

Gestalt Therapy Approaches to Crisis Intervention With Suicidal Clients

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Suggestions are made based on the concepts of Gestalt therapy for areas that can be explored in clients who are in crises. Rather than being a passive counselor, simply reflecting back to the client their verbal and nonverbal communications, there are specific areas that might fruitfully be explored by a more active crisis counselor, including acknowledging the clients' suicidal ideation and their psychological struggle, exploring their suicidal plan, exploring their anger and underlying loneliness, helping them become aware of their repressed emotions and ambivalence, and exploring options. [Brief Treatment and Crisis Intervention 1:65–74 (2001)]

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The major influence in the development of crisis intervention techniques has been person-centered therapy (Lester & Brockopp, 1973), and, more recently, cognitive-behavioral therapy has been applied to crisis intervention (Dattilio & Freeman, 1994; Roberts, 1995, 2000). The most recent development has been the integration and application of strengths-based solution-focused therapy to crisis intervention (Roberts, 2000). Suggestions have also been made for orienting crisis intervention using the

concepts of transactional analysis (Orten, 1974) and learned helplessness (Rosenthal, 1986). Nevertheless, the person-centered approach to crisis intervention remains the predominant technique taught to crisis interveners working in suicide prevention centers. However, a person-centered approach is not suitable for every client in crisis, and it is important to provide additional tactics for crisis interveners to utilize for clients who do not respond well to a person-centered approach.¹ The present paper suggests ways in which Gestalt therapy can provide a framework for crisis intervention.

Gestalt therapy, developed by Perls, Heffer-

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1. Both person-centered counseling techniques and simple cognitive therapy are found by some clients to be very frustrating, especially if they have some knowledge about systems of counseling.

line, and Goodman (1951), has enjoyed a modest popularity since its description, but a search of *The Gestalt Journal* located no articles dealing with suicide prevention, and a database search of *The Gestalt Bibliography* found no citations (Lester, 1991). Despite this, Gestalt therapy offers some guidelines for counselors engaging in crisis intervention that may be suitable for some clients, and the present paper will describe some of these guidelines. O'Connell (1970) provided a general orientation for the crisis intervener from a Gestalt perspective, but he did not develop specific techniques or suggest issues that must be addressed. Others have made suggestions about the psychodynamics of suicidal behavior from a Gestalt perspective. For example, Daldrup, Beutler, Engle, and Greenberg (1988) noted the role of anger in motivating suicidal behavior.

It is generally accepted by crisis interveners that clients in crisis are far more likely to respond to therapeutic interventions than those who are relatively stable with their dissatisfaction (e.g., Brockopp, 1973). The more intense the perturbation of clients, the more likely they are eventually to reach closure, a viewpoint that is consistent with Gestalt therapy.

Gestalt Theory

Perls (Perls et al., 1951) focused upon the interaction between the organism and the environment.² Organisms live by maintaining the difference between themselves and the environment. They assimilate parts of the environment and reject others and, therefore, grow, sometimes but not necessarily, at the expense of the environment. The parts that are assimilated are

always novel, and so assimilation involves creative adjustments by the organism. Whenever the person and the environment interact, there is *contact*. The person can be seen as the agent, or the environment; and so Perls refers to the contact boundary as foreground, the immediate environment as the field, and the contact as a mutual interaction.

Gestalt therapy is concerned with analyzing the structure of the actual experience of the contact and providing the client with awareness of both the foreground and the field. The counselor is not only concerned with what is being experienced, but on how it is being experienced; not on what the person says, but how he says it. The goal is to heighten the contact and brighten the awareness of both the experience of contact and the boundary disturbances experienced by the person within the contact. This translates into a fuller experience and appreciation of the contact and an awareness of how individuals disturb their contact boundaries.

As people grow and assimilate new experiences, they have to make creative integrations of this new material with the old material. This often involves destroying the status quo, the former ways of perceiving the world. The person needs to aim for a better integration of all the material, not a mere reshuffling of the components. This process may easily arouse fear and anxiety, for it is scary to change one's set habits when the new material demands that one needs to. The psychologically healthy person does not shrink from that task, whereas neurotics avoid restructuring their perceptions and habits and hold to their old perceptions of reality that are likely to be distorted by the unfinished traumatic experiences of the past.³ When neurotic people do enter new experiences, these experiences are unlikely to be perceived accurately in

2. More recent works on Gestalt therapy, aside from those cited in the text, include Polster and Polster (1973), Korb, Gorrell, and Van De Riet (1989), and Wheeler (1991).

3. Perls presumably uses the term "neurotic" as defined in the older versions of the *Diagnostic and Statistical Manual* of the American Psychiatric Association.

the new context, and the neurotics fail to recognize their distortions.

The *self* is your system of contacts with the environment at any time. Healthy people identify with their self and are able to perceive choices within their contact. Unhealthy people are alienated from their self. Unhealthy people try to conquer their own spontaneity, believe they are restricted and without choices, and limit their assimilation of new experiences. The set of identifications and alienations one has is called one's *ego*.

Since Gestalt therapy aims to increase the contact and the awareness of the contact between the person and the environment, therapy works on the ego. The goal is to train the ego by inviting and encouraging it to experiment with awareness, to make it more aware of the environment and of physical responses within the body of the person. Once the ego has its senses revived and is making better contact, therapy is finished; the client can take over from the counselor.

The role of the therapeutic situation is to provide clients with safe opportunities to experiment by opening up their awareness. Perls is aware that the major difficulty is to release the clients' healthy power of creative adjustments, without having them mimic the counselor's conception of reality. The aim is growth, not correction. Can society tolerate people regulating themselves with less regard for societal norms and values? Perls feels that society can tolerate more self-regulation than occurs at present.

The therapeutic situation is safe. It allows clients to experiment with lowered levels of anxiety since there is a clear invitation to do so without judgment and recrimination. Clients do not flee from anxiety but remain aware of both their anxiety and their responses to it. The role of the counselor is to increase awareness of the client's responses, while providing enough support for the client to continue.

Perls believes that the organism can be trusted

to self-regulate. For example, if the client has some inner conflicts, the counselor should not try to reduce or remove these conflicts. Conflict is a means of growth. The counselor's task is to heighten the client's awareness of both sides of his conflict so that they may feed on the environmental material and come to a crisis point within the safety of the therapeutic environment. The sharper a conflict, the greater the struggle, and the more likely the outcome will be positive for the client. Working through conflicts enables people to grow. Neurotics have become neurotic partly by attempting to resolve conflicts prematurely, leaving a great deal of material outside of their awareness and employing elaborate defense mechanisms to avoid intense experiences.

Many conflicts stem from early situations left unfinished and unresolved. They affect present behavior because the client repeatedly tries to finish the situation in current situations that are not accurately differentiated from the past. Energy is diverted from growth-producing activity as a result of confusion and raised levels of anxiety. One of the tasks of therapy is to uncover these unfinished situations and support the person in resolving them. To complete therapy, clients need to become aware of how the unfinished situations affect their decisions and behaviors in the present context. Once the unfinished situation is completed, the trauma is lessened and is less likely to repeat in new situations outside of the client's awareness.

When we experience conflict, we need to recognize that both opposing forces are within us. People typically do not tolerate their ambivalence (awareness of polarities) and project one aspect of their conflict onto the environment. Both aspects of the conflict need to be integrated into the whole, with awareness. When self-regulation is not in place, individuals are likely to project their major life conflicts onto the perceived regulatory bodies (parents, spouses, society, etc.). This projection creates a reliance on

the projected party to provide resolution and removes from the individuals the power to resolve their own conflicts.

For Perls, the way to psychological health lies in the harmonious integration of all aspects of one's self. Therapy aims to increase awareness and to teach the client to trust in organismic self-regulation. Awareness will assist in resolving issues. The body is wise and, left to itself, will heal itself. The counselor does not aim to direct clients, but rather to free them for growth that is self-directed. This is central to the development of an internalized and potent locus of control. Thus, the implication is that people will self-regulate, be responsible for their own behaviors, and seek constructive relationships within their environment. Seligman's work on learned helplessness indicates that people, even when they have an internal locus of control, can perceive themselves as powerless or without choice in important situations. The responsibility and potency gained from self-regulation places an enormous responsibility and freedom upon the individual. External regulation removes responsibility and choice, and individuals are, in a sense, victims of their immature ability to achieve self-regulation. They may, therefore, perceive their lives as limited by enforced or limited choices.

Gestalt Approaches to Crisis Intervention

Acknowledgment of Suicidal Ideation

Clients need to talk openly about their thoughts and feelings regarding suicide, while feeling safe and accepted. Many clients will give mild clues or hints in order to check whether the counselor has the courage and alertness to discuss these issues. Some clients need only this—time with someone who is present, receptive, and respectful, with whom they can talk openly

regarding their suicidal thoughts and despair. However, individuals who are suffering from a high level of perturbation and have a history of maladaptive behaviors and unsatisfying relationships do not rapidly feel relief from discussing their situation and need more intense therapy.

Exploration of the Suicidal Plan

Discussing the client's plan for suicide is typically used as an assessment tool, but it has far more important aspects. If the counselor can provide acceptance and support as clients talk about their plans, this is likely to build a trusting relationship, establish a stronger sense of connection, and bring invaluable awareness to the clients. Clients will have a greater understanding of the gravity of their situation and become more willing to engage in a therapeutic relationship. Clients will be able to discover a largely dissociated part of the self and begin to integrate rather than simply suffer. Exploration of death and funeral fantasies can assist them to integrate death concepts, reduce the romantic aspects of suicide (as it is discussed in a down-to-earth manner), and facilitate awareness of revenge (and other) aspects involved in their suicidal desires. An opportunity to gain insight into the unconscious forces that are motivating them toward suicide is often uncovered in their death/funeral fantasies.

Exploring Anger

The act of suicide can be viewed from a psychoanalytic perspective as a retroflected expression of anger. Yet many suicidal clients are often unaware of this aspect of themselves. When they are able to fantasize the pain and anguish that their parents/partner/children will go through after their suicide, they can be encouraged to explore and own their anger (or sadness). It is useful for them to gain a sense of their power

and their anger so that they no longer perceive themselves as merely victims. On the other hand, clients who are openly acting-out anger are likely to discover their more vulnerable emotions and feel some compassion toward themselves.

Angry thoughts need to be explored with care since outbursts of rage can fuel angry thinking. Anger is a “mover emotion,” designed to help people protect themselves. Angry thoughts can be employed as a means to avoid other emotions. When people are hurt or threatened, anger is often their first response, and to avoid the vulnerability and pain associated with sadness they can continue on a circular treadmill of angry thinking and blaming. Talking over the reasons for anger usually does little to dispel it, even though venting these thoughts may be temporarily satisfying. A good strategy is to encourage the client not to repress anger, but neither to act upon it prematurely. A workable strategy is to locate the sensations of anger and stay in touch physically with the sensations until the energy dissipates. Differentiating between angry thoughts and the experience of anger is important when working with suicidal clients because their angry thoughts without the experience of the emotion will easily recycle without any new insight. Their angry feelings can then prematurely move into unsafe actions turned inward onto the self and/or possibly others.

When they can experience their anger physically and express some of that to the counselor, clients will frequently discover their grief and sadness. Motivating and activating clients' anger can seem very useful and energizing, although, when they are not able to allow their sadness to arise and be experienced, they become trapped with their anger and are unable to let go of damaging relationships and situations. In other words, anger is an agent of change but, when change is initiated, grief for the loss of the relationship must be able to be supported by the

clients. When this is not possible, their risk factors escalate, and they are forced by their unresolved pain to return to the situation or to harm themselves.

Awareness of Ambivalence

Many suicidal clients are quite intolerant of the conflicting forces within them. They are confused, and they mistrust and cannot tolerate their own ambivalence toward living and dying. Recognition that it is possible, and indeed normal, to hold opposing thoughts can reduce their cognitive dissonance. It can also provide time and initiate the process of integration. They do not have to make a decision right now, and they can take the time they need to establish resources, support, and skills to integrate their polarities. An exploration of the opposing forces assists them to explore whether they want to die or whether they wish to escape their turmoil, pressure, or confusion. When the counselor inquires about their motivation for suicide, the responses conform to Shneidman's (1996) commonalities of suicide—the purpose of suicide is to escape unbearable psychological pain. This one issue—the wish to escape pain and confusion—is vital and needs clarifying. A clear direction for the counselor and client can become the foreground—to address the unbearable pain.

If they could radically diminish their incessant thoughts and tensions, they would most likely choose life. If they do reach their crisis in this conflict during therapy, they will be in a safe and supportive place with the counselor, and this is most likely to occur when the client is very close to suicide. Working with polarities and holding the awareness of both polarities (as well as the motivations behind the opposing polarities) will create integration and awareness of the choices between these polarities. It can also facilitate awareness of repressed memories of important events that have propelled the client to-

ward suicide. During the exploration of these polarities, clients will often express despair. To be fully present, listen and support despair when clients are in despair without reducing or minimizing their despair is vital.

Acknowledgment of Their Psychological Struggle

Many suicidal clients describe incessant thoughts that pervade their waking hours and interrupt their sleeping. They seem trapped, and we must not add more elements to their trap. Rather we can facilitate awareness of their entrapment. An opportunity to stand outside their struggle and observe how circular and self-defeating the process is can facilitate understanding and awareness. Some time to be still and operate fully in the present moment can bring much needed relief.

Some clients are keenly interested in a confluent relationship with the counselor. Suicidal clients are so desperately lonely and rudderless that their desire to seduce a potent individual into their problems is powerful. Counselors must remain aware of this process, and the processes here are most frequently the clients' avoidance of emotional experiences by distracting with talk about problems and suffering. The counselor needs to be interested in what it is like for clients to be trapped in their problem, but only empathically. Empathy must not change into confluence. An urge to give in to confluence will eventually give rise to despair on the part of the counselor when he or she tries to escape the confluent relationship and when clients manipulate the counselor with suicidal threats or actions.

Understanding of Major Issues

Individuals can become stuck on constricted or circular thinking, and this circumvents their

awareness of their primary or deepest needs and concerns. Intense listening on the part of the counselor is necessary to assist the client to uncover these concerns. In Gestalt therapy, the counselor is alert to deflection—the process in which clients speak of a major issue or event and minimize their responses to that event (in particular, existential issues that include lack of meaning, loneliness, fear of death and dying, and fear of freedom and making choices). Frequently, clients have unresolved grief or intensely shameful issues that they are unable to acknowledge—to themselves or to the counselor. In the case of existential issues, they may not have the words to express these deep concerns, or they may have accepted them as insignificant since everybody experiences them. Although Gestalt therapy does not focus primarily on the content of what is said by clients, listening to clients in their terms, with their content, will often reveal these issues. Some individuals fall into despair when faced with the freedom of making life choices; others wish to die in order to join deceased loved ones, while others are bored and frustrated with their deadness and see no hope for release from their despair. Many suicidal people consider themselves victims, blaming their past experience of abuse or their parents/partners. These people are more likely to seek a confluent relationship. Others are so very interpersonally isolated that they seek help to decide calmly to commit suicide, without wanting any connection at all.

For suicidal clients, particularly those whose suicidality has been chronic and who have seen many counselors, it is important to help clients become aware of where they are and how they stand to gain from being there. This is a sensitive issue for suicidal clients, particularly if they have the fantasy that the counselor can do something to take their despair away and alleviate their lonely struggle. If clients have seen health care workers who let them down, they may have

a considerable investment in holding on to their despair and struggle. However, when they realize that they have been holding on to the feelings, and that consistent talking about feelings is quite different from experiencing them, they have the beginnings of awareness.

Framing the major issues, their impact and their time frame with the client, and checking that this is accurate, will assist in forming a picture of the whole, set the scene for what needs to be addressed, and define what is foreground for the client. For example, if the client believes that the issue is that his wife has to come home or he will commit suicide, it is imperative to help him differentiate between his inability to cope with the emotions involved in losing his wife and his desire to commit suicide.

Addressing Their Underlying Loneliness

The majority of suicidal clients experience loneliness as a central issue. Their loneliness may not be apparent to them, particularly when they have many superficial relationships or when they consider loneliness to be a natural state—in these cases, they may not raise the issue. Acknowledging their loneliness can make them vulnerable since they need a counselor to connect with them. In order for lonely people to receive attention, they need to present problems to the counselor, preferably problems with no solution in sight. This is likely to be how they look for attention from any friend. It is important to establish how lonely they are on an interpersonal and intrapersonal level, and help them recognize how they withdraw, psychologically or behaviorally. Acknowledgment of the pain and suffering in their loneliness can assist in developing a strong and clear connection. It will also alert the counselor to possible dependency issues. In some instances, clients have relationships where the people involved are very

willing to provide support but are met with rejection or do not know what to do to be effective. This may be near to the clients' awareness, yet not acknowledged. Their loneliness is significant in terms of the therapeutic relationship, and it is invaluable to check the parallel process—whether they are lonely now, with the counselor, and whether they are aware of their resistance to contact with the counselor. It is likely that what they do with significant others is repeated with the counselor if they are chronically suicidal and, if they do not feel lonely with the counselor, he or she needs to check whether there is a degree of confluence already established.

Clarity in Their Responses to Feeling Questions

When suicidal clients are asked "How do you feel?" they frequently respond with a thought or a state mistakenly believed to be a feeling. This creates confusion, and the clients' tendency to repress emotions is reinforced. An acknowledgment of their response as a thought and a return to a focus on their feeling (feelings are sensed physically—emotion is the feeling in action, moving the energy through the body and out to the environment to make contact) is essential. There is also the issue of "trained" clients who can label their emotion without experiencing it. Finding out how their emotional energy is impacting on them is imperative in Gestalt therapy, and the accurate labeling is merely a side issue. Many who are trapped in chronically maladaptive behaviors will display resistance to experiencing emotions. Working with their resistance—exploring what their resistance is and the purpose of their resistance (usually reported by clients as fears of disintegration, going crazy or not knowing how to stop their crying) is empowering and provides greater self-awareness and will further enhance

the quality of the therapeutic relationship. The understanding that they are not expected to do what is too difficult for them and the willingness on the part of the counselor to be patient and respectful toward their difficulty will enhance their self-respect and enable more trust to enter the relationship.

Awareness of How the Client Is Repressing Emotions

It is useful for clients to become aware of how they repress emotions. Such awareness allows them to make choices on when and where they will be able to express their emotions. It can also bring awareness that they are active in repressing emotions when they are not aware that they are doing so. This increases the clients' personal awareness and power. A focus on their bodily sensations such as muscular tension in the throat, neck, shoulders, chest, fist, or jaw, or an awareness of how they regulate their breathing in order to block their emotional experience will assist them in gaining awareness of how they block emotions. It will also provide them with the opportunity to get in touch with their emotions and eventually express them. When clients become afraid of being overwhelmed by their emotions, they can be reminded of the process they employ to block emotion. This process is an asset that can now be employed by choice rather than as an automatic, out of awareness, function. Even when clients choose not to allow their emotions to be released, they have begun to experience another way out of their suffering. For clients to perceive another way through their struggle that is within their own control provides hope and a reason to "hang in there." They will, in addition, have a new experience—one of being seen, respected, and acknowledged. It can be very useful to assist clients to explore and acknowledge the energy and confusion that it cost them to repress their feelings.

Working *with* clients, rather than against their choices, is imperative.

Experiencing Repressed Emotion

Feelings are the physical sensation that allow us to touch and express our emotions. The tension and numbness that results from repressing emotion, and the confused circular thoughts that provide distraction from our emotional experience, are known as suffering. This suffering can become unbearable in suicidal clients. They want their suffering to cease. Ventilation of emotion can reduce the impetus to suicide. Rather than experiencing their life in the moment, suicidal clients talk about their life in a past or future context and remain detached from their emotions. The release that comes from releasing repressed emotion will allow organismic self-regulation, and trusting the self will provide the freedom to choose life or death with clarity. When clients can contact some repressed emotion and feel supported and accepted by the counselor, they may realize their pain is bearable, and they can achieve closure. They have survived the crisis and gained new experience and skills.

Grounding

When they have experienced some of their repressed emotion and taken risks with the counselor, they may need a sense of groundedness and connectedness to their environment. Counselors need to be able to provide clients with a sense of potency when the clients feel "out of control" and to be able to ground and soothe the clients when intense experiences have occurred. The clients need to acknowledge that some of their tension has been relieved and that they can relax. They are able to center or, in other words, establish an internal locus of control, and they need to acknowledge this.

Acknowledgment of Their Relief

When clients acknowledge the relief they have experienced by ventilating safely while in the presence of another, they have learned something new, and they can relearn how to trust others. We need to acknowledge that they have taken risks and chosen to let go a little (or a lot). This is invaluable for self-efficacy—the belief that one has mastery over the events of one's life and can meet challenges. Belief about one's ability has a profound effect on that ability. This is also a good check of the efficacy of the therapeutic intervention—a client who feels calmer and less anxious and who is not troubled by incessant thoughts is likely to have experienced an effective intervention.

Self-Acceptance and Understanding

Self-acceptance and understanding are essential. When clients gain perspective of their situation and are able to feel compassion for themselves, rather than condemnation, they are less likely to self-harm. Instead, they can begin to hope. When they have experienced receiving empathy at the very depth of their being, they will be more able to be empathic toward others. Empathy is crucial for constructive intimate relationships.

Exploring Options

This is a good time to inquire what it is that clients need right now and what they would like to do. They may well be quite clear on what they can do to get through, how they can soothe themselves, where they can go for support, what they will and will not be able to cope with, and what is tenable for them. Follow-up appointments are crucial. When individuals indicate that they do not have anyone that they can confide in, apart from the counselor, a 24-hour hot-

line is essential (Roberts, 1995). One should always be provided to clients.

No-Suicide Contracts

Near the close of the intervention, the individuals' suicidal intentions must be reassessed. Simple questions on how safe they feel with themselves right now and which supports they have available to them should they feel suicidal in the future are useful. A "No Suicide or Self-Harm" contract (Drye, Goulding, & Goulding, 1973) until their next appointment (and in the event of cancellation) is useful only *if the client is fully involved in the negotiation*. This needs to include an agreement to use the 24-hour service in an emergency or if something unforeseen occurs with their appointment. "No Suicide Contracts" are never watertight. They do serve to place responsibility for initiating help onto the client. The validity of such a contract hinges on the relationship between the counselor and the client.

Discussion

The major difference between the approach suggested here and the traditional person-centered approach (which has also been called the client-centered approach and active listening) is that the person-centered counselor simply listens to what the client is saying and reflects back the verbal and nonverbal component of the communication. In the approach suggested here, the counselor establishes particular areas that need to be explored by the client and is alert to exploring these areas in depth when the client hints or raises the surrounding issues. Thus, the counselor using the present approach would be more active and interventionist than the traditional "passive" crisis counselor.

The approach, based as it is on Gestalt therapy, assumes that the counselor remains sen-

sitive to the emotional and cognitive state of the client and can make clinical decisions on whether the client is able to integrate the material discussed and whether the experience and ventilation of emotion will dissipate them. The approach places a great deal of emphasis on integration of polarities, ventilation and awareness of emotion, and attention to loneliness, ambivalence, lack of constructive intimacy, and unbearable psychological suffering, which are all major factors in suicide.

Since clients differ in their ego strength, counselors should initiate interventions with caution, listening for cues as to how well the clients are dealing with the material being discussed. Issues can always be flagged and put aside temporarily, to be returned to if and when the counselor decides that the clients can handle them more adaptively. When the issue is directly related to the clients' motivation to commit suicide, and if suicidal behavior seems imminent, it is recommended that the focus is on how the counselor can provide enough support to the client and on exploring major blocks in dealing with this issue, rather than putting it aside. The assumption is that people who have long histories of being suicidal move away from the major issues that motivate them to commit suicide because of their inability to negotiate these issues.

As with Gestalt therapy in general, crisis intervention using a Gestalt therapy approach is not suitable for those with severe psychiatric disturbance (Greenberg and Johnson, 1988). Some therapists would hesitate also to use Gestalt therapy approaches for suicidal clients, but a Gestalt orientation may prove useful for some suicidal clients, and some Gestalt tactics may well be effective for some suicidal clients.

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