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Review Article

A Non-Cartesian View of Suicide and Suicide Prevention Intervention

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Abstract

In this concept paper it is argued that suicide conceptualization is split into two knowledge systems: the causal system of suicide analysis, and the intentional system of a suicide act, and that these two cannot always be connected. We propose that formulating a non-Cartesian view of suicide and suicide prevention would help in overcoming this problem. The suggested conceptualization of suicide as a goal-directed process of actions and projects and a method of analysis and of intervention are pointed out as a possible way of responding to this challenge. This approach allows us to understand and describe the past suicide processes beyond the terms of statistical causality, as goal-directed processes for the purpose of clinical suicide prevention and also to design and outline contingent interventions. A novel element in clinical suicide prevention is the video-playback and self-confrontation-interview.

Keywords: Non-Cartesian model; Suicide; Suicide prevention; Action; Self-confrontation

Introduction

A non-cartesian view of suicide and suicide prevention intervention

Research and theorizing on suicide and suicide prevention in the second half of the last century became a strong theoretical and empirical field in its own right [1,2], as well as a professional discipline [3]. However, regardless of the differentiation of our knowledge of these processes and the accumulation of the research results, the conceptualizations of suicide processes differ und the results of suicide intervention studies are often tentative [4=6]. We conclude that this state-of-the-art asks for additional conceptual and empirical reconsiderations and many of the unspoken assumptions require explicit reformulation. It is within this view that we suggest that suicide and suicide prevention conceptualization still wait for satisfactory models that would provide reliable explanation and lead to more than promising intervention results.

Reviewing studies on suicide, conceptualizations of suicide and suicide prevention programs [7], we find, on the one hand, scientific empirical analysis of multiple suicide causes containing the sociocultural, psychological, psychophysiological and neurobiological realms of variables providing complex explanatory causal models [7-9]. On the other hand, we find suicide intervention programs prescribing certain actions of the counsellors and therapists leading to cognitive-emotional and behavioral changes often traceable in neurological processes [10,11]. In addition, the common sense and the scientific thinking on suicide contain the notion of suicide intent, thus indicating that suicide is sometimes seen as a caused event or as intentional behavior. These two explanatory knowledge systems, the causal system [12] provided by suicide analyses and the intentional system [13] are often not well inter-connected. The attempts of seeing reasons and intentions as causes [13,14] are not always convincing [15], be it because the notion that intentional, willed behavior is an illusion [16,17] is often felt not to be satisfactory [18]. The question is: Is there a way to unify these discordant views into an approach a practitioner could adopt for her work, linking the everyday professional experience with clients and patients, the research data and the backdrop assumptions of the suicide prevention intervention programs? The distinction between type and token causality does not solve the problem in a satisfactory manner, as some argue that they are of a similar kind [19].

During the last 25 years we have been studying suicide processes as well as suicide-related intervention [20] we have reached a number of insights leading to an alternative conceptualization of suicide processes and suicide prevention [21-24]. These go beyond adding variables to causal models of suicide development or proposing additional technique for suicide prevention. We have also been studying counselling processes and their conceptualization [25,26], as well as the general conceptualization of everyday human behavior [27,28]. In these studies, we learned to appreciate the conceptualization of human goal-directed action not only as a way of understanding and conceptualizing everyday behavior [29,30], but also as a way of understanding suicide [31,32] and suicide prevention [33]. We would like to add that this view also facilitates the understanding of the professional scientific discipline addressing social and psychological aspects of human life [34,35].

Before dealing with a suicide act and explicating that a goal-directed action view of suicide is more than assuming a suicide goal, it is important to clarify the discrepancies between causal scientific analysis and intentional behavior for the purpose of describing suicidal behavior.

Causal analysis and intentions

Responding to this challenge we could start from a very broad and general proposition: According to the prevalent cultural narratives in the western world we can distinguish between the "creation narrative"

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and the "revelation narrative" [36,37]. It has been suggested that this differentiating helps and enables the Western world to engage in secular science and secular society within its cultural-religious tradition. Buddhism teaches us that these processes are happening all the time anew. Transferring this thinking into thinking about human behavior in a secular context, we could conclude that when dealing with human processes it is possible to distinguish between causality of our past and the intentionality of our future actions. Thus, in suicidology it would allow us to distinguish between the causal analysis of the already occurred suicidal processes and the intentional action targeted in suicide intervention processes. Consequently, we do not have to eliminate intentionality and-goal-directedness from suicide behavior, nor do we have to claim that action is an exclusively causal concept. In this context it might be helpful to remind ourselves that a statistical causality is not identical with the philosophical causality. Based on these assumptions, we contend that it is necessary to take a non-Cartesian view [38,39] of suicide and suicide prevention. We suggest that it is useful to review the model of suicide as a goal-directed action [40,41] in this function.

Non-Cartesian concept of action

Upholding this view would help us in taking out the model of goal-directed action from the causal frame of reference and assume the consequent process approach to action conceptualization. Such a conceptualization does not separate an agent with cognitions leading to behavior in response to the environment [42], but it is a relational (person-environment) unit of goal-directed action in which systemic processes of goal- steering, social control and affordance-regulation are at work [43]. Any action or longer-term goal-directed processes such as project or career are "...composed of anticipations of a future and retentions of a past" [44]. Action consists of enacted cognition and enminded behavior [45,46]. In addition, assuming a systemic sequential- hierarchical order of an action and its integration into a similarly ordered project provides an answer to the findings generated by neuropsychological research of the last 30 years on the issue of free will. It has been recognized that free will and agency are pragmatic and goal- directed propositions and social values. Free will is not identical with a decision, but is embodied in a more complex and meaningful action organization such as assumed in the order of action, project and career.

A non-Cartesian conception of suicide

Any suicide can be seen as a goal-directed action [47]. This is not a distinction between recorded event that already had happened and a suicide intention, as an unfolding suicide process consists of much more that realizing and materializing a suicide intention. Thus, analyzing the occurring event in terms of a future unfolding event provides us with a differentiated way of representing these processes in terms of goal-directed actions and projects.

The reason for accepting this proposition is not a philosophical conviction but a pragmatic one based on practical experience [48]. In counselling and psychotherapy sessions we have to support suicidal clients and patients building life-maintaining and life-enhancing actions and projects. The short, medium term and long-term goal-directed processes contain large parts of unconscious behavior and meanings and consequences the clients and patients are not aware of [49].

Nevertheless, we have to facilitate their insight, monitoring, regulating, control and steering of these processes towards the goal of life-maintenance. We cannot prevent their suicide by eliminating all possible suicide causes. Thus, we have to see their future life in terms of goal- directed processes. Some goals the clients aim to materialize, other goals we want to prevent them from materializing. Thus, the suicide action is neither a mechanical (environment impacts person who jumps from a high place), nor a solely cognitive process (a cognition that is executed) but a relational (action as a relation between person and environment), contextual, embodied and enminded one.

The "here and now" research and intervention method

Accepting some of the principles and postulates related to the above outlined view, its consequences for research and for clinical practice intervention, would have to be considered. The uniqueness of the "here and now" action or performance, its relational nature and the goal-directed-process character make some of the classical research and intervention methods less suitable. It is effective to use some experiential intervention strategies in psychotherapy [50] and in suicide prevention [51]. Experiential methods that are based on action allow the suicidal person to correct the action that, instead of being a life promoting and enhancing, became life destroying and detrimental [52]. What are the experiential methods [53] of influencing goal-directed action and suicidality? In the following part we will discuss an experiential method of video supported recall and confrontation – the self-confrontation interview.

Video-Self-Confrontation

Since the late 1970s we [54], as many other researchers [55], have been using video supported feedback and recall in research [56,57] and later in counselling [58,59] and psychotherapy intervention [60,61]. However, while the many applications of video feedback have the use of video recording in common, many other aspects of the procedure vary and differ.

What do we record? As we are interested in goal-directed action processes and we understand the authenticity of a genuine action in its relevant context, we record action processes. These could be solitary, joint with others, could contain communication and verbal interaction, and could include manipulation of object or just dealing with ideas in speech, talk and communication. Actions are understood in a common-sense stance extending mostly over several minutes and are considered neither as any plain movements (such as rising a finger or closing an eye lid etc.), nor as year-long processes. The everyday relevant context is not exclusively defined by the environment the persons are usually surrounded by, but by the comprehensive processes, person acts in. Thus, the relevant context of an action would be a project relevant for the person and the action. Consequently, we are interested in actions the person performs within a relevant project. While the environmental familiarity could be celebrated in a scientific test performed at home of the participant, the familiarity could also be given in a counsellor's or physician's office where the client or patient talks about her problems as a part of her "seeking help" project. But, of course, the client or patient could be performing any other action or task, such as talking to a parent in an empty chair technique.

How do we provide a video feedback in the video-self confrontation?

We aim at obtaining detailed verbalization of the person's inner processes occurring as a part of the action and not a narrative containing generalization and summarizing interpretation of what the person sees on video. Consequently, we show the participant fairly short sequences of the action (the duration of the sequences varied in different studies between 15 sec. and 3 minutes). We are not interested in explanations of what is going on in the presented sequence and why, but in the ongoing processes at the time of the recorded action. Obviously, all information the participants provide is appreciated, but we primarily seek the information related to the inner processes during the action. Thus, we ask the participants to report on thoughts, feelings and sensations during the sequence of the presented recorded action.

What is the participant confronted with?

In some studies, the video feedback consisted of confronting the clients with their body (size, shape etc.), e.g., in eating disorder diagnosed patients [62]. In others, the clients are expected to judge their recorded behavior in the hope that they will change their future behavior (e.g., in drinking behavior [63], social anxiety [64]. Yet in other video feedback reports the clients were interested in their motor performance and sought to discover mistakes they hoped to eliminate in the future performance (e.g., in sport [65]. Should the self-confrontation aim at an exposure effect, such as in treatment of panic disorders [66] or in PTSD [67], the repeated exposure will be performed and massive emotional response and a habituation effect are expected.

During the self-confrontation as performed in a context informed by the contextual action theory, we aim at confrontation with one's own action in its action steps within the given project. In keeping specific the participants are not led to generate judgment or to become overwhelmed by their appearance. They are asked to cover the whole action process and not to concentrate on mishaps and mistakes. The expected changes are neither based on shame nor on a discovery of a unique mistake. We assume that often the whole action requires a revision such as the suicide actions within a suicide project as well as the whole suicide project. Equally, the exposure effects are also aimed at but not as a "black box" procedure, but as a result of differentiated and explicated systems of action.

Which effects are operational in the self-confrontation process?

We see the self-confrontation interview as a tool for supporting clients' projects. The self- attention and self-awareness processes targeted in this procedure have been well researched [68]. In essence, the procedure allows clients to experience their action in a different cognitive-emotional and social context, it can provide the opportunity for client exposure to strong feelings, and it allows the client to revise or revamp an action.

Experiencing actions in a different cognitive-emotional and social context

Participants nearly always consider the experience of looking at a video recording of their interaction with others, be it addressing a relevant issue or describing relevant actions, as special and report various effects [69]. Telling and also reviewing a narrative in a different social setting, such as with a counsellor, can lead to experiencing this narrative in a different way. Reviewing the narrative with a different goal, that is, in the self-confrontation interview, one can experience oneself in the action in a non- participative way (but participating in a different action) that differs from trying to generate the desired emotion with the communication partner. Thus, the self-confrontation represents a different cognitive context. Experiencing the narrative while the first wave of emotion involved in the action has already passed provides a different emotional context.

Exposure. The effects of exposure to contexts and environments to which the person responds with a panic attack in a phobia or with a flashback in a posttraumatic stress disorder have been well described [70,71]. This function is also provided by the self-confrontation interview. In looking at the video recording of the target processes, even if the client is just describing the situation of the panic attack, and also recalling the strong feelings and thoughts, the client experiences an exposure with intensifying the feelings to begin with and habituating the events on the end after a repeated exposure.

Revising a distorted action. We indicated [72] that a suicide attempt, as represented in narratives of persons after an attempted suicide, could be seen as a distorted action that differs from the distorted cognition often described in depression [73]. Consequently, being confronted with one's narratives of one's own suicide attempt or any other distorted actions may lead to revising of these actions. In this case the self-confrontation interview would have a suicide preventive effect [73-75]. In using the self-confrontation interview frequently, clients could revise many critical actions by themselves or in a co-operation with the counsellor. The processes often described in the sensorimotor approach to psychotherapy [76] could be assumed being operational in a naïve or every-day-psychology way employed by the client or patient.

Thus, accepting our situation in counselling and psychotherapy as participating in goal- directed systems of actions and projects together with the clients with the aim to support the clients in their life-enhancing projects and career we would like to promote the contextual action theory informed view as the master backdrop for our actions and considerations. This helps us in distinguishing between the future actions and the finished actions allowing us to use different conceptual schemas. It also enables us to see and define suicide in terms of goal- directed processes and develop an appropriate suicide prevention program. Finally, it allows us to outline our intervention within the explicated theory and formulate our work within this conceptualization. The non-Cartesian view helps us in respecting the humanistic approach to clients without having to see them as objects of our instrumental healing behavior.

Following the philosophical discussion on the mind-body problem [77], the position of neutral monism proposing neither mental nor physical properties, allows us to turn it into pragmatism and enables us to integrate the mind-body dualism into an 'action monism'.

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