

Suicide and Impossible Worlds

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Abstract

This chapter has two purposes. The first is to provide an updated, expanded, and clarified discussion of the Descriptive Psychological concept of a person's "world." The second is to illustrate worlds thinking by using it to analyze five clinical cases involving suicidal individuals.

Keywords: worlds, suicide, impossible worlds, the unthinkable

"Don't they know it's the end of the world,
It ended when you said goodbye."
--Song lyric, Skeeter Davis, 1962.

The world of the suicidal individual is one that borders on being an impossible one. In this world, the individual is typically experiencing frustrated psychological needs, is in excruciating psychological pain, feels hopeless, and cannot see any solution other than to end his or her life (Shneidman, 1984, 1998). In this chapter, we present further ways of understanding this most painful and potentially lethal state by discussing its intimate connections with the suicidal person's current *world*. In doing so, we show how exploring the suicidal state from this perspective enhances our options as psychotherapists attempting to understand and to deal effectively with our suicidal clients.

In the chapter, we (a) present an updated discussion of the Descriptive Psychological conception of a person's "world"; (b) clarify the differences between the worlds point of view and contemporary cognitive ones; and (c) present five cases of suicidal individuals, each accompanied by an analysis of their situation from a worlds point of view. The formulations of "world" and "impossible world" are taken from the original work of Peter Ossorio (1997, 2006; see also Roberts, 1985; Jeffrey, 1998; Bergner, 2006).

Worlds and How They Work

A person's "world", as the term is intended here, is a totality. It is, with respect to what this individual takes to be the case, everything that is actually, or could possibly, be the case (Ossorio, 2006; Roberts, 1985; Jeffrey, 1998; Bergner, 2006). It is the state of affairs that includes all other states of affairs--that includes all actual and possible objects, processes, events, and states of affairs. This world, considered from the present (actor's) perspective, is not merely a collection of detachedly observed facts, but is the total behavioral field within which each person conducts his or her life.

In relating the notion of worlds and how they work, a simple heuristic may be helpful in clarifying what is in the end a complicated matter. Consider a competent chess player, Jack, who at the invitation of his boss, George, is playing a game of chess with him. Jack's world (strictly speaking, a part of his total world which for purposes of clarity and manageability we shall let stand proxy for his total world)--what he takes to be the case (knows or believes) in his field of action--consists in such things as the following: that there is...a chess board in front of him...a set of chess pieces arrayed in a certain configuration...an opponent sitting in the opposite chair...and the set of rules and objectives according to which the game is played. In Jack's particular circumstances, he knows further...that his opponent, George, is also his boss...that George cannot stand to lose and in the past has become excessively angry and vindictive towards opponents who have defeated him...that if he (Jack) were to lose his job, he would have an extremely difficult time in the current economic environment finding another of the same quality... that his personal savings are too meager to support his family for very long if he lost his job...that, should he choose to lose deliberately, he must disguise this fact from George...and that his wife would be extremely upset with him if he defeated the boss and lost his job. We could go on but the point is made. Jack's world, his field of action, is an interrelated set of facts and beliefs that includes but extends well beyond the confines both of his current physical ("stimulus") situation and of his enduring "schemas" or "cognitive structures." In his current situation, most relevantly, this field includes what he takes to be the case about the game of chess, the personal characteristics of his opponent, the power relationship that exists between them, the possibility of losing his job, the consequences of such a loss for himself and his family, the current economic scene and job market, the option of losing on purpose, and more. This field, it may be noted, contains both actualities (e.g., chess pieces, the boss, the ongoing game) and possibilities (e.g., of losing his job, of creating a family crisis, of deliberately losing the game). Finally, consider the changes in Jack's field of action--his movement to different relevant parts of his highly complex total world--when later in the day he considers the purchase of a large number of shares in an Asian company for his firm, writes a letter to his congressman about health care, and coaches his daughter's soccer team.

Worlds are Unities

A person's world is not a random accumulation of facts but is a unity

(Ossorio, 1998). Thus, for example, Jack knows that a “rook” is a chess piece with a certain characteristic shape and a certain set of move and capture eligibilities. Related to this, he knows (a) its place within the much larger context of the game of chess, (b) that chess is but one of many games, (c) that games are but one of many human social practices along with conversing, negotiating differences, making love, teaching lessons, creating art, and countless others, and (d) that these social practices are largely played out within social institutions such as marriage, family, church, workplace, friendship network, and so forth. From these top-down levels of social practice and institution, he could, if need be, draw connections downward to countless other discrete states of affairs. (NB: To say that this world is a unity is not to say that it is totally self-consistent and non-contradictory, but only that everything within it is related to everything else).

As this characterization suggests, it would be extraordinarily difficult, if not impossible, to give a complete description of any person’s total world. Fortunately, as clinicians (and as persons living our lives in general), we do not need to do so, and our purposes on any given occasion are well served by capturing the relevant critical parts of a person’s world. Thus, a client comes to us and we see that many of her problems center around an implicit understanding of human relations as contests, of herself as one of the contestants, and a consequent need always to best others and to be number one; we see further that acting in this world causes her many problems in her relationships. Yet another comes to us and informs us in so many words that “it’s a jungle out there; it’s eat or be eaten; you have to get them before they get you, and I intend to be the predator, not the prey”; again, we see how acting within this world creates significant problems for this individual.

Discrete facts are always seen within a world context (Jeffrey, 1998; Ossorio, 1998). The election outcome is seen, depending on the perceiver’s world, as marking a “great triumph for my party and the ushering in of a better period for the country,” “a devastating defeat for my party,” “an insignificant event that makes no real difference in my life,” and in many other ways. A young man’s attentions, within one of our client’s world of self-attributed ugliness, badness, and overall ineligibility for another’s love, are seen as nothing more than the congenial behavior of “a nice guy”; for her, they are not conceivably indicative of his having any romantic interest in her.

Worlds are Constructed

Every world is somebody’s world. While we can raise the notion of some pre-linguistic world that exists independently of any person and any person’s concepts, knowledge, or consciousness – call it a Kantian “noumenal world” – this can never be more than a content-free, placeholder notion. There is simply nothing that we could know or say about such a world. It’s an empty category, an empty set. That being the case, every real world is of necessity somebody’s world. Further, for many obvious reasons, the worlds of any two persons can never be the same (Roberts, 1985). First of all, no one person could acquire all the facts there are, and so different persons must of necessity acquire different sets of such facts. Second, people

are sometimes mistaken in what they take to be the case, thus creating a disjunction between their beliefs and those of other persons who are not similarly mistaken. Third, some people are capable of observing certain facts that other persons cannot (e.g., that the piano is out of tune or that there is tension between the two friends). Fourth and finally here (though much more could be said), it is a commonplace that people interpret phenomena differently and as a consequence treat the world differently. One treats the remark as a joke, another as an insult. One treats golf as a vital and meaningful human activity, another as a sterile one where supposedly mature adults become obsessed with putting little white balls into holes in the ground. One treats life itself as a competition for survival of the fittest, another as the realization of a divine plan for humankind, and yet another as a “tale told by an idiot, full of sound and fury, signifying nothing.” In each case, the world *is* a different place for the persons in question, and it is in this sense that there is a point to saying that each of us “constructs” our worlds.

“You Can’t Construct Just Any Old World”

There are limitations on our world constructions. I might, for example, believe and claim that “I can fly unaided,” or “I know that that famous movie star is in love with me,” or “I can use this rock as a calculator.” However, I will prove unable to act on these claims successfully. I cannot fly unaided, presume successfully to the privileges of the movie star’s beloved, or perform arithmetic operations on my rock. Thus, in the words of Ossorio, “you can’t construct just any old world and get away with it.” While the real world is open to numerous apt or correct descriptions, and there is no uniquely correct description of any of its elements, there are *reality constraints*. Those who are unable to heed these constraints are traditionally said to have “lost contact with reality.”

Self-concept

Persons take it that they have a certain *status* in the world; i.e., a certain place or position in the total scheme of things. This self-in-world conception, their *self-concept*, codifies their understanding of how they can and cannot behave in the world (Ossorio, 1978, 1998; Bergner & Holmes, 2000). It codifies, in Roberts’ (1985) terms, their unquestioned behavioral “givens” (e.g., “it’s just a given that a person like me could never be accepted by a person like her”) and “options” (e.g., “my options or possibilities in this world all lie within the domain of relating to other losers like me”). Writ large, it codifies their behavioral possibilities and non-possibilities in their worlds as they conceive them.

In this connection, one can think of certain clinically relevant worlds and their behavioral upshots. For example (again focussing only on key elements of these persons’ worlds), a typical narcissistic world might be characterized as follows: “I am a unique and special person; I am superior to, unlike, and set apart from the common run of ordinary people; therefore I am entitled to, and insist upon, special treatment from them” (Kernberg, 1975; Millon & Davis, 2000). One version of a psychopathic world may be expressed as: “The world is composed of two kinds of people, cons and suckers; either you are a gullible, weak, exploitable

sucker and get used and taken in this world, or you are a knowing, superior con who understands the situation and how to exploit it; either you are the con or you are the sucker; I'm the con" (Wishnie, 1977; Millon & Davis, 2000). The Horneyan world of the person beset with "basic anxiety" can be expressed in Horney's own apt phraseology: "I am 'isolated and helpless in a potentially hostile world' and the option I have chosen in life is to 'move towards others' by seeking the protection of stronger and more adequate individuals" (1945, p. 41).

Change in World = Personality Change

Summing up what has been said to this point, every person has a world, appraises his or her status (position) in that world, and behaves accordingly. Since worlds tend to persist--one does not as a rule see the world as a dangerous one today and a safe one tomorrow, or see oneself as alone and helpless today but loved and powerful tomorrow--a person will tend to behave accordingly *on an enduring basis*. He or she, for example, seeing the world as a dangerous place, withdraws, takes few chances, and engages in all manner of security operations. Observing these behavioral consistencies, others (as well as the individual himself or herself) generate trait and style descriptions of this person. He or she is said to be "anxious," "cautious," and/or "timid." Further, this individual exhibits, not just these traits and styles, but a broader set. He or she is also, for example, generous, reserved, sensitive, and considerate. It is this broader set of traits and styles that constitutes what we refer to as his or her "personality" (cf. Cattell, 1990).

Personality thus is largely (though not completely) a matter of persons seeing the world in a certain way on an enduring basis, and behaving accordingly. Personality *change*, then, occurs in connection with significant changes in the way the person sees the world. Persons living and acting in an eat-or-be-eaten world, or a dangerous world, or a contest world, may have experiences that cause radical revisions in their world, and as a result come to act in radically different ways. Others, observing these changes, remark that they have "changed personalities" or that they are "changed persons."

Change in World = Change in Consciousness

A person's consciousness is always "consciousness *as*" (Jeffrey, 1998; Putman, 1998). That is to say, the world is always experienced from some status or position in the world, and this position importantly determines the nature of the experience. The visitor to a foreign country has a very different experience--a very different consciousness--depending on whether he or she is there as a tourist, a missionary, or a spy; he or she experiences *as* a tourist, *as* a missionary, or *as* a spy. Two observers of the winning goal in an athletic competition, one an ardent fan of the victorious team and the other of the losing team, have very different experiences of that single event, even if they are seated next to each other such that the physical stimuli impinging upon them are virtually identical; the one experiences the proverbial "thrill of victory," the other the "agony of defeat." Thus, the clinician who can bring about important changes in a person's world will correspondingly bring about changes in that person's very consciousness.

Accommodative and Non-Accommodative Worlds

An important dimension of persons' worlds is the degree to which they can accommodate new facts and experiences. For example, strongly religious individuals will differ in the degree to which they can accommodate evolutionary theory into their worlds. Some have religious outlooks that can easily accommodate the belief that human beings evolved from infrahuman species. Others, however, do not. For them, the acceptance of evolution as historical fact would destroy a critical linchpin in the entire structure of their beliefs and shake their worlds to their foundations. For such persons, evolutionary theory constitutes the dangerously unaccommodatable and unthinkable.

Clinically, an especially important place where this feature of worlds comes into play is in cases where persons undergo traumatic experiences such as hurricanes, combat situations, assaults, accidents, or the sudden deaths of loved ones. For whom in general would such events prove most unaccommodatable? On the present account, it would be anyone for whom the particulars of the traumatic event, like those in the religious example above, would conflict with the particulars of their worlds in such a way as to render the latter highly unlivable--in effect, a world in which they cannot see how they can go on (Roberts, 1985; Bergner, 2006, 2009). For example, since it is so often at issue in cases of trauma, consider the matter of death itself. For some persons, death represents the unthinkable and unfaceable. For others, it does not. The ways in which different persons might have evolved these different worlds can be quite various. For example, one individual as a child might have been shielded in a radical way from death. When there was a death in the family, she was not allowed to go to the funeral for fear it would be too much for her; her family never talked openly about this or any other death; and she never had the experience of witnessing her parents facing death, going through their periods of mourning, and moving on with life. Death, treated as an unspeakable state of affairs, and one that certainly she as an individual could not handle, became in this way an unthinkable in her world. For another child, the treatment of this matter may have been just the opposite, and she was able to emerge from childhood with a conception of death as a part of life--a sad one to be sure, but one that can be faced squarely, mourned, and ultimately resolved, enabling her to move on and have a full life. On the present view, then, a primary key to understanding why some persons are far more vulnerable than others to certain life events lies in whether or not that individual's world can or cannot accommodate these events.

Problematic Worlds and Impossible Worlds

Above, the connection was drawn between a person's world, including his or her conception of the place of self within that world, and that person's behavior potential. A person's world may be said to be "problematic" when it unnecessarily limits that person's ability to behave. Our Horneyan individual, alone and helpless in a potentially hostile world, is unable to go out into that world and participate fully, but feels compelled to withdraw to a position of safety from emotional and physical dangers. A paranoid individual, perceiving self-directed conspiracies

and machinations all about, is unable to enter into trusting relationships and feels compelled to live life as a kind of isolated, secretive “fugitive” (Cummings, 1970).

The extreme case of a problematic world may be termed an “impossible world.” Such a world is one that renders behavior impossible, that reduces the person’s behavior potential to zero or virtually zero. While no one is able to see the world as completely impossible, persons approaching this limitation are immobilized by their current formulation of self’s position in the world. Returning again to Jack, our chess player, we can think by way of analogy of him coming to a place in a regular game where he sees that his board position has become impossible; i.e., there is no way to go on.

A Cognitive Approach?

Is this “just another cognitive theory?” Just “old wine in new bottles?” When many people hear about the worlds point of view, their first reaction is that it represents yet another cognitive theory--yet another expression of the cognitive aspect of cognitive-behavioral theory--though perhaps one that is addressing matters on a far broader scale than others. Such a conclusion is unfounded, however, for a number of reasons.

First, in contrast with many traditional cognitive approaches (e.g., Beck, 1976; Beck, Rush, Shaw, & Emery, 1979; Beck & Weishaar, 2008; Ellis, 1962, 2008), the concept of world as used here includes both cognitive and non-cognitive aspects. With respect to the non-cognitive, a person’s world includes actual objects, processes, events, and states of affairs--actual people (including oneself), chess games, houses, marital relationships, jobs, debts, presidential elections, storms, and so forth. Our use of the term in this respect is consistent with ordinary usage wherein people say such things as “having my baby changed my whole world,” “music is an important part of my world,” or “when my wife died, it felt like the end of my world.” In such assertions, they are referring to actual persons and states of affairs, and not to their cognitive representations of these.

Second, with respect to the more cognitive aspects of worlds, every person has a *formulation*, or *conception*, of his or her world. This includes a formulation of those people, those relationships, those finances, those events, that president, etc., and of the literally countless relationships between all of these. Further, it includes formulations both of what is the case now and what could or might be the case in the future. Most importantly in connection with suicide, it contains a *formulation of one’s possibilities and non-possibilities*. In the psychological literature, this cognitive aspect of the concept of world is most reminiscent of, though not the same as, Lewin’s (1936) notion of “the self within the life space.” With respect to contemporary cognitive approaches such as those of Beck (Beck & Weishaar, 2008) and Ellis (2008), virtually all of these focus on discrete, limited “cognitive structures” such as beliefs that “I am unlovable” or that “To be okay, I must be approved by all people at all times.” None to our knowledge contain concepts pertaining to cognitive structures with the kind of scope or comprehensiveness that worlds possess.

A third difference between the present view and prominent cognitive views lies in the interconnectedness of all of the elements in a person's world. A world is a system wherein, as noted previously, every element is related to every other element, and one in which a change in one element can therefore bring about change in others--and even in one's whole world (cf. Quine, 1951). This is most obvious in cases where some event occurs that radically alters (and sometimes "shatters") a person's world: an individual learns that her child has been killed in an automobile crash, that his trusted spouse has been carrying on a long term affair and wants a divorce, or that her country has for the first time been successfully and devastatingly attacked by terrorists. Such events may not only force all other previously salient elements to the periphery of a person's world, but may cause him or her to consider new views of the whole world such as those pertaining to its fundamental benignness, safety, predictability, and controllability.

A fourth difference, and the last that will be noted here, is that the worlds perspective provides formal access to cases where there is nothing wrong or "maladaptive," in a person's thinking. Cases in which a mother loses a child, a couple suffers a divorce, or a breadwinner loses a job typically entail severe changes to a person's world. While persons suffering such shocks may think irrationally or otherwise maladaptively about them, they also might not. In the latter case, cognitive restructuring is irrelevant, but interventions to reconstruct and restore a viable world are not. In the former case, cognitive restructuring will be apropos, but often insufficient to the full business of restoring a viable world. In both cases, the damage extends beyond maladaptive thinking: the child, the spouse, the job are really gone!

Further differences will be noted as we go forward. Many of these pertain to what it buys us to think in terms of worlds; i.e., to its ability to expand our understandings and our range of effective interventions.

World Reconstruction Therapy with Suicidal Individuals

"Worlds are not once and forever things" (Roberts, 1985, p. 21). Constructed in the first place by the individual, they may be reconstructed. In world reconstruction-focused psychotherapy, the task of the therapist is threefold. It is, first of all, to assess the client's world, conceived here as coming to an understanding, both empathic and objective, of this world and of the client's perceived position in it. Secondly, it is to figure out why and in what respects this world is problematic or virtually impossible for the client. Third, and most critically, it is to help the client to *reconstruct* his or her world in such a way that it is no longer problematic or impossible (Roberts, 1985; Bergner, 2006). With respect to suicidal clients, therapy is fundamentally about having a conversation for change, and creating or advocating other relevant experiences, that enable clients to open up their closed worlds and to reconstruct new and more viable ones in which their previously frustrated needs can be met, their level of psychological pain greatly reduced, their hopelessness diminished, and their temptation to commit suicide eliminated.

In this section, we (a) describe the implications of the therapist's entry

into the client's world; and (b) present five cases of suicidal individuals, each accompanied by an analysis of their situation from a worlds point of view.

New Element in Client's World: the Therapist

From the first moment of therapy with a competent, dedicated therapist, the suicidal client's world is importantly changed. There is a new person in it, the therapist, and this person is there as an ally in their struggles. In a worlds-based therapy, this person will conduct him- or herself in the following manner. He or she will assign certain statuses to the client a priori, and treat the client accordingly (Bergner & Staggs, 1987, 1991; Bergner, 2007). These statuses are: one who is (a) acceptable (cf. Rogers, 1951), (b) sense-making, (c) possessed of personal agency, (d) entitled to have his or her interests come first in this relationship, (e) significant, (f) entitled to the benefit of the doubt (given at least equally realistic but differentially degrading readings of reality), and (g) possessor of strengths and resources (cf. O'Hanlon & Weiner-Davis, 2003). In effect, the therapist's stance toward the client is: "This is who you are and I will treat you accordingly; otherwise expressed, you are ineligible to make no sense, to be a non-agent, to be insignificant, to be unacceptable, etc." Further, the worlds therapist, concerned to be a credible and effective status assigner and co-problem solver in the client's world, conducts him- or herself in such a way as to be, and to be seen by the client as being, honest, competent, and his or her own person. When all goes well, and suicidal clients accept the statuses they have been assigned, they find themselves in a new two-person community where they are regarded in this status-enhancing manner by a respected and credible other. The immediate effect of this change is to expand the client's behavior potential and thereby to render his or her world more viable. A detailed description of this approach to the therapeutic relationship may be found in Bergner & Staggs (1987, 1991) and in Bergner (2007).

Case Illustration #1: Suicide and PTSD

In recent years, a substantial body of research has revealed a high incidence of suicide among those with severe cases of post-traumatic stress disorder (Mazza, 2000; Violanti, 2004). The currently dominant theory is that such disorders are due to stored but insufficiently processed memory structures in the brain pertaining to the traumatic event(s) (Foa & Kozac, 1986; Foa & Jaycox, 1999; Shapiro & Maxfield, 2002). However, this theory has difficulties accounting for a number of well-established facts, perhaps most notably the fact that in many cases of PTSD there are no such memories (e.g., cases of rape where the victim was rendered unconscious with date rape drugs, or of events that the person did not personally witness such as the murder or suicide of a loved one) (Bergner, 2009). The worlds view provides an alternative account of PTSD that does not encounter these problems.

"Jen," a 45 year old, single female, suffered long term excruciating post-traumatic symptoms dating back to her adolescence. At that time, she had had an extremely hateful, violence-ridden relationship with her older brother, including harrowing episodes in which he had attempted to cripple and possibly even to kill her. Fearing for her life, her parents in astonishing oblivion to what was going on under

their own roof, she left home at the age of 16 and lived alternately on the streets and in the homes of friends. Seen decades later, she reported numerous dreams and occasional flashbacks in which she again experienced her brother's terrifying attacks. So chronically tormented was her existence that she had frequently over the years strongly considered suicide as the only possible way to achieve surcease from her pain.

Case analysis. From a world's point of view, what occurs at the outset of PTSD, whether this occurs early (as in Jen's case) or later in life, is that a traumatic event, or series of events, ushers the person into a new world (Bergner, 2006, 2009). Typically (but not always), the individual has to that point in his or her life inhabited a world marked for the most part by characteristics of safety, predictability, and controllability. In this world, the possibility of such things as being subjected to brutal sexual or physical assault, seeing a close friend gruesomely shot to death, or having flood waters rush in upon one seemed remote. The traumatic event(s), however, radically transforms this world. Like the announcement of imminent atomic holocaust, it takes over the person's whole world and thrusts other parts of that world to the periphery. This transformed world, in contrast with the old one, is precisely unsafe, unpredictable, and uncontrollable. The individual has drawn the "lesson" from the traumatic events that catastrophic things *can* happen to him or her, and that when they do, there may be no way to see them coming in time, and no way to master or prevail over their overwhelming power. Further, the lesson is that this is the way the world *is*, not was for a now past, brief, anomalous moment in time. The sense is not of something past, but of something present – a repetition of the cataclysmic event represents an ever present danger.

In this new and transformed world, the classical symptoms and intense suffering of PTSD make eminent sense. The individual, living in a state of constant expectation of and vigilance for a return of the dreaded event(s), suffers chronic and severe *anxiety*. Given the desperate need to avoid further confrontation with such an event, he or she is trying strenuously to *avoid situations reminiscent* of it, and even to *suppress all thoughts or images* of the event. However, this attempted suppression, coupled with the need to somehow come to terms with such a threatening presence in one's world, is resulting in extremely painful experiences in which the person *relives* the event in nightmares, intrusive memories, and often flashbacks. In order to quell their raging anxiety, as well as to be able to sleep free from nightmares, many turn to alcohol or other substances, thereby creating *substance abuse disorders*. Often, the individual is so consumed by the ever present life and death danger that nothing else matters, leaving him or her *emotionally numb* to life's other joys and sorrows. Finally, the collective impact of all of these states of affair frequently results in severe marital, family and work problems. The post-traumatic world is an extraordinarily painful one in which to live, one that others typically do not understand ("It happened years ago; why can't you get over it?"), and one from which many are tempted to escape via suicide.

For PTSD victims such as Jen, then, the primary obstacle to recovery is the

ongoing presence in their worlds of something that, like atomic holocaust, has the status of the unthinkable and unfaceable. There is something lurking out there that they cannot bear even to look at, much less to face. Accordingly, the preferred therapeutic goal is that of assisting these persons to reconstruct their worlds in such a way that they can accommodate these unthinkables. The goal is to help them to “make the unthinkable thinkable” within their worlds.

The centerpiece of psychotherapy with Jen was the version of exposure therapy known as “eye movement desensitization and reprocessing” (“EMDR”) originated by Shapiro (1995). (Research [e.g., Foa & Jaycox, 1999] suggests that other versions are equally effective.) Employing this procedure, Jen was asked to bring to mind all at once her total sensory experience of particular harrowing events from her past, as well as her emotions and thoughts while undergoing these. While she was doing so, the therapist waved his hand back and forth before her eyes for a brief period, then ceased, asked her to relate her experience, discussed this briefly, then repeated this and related sequences a substantial number of times. This intervention brought about significant improvement in Jen’s condition. At termination, she had a significant but not complete diminution in her post-traumatic symptoms and was able to experience without incident certain stimuli in her environment that had previously triggered flashback episodes.

The rationale for Jen’s therapy in this case was not the traditional ones in terms of either extinction or the reprocessing of maladaptive memory structures, both of which fail to account well either for the conditions that frequently engender PTSD or for certain of its symptoms (Bergner, 2006, 2009). Instead, it was in terms of worlds and of the presence in her world of something that she experienced as an ever-present, unthinkable, and unfaceable threat. The constant message to Jen throughout the therapy, conveyed in different ways, was one highly consistent with the *practice* (though not the traditional theories) of exposure therapy. It was that she needed to look squarely at--to “face down” as it were--what had happened to her. She needed to realize that, while it was horrible, she could look at it in the therapy sessions in a safe, controlled, scientifically tested way, and that by doing so she would become desensitized to it in the sense of being more and more able to see it as a terrible *but not unthinkable, unfaceable* reality. Further, by doing so she could relocate what happened in the past (vs. experiencing it as a present danger), and could go out and live more freely in a world where it once happened and where there was a remote chance that, although her brother was now deceased, something like it could happen again.

The thrust of this substantially but not completely successful therapy was that of getting Jen to reconstruct her world by taking a part of it that had been given the status of the unthinkable and unfaceable, and give it the new status of something that was horrific, but that she could face, could relocate in the past, and whose remote possibility of repetition she could go out and face in her life. At termination, her level of perturbation was reduced to levels such that she did not experience further suicidal temptation.

Case Illustration #2: Suicide and Disruption in Core Relationships

In general, suicidal individuals present worlds that have been constructed by them as virtually impossible. However, upon careful therapeutic inquiry, alternative and highly realistic reconstructions of these worlds often emerge in which they are seen to be far more viable. An excellent example of this comes from the work of Aaron Beck in a commercially distributed audiotape therapy session some years ago (Beck et al., 1979). In this section, after first describing the case involved, we will relate the traditional cognitive therapeutic approach employed by Beck. Subsequently, we will present some alternative, worlds based approaches to this case, ones that could be implemented within the cognitive restructuring format employed by Beck.

“Phyllis,” a 32 year old, divorced social worker, entered therapy in a state of crisis following an experience in which her current boyfriend had rebuffed an invitation from her to get together, and in general conveyed an attitude that he did not care to see her at all. Phyllis reported that this event had thrown her into an “emotional tailspin,” that she was experiencing strong suicidal temptation, but that she was held back primarily by the thought of what her suicide would do to her 12 year old son. Were it not for him, she stated, she probably would have committed suicide a long time ago.

Further assessment by Beck revealed that the situation with “Bill,” her boyfriend, was consistent with a longstanding pattern in Phyllis’ life. Treated by others--most importantly her mother, her ex-husband, and previous boyfriends--in a way that she described as “cold, critical, and unsustaining,” she had repeatedly addressed this situation by attempting to win these persons over by being “good enough and kind enough and trying to meet all their needs.” However, this life strategy had consistently failed to change the pattern of treatment she received. In the present case with Bill, she reported, she viewed him as an emotionally damaged person who had difficulty trusting others, and stated that she believed her efforts to be endlessly good and kind would overcome his mistrust and enable him to return her affections. Although admitting to Beck that this strategy had so far failed, she reported that she still “emotionally believed” in its soundness.

For Phyllis, all of this added up to what for her was a near impossible world, one in which she was “emotionally alone,” felt utterly rejected, and could see no solution to her painful situation. She was, in her own words, “in a box, trapped, no way out.”

Case analysis. The traditional cognitive approach to treatment is to identify the maladaptive beliefs (“schemas”) that are causing clients’ emotional distress, and then to collaborate with them to modify these beliefs (Beck, 1976; Beck et al., 1979; Beck & Weishaar, 2008). Employing this approach, Beck implemented the following primary interventions in his first session with Phyllis. Based on some exploration of her personal history, he and Phyllis identified as critical her belief that, if only she was good enough and kind enough and met all of a man’s needs,

that man would surely respond in a favorable way and a satisfying love relationship would ensue. Having identified this core schema, they proceeded to examine the evidence in Phyllis' life for its validity, and concluded that it was woefully unsupported by the evidence. However, after attempting to discredit this idea in several different ways, Phyllis remained unmoved, stating that she "still emotionally believed it." Moving on briefly to other more secondary maladaptive ideas, it became clear that Phyllis believed that Bill constituted "her sole repository of satisfaction." Questioning this, Beck queried her about whether or not she derived satisfaction from other spheres of her life. His line of questioning revealed that in fact she derived significant satisfaction from her work and from time spent both with her 12 year old son and with several good friends. Along the same line, her belief that she was "emotionally alone" without Bill was examined, revealing that, on thinking about it, she did not feel emotionally alone, but rather "emotionally tuned in" when with her son, her friends, and her therapy clients. Finally, Beck held up for her a vision wherein, if she could escape the grips of her faulty theory about how to win the love of Bill and other men, her life would be much better.

It may be noted that, although initiated from a different framework, Beck's interventions served as an excellent start to opening up Phyllis' world and making it more viable. It may further be noted that, since many factual elements (child, friends, job) were present in Phyllis' world that could serve to render it quite viable, a heavy emphasis of a worlds based therapy, like a Beckian one, would be the more cognitively oriented one of getting her to reformulate her current world. So what would be different?

As noted, Phyllis, after reviewing the evidence for her core belief about how to approach love relationships and admitting such evidence was lacking, and after further significant efforts by Beck to get her to modify this belief, remained unmoved. Why? From a standard cognitive point of view, schemas or beliefs are of such a nature that, when their holders see and admit that the available evidence shows them to be wrong, the belief should be relinquished. However, from a worlds point of view, Phyllis' belief is something more. It is the linchpin of a critically important part of her world, her desire for a deep, lasting, and satisfying romantic relationship. As matters stood at the outset of therapy, her belief about how to win love in the world represented her only perceived ticket to personal happiness. She had no other. Asking her to give it up would be like asking a survivor of the Titanic, clutching desperately to a piece of driftwood in the water and admitting that it was not a great life preserver, to relinquish it. Phyllis had no place else to go in her world. Thus, a recommended alternative would be to undertake the following groundwork designed to provide her first with a better "life preserver" and only then, with this in hand, to relinquish her inadequate "driftwood."

A first intervention would be to clarify and to question a critical element in Phyllis' world construction. This was her strong, if implicit, belief that one is "nobody 'til somebody (of the opposite sex) loves you." Phyllis had in effect constructed a world in which men possessed an extraordinary validating power. If one

of them loved you, this made you worthwhile; if they did not, you were not worthwhile. Indeed, when one looks at the facts of Phyllis' world, a world that included meaningful work, friendships, and relationship with her child, one can see that she already possessed a world potentially rich in meaning and satisfaction, and that this belief about men served to radically undermine the viability of this world. One can see further that its reconstruction, one in which she ceased to assign men such a validating power, would have enhanced considerably the viability of her world and in the bargain reduced her lethality. She would in effect have moved from a position of near impossible world to one of a quite viable, less psychologically frustrating, and far less painful world.

A second intervention also bears on the male-female relationships so critical to Phyllis' suicidal state. Pervading her statements about how she might achieve such a relationship was a very faulty conception of romance. Herself a psychotherapist by profession, she viewed Bill as a damaged person, and one in particular who was unable to trust others. In speaking of her attempts to win his love, an unmistakable note of her love *curing* or *healing* him--i.e., enabling him to become a more psychologically whole and trusting person--emerged. Her model of a romantic relationship was clearly more that of a therapeutic, curative one where one's personal goodness, self-sacrifice, and fidelity would heal the partner, and less that of a truly romantic one. Thus, an additional approach to opening up Phyllis' world and making it more viable would have been to discuss with her the important differences between therapeutic and romantic relationships (Hegi & Bergner, 2010), to educate or remind her of the characteristics of the latter, and to note that a far better approach to achieving her goal of a good romantic relationship would lie in approaching men in this way--in effect, to "try being more of a Juliet and less of a Florence Nightingale."

Case Illustration #3: Suicide and Loss

A frequent and well-known precipitator of suicidal states is serious loss (Spirito & Esposito-Smythers, 2006). Such losses include those of other persons (e.g., through death or divorce), of employment (e.g., through dismissal or demotion), of a perceived future due to failures (e.g., at school or work), and of bodily capability (e.g., through disabling illness). In the following case, not only were such obvious losses incurred, but something further that, though profound in its implications, is little discussed in the literature.

"Mr. Brown," an elementary school principal, had for many years been a much-admired figure in his community. In addition to being well liked and respected, he enjoyed a secure job position, a nice home, an apparently secure marriage, and more than adequate financial resources. However, late in his career, it was revealed that for many years he had been molesting children in his care. Subsequent to initial denials and much public support, more and more of his former students came forward and testified that they had been molested by him over a period of more than 25 years. The evidence became both overwhelming and widely known, rendering it obvious to virtually everyone in his community that he was

guilty. Mr. Brown was suspended from his job and his pension made subject to denial pending his court case. His wife left him, resulting in the loss not only of his marriage but of his home, which she retained. He became a social pariah who could no longer present himself in public, and faced an almost certain lengthy jail term. While awaiting trial, he committed suicide.

Case analysis. All but one of the losses suffered by Mr. Brown are obvious and require little comment. Viewed from a worlds perspective, all may be seen as *status changes* that greatly diminish his opportunities, eligibilities, and motivations to act. One day, Mr. Brown is a husband, a school principal, and a respected citizen, and is able to act on the countless opportunities, roles, entitlements, and motives afforded by these statuses. The next day, all of these have vanished from his world, his meaningful behavioral possibilities are almost entirely eliminated, and his world has become a virtually impossible one.

At times, among their other losses, persons lose something of profound importance: the *status to make status claims on their own behalf* (Torres & Bergner, 2010). In Mr. Brown's case, once he was viewed by virtually everyone in his community as a child molester, liar, and moral sham, he lost completely his status as one who could effectively make any claims on his own behalf to bring about recovery of his lost status. Thus, he lost not only his whole world, but with it any credible voice to make a case for himself that could result in recovery of this lost world. Individuals who experience such a loss of effective voice will frequently and understandably experience hopelessness and helplessness. Lacking the ability to make effective status claims on their own behalf, there is no discernible way back--no avenue to recovery and a better future. Thus, the grave danger arises in many such cases that the individual may, like Mr. Brown, commit suicide.

Case Illustration #4: Suicide and Identity

The following case is taken from the work of Ossorio (1976) and represents his analysis of a very detailed case described in the excellent case book of Goldstein and Palmer (1963). "James," a young musician of some local repute, had a strong identity as a free spirit: someone who "did his own thing in his own time" and, as a matter of principle, refused to be controlled or restricted by anyone. After a performance one night, he met a young audience member, "Shirley," and the two began a relationship. They moved in together, enjoyed very satisfying sexual relations, but in every other respect had a highly tempestuous relationship. Conflicts centered around Shirley's insistence that James help out financially (she was the only one with a steady job), that he help around the house, and in general that he hold up his end with respect to their mutual responsibilities. In addition to this, James refused to be restricted to an exclusive sexual relationship with Shirley, had numerous affairs, and made little effort to conceal these from her. In countless ways, his general stance in the relationship stated: "If you want to be with me, don't try to tie me down."

One day, James suggested that he and Shirley have a child. She became pregnant. In the ensuing months, Shirley began to use her pregnancy as a lever to

make claims on James to take on more responsibility and to cease his philandering. Given that he had initiated the idea of having a child, and that he was genuinely involved in this, her pregnancy created in him a sense that he had indeed incurred legitimate obligations. One morning, prior to Shirley leaving for work, she and James had a particularly violent argument about the need for him to clean their attic. When Shirley got into the car to leave for work, James kissed her goodbye and said, “Don’t be angry with me.” When she returned home from work that evening, she found James dead, hanging from a rafter in an immaculately clean attic.

Case analysis. Unfortunately, James never came to therapy, and this case was reported in treatment by Shirley. Reconstructing James’ world, it seemed that his identity as a free spirit was extraordinarily important to him. Being autonomous, being his own person, was a matter of the strongest principle for him, and the idea of letting any other person control or restrict his freedom was intolerable to him. However, he had unwittingly created an impossible world for himself. On the one hand, he had elected to have a child, was involved in this, and as a person of some integrity could not simply walk away from this. On the other hand, the prospect of going on in a world where he knew he had incurred legitimate obligations, and thus of being restricted and subject to another’s will, represented a completely intolerable one: an impossible world. This case illustrates the general proposition that issues of identity and of self-concept with some frequency play a role in suicide. The operative world stance in such cases might be expressed in the following way: “I can’t live this way and still be me.”

Case Illustration #5: Suicide and Meaninglessness

Victor Frankl once asserted that “Some worlds are worth living in; some are not” (1969, p. 8). Some persons’ worlds are such that action within them is stripped of much of the meaning that it might otherwise have. The link between suicide and such a world is well captured in the following, unusually literate suicide note reported by Yalom (1980). All we know of the case is contained in the note itself: “Imagine a happy group of morons who are engaged in work. They are carrying bricks in an open field. As soon as they have stacked all the bricks at one end of the field, they proceed to transport them to the opposite end. This continues without stop and every day of every year they are busy doing the same thing. One day, one of the morons stops long enough to ask himself what he is doing. He wonders what purpose there is in carrying the bricks. And from that point on, he is not quite as content with his occupation as he had been before. I am the moron who wonders why he is carrying the bricks” (from Yalom, 1980, p. 419).

Case analysis. What renders this man’s world an impossible one for him? If one analyzes his suicide note, his precise lament seems to be that, in the world as he finds it, he can find none of the three kinds of value that, upon analysis, are available to human beings: *instrumental*, *intrinsic*, and *spiritual* value (Bergner, 1998). His actions, analogized as a pointless carrying of bricks back and forth, accomplish no valued utilitarian end that he can see. They possess no intrinsic value for him. And he can find no spiritual value in them that might enable him to

endure or even to affirm them. The “absurd,” the quintessence of meaninglessness, is precisely what is generated when instrumental, intrinsic, and spiritual value are stripped from a person’s behavior and world (Bergner, 1998). Life becomes “a tale told by an idiot, full of sound and fury, signifying nothing.”

What generates such a world? We may distinguish two general answers, the first of which we have touched upon in connection with loss and will mention only briefly here. Loss of status--i.e., loss of the relational positions one has in the world--characteristically entails loss of meaning. Recalling the example of our school principal, Mr. Brown, when he lost his job, his wife, his home, and his community standing, as well as the status in the eyes of others to ever regain them, he simultaneously lost virtually all of the meaning in his life. This meaning had been derived overwhelmingly in the form of instrumental and intrinsic meanings connected with his life as a principal, a husband, and an admired citizen. Since he was not a spiritual man and derived virtually no spiritual meaning in his life, virtually all personal meaning was lost from his world once he had lost these other statuses.

Beyond this, some persons live in worlds that are characterized by what might be characterized as a more philosophically based meaninglessness. For example, increasingly, many educated persons, particularly those with a scientific orientation, find themselves in the grips of a certain reductionist outlook in which persons are essentially organic machines that operate according to deterministic physical laws. In this outlook, all of their actions, accomplishments, and personal characteristics are at bottom nothing but the determined outward manifestations of brain and other physiological events, and viewing them as “praiseworthy” or “virtuous” or “motivated by spirituality” represents a kind of naivete. By way of a second example, there are a number of personal outlooks, traditionally referred to as “cynical,” that impair individuals’ ability to find their worlds meaningful. Perhaps the most common version of these maintains that people, in everything they do, no matter how altruistic they may appear, or how lovingly they may portray their actions, are essentially acting out of self-interest--are “looking out for number one.” On this view, human love, understood as being invested in the well-being of another for his or her own sake (Clark & Monin, 2006; Hegi & Bergner, 2010), is a sham; we are all completely and ineluctably selfish beings.

For the most part, the world views at issue here are not irrational in the customary sense that they embody distorted logic or fail to square with empirical evidence. Because of this, the suggested therapeutic approach is not the traditional cognitive therapeutic one of trying to disconfirm empirically or otherwise rebut the client’s current world view (Beck & Weishaar, 2008). It is, rather, to listen carefully to it, to convey an understanding of it, and to affirm its inherent logicity and sensibleness. Having done so, the subsequent tack is to point out to the client that his or her position is not that of a helpless victim doomed to see the world in the only possible way that it can be seen. It is instead the far more powerful one of *constructor* of a world. Unfortunately, in a situation where, within bounds of realism, alternative real worlds are possible, and where there is no privileged,

uniquely correct one, the client has constructed a world that permits little in the way of meaning. From this position of leverage--of constructor and not victim--the client may be shown that he or she can make a choice to reconstruct this world in a way that is equally or more realistic, but that permits the derivation of far greater meaning. Should the client elect to do so, we as therapists may assist them in this process.

Conclusion

In this chapter, we have (a) provided an updated, expanded, and clarified discussion of the Descriptive Psychological concept of a person's "world"; and (b) illustrated worlds thinking by applying it to five cases of suicidal persons. The interested reader may find more extensive discussions of world reconstruction thinking, as well as its applications to other clinical problems, in Ossorio (1997), Roberts (1985), and Bergner (2006, 2007, 2009).

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References

- Beck, A. (1976). *Cognitive therapy and the emotional disorders*. New York: New American Library.
- Beck, A., Rush, A., Shaw, B. & Emery, G. (1979). *Cognitive theory of depression*. New York: Guilford.
- Beck, A., & Weishaar, M. (2008). Cognitive therapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (8th ed., pp. 263-294). Belmont, CA: Thompson.
- Bergner, R. (1998). Therapeutic approaches to problems of meaninglessness. *American Journal of Psychotherapy*, 52, pp. 1-16.
- Bergner, R. (2006). World reconstruction in psychotherapy. *American Journal of Psychotherapy*, 59, 1-17.
- Bergner, R. (2007). *Status dynamics: Creating new paths to therapeutic change*. Ann Arbor, MI: Burns Park Publishers.
- Bergner, R. (2009). Trauma, exposure, and world reconstruction. *American Journal of Psychotherapy*, 63, 267-282.
- Bergner, R. & Holmes, J. (2000). Self-concepts and self-concept change: A status dynamic formulation. *Psychotherapy Theory, Research, Practice, Training*, 37, 36-44.
- Bergner, R. & Staggs, J. (1987) The positive therapeutic relationship as accreditation. *Psychotherapy Theory, Research, Practice, Training*, 24, 315-320.
- Bergner, R. & Staggs J (1991). The positive therapeutic relationship: An accreditation perspective. In M. Roberts and R. Bergner (Eds.), *Clinical topics: Adolescent-family problems, bulimia, chronic mental illness, and mania*. Ann Arbor, MI: Descriptive Psychology Press.

- Cattell, R. (1990). Advances in Cattellian personality theory. In L. Pervin (Ed.), *Handbook of personality: Theory and research* (pp. 101-110). New York: Guilford.
- Clark, M., & Monin, J. (2006). Giving and receiving communal responsiveness as love. In R. J. Sternberg & K. Weis (Eds.), *The new psychology of love* (pp. 200-224). New Haven: Yale University Press.
- Cummings, S.J. (1970). *The fugitive: Toward a theory of the paranoid style*. Unpublished Masters Thesis. Boulder, CO: University of Colorado.
- Ellis, A. (1962). *Reason and emotion in psychotherapy*. New York: Lyle Stuart.
- Ellis, A. (2008). Rational emotive behavior therapy. In R. Corsini & D. Wedding (Eds.), *Current psychotherapies* (8th ed., pp. 187-223). Belmont, CA: Thompson.
- Foa, E. & Kozak, M. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99, 20-35.
- Foa, E. & Jaycox, L. (1999). Cognitive-behavioral theory and treatment of posttraumatic stress disorder. In D. Spiegel (Ed.), *Efficacy and cost-effectiveness of psychotherapy* (pp. 23-61). Washington, DC: American Psychiatric Association.
- Frankl, V. (1969). *The will to meaning*. New York: World.
- Goldstein, M. & Palmer, J. (1963). *The experience of anxiety*. New York: Oxford University Press.
- Hegi, K. & Bergner, R. (2010). What is love? An empirically-based essentialist account. *Journal of Social and Personal Relationships*, 27, 1-17.
- Horney, K. (1945). *Our inner conflicts*. New York: Norton.
- Jeffrey, J. (1998). Cognition without processes. In J. Jeffrey & R. Bergner (Eds.), *Advances in Descriptive Psychology* (Vol. 7, pp. 33-66). Ann Arbor, MI: Descriptive Psychology Press.
- Kernberg, O. (1975). *Borderline conditions and pathological narcissism*. New York: Aronson.
- Lewin, K. (1936). *Principles of topological psychology*. New York: McGraw.
- Mazza, J. (2000). The relationship between posttraumatic stress symptomatology and suicidal behavior in school-based adolescents. *Suicide and Life-threatening Behavior*, 30, 91-103.
- Millon, T. & Davis, R. (2000). *Personality disorders in modern life*. New York: Wiley.
- O'Hanlon, W. & Weiner-Davis, M. (2003). *In search of solutions* (2d Ed.). New York: Norton.
- Ossorio, P.G. (2013). *Seminar on clinical topics: The collected works of Peter G. Ossorio, Vol. VII*. Ann Arbor, MI: Descriptive Psychology Press. (original work published 1976.)
- Ossorio, P.G. (1997). *Essays on clinical topics*. Ann Arbor, MI: Descriptive Psychology Press.

- Ossorio, P.G. (1998). "What actually happens": *The representation of real world phenomena: The collected works of Peter G. Ossorio, Vol. IV*. Ann Arbor, MI: Descriptive Psychology Press. (Original publication, 1978).
- Ossorio, P.G. (2006). *The behavior of persons*. Ann Arbor, MI: Descriptive Psychology Press.
- Putman, A. (1998). Being, becoming, and belonging. In J. Jeffrey & R. Bergner (Eds.), *Advances in Descriptive Psychology* (Vol. 7, pp. 127-162). Ann Arbor, MI: Descriptive Psychology Press.
- Roberts, M. (1985). Worlds and world reconstruction. In K. Davis and T. Mitchell (Eds.), *Advances in Descriptive Psychology* (Vol. 4, pp. 17-53). Greenwich, CT: JAI Press.
- Rogers, C. (1951). *Client-centered therapy*. Boston: Houghton-Mifflin.
- Quine, W.V.O. (1951). Two dogmas of empiricism. *The Philosophical Review*, 60, 20-43.
- Shapiro, F. (1995). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures*. New York: Guilford Press.
- Shapiro, F. & Maxfield, L. (2003). EMDR and information processing in psychotherapy treatment: Personal development and global implications. In M. Solomon and D. Siegel [Eds.] *Healing Trauma*. New York: Norton.
- Shneidman, E. (1984). Aphorisms of suicide and some implications for psychotherapy. *American Journal of Psychotherapy*, 38, 319-328.
- Shneidman, E. (1998). *The suicidal mind*. New York: Oxford University Press.
- Spirito, A., & Esposito-Smythers, C. (2006). Attempted and completed suicide in adolescence. *Annual Review of Clinical Psychology*, 2, 237-66.
- Violanti, J. (2004). Predictors of police suicide ideation. *Suicide and Life-Threatening Behavior*, 34, 277-283.
- Wishnie, H. (1977). *The impulsive personality*. New York: James Evans Publishing.
- Yalom, I. (1980). *Existential psychotherapy*. New York: Basic Books.