

Practitioner Perspective

Contextual-Conceptual Therapy – A New Approach to Suicide Therapy¹

By Gitti Maas



Suicide continues to be a complex and major health problem worldwide. Contextual-Conceptual Therapy is a new and innovative approach to suicide therapy that examines the ‘language of suicide’, focusing on rediscovering the true self to uncover the roots of suicidal thinking

Introduction

According to the Irish Health Service Executive (HSE), suicide is “a global public health problem and its prevention continues to provide a major challenge to health and social services” (2018). On a worldwide scale, the World Health Organization (WHO), claim

800,000 people die by suicide every year – that is one person every 40 seconds. Further, there is evidence that for each death by suicide, more than 20 other people attempt suicide (Suicide Data, 2018). The implications of this data indicate that it is vital to have the right support in place for people

with suicidal ideation. Through my personal experience and training, I believe that Contextual-Conceptual Therapy (CCT) can offer this support.

CCT is rooted in the suicidal person’s own language; it recognises that feeling suicidal is an expression of an identity crisis and uses maps, models and metaphors to guide the suicidal person to the root of their suicidal thinking and to a life-embracing, intimate self-knowledge. CCT aims to be the starting point to a life free of suicidal ideation.

CCT is not in competition with other theories, but functions more as a forerunner and is complementary with other counselling models in a hierarchical manner. CCT supports the suicidal client to perceive the true context they are in, which needs to happen before any cognitive and behavioural therapeutic work can begin.

In the following article I shall introduce the CCT model, which recognises that “suicide cannot be prevented until it is properly conceptualised” (Maris, 1981, p.339) and illustrate how this can be done.

What is Contextual-Conceptual Therapy?

CCT is a new approach to suicide therapy, developed by Seattle-based Suicidologist Fredric Matteson, and is the only therapy model

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I am aware of that is tailored specifically for suicide. Of course other counselling models work with suicidal people, but these models have usually been created for a broader spectrum of concerns a client might present with. In contrast, CCT has been established exclusively through working with and for suicidal clients.

I first heard about CCT at the 2014 World Suicide Prevention Day Conference in Dublin, where Matteson was the keynote speaker. For me – a counsellor and survivor of two suicide attempts many years ago – Matteson stood out from the rest of the presenters that day. He was the first professional in the field I met who was able to speak from the perspective of a suicidal person, expressing a true understanding of the suffering they endure, and his words touched me deeply.

I felt suicidal for years following my suicide attempts - this was despite attending therapy, taking medication and having the support of friends. I did everything I was told to do and worked hard to “get better”. Eventually, it dawned on me that there was nothing *wrong* with me; I just did not know how to fill the void I felt within - one that I had hoped others would fill. The reality, I came to realise, was I did not know who I was.

Matteson developed CCT over the course of 25 years working with more than 16,000 suicidal patients in St. Francis Hospital, Seattle, Washington. He set about trying to understand the core experience of what it means to feel suicidal by exploring the language of his clients in the midst of their suicidal crises. Exploring the suicidal person's language, Matteson discovered that the most common metaphors used by suicidal people are ‘lost’, ‘trapped’ and ‘stuck’. His unique approach combines expressive art

techniques, education and therapy.

Through his work, Matteson found that feeling suicidal is a symptom of an underlying context-bound problem. That is, it is not an illness, but rather, an identity crisis. He uses the image of a person stuck inside an invisible ice cube to illustrate this, showing how they are unable to reach out and are unable to let anyone reach them (Figure 1).

In my own work I use a poster-size print of the ‘Invisible Ice Cube’. Every suicidal client I have met in my work has been able to identify with this image, which helps deepen our connection as the client feels seen and understood. With CCT, the client has to fully conceptualise the true context they are in. If they do not do this, they will come to the wrong conclusion that suicide is the only way to solve what they perceive their problem to be. From their perception, suicide makes logical

sense and they are caught in a self-perpetuating feedback loop.

As it is the suicidal person's ‘best and most logical thinking’ that brings them to this place, any attempt to change their thinking by reasoning will only reinforce their way of thinking as it is logical within their context; within their frame of reference. Crucially, logic cannot change context – logic works within context.

Matteson argues that although reasoning, traditional approaches and medications may help the suicidal person in the short term, these approaches cannot reach them deeply enough to end their suffering as it fails to get to the root of their suicidal thinking. The reason for this is most traditional suicide-related therapy focuses on the person not taking their life and recovery.

CCT's ‘Metaphorical Hierarchy’ (Figure 2) shows that the base of therapy determines its outcome.



Figure 1: The Invisible Ice Cube (Matteson, CCT©)

It is here we have to change the metaphor - if our efforts as therapists are rooted in a model of mental illness, aiming for the client's 'Recovery' (the metaphor at the base of the pyramid), then the outcome of our work (top of the pyramid) has to be fundamentally different to the CCT concept, which focuses on 'Discovery'; (base of the pyramid).

In the CCT model the therapist works with the suicidal person and supports their own efforts to discover themselves. In my experience, this resonates deeply with the client as it gives them permission to follow their unexpressed and often unconscious yearning. This needs to happen before the cognitive and behavioural work can start if the long-term outcome for the client is to be positive and life-embracing.

If we look at suicide as an identity crisis as opposed to a sign of mental illness, we may ask:

- What if suicide is not about what is *wrong* with the suicidal person, but about what is right with them?
- What new questions do we, as therapists, need to ask?
- What new questions does the client need to ask?

Matteson developed an understanding (based on the works of Winnicott, Kohutt and others) that the suicidal person is trapped in a self-defence mechanism that at some earlier stage (usually childhood) was designed to keep the true self safe from feeling intolerable emotional pain and being hurt.

As their self-defence mechanism works through the unconscious creation of a 'false self', the suicidal person is not aware of the existence of their true self anymore, which becomes 'lost',

'trapped' or 'stuck' somewhere out of reach. The suicidal person employs this highly sophisticated defence mechanism that becomes normalised, then internalised and, as a result, can no longer be detected. As this often happens early in life, the person lives their life split off from their true self for many years before they start feeling suicidal. Over time, this false story of who they are leads to a struggle with their perception of themselves to have to be either/or: the person they are trying to be (as in the 'bad' person they think they are); or the person they are trying to be (the 'perfect' or good person).

Matteson recognised that neither option represents the suicidal person's true self, which is hidden to them. The important and remarkable discovery Matteson made is that the suicidal person is caught in a bifurcated state (Figure 3) between these two false self-images – or, more simply, an identity crisis. He states that "suicidal individuals universally communicate about an existence in a bifurcated state where who they are to us is not who they are to themselves" (<http://suicidetherapy.com/cct-theoretical-overview/>). This bifurcation leads to a rigid mindset of 'black-and-white' thinking. This rigidity, in Matteson's revolutionary view, must be 'destabilised' to renew contact with the true self (Figure 3).

As seen in the Bifurcation Model, at the base we have the true self; a person completely in touch with who they are. Through an event – often in childhood – of intense uncomforted pain, the person develops a false self in order to protect the true self. CCT sees that this false self, which is no longer aware of the true self, experiences a lack of 'something' they cannot name. In an effort to find this 'something', they try not to be the bad person they think they are,

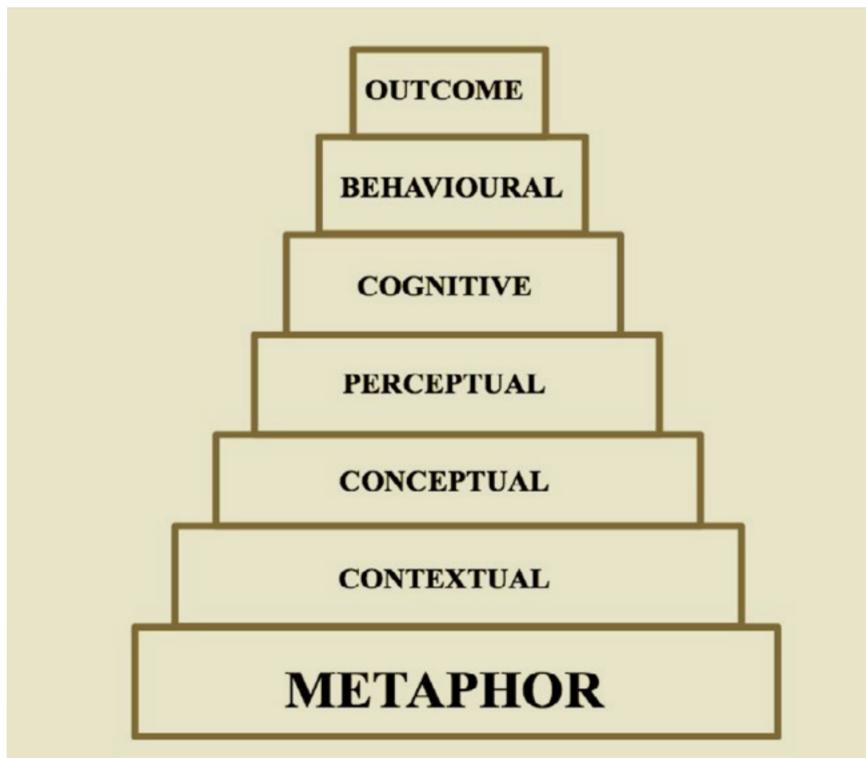


Figure 2: Metaphorical Hierarchy (Matteson, CCT©)

but they feel the need to become this perfect person they think they should be. As they are still not in touch with who they truly are, this effort, this black-and-white thinking, will eventually lead to a crisis point and, possibly, suicide.

When suicidal clients talk of feeling ‘lost’, ‘trapped’ or ‘stuck’, they actually experience the truth of their true self being lost to them, but they are unaware of the context in which they are operating. The suicidal person, caught inside this context-bound state, can feel what they are in, but cannot name it. Being unable to identify their ‘problem’ of being disconnected from their true self, they remain repeatedly stuck at the level of their symptoms. Therefore, they cannot see where their pain is coming from and thus cannot stop it. Here, suicide is seen as the only solution or ‘the only way out’.

The Importance of Context

The suicidal person needs to understand the context in which they are operating before they can understand the actual problem, as suicide is their solution to an unknown problem.

Neither the suicidal person, nor traditional therapy, addresses the actual *root* of feeling suicidal. Instead, the ways the suicidal person expresses this pain are being addressed (Figure 4). Attempting to cope and attending to emotions like self-doubt, tension and fear, is the equivalent of fighting smoke instead of fire. As a result, the person spirals further into anxiety, shame, guilt, hate, to eventually acting out and finally to suicide.

To illustrate this point, imagine a person falling ill on the lower deck of the *Titanic*. If our solution to the problem as we perceive it is to try and ‘stabilise’ the person by bringing them to the upper

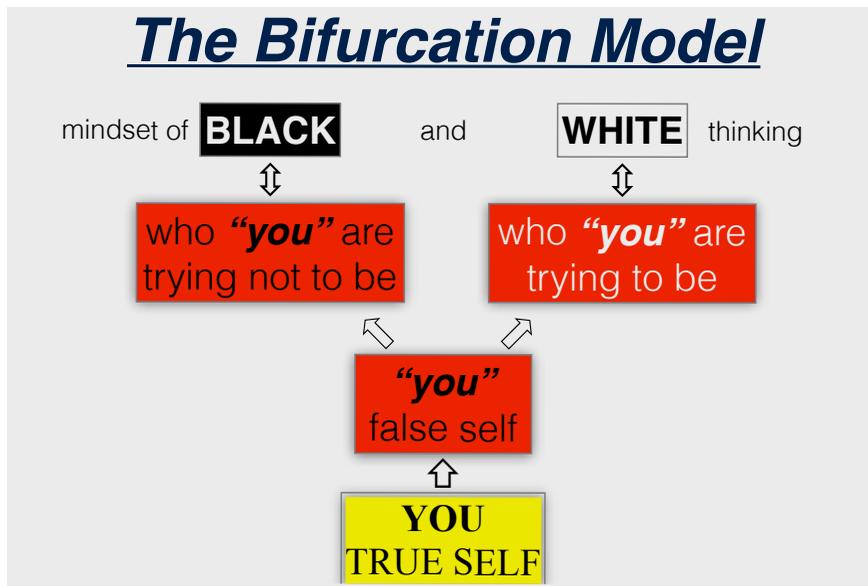


Figure 3: The Bifurcation Model (Matteson, CCT©)

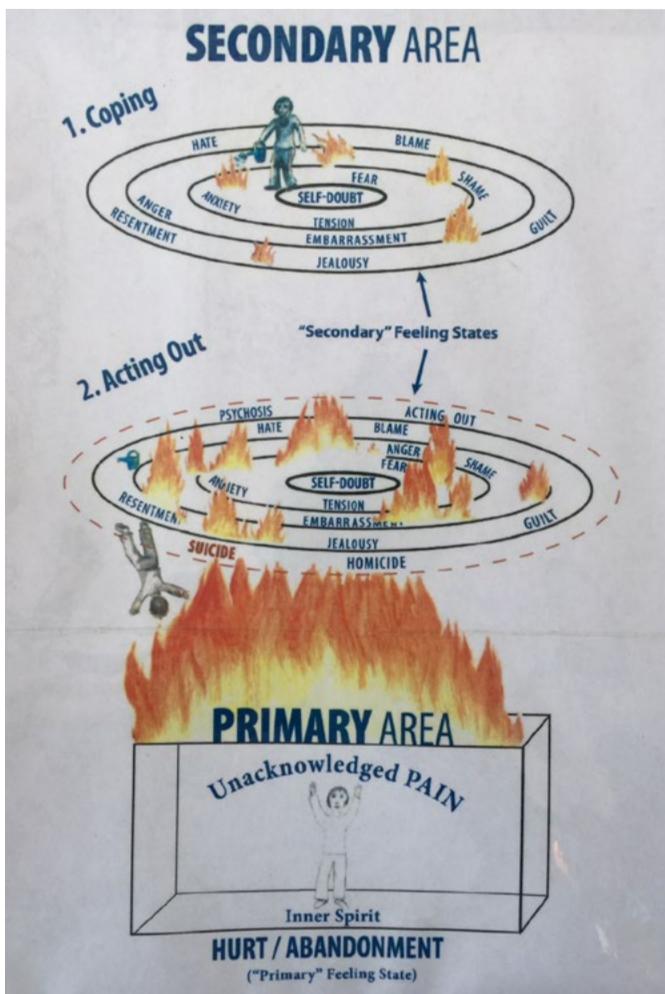


Figure 4: Fighting Smoke Instead of Fire (Matteson, CCT©)

deck for some fresh air, we might succeed in helping the person feel better temporarily. However, we are missing the true context that the *Titanic* is about to sink and that we are still on it.

Similarly, traditional therapy attempts to bring the suicidal person back to the place from where they came, i.e. back to the 'false self'. In contrast, CCT does not try to stabilise the suicidal person in their unstable place, but attempts to 'destabilise' their thinking; the CCT therapist momentarily 'shakes' the client's frame of reference, to then skilfully re-orientate the client so that they can begin to see the false context in which they are operating. This needs to be done with competence and in-depth knowledge of the CCT model to ensure the client's safety.

An indirect form of communication is employed to bypass the client's intellect and their often-strong resistance. This form of communication accesses the suicidal person's right half of the brain, opening up more and more room for curiosity. CCT listens closely to the client's own language and builds upon the client's strength and passion.

With the help of specifically designed maps, metaphors and creativity inside the CCT facilitating environment, the CCT therapist challenges the client's false self and supports the client to see themselves and their relationships in a new context.

According to Maris (1981) "Suicide cannot be prevented until it is properly conceptualised (p.339)." In this way, a new and true context, a new frame of reference, gives the client an opportunity to rediscover their true self and to conceptualise the root of their suicidal thinking.

CCT also teaches the suicidal person about their psychological

Matteson developed an understanding... that the suicidal person is trapped in a self-defence mechanism that at some earlier stage (usually childhood) was designed to keep the true self safe from feeling intolerable emotional pain

defence mechanisms and provides unique, personalised tools for ongoing self-care. CCT subscribes to Carl Jung's idea that if you try and get rid of the pain before you understand its question, you get rid of the self (Jung cited in Rohr, 2008). In this sense, CCT supports the client into their pain to discover the root of their suicidal thinking as well as their true self. It gives the client new meaning from where to engage in self-exploration and other forms of therapy. Creating true context first is essential though, as anything cognitive cannot truly succeed without context.

Throughout the therapeutic process, the relationship between the therapist and the client is crucial. It has to be one of trust, so that the therapist's challenges (within true context) are not experienced as being shameful by the client who might otherwise (without context) take what is being said as literal. The CCT therapist does not try to steer the suicidal person away from their pain, but enters into the darkness and confusion with them – both challenging and welcoming them. In this process, the false self 'dies' and the true self is 'reborn'.

My Experience at the CCT Centre in Seattle

I work closely with Fredric Matteson and have been to Seattle twice to learn about CCT. Currently, I am one

of three CCT associates working in Europe. Walking into the CCT room, it is apparent that CCT is purposefully designed to capture the client's mind in a new and innovative way. The environment is engaging with maps, images and metaphors on the walls and hanging from the ceiling - literally, a playground for the mind.

I have been able to accompany Matteson into client sessions and have met some of his current and former clients. The words of one remarkable young man, 'J', (a former client of Matteson) may help to illustrate the lived experience of the client in this approach. 'J' made several suicide attempts and had been in therapy for many years until he worked with Matteson and the CCT approach. Today he is a vibrant, open young man, full of fun and loving life. What follows are some of his words from a piece he wrote entitled '*Paradox and Pool Parties: Life after Suicide*': "Years of traditional therapy and hospitalisations ultimately lead me back to suicidal crisis... Simply learning how to change my cognition in order to 'better' my thinking, acting, and feeling was not lasting... Inside, my spirit was silently screaming. Lost in the dark... I began my work with Fredric Matteson and his unique therapeutic approach to suicidality... This work has relieved me from entrapment in a personal hell and led me to a place of synchronicity and connectivity to myself, people, and the world around me... Curiosity played a vital tool in exploring raw, dark, and unknown things. All with the target of understanding the context from which my behaviour manifests... CCT forced me to improvise. Breaking away from logic... A mixture of art, metaphor, mythology, creativity, philosophy and language moved me into a place of vulnerability. Like a child, I was

learning. But in a different sense than that of therapies previous. I was entering a transition – an ‘in-between’ place – where I was learning who I truly was. A process that took me deep into myself, building from the ground up... Soon realising that I had never stopped being me, had just lost touch... For the first time I felt that I wasn’t being ‘treated’ for what was wrong with me – but instead, ‘educated’ about what was right with me. And finding the hidden truth: that I had the answers to my suffering all along but had just lost access to them.”

Conclusion

Contextual-Conceptual Therapy (CCT) is a new and innovative approach to suicide therapy, developed by Seattle-based Suicidologist Fredric Matteson. CCT identifies that feeling suicidal is not an illness, but an expression of an identity crisis and creatively uses the suicidal person’s own language, as well as specially developed maps, models and metaphors. These aids support the suicidal person to understand the root of their suicidal thinking. Through close examination of his clients’ language, Matteson realised that feeling suicidal is a symptom of an underlying, context-bound problem. CCT highlights the importance of the suicidal person having to fully conceptualise the true context they are in as, from their perspective, caught in a self-perpetuating feedback loop, suicide makes logical sense to them.

Matteson understands that the suicidal person is trapped in a highly sophisticated defence mechanism that at some earlier stage in their life was designed to keep their true self safe from being hurt. According to Matteson, this often leads to the suicidal person being stuck in a bifurcated state and a rigidity in their thinking, which

The CCT therapist momentarily ‘shakes’ the client’s frame of reference, to then skilfully re-orientate the client so that they can begin to see the false context in which they are operating

CCT attempts to destabilise in order to renew the client’s contact with their true self.

In this process, which employs a combination of metaphor, creativity, and language, the therapist does not try to steer the suicidal person away from their pain, but goes into the darkness and confusion with them - both challenging and welcoming them. Through this work, the false self dies and the true self is reborn. Once fully in touch with their true self again, the client often realises – as one of Matteson’s former clients ‘J’ puts it in *Paradox and Pool Parties: Life after Suicide* – that they “had the answers to [their] suffering all along but had just lost access to them”.

CCT is a therapy model that asks the therapist to undergo additional training and realises it is not a ‘one-size-fit-all’ approach to therapy. I am convinced that CCT is the missing link in our efforts to reduce suicide statistics in Ireland and support suicidal clients in their struggle to overcome their despair. With CCT, the suicidal person’s moment of crisis can become their moment of transformation. ☺

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Gitti Maas (MIACP, M.Ed) trained in Humanistic Integrative Counselling in Cork, and works in private practice in Kenmare. She is member of the *Coiscéim* Counselling Panel, volunteers

for ARC Cancer Support West Cork as a counsellor and is a safeTALK trainer. A close working relationship between Gitti and Fredric Matteson (CCT founder) was formed when Matteson was the Keynote Speaker at the 2014 World Suicide Prevention Day Conference in Dublin. Gitti has been to Seattle twice to receive CCT training from Matteson and his team, and is now a CCT associate in Ireland. Gitti can be contacted through her website: www.gittimaascounselling.com

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