

Self-destruction and reconstruction

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The paradox of self-destruction

- It has long been regarded as paradoxical that some people repeatedly behave in a manner that would appear from an external perspective to be self-destructive, e.g. Mowrer's (1948) 'neurotic paradox' of behaviour that is 'at one and the same time self-defeating and yet self-perpetuating'.
- In some cases the self-destruction may be very evident, as in people who engage in bodily self-harm; in others it manifests in patterns of behaviour leading to relationship breakdown or failure to achieve overt personal goals.

Lady Lazarus (Sylvia Plath, 1962)

I have done it again
One year in every ten
I manage it

.....

I am only thirty
And like the cat I have nine times to die.

This is Number Three.
What a trash
To annihilate each decade.

.....

Dying
Is an art, like everything else.
I do it exceptionally well.

I do it so it feels like hell.
I do it so it feels real.
I guess you could say I've a call.



Suicide and self-harm statistics

- About a million people (2,800 in Australia) commit, and 10-20 million attempt, suicide every year.
- In Australia, suicide is the highest cause of death in people aged 15-24.
- The rate of deliberate self-harm in the U.K. is about 400/100,000 population per annum; in Australia, about 120/100,000.
- In Australia, 17% of females and 12% of males aged 15-19 have self-harmed.
- In the U.K., there are about 150,000 hospital attendances per year for self-harm.
- At least 1% of people who self-harm non-fatally kill themselves within a year; 3-5% do so within 5-10 years.
- About half of people who kill themselves have a history of self-harm.
- About a quarter of suicides in the U.K. have attended a general hospital following self-harm in the year before their death.
- 50-60% of people who self-harm in the U.K. have visited their G.P. in the previous month.

Personal construct psychology (PCP)



- People are primarily concerned with giving meaning to, and anticipating, their worlds.
- The basis for these anticipations is a hierarchically organised system of bipolar personal constructs.
- All behaviour (including apparently self-destructive behaviour) is an experiment.
- Viewed in terms of the person's construct system, even the most seemingly self-destructive behaviour may be comprehensible.
- Personal construct methodology (particularly repertory grid technique) allows exploration of the individual's construct system and thus a glimpse of the world through their eyes.
- Kelly provided a number of diagnostic constructs, which can be used to provide a personal construct formulation of a client's predicament.

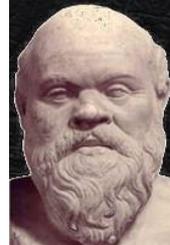
PCP formulations of reasons for suicide or self-harm

1. Suicide as a 'dedicated act'

suicide may be 'designed to validate one's life, to extend its essential meaning rather than to terminate it'

(Kelly, 1961)

DEATH MAY BE THE
GREATEST OF ALL
HUMAN BLESSINGS.



Socrates

Greek Athenian philosopher

(470 BC - 399 BC)

QuoteHD.com

Suicide as a dedicated act?



'One day I will do something that will change the whole system, and then all will know my name and remember it.'

PCP formulations of reasons for suicide or self-harm

2. Deterministic suicide

may occur in the context of abnormally or persistently tight construing and/or a deterministic, fatalistic view of the world in which 'the course of events seems so obvious that there is no point waiting around for the outcome'. (Kelly, 1961)

'My birthday was on the Saturday. I planned how many tablets I should take so I couldn't do half a job again so I thought 50. My 50th. birthday and the fact that I didn't celebrate Christmas made me want to die...I can't see the point of being alive...No romance, the kids couldn't care two monkeys, my relatives don't see me any more.'

PCP formulations of reasons for suicide or self-harm

2.1.undispersed dependency

It may occur in the context of a failure to disperse dependencies across a range of people so that different people are depended upon in different situations.

'my whole being has grown and interwoven so completely with Ted's that if anything were to happen to him, I do not see how I could live. I would either go mad, or kill myself. I cannot conceive of life without him.' (Sylvia Plath)

PCP formulations of reasons for suicide or self-harm

3. Chaotic suicide

may occur in the context of abnormally or persistently loose construing and/or a chaotic view of the world, in which 'everything seems so unpredictable that the only definite thing to do is to abandon the scene altogether'. (Kelly, 1961)

If I commit suicide, it will not be to destroy myself but to put myself back together again. Suicide will be for me only one means of violently reconquering myself, of brutally invading my being, of anticipating the unpredictable approaches of God. By suicide, I reintroduce my design in nature. I shall for the first time give things the shape of my will.'

(Antonin Artaud)

PCP formulations of reasons for suicide or self-harm

3.1 constriction

It may represent 'the end point in a long process of constriction'.

- Plath's *Bell Jar* as a metaphor for feelings of confinement, entrapment, and being cut off from the normal world.

- *'The woman is perfected.
Her dead*

Body wears the smile of accomplishment,..'

(Sylvia Plath)

PCP formulations of reasons for suicide or self-harm

3.2 low sociality

It may occur in the context of difficulties in construing and anticipating the viewpoints of other people.

'Do I put myself in other people's minds and viscera? No. Not half enough.'

(Sylvia Plath)

PCP formulations of reasons for suicide or self-harm

3.3. a 'way of life'

Self-harm may be the most elaborated way of life open to the individual, and therefore one which is likely to be 'chosen' at times of uncertainty and anxiety.

'I don't really want to stop. It doesn't harm me. It's just part of me, going to hospital and getting better.'

PCP formulations of reasons for self-harm

4. foreshortening of the Circumspection-Preemption-Control Cycle

It may be an impulsive act in which there has been minimal prior consideration of the issues and options involved

'I was thinking about a person I worked with who cut himself and killed himself. I thought that if he can do it I can do it..I ran to the kitchen, grabbed a knife and started cutting myself out of sheer depression.'

PCP formulations of reasons for self-harm

5. hostility

It may be an attempt 'to extort validational evidence in favor of a type of social prediction which has already proved itself a failure'.

(Kelly, 1955)

Aldridge: example of vicious cycle of hostility in self-harming in-patients and their nursing staff.

PCP formulations of reasons for self-harm

6. Absolution of guilt

It may be an attempt to resolve guilt by reducing dislodgement from one's core role.

Pat contrasted being self-destructive with being egotistical. Self-destructive behaviour therefore allowed herself to avoid the guilt of viewing herself as egotistical.

Inter-rater reliability (kappa) of PCP categories of self-harm

• Deterministic	0.54	
• Undispersed dependency	0.33	
• Chaotic	0.53	
• Constriction	0.57	
• Low sociality	0.39	Mean 0.52
• Way of life	0.31	
• CPC shortening	0.59	
• Preverbal	0.68	
• Guilt	0.67	
• Hostility	0.59	

Review of research on interventions for self-harm

- “...none of the studies so far published has shown the benefit of intervention on reducing repetition rates; it would be wrong however to say that they had proved, either individually or collectively, that intervention was ineffective”

(House et al., 1992)

Subsequently, limited evidence for the effectiveness of problem solving therapy, dialectical behaviour therapy, and brief psychodynamic psychotherapy.

(systematic review, meta-analysis, and meta-synthesis by Winter et al., 2009)

Personal Construct psychotherapy intervention for self-harm

Sessions 1-2

- Exploration of the meaning of self-harm for the client: 'binding' in words the non-verbal communication expressed in the self-harm.
- Client's significant other/s may be invited to Session 2 to explore their construing of the self-harm and compare this with the client's views.

Personal construct psychotherapy intervention for self-harm

Session 3 onwards

Presentation of formulation of client's difficulties

Subsequent therapeutic techniques determined by the formulation:

- if tight construing and deterministic view of world, use of loosening techniques
- if loose and chaotic construing, use of tightening techniques
- if low sociality, use of enactment and construing viewpoints of others
- if difficulties in decision-making, exercises in CPC Cycle
- if undispersed dependency, focus upon dispersion of dependencies.

Later sessions

- Consideration of alternative ways of approaching situations which in the past led to self-harm.
- Planning and execution of experiments.
- Tightening of construing if it has been loosened.

Repertory grid used in self-harm study

Elements

- Self now
- Self just before self-harm
- Self at time of self-harm
- Self in future
- Ideal self
- Self before any self-harm
- Partner now
- Partner just before self-harm
- Partner in future

- How partner sees me
- How partner saw me before self-harm
- How partner would like me to be
- My ideal partner
- Someone who would self-harm
- 2 significant others
- Accident and Emergency staff
- Mental health team staff

Constructs

10 elicited constructs +

- ‘self-destructive/not’
- ‘totally controlled/in control’
- ‘cannot make sense of anything/can make sense of everything’

Aspects of construing associated with high symptom levels

- Unfavourable views of past, present, and future selves
- View of self as similar to self-harmers
- Dissociation of self at time of self-harm from self-harmers
- Perception of self as self-destructive
- Perception of self as controlled
- Perception of self as unable to make sense of anything
- View of self as dissimilar to significant other's ideal
- Unfavourable view of significant other now and in the future
- Constricted (uncertain) view of future self
- Unfavourable view of mental health staff

Outcome of intervention post-treatment compared to normal practice

- Greater reduction in suicidal ideation
- Greater reduction in hopelessness
- Greater reduction in depression
- Greater increase in self-esteem
- More favourable view of future self
- Greater reduction in perceived self-destructiveness
- Greater reduction in perception of being controlled
- Greater reduction in constriction (uncertainty) of views of world, self, and future self

Outcome of intervention at 6 m. compared to normal clinical practice

- Greater reduction in perceived inability to make sense of world
- More favourable view of significant other
- More favourable view of significant other in future

Number of repeat self-harm episodes per client

	Intervention	Control	z	p
1 year	0.17	0.94	2.45	.014
3 years	0.91	2.72	1.97	.049
5 years	1.22	3.72	2.10	.035

Most important events in treatment: intervention group

- Getting me to think positively and view myself in a positive light.
- I felt I could freely talk to her without fearing that she would judge me.
- Finding I could be on the same wavelength as Suchi..she showed me I could think rationally, could communicate on the same level as 'normal' people. This was my first recognition that...there was hope...Clone Suchi now!
- She made me realise that the arguments between my partner and son were not my fault. Made me think about things differently.
- We talked very much of downward spiralling thoughts which, when discussed, seemed to relieve the gravity of each situation

Most important events: normal practice group

- No help at all. I was promised a therapist and received no phone call or letter.
- No treatment related to deliberate self harm was received. No support was given.
- I've been seeing my social worker. Haven't received any other treatment. Nothing really very beneficial.
- Found very little helpul. Didn't like the ward. very unhelpful.
- Close regular contact with my social worker..Someone to confide in who maintains confidentiality.
- CPN support – just being there for me to have a chat.

Accident and Emergency

- They were very concerned – I was touched by the genuine concern they felt – but I had to wait for 6 hours.
- Put in a little cubicle and left. Waste of time...so I just left..had been there for hours and hours.
- Quite nice but they look at you like you are crazy. They look like they're incriminating you.
- They were saying 'would I do it again' and the Consultant said 'not tonight' anyway' and I overheard.
- I felt guilty and felt that I should not be treated sympathetically
- Nurses very sarcastic and condescending..expressing their feelings about what a drag the treatment of such people was.
- I think there needs to be more understanding about why people are there and how desperate they actually feel rather than treating them with open contempt.
- One doctor was considerate, other treated me like a piece of meat.

Personal construct interventions for people diagnosed with borderline personality disorder

(Winter et al., 2003; Gillman-Smith & Watson, 2005)

- DSM criteria for borderline personality disorder were reframed in PCP terms.
- A group therapy approach was developed (30-40 sessions, which can be alternated with individual therapy sessions):

Phase 1: Interpersonal transaction group format, with rotating dyadic interactions on supplied topics (e.g., hopes and fears of being in group therapy; when and when not to trust others) followed by plenary discussion.

Phase 2: Focus on elaboration of complaint and implications of personal change.

Phase 3: Focus on experimentation within (using role play) and outside group, including fixed role therapy.

Phase 4: Focus on tightening of construing, and identification of further areas of desired change. Introduction of notion that one does not need to be a victim of one's biography.

Explorations of the group process

Compared to clients receiving dialectical behaviour therapy, those in the PCP groups:

- viewed the important events in sessions as more likely to involve self-disclosure and acceptance, and less likely to involve self-understanding and guidance
- on the Group Climate Questionnaire, viewed the groups as more characterised by conflict and avoidance of significant issues
- seemed to regard the group experience as more like an interpersonal laboratory, or crucible, and less like a classroom.

Members' views of what they would take away from the groups

- *The knowledge that I am not alone in how I feel*
- *New friends*
- *The realisation that life is worth living*
- *Stuff I've learnt about myself*
- *The ability to challenge myself*
- *Coping techniques*
- *Our lunacy, or 'accepting how mad I am'*
- *Accepting that some things cannot change*

A central issue in therapy: avoiding the cycle of hostility

- The client may act in a way which attempts to extort evidence for their view of the world (e.g. that they will always be rejected).
- It is all too easy for the therapist to fall into this trap, and also to engage in their own process of hostility (e.g. extorting evidence for negative views of clients diagnosed with personality disorders).
- Such cycles may be played out in 'resistance' to therapy.
- To avoid cycles of hostility, the therapist should adopt an 'orthogonal relationship' with the client (Chiari & Nuzzo, 2010).

C: *...I don't know where that quite leaves us with it because there's been some moderate benefit at least in the short term, but I'm aware that it isn't doing as you had intended.*

T: *It doesn't need to be.*

C: [laughs] *Say it again.*

T: *It doesn't need to be done in a very prescriptive way...*

C: [laughs] *Well, perhaps that's the other novelty of a personal construct approach because if it's fair to characterize a personal construct approach as a cognitive approach... other cognitive approaches are extraordinarily directive.*

T: *Which is why I would say that it isn't a cognitive approach.*

C: [laughs] *...once again I've sabotaged the therapy, which has been the accusation in the past, resistance, not wanting to do as you're told, all these kind of things.*

T: *It could be looked at in that way, but it could also be seen that you've done something quite novel, which seems to have had some effect.*

Cycles of hostility and global self-destruction

- If cycles of hostility may be tragic at the level of dyadic or small group relationships, they may be considerably more so if played out on an international scale.
- This is evident in terrorism and the 'war on terror', or in reciprocal imputations of 'good' and 'evil', with each party's actions being designed to elicit reactions which validate their constructions of the other.
- Could Trump and Kim Jong Un find an 'orthogonal' way of relating?



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