and frequently, no one at all. The infant child, at those times, turns to something within itself, or to something transcending itself, that can sustain it. Such children become, without even noting it consciously as adults, extremely religious. This is especially hard to discern if the person is not raised in an orthodox religious setting. However, such people, when asked further, will usually recall extended, important periods in their lives when they were active in something like meditation and communion with nature, or some other such activity of intense connectedness to something not human, on a level that is never matched by their human contacts.

Here, I am describing children and people who survive these traumatic events. Those who do not, having found insufficient symbols of God in their survival seeking process to enable them to stay alive on earth simply succumb to the temptation and necessity, to them, of a return to God. Such unfortunate children may simply die.

The child's developmental needs must be met by figures outside the self. When a child survives a life threatening situation totally alone and separate from his parents, he learns too soon to depend upon himself and his own resources. Instead of it being the ideal parents inside himself who have taught him how to nurture, support, protect and limit himself, he has had to inflate the interior outlines of what the ideal parents should behave like, into the very figures themselves. He has had no exterior models for the internalization of positive forces. He becomes self reliant too early. Thus, no one outside is invested with trustworthy value. He becomes his own object, his own caretaker, his own "other". He tends not only to move toward God but to become identified with and indistinct from God itself.

The difficult task, then, arises of how to bring that person back to the possibility of trusting others as God containers and not only himself. For if this does not happen, the child will never be able to trust outside himself and remains a separate, isolated, world apart waiting till literal death for feelings of connectedness and communion.

The way back is to find the symbols and images of what it is that the child turned to, whether it be light, sky, moon, clouds, water, or whatever. Then a way must be found to have the child (living now in the adult client) dialogue in a believable cathected way with those symbols. Without those symbols brought to life in a structure the client will always remain removed from intimate contact. That is why the symbol of death is so important. For there, in death, they project that symbol and hope of final homecoming, peace and connectedness.

Clients who are suicidal, depressed and living miserable lives, don't want simply to be not alive they want to feel once again the pleasure that they sense was once theirs. They anticipate the end of pain in the end of life. They long for the peace to be found when they are dead. They no longer anticipate that life and living will give them what they yearn for. They are moving away from life and looking towards death.

With such clients, I sometimes permit the act of symbolically dying in a structure as a way to apply the energy of the impulse behind the suicidal wish toward a good therapeutic outcome. Of course I don't encourage such patients to literally kill themselves, nor do I wish them to look upon the act of symbolically dying as a rehearsal before really killing themselves. In no way do I reinforce the literal suicidal inclination, for I believe in life and don't want them to give up hope in life. But, by only blocking the suicidal wish, or encouraging such suicidal patients to hold on, we as therapists may not be successful in either keeping them alive or improving their lot in life. Especially if the suicidal wish in the client is strong and her daily feelings miserable and unhappy to the extreme. It comes down to having fundamental trust of the energy in the body as the source of healing, even if the energy of the body seems, on the conscious surface level, to be moving toward the embrace of literal death.

The PS intervention for those suicidal clients who wish to beat themselves to death, rather than simply longing to fade away and die, is to block the blows from landing by providing limiting figures who hold the client's arms, so that the blows do not land on her body. Such clients are in the throes of self hatred and loathing and are not so much longing for peace as being in the midst of the force of anger and hate turned in. Or they are following the requirements of the guilt process which turns them against themselves, for the crime of having unacceptable feelings. Offering the possibility of symbolic death to those self hating clients is not recommended. I will attend to the PS method of working with this kind of client in another paper.

The intervention that I am presenting now, is for those clients who are not so angry or guilty, but depressed and impoverished in their history of satisfying contact with parental and parent surrogate figures.

When given the freedom, choice or possibility of symbolically dying, these clients will generally do something like, "giving up", or "giving in", or whatever it is they imagine dying to be like. When they have "done" it, to "die" or whatever they need to do to give up life, they may end up lying down, curled up on the floor, or wrapped up in a blanket. I have come to notice that whatever mode they choose, typically presents a body posture that is reminiscent of intra uterine existence, early mothering, or some expression or symbol of embeddedness.

The effect of the submission to the idea of finally letting go holding on to life as they approach death, with the anticipation that the end of pain is to be found there, is dramatically visible on their bodies. Pleasure and relief suffuses through them, just as their unconscious conditioning taught them to expect.

Usually tense and uneasy, they go limp, their breathing becomes quiet and relaxed, their faces light up with the first outlines of satisfaction, relief and pleasure.

In this expression of symbolically dying, the high energy in their bodies is released as action. PS procedural techniques demand that action must always be followed by an interaction (Energy Action Interaction are the first three steps in the PS structuring sequence of self becoming) so the client is then asked to choose someone to role play whatever, wherever or whoever it is that it is they are with, now that they are dead the cosmos, Buddha, nothingness, death, void, God or whatever. This PS structuring process makes their symbolic death interactive and not isolated and solitary, and thereby provides the therapeutic possibility that they can have a dialogue with that figure that represents the place where death brings them.

When they are overcome with feelings of relief, the client may say things like, "Finally, peace it feel such a relief, so good", etc. That allows the role playing figure to say, "You can feel peace and relief with me." Thus the client is in a position to experience that this relief is a function of a relationship and not simply the consequence of dying as a solitary experience.

The client is permitted to stay in this condition for as long as they like. For they are finding the kind of peace that has eluded them in their image of what life has had to offer. Only the symbol of death, for them, permits the possibility of relief and pleasure. Only there, in the midst of death, do they expect to taste the sweetness of safety and love. Yet, what is death but that aspect of God that is overseer to that which is not alive, whether it be dead things or non living things. God oversees life and death for God is on both sides and is neither dead nor alive, in the common sense.

As the client stays within this image of having died, (which includes the expectation of eternal safety), the relief, good and pleasurable that they feel in their bodies, (perhaps for the first time in a very long while) may come as a surprise to them. For they may have thought, till now, that such feelings had been literally dead for them.

And, once there is pleasure from literal life flowing in their veins and felt coursing through their bodies, they become interested and curious about actually living. For a function of life is to want to go on living, if it is sufficiently pleasurable, and to feel, to know and to understand life. This new sensation of pleasure puts them into conflict, because if now they choose life, why should it be different than it was immediately before? Won't it soon become, once again, horrible, black and bad tasting, as their lives, till now, have been?

At this juncture, I help them construct a loving God, who may say something like this, "I shall keep you here with me and shall not let you go back to earth unless and until I find the exactly right mother and father whose life I shall place you in." Then God, perhaps with the help of angels, would carry the client to the Ideal Mother and place him in her uterus.

If the client's actual mother has not been loving, or had not wanted to be pregnant with him, the client, might resist the notion of being in any woman's uterus, all women being generalized as unloving and uncaring. Such clients may be offered a kind of way station to the Ideal Mother by being placed in the scrotum of the Ideal Father, who promises not to ejaculate him until he finds exactly the right woman to put him into. Then the client can curl contentedly in the embeddedness of his image of that condition, in the same manner he might have in the arms of death or God.

Slowly, such clients do choose to be carefully placed into the loving lives of the Ideal parents (either in this or subsequent structures, following the processing, reviewing and handling of the negative experiences the client found in his original family early history). But first the search must be made in earnest, for the exact qualities the couple should have. God seriously goes about searching, avowing that the client would never be allowed to fall into the hands of the wrong people. And that only those, who have his God like quality of loving and caring, would be chosen. (If the client is one who had been placed into the scrotum of a loving Ideal Father, then it is he who would do the searching for his Ideal Wife, who would become the Ideal Mother for the client)

The pleasure that the client has found in the image of God embracing, caring and loving, while searching, provides a new platform for earthly existence on the literal, sensate level. The juices of good feeling, flowing once again inside the client in association with his image of God, provide the hope that such feelings can be also experienced in his images of living people and Ideal Parents for after all, he in fact is feeling good with living people, for it is not God that is holding him, but a living, supportive group member role playing the client's image of God.

Slowly, and with sweet tastes, the client can be brought into contact with the Ideal Parents, with images of being embedded in the uterus of the Ideal Mother, including, if necessary, his picture of God overseeing and somehow validating and blessing the fact of the Ideal Mother's containment and incorporation of the God like qualities in herself. Thus, there is no cessation of the continuity of God's loving embrace, only a transition in images from one form of loving to another. From the God like unearthly form, to the well inspected and well tested, living and earthly form.

It is acknowledged that the client's real life history has been painful and therefore, the return to life, from death and God must be re approached with great care, minding that no diminishment of God's love will be a consequence. For if there is disruption in any of the transition moments, it might appear to the client that life still remains unsafe and only death and literal contact with God will be the dependable route to peace.

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