

A Part of Me Wants to Die: A New Way of Looking at Suicide Prevention ©
By Lawrence T. Wentworth, Ph.D.

The list of celebrities who have died by suicide seems to be never ending; Robin Williams, Kate Spade, Anthony Bourdain, Miss USA, Chellie Kryst and most recently, Naomi Judd and Toddlers and Tiara' star Kailia Posey. My clients ask me, "How am I supposed to stick around when the rich and famous can't even do it?" They go on to say, "They have all the fame and money, power and love that anyone could have, and I have none of that." Well, they have a point.

As a practicing psychologist for over 35 years, I have to pause and see that most of my clients are struggling with hopelessness and meaninglessness. It's easy to get sucked in.

We have all been experiencing collective trauma as the result of a worldwide pandemic. We have a virus that just keeps mutating by the minute, and it seems this situation will never end. We have protests and rage over social injustice and more African Americans killed by police officers in traffic stops than ever before. Culture wars rage on and on and we dig ever deeper into our siloed stances.

We are dealing with record heat we have never seen before in India. In our country, lakes and reservoirs are drying up. The ice caps are melting, many plant and animal species are extinct or on the verge of extinction. Inflation is on the rise and while many wealthy people rushed out to purchase second homes during the pandemic, first-time home buyers are finding it nearly impossible to purchase a home now.

Since the pandemic, gun sales are on the rise. Mass shootings, school shootings and gun violence, in general, are on the rise. Our local community is reeling from the Oxford School shooting. In his recent book Fight, Harvard pollster John Dell Volpe, who studies Gen Z's, notes that young people are experiencing a "significant mental health crisis." Simply having access to a firearm exponentially increases the risk of suicide. It is just too tempting for impulsive youth who have not completed brain development.

Church membership is down in this and many countries. Multiple scandals have led us to lose faith in our clergy, institutions of higher education, politicians, scientists, and the media. Who do we listen to? Who do we believe when it comes to the big questions? More and more of us are turning toward social media. Ironically as we are more connected than ever through our electronic devices, we are lonelier and more isolated than ever. To top it off, we now live under the threat of nuclear war again after the Russian attack on Ukraine. As a way to manage our terror, we are becoming more insulated and isolated.

From The Age of Anxiety To The Age of Hopelessness

Is it any wonder we have a serious mental health crisis? According to the CDC, suicide was the second leading cause of death for people ages 10-14 and 25-34.3. GLBTQ youth, student

athletes and veterans are at particularly high risk. We are all in a collective state of trauma. When overwhelmed we have a survival mechanism to fight, flee or freeze. All these issues that we are all dealing with seem overwhelming to fight for most of us. Where do we even begin? There is nowhere to run for our parts that long to flee.

I contend that most of us are in a perpetual state of hopelessness/helplessness and freeze. During the pandemic alcohol and drug use has skyrocketed. In states that have legalized marijuana there is a dispensary on every corner. We numb and thaw, then numb again. Some of us stay perpetually numb as a way to cope.

So, while it is easy to become depressed and succumb to hopelessness and despair, I chose the "fight" option. "OK," you might ask, "so what do we do; how do we fight?"

Just Ask and Keep Asking

Ask about suicidal feelings; it is completely normal to feel this way. Many of my clients and even some of my colleagues are concerned that asking someone if they are suicidal will "plant" the idea of suicide that was not there previously. Believe me it's there and it's been there.

Survey after survey shows that people, and young people especially are thinking of suicide. We like to believe that if we don't look at something, it isn't there. It is, however, all around us. I contend that suicidal thinking is a normal human condition-- the ultimate safety valve. "If it gets too bad here, I can always check out." We need to move away from the anachronistic view that only those who are mentally ill think of suicide and end their lives. The research shows this is just not the case.

I normalize this with my clients who carry great shame about such feelings. I tell them, "I totally get that you would feel that way and it makes sense." They look at me quizzically, as if I am from Mars. No one has ever said that to them before. We live in a culture of blame and shame to try and protect and control others. We say, "how could you do that to your children," "that's just weak." "you will go to hell if you do this," "now that's just selfish," "you don't really feel that way." This kind of guilt and shame only makes people feel more ashamed and they go underground, but yes, they really do feel this way.

I share with my client's that everyone has suicidal parts and that even I have suicidal parts. Before they run out of my office, I explain to them that it's only natural for a part of us to want to protect us in this way. I tell them that if I were a prisoner of war and I knew that the next day would be tortured and dismembered, I would certainly take my cyanide pill.

Besides guilt and shame, the other reason people don't share their suicidal feelings is that we, as a society, tend to panic and lock them in scary psychiatric units. Sometimes we have to do this to save lives if they have a plan, intent and a weapon and there is no stopping them. This,

thank goodness is rare, most of my client's live on the edge, thinking about suicide constantly--soothed by the idea that there is a way out of suffering.

Hospitalization is not often the most helpful and leads to more trauma and stigmatization. Many of my clients have been hospitalized multiple times, where they were medicated heavily and met with a psychiatrist for only a few minutes and have been traumatized by the whole experience. Suicide contracts or no-harm contracts make therapists feel better but are not very useful. We can and should do better.

Internal Family Systems: There Is Another Way

Internal Family Systems (IFS) therapy is an evidence-based psychotherapy model, developed by Richard Schwartz, Ph.D., that works very well when it comes to suicide prevention. This model posits that we are all a multiplicity of parts and that at our core we have a Self that is made up of wonderful qualities like, compassion, curiosity, courage, calm, and connectedness, for example. When we are hurt or traumatized in life, those parts of us are put away or exiled from our awareness and protective parts of our systems take over. That is not to say that we all have multiple personality disorder. Think of it more as on a continuum.

Suicidal parts are the ultimate protectors. Freud recognized this part as the "death instinct." The IFS model does not demonize or pathologize these parts but, instead works to get to know them and see the noble intention they have for us. Parts, like people, long to be seen, heard and understood. Some people worry that welcoming and befriending our suicidal protectors would just be encouraging them to follow through on their plans. Actually, it's just the opposite. One of my client's told me that no one ever wanted to hear from her suicidal part and one of the reasons she is still here is that her suicidal part feels welcomed and safe to vent these feelings.

Once we have clients befriend their suicidal protectors, we can work with the younger exiled and traumatized parts of the system that need help and healing. After this has happened the suicidal protectors can often rest or go on to other roles within our systems. We can never get rid of any parts. In fact, if we try to argue with parts or get rid of them, they just grow stronger. What happens when I say, "Don't think of pink elephants! Just don't think of them!" That's all we can think of.

In IFS we ask clients to interview their suicidal protectors and ask them what they are concerned would happen if they didn't kill the client. The answer is usually something along the lines of "Then she would have to feel the pain of all that torment she experienced in middle school. We then offer hope, and an alternative way. As an IFS therapist I say, "Ask your suicidal part if we could heal the middle school child, would it give us permission to work with her and help her?" Often protective parts are reluctant but are curious. "I never thought there was another way," they often say. We never do anything without the permission of the protectors.

What Doesn't Get Transformed Gets Transmitted

In other words, hurt people hurt people. Often our protective parts just act out and repeat what was done to us. They can do this to us and others. IFS offers a way to transform and heal pain. We never talked about the word “healing” in graduate school. We were taught “symptom reduction.”

A Way to Ask About Suicidal Parts

Many parents ask me how to bring this topic up with their children who do not want to talk to them about such things. Instead of saying “You’re not thinking of suicide, are you?” A parent or concerned party might say: “you know it’s normal for a part of us to want out, I wonder if there is a part of you that wants to die sometimes?” This is easier to hear if it is said this way. It’s not all of me. Most people when asked about suicide might say: “I’m not suicidal or I’m not crazy you know.” This suggests we are talking about the entirety of the person. We all have multiple and conflicting parts: a part that wants to go back to the office and see people again and a part that wants to stay home.

Even when it comes to suicide, most people have conflicting parts. Parts that want to die, and parts that want to live. Some parts even form coalitions.

Perfectionists And Critics

Most of the clients I see that have chronically suicidal parts have very severe internal critics and perfectionists. We live in a dualistic culture that rewards “winners” and shuns “losers.” Many student athletes struggle to “perfect” their game. Coaches and parents scream at them to “get it together.” Our internal critics take on the words and energies of our parents, teachers and coaches who have been critical and run with it.” One college student I work with said that he hears his coach’s admonishment in his head on a regular basis: “Don’t be a pussy.”

These parts, believe it or not, are just trying to help us to not be rejected by the group and not feel shame. Like most protective parts, they cause the very feelings they are trying to help us avoid. Perfectionist parts and inner critics usually fuel suicidal protectors. We just can’t ever seem to be good enough. Someone always seems to hate us on social media, and we can’t get enough likes.

The IFS model is not fast or easy, it takes work. It is not the only solution but is a way to talk about suicide and heal our exiled parts that carry shame.

Since working with client’s who have chronically suicidal parts using IFS, I rarely have to hospitalize anyone. Once suicidal parts are seen, heard, and understood, they often soften

back and allow the healing to progress. They often don't even want to do their job. They just don't know any other way.

Many therapists will not take on anyone who is overtly suicidal. Sometimes this is due to liability concerns, sometimes they just don't know how to help them. These are the people who need help the most. Millions of Americans are on antidepressant and anti-anxiety medications, sometimes for decades. This obviously is not working, and we need a paradigm shift and we need it now. Our old ways of thinking about suicide are outdated and stigmatizing. We need to normalize this and find other ways of talking about suicide and treating it before it's too late.

We Never Know What Burdens People Carry

It's easy to judge and call people weak. Our society was built on rugged individualism. "Pull yourself up by your bootstraps." "Just get over it." If you can't get over something, you are just seen as weak or enjoy being a victim. It's just not that easy. We don't know the childhood trauma and legacy burdens that celebrities and athletes and others in our culture carry. Every one of us is hiding something out of shame.

Go Shopping

No, I'm not talking retail therapy. Find a therapist that is comfortable talking about suicide. If you feel judged, shamed or that your therapist is uncomfortable talking about your suicidal parts, don't waste your time. While many therapists have full caseloads, many have openings. I once worked with a client who spent over ten years with a therapist who talked about themselves nonstop. When I asked my client why they stayed they simply stated: "I did not think I had a choice." You HAVE a choice!

Don't Let Your Avoidant And Money-Worry Parts Talk You Out Of It

We all have parts that want to avoid what is unpleasant and we all worry about finances. Most insurances cover counseling. Now with telehealth becoming the norm the options of working with a therapist anywhere in the state are enormous. Many agencies all have sliding-scale services based on your income if you do not have insurance and cannot afford therapy. Also, many agencies have interns who are highly supervised and excellently trained. Often these interns need clients for experience and may see you for free or a very low fee.

It's All About The Relationship-Trust your gut

All the outcome research shows it's not the degree or the years of practice that predict good therapy. Find someone you can learn to trust and form a connection with; someone that will

apologize if they overstep and someone you feel really seen and heard by. You'll know quickly if you click. If it is just not a good fit, move on. Don't worry about hurting your therapist's feelings. It's not your job to take care of them. Yes, it takes time to form trusting relationships and we all want instant relief. It will be worth it in the long run.

Fight For Your Life

So when my hopeless and helpless parts start to hijack me and my runner parts want me to just run away, I welcome them and acknowledge they are just trying to help me. I ask them to soften back and let me lead from Self with my clients and they usually do. You can do this too. Parts can be strong but Self energy is the true elixir. I remind my parts every day that even though there is much to despair about, there are millions of suicide attempt survivors and those with chronically suicidal parts that have healed and are leading fulfilling and enjoyable lives. We all have the capacity for amazing resiliency and post-traumatic growth. I need to remind my system of this often as these cases do not make headlines and are rarely celebrated in social media.

Help is on the way

We are finally getting the message; the old model doesn't work. We are getting creative and need to become even more creative.

Rolling out of 988

This summer like, 911, 988 will be the new National Suicide Prevention Lifeline number for people in crisis to call.

Emotional support animals and therapy dogs save lives

Research has shown that veterans and others who have bonded with an emotional support animal do not want to leave them behind. They have a purpose and another living being to be here for.

In 2020 Morgan's Message launched the ambassador program to assist student athletes. They already have 892 college and high school ambassadors who help recognize and assist athletes in crisis in over 427 campuses and 36 states.

Resources:

If you are someone you know are in crisis call

The National Suicide Prevention Lifeline at 1-800-273-TALK (8255)

Or Contact the Crisis Text Line by texting TALK to 741741

This summer: Call 988

Get involved in local Suicide prevention groups

[KnowResolve.org](https://www.knowresolve.org) and [KevinsSong.org](https://www.kevinsong.org)

To learn more about IFS and find IFS-trained therapists, go to: [IFS-Institute.org](https://www.ifs-institute.org)