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Self-mapping in Treating Suicide Ideation: A Case Study

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Abstract

This case study traces the development and use of a self-mapping exercise in the treatment of a youth who had been at risk for re-attempting suicide. A life skills exercise was modified to identify units of culture called “memes” from which a map of the youth’s self was prepared. A successful treatment plan followed the mapping exercise. The process of self-map construction is presented along with an interpretive analysis. It is suggested that therapists from a range of perspectives could use this technique in assessment and treatment.

Self-mapping in Treating Suicide Ideation: A Case Study

Although constructs such as self-concept, self-esteem, self-actualization, self-efficacy, and self-validation have been central to the practise of psychology, little has been done to map the cognitive structure known as “the self” since the time of Kurt Lewin (1931, 1943), and that attempt focused on psychological and environmental forces as opposed to questions of identity. The attempt to map the self of a depressed and suicidal youth described in this account resulted in a representation containing thirty-seven identity variables permitting both the client and therapist to see possible relationships between those variables with implications for change. That a successful treatment plan followed this therapeutic intervention supports a suggestion that the notion of self-mapping be revisited.

Individual client crises may stimulate the development of novel approaches, but since ethical considerations preclude the use of control groups, research into specific techniques and procedures is scarce (Fritz, 2007; Hvid & Wang, 2009; Karver, et al., 2008). Thus, counsellors working with suicidal clients will continue to rely on their own experience augmented by the experience of other therapists to increase their repertoire of techniques. The present case study is offered as a way of sharing a possible new technique that may be developed further through future research.

Stalled Treatment: A Stimulus for Innovation

“Suzie” had attempted suicide by using non-prescription medications on four occasions and by cutting her wrist on one occasion from age 14 to 17. She was brought to my office by her mother who supplied a note from a previous therapist stating the youth had been compliant with treatment but remained “high-risk” for re-attempting. A subsequent telephone interview with the mental health therapist revealed that he had worked with the youth for approximately 20 months

on a regular basis, and that he employed cognitive-behavioural methods. The youth had also been examined by a psychiatrist who prescribed antidepressant medication.

During our first session Suzie was administered the *Suicide Probability Scale* (Cull & Gill, 1988), a standardized self-report instrument that continues to be current in the assessment of suicide risk (Eltz, et al., 2007; Valadez, et al., 2009). She presented an elevated risk of re-attempting with subscale scores for self-esteem, anger, suicide ideation and depression above the 98th percentile as compared to a normative (North American) sample. The client revealed a number of contributing traumatic childhood events coupled with a family culture that included a dominating substance abusing father, an ineffectual mother, and sibling rivalry. Suzie said she had stopped taking her medication because it was ineffective and she wanted to feel “normal.”

Since the nature of the therapeutic relationship can affect outcomes (Hyer, Kramer, & Sohnle, 2004; Ryum & Stiles, 2005), and since CBT has proven efficacy for conditions that may contribute to suicidal behaviour such as depression and post-traumatic stress (Deville & Spence, 1999; Dozois, 2002; Warwar & Greenberg, 2000), it was decided to use some of the techniques common to Cognitive Behavioural Therapy (CBT). An attempt was made to normalize some experiences and reframe others so as to place responsibility on the perpetrator of emotional and physical abuse (her father), and to empower the client to see herself as a competent actor and problem solver with increasing ability as she aged. The therapist and client co-developed behavioural “homework” assignments that included positive affirmations, meaningful and enjoyable activity, regular physical activity, and reality testing to discover the accuracy (or inaccuracy) of perceived slights from teachers and others. The client retold her “story” with suggested amendments to engender hope and positive possibilities. Eye Movement

Desensitization and Reprocessing (EMDR) was used to deal with specific instances of childhood trauma.

The client agreed to a “no self-harm” contract between sessions which occurred every second week. She participated in all suggested activities, but after two months increasing levels of distress led to the conclusion that the methods used had not been effective. With an air of professional assurance, I suggested we create a map of her self to inform treatment.

Devising a Method of Mapping the Self

The self has been understood as a cultural construct (Blustein & Noumair, 1996; Mead, 1912/1990; Shotter, 1997). Such a cultural self has been described as inherently unstable dependent on context (Battaglia, 1995; Gergen, 1996; Neimeyer, 2002), but stability has been observed with respect to adolescent identity (Damon & Hart, 1988), core self-representations (Louisy, 1996), and resistance to self-change prompted by adult transitions (Bridges, 2001). The challenge then is to display the self in units of culture in such a way that would allow for both change and stability.

Dawkins’ (1976) defined “memes” as elemental cultural units that could be replicated in the minds of individuals, and he suggested such units exhibit attractive and repellent properties. Such properties would allow clusters of memes to form within minds with a degree of temporal fidelity and fecundity. If the self is an interlocking complex of mutually attractive memes that have the capacity to repel discordant memes (Blackmore, 1999; Dennett, 1995) then an element of stability would be introduced to the resultant culturally based self-structure. It would be possible to represent the units within those clusters graphically.

Memos have been described as including cognitive and behavioural dimensions (Csikszentmihalyi, 1993; Dawkins, 1986; Robles-Diaz-de-Leon, 2003). The cognitive dimension

would include a referent or accepted meaning accompanied by associated connotations. The behaviour associated with the meme would serve a replicative function preserving the meme in the culture. Emotions also play a role in maintaining the self (Damasio, 1999; Donald, 2001; Leary & Tangney, 2003), and emotional valence has been identified with respect to memes in urban legends (Heath, Bell, & Sternberg, 2001) and negative reciprocity (Freidman & Sing, 2004).

In summation, the term “meme” as used in this case study refers to an elemental unit of culture that exhibits referent, connotative, affective and behavioural properties. Connotation and affect were assumed to be the source of the attractive and repellent “forces” identified by Dawkins (1976, 1986). Thus, it was considered possible to link memes associatively by examining connotative and affective meaning. Selecting self-identifying memes from which to construct a map of the client’s self became the next task.

Suzie was asked to identify ten “persons” that described who she was or roles she played on ten separate index cards¹. She then was asked to arrange the index cards in order from the “person” that would be the easiest to give up to the most difficult. She identified “father hater” as the most difficult to give up. The remaining “persons” or roles, from most to least difficult to discard, included: depressed person, writer, feminist, dancer, dramatic person, sister hater, singer, friend, and collector of heart shaped boxes.

Suzie was then asked to complete three related exercises using the same method: Ten things I like about myself, ten things I would change about myself if I could, and ten things I believe to be true. Items from all four lists were coded, and items judged to be reflections of the same meme were combined. For example, the client identified herself as a feminist (#4 on the “Ten Persons” exercise), and she said that one of the things she believed to be true was that

women needed to fight for equality. Following further discussion to ensure the client's understanding was correctly interpreted; this belief was taken to reflect her understanding of feminism.

Items displaying referent, connotative, affective and behavioural properties were deemed to be memes. For example, the client identified herself as a collector of heart-shaped boxes. These boxes were associated with romantic love which was considered to be desirable but beyond the reach of the youth. She experienced wistfulness coupled with feelings of emptiness and loss associated with these boxes which she collected and displayed. A meme labelled "heart-shaped boxes" was represented on the youth's self-map (Figure 1) that was taken to exhibit these connotative, affective and behavioural dimensions. Since a connotation of these boxes was romantic love, a line representing attractive force was drawn between it and a meme for love. The client's behaviour associated with these boxes was considered to be a dramatic expression of her associated emotions, so this meme was linked to another labelled "dramatic person." Being a collector of heart-shaped boxes was given the rank of ten in the "Ten Persons" exercise, so it was placed on the periphery of her self map.

The memes the client would have the most difficulty giving up were deemed to be more core or central to her identity and were placed in a more central position. Memes that shared connotative, affective or behavioural properties were considered linked. The therapist and client co-constructed the self-map in a process of negotiation and revision with the client having the final say on where items fit on her map. Using this method described, the self-structure pictured in Figure 1 emerged.

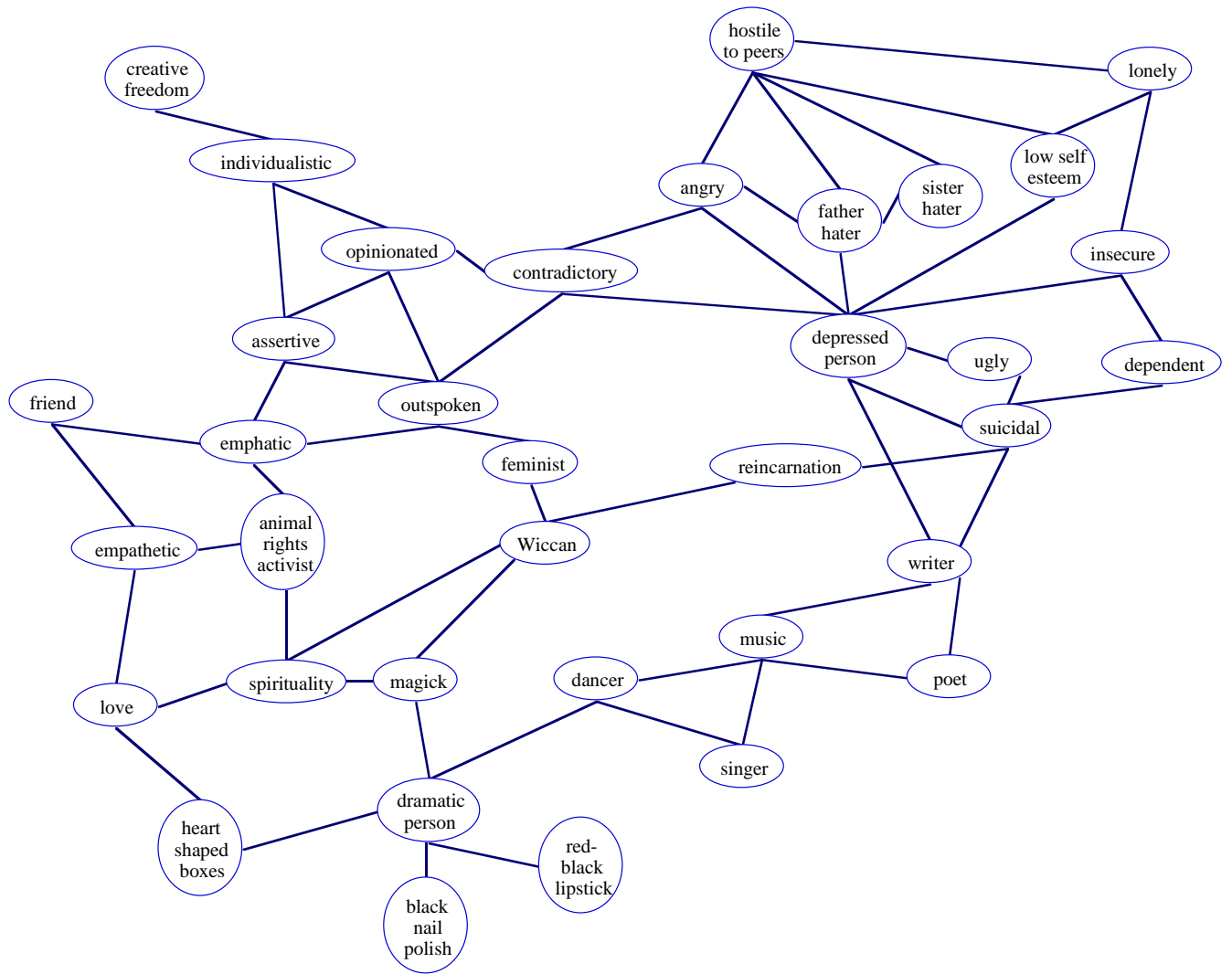


Figure 1: Initial self-map of the suicidal youth displaying interconnected memes

“Depressed person” appears as a hub or core of the client’s self. Not only did it obtain scores indicating centrality (#2 on the “Ten Persons” exercise and #1 as the quality most difficult to change), but it was connected to more memes (8) than any other. Those eight memes, “ugly,” “suicidal,” “father hater,” “contradictory,” “low self-esteem,” “angry,” “insecure,” and “writer,” were all defined in self-defeating ways. For example, the client felt herself to be a bad person for hating her father. She defined herself as having “low self-esteem,” and believed this must always be so. Her writing was steeped in gory images of pain and death with an underlying theme of

self-denunciation. Some memes not directly connected to “depressed person” were viewed to be part of a cluster supporting suicidal behaviour. Her belief in reincarnation supported suicide ideation with the connotation that she could not “come back” in a worse condition. Self-defining memes labelled “dependent,” “lonely,” and “hostile to peers” were also viewed to be part of this cluster.

Re-engineering a Self

Figure 1 depicts graphically a finding of Dozois & Dobson (2001) that depressed individuals have an interconnected negative self-representational system and lack a well-organized positive template of self. The challenge of therapy then, was to assist in helping the client create a more positive self-template.

Suzie had established a reputation as an angry person. She “freaked out on” people who were mean to cats or dogs. I suggested a label for this activity that connoted a reframe: “animal rights activist.” She challenged teachers and other adults emphasizing the rights of children and youth with the result that she labelled herself “outspoken.” She believed that females, generally, suffered from sexism, and she embraced feminism. She believed that the Christianity of her parents was oppressive and embraced a spirituality that emphasized egalitarian values. She described herself as emphatic and empathetic. I suggested a new self-defining meme “human rights activist” might form a new hub or core of her self uniting this set of self descriptors. The placement of this new core meme is illustrated in Figure 2.

The map pictured in Figure 2 was used to develop activities that would support a more positive self-template. The client had written both prose and poetry focusing on her depression, and she read books that re-enforced a negative appraisal of life. With this new human rights shift, she began to read material that supported her views about animal, children’s and women’s rights,

and about her emerging views on spirituality. With encouragement, she began to write poetry and prose in support of her still passionately held beliefs. She published some of her writings in a student newspaper, and was surprised by the positive regard she was given by her peers.

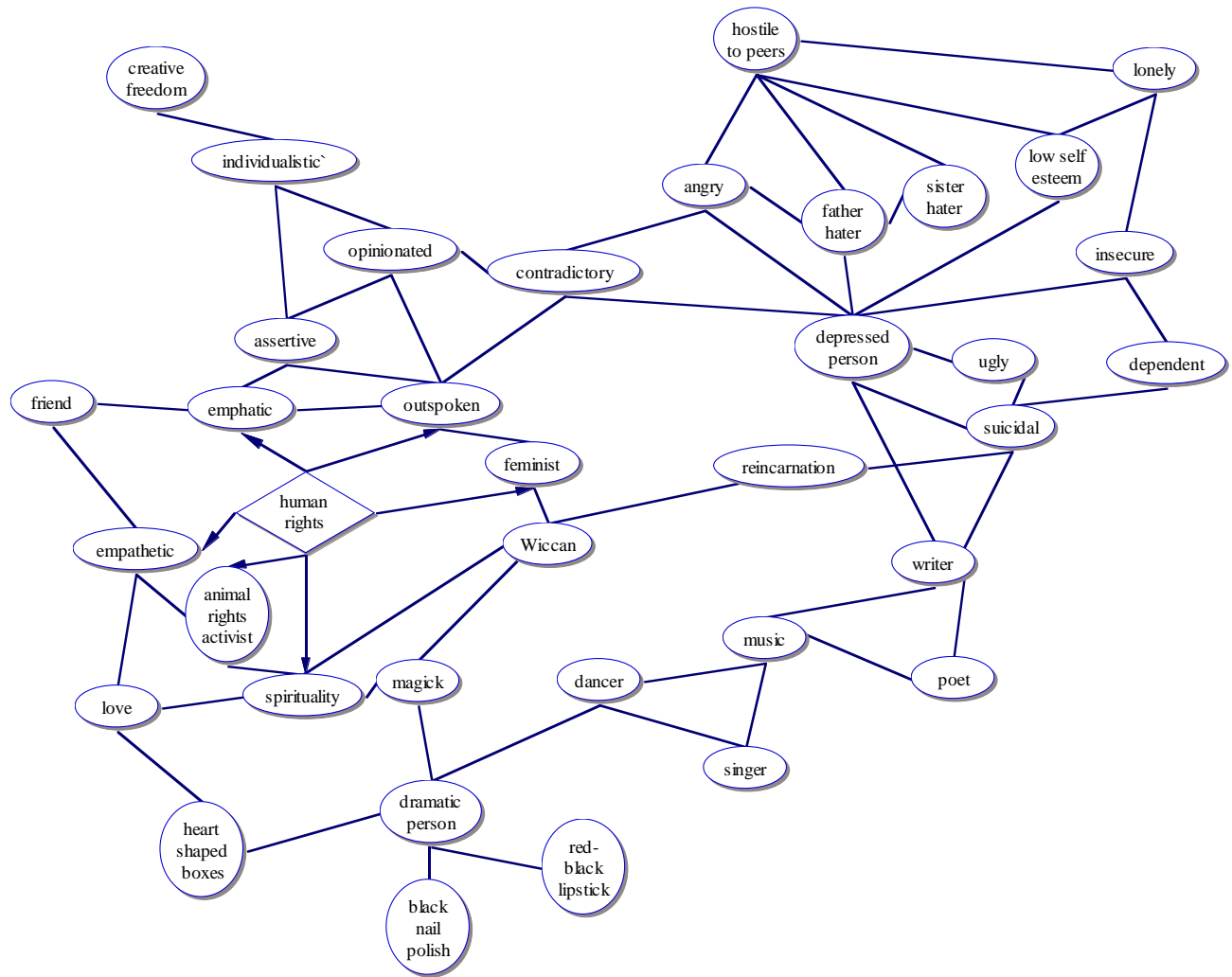


Figure 2: A revised memetic self a suicidal youth showing the location of a co-constructed new meme – “human rights”

The client’s anger, which had been directed inwardly reinforcing her depressive and suicidal self-representations, now became increasingly re-directed on external issues. She appeared to gain energy and moved in with an aunt in a neighbouring community. She found that her writing, which still had an anti-establishment flavour, led to acceptance by a new group of

Over the course of about seven months, the new core we had developed became increasingly central to the client's self-definition while those memes surrounding and supporting her "depressed person" meme became fewer in number. We were then able to reframe depression as an emotional state that may sometimes affect us without it defining who we are. The client subsequently scored within the non-clinical range (T-scores below 70) on each of the four subscales of *The Suicide Probability Scale* and therapy was terminated. A year later, her mother called to say that Suzie was doing well in her new school with new friends and had a grade average in the 90s.

Discussion

This case study reminds us of the importance of examining multiple factors that contribute to a client's identity and serve to keep negative aspects of that identity in place. Although this intervention ended with a successful outcome, the role of the self-map making exercise in that outcome is open to interpretation.

It could be argued that the therapist successfully shifted the client from feelings of impotent anger and sadness to action based on her core beliefs and values through a process of memetic map co-construction. Possibly the use of visualization assisted her to reflectively develop those values, and to empower her to challenge a cognitive schemata that had kept her stuck in a self-destructive cycle. Thus, the exercise in self-mapping may be interpreted as the successful application of CBT, but this interpretation would beg the question as to why CBT had not been successful in its initial applications.

Cognitive-behavioural methods to combat depression often emphasize hedonic pleasure as when having client's list and do activities that had been enjoyable in the past, whereas life satisfaction and meaning is related to meaning-making separate from positive and negative affect

(Lent, 2004; Messer, 2001). In assisting Suzie to create a human rights core meme in her self-map, I was helping to provide her life with meaning and purpose which superseded a quest for happiness. Happiness then became a potential by-product of a life well-lived, not an ultimate goal in itself.

Therapists operating from the Adlerian tradition would substitute the phrase “cognitive schemata” with the phrase “worldview” (Dowd, 1997). With this interpretation, the map-making exercise would be understood as a way of visually and holistically understanding that worldview so as to empower the client to consciously make changes to it. The exercise in developing and then strengthening a human rights cluster of memes would be viewed as an application of social interest which, again, speaks to developing meaning and purpose in life. Adlerians would have no difficulty with the values clarification and teaching aspects of the mapping exercise as psycho-education is a core component of this therapy (Adler, 1929; Thomas & Marchant, 1993).

A narrative therapist might reason that the youth changed her personal story to see herself as an activating agent capable of dealing with unfortunate circumstances in her life. In this interpretation, the self-map provided the client with an outline to understand how she had structured her previous self-narrative giving her the opportunity to change the plot (Bochner, 1997; Polkinghorn, 1995). The creation of a human rights core meme in the client’s self-map served to provide meaning and purpose that provided a new theme for her life-plot.

Since the process of self-map construction followed in this case study may be understood from a spectrum of theoretical approaches, it has broad potential application. The construction of the memetic self-map allowed both the client and therapist to visualize the client’s self, agree on goals for change, and plan incremental changes at the level of the meme leading to the realization of those goals.

The use of the Meme in Mapping the Self

The notion that the self consists of a complex of mutually attractive memes provides an elegant explanation as to why people retain negative or self-defeating aspects of their identities instead of simply constructing newer and better selves. In Suzie's case, a cluster of memes supported her self-identification as a "depressed person," and its removal became problematic. De Man & Becerril Gutierrez (2002) gave some insight as to why individuals with low self esteem have difficulty changing depressed and suicidal self-definitions. In a study involving college undergraduates they found that while subjects with high self esteem could experience instability of self without increased suicide ideation (instability defined as a process of changing one's identity), people with low self-esteem could not. They concluded, "For those with low self-esteem, stable self-esteem may serve a protective function, whereas instability of self-esteem may be a good predictor of suicidal thinking" (p. 237).

Using De Man & Becerril Gutierrez's (2002) paradigm, Suzie's initial attempts to change her self by removing "depressed person" from her identity resulted in feelings of instability coupled with suicide ideation and a reflexive retreat into depression. Visualizing her self in memetic map form coincided with her determination to override such protective measures empowering her to engage in a process of self-change. The act of situating "depressed person" within a cluster of related memes helped both therapist and client to develop a plan for weakening those memetic supports that gave "depressed person" centrality while building a more positive self-construction.

Limitations and the Need for Further Research

Using the concept of the self as a matrix of interlocking memes, I mapped the selves of eleven subjects who were not in therapy (Robertson, 2010). The maps of these research

participants showed evidence of volition, uniqueness, constancy, productivity, intimacy and social interest. More such research is needed into how people normally structure their selves in units of culture.

The method of map-construction used in this study was both directive and limiting. The attention of client was directed to complete four lifeskills-like exercises, but it was likely that important aspects of the client's self fell beyond the scope of those exercises. Further, the therapist's involvement in interpreting conversations and shaping the results may have resulted in maps that reflected the therapist's expectations and orientations. Research is needed that will allow for more open-ended self construction.

A map is always a simplified representation of the territory mapped, thus no map can be expected to represent the self of an individual completely. It may not be possible to map the self in a two-dimensional form and do it justice. Individuals should be able to recognize and identify with their representations. Self-map research needs to consider questions of resonance and comprehensiveness with the participants so mapped.

It is not understood whether the benefit of the mapping exercise in this instance came from the holistic visualization of the self afforded to the client, the activity of co-construction which may have imparted an empowering constructivist message, or a deepening therapeutic alliance afforded by a joint activity. Research is needed into the ways in which self-mapping may benefit clients including clients from other clinical populations.

In this case study, client understanding was enhanced by consideration of the interrelationship of a number of self-identifying memes, some of which contributed to her suicidal behaviour. While the approach used in this study appeared to benefit the client in question, we cannot assume that the same approach would be equally effective with other

females, let alone males, adolescents of other ages, or clients from other cultural groups.

Research is needed on the efficacy of this approach with diverse populations.

In conclusion, it is hoped that this case will encourage practitioners to consider using the notion of self-structure. The process of self-mapping may prove useful in establishing rapport, understanding and hope in clients. Finally, it is hoped that this study will stimulate further research in self-map construction.

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Endnotes

ⁱ This exercise was adapted from the Life Skills curricula developed by Curtiss and Warren (1974).