# SUICIDE PREVENTION: ADLERIAN CONTRIBUTION

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There are approximately 25,000 suicides each year in the United States, and the estimated number of unsuccessful attempts is ten times greater (11, p. 23). To provide psychological service to this distraught population, over 100 suicide prevention centers have been established in this country since 1955.

The present writer was for 16 months a mental health worker at the night-time telephone at the Crisis Intervention Unit, Charles F. Read Zone Center, Chicago, an agency of the State of Illinois, Department of Mental Health. For the first 6 weeks he relied on the situational approach provided by this Center. Later, after beginning classes at the Alfred Adler Institute, Chicago, he applied Adlerian principles to the callers' crises quickly and—to all appearances—effectively from the standpoint of giving them relief, restoring their self-respect, and providing them with viable alternatives.

In this paper the writer hopes to demonstrate how, despite some differences between the two orientations, the second can augment and modify the first. This is all the more feasible since crisis intervention, including suicide prevention, is an essential aspect of brief psychotherapy of which in turn Adlerian psychology represents the tradition (8). In fact no less an Adlerian than Rudolf Dreikurs participated in one of the earliest suicide prevention services (9; 13, p. 138).

## General Orientation

The orientation for the workers of the Crisis Intervention Unit was based on material prepared by the Director of the unit, Dr. Helen Sunukjian. It employed a situation approach which emphasized resolving the caller's immediate crisis. This approach included (*a*) practical instructions regarding emergency services and post-crisis psychological service, (*b*) the restrictions under which our service operated, (*c*) a risk assessment check list prepared by the staff of the Crisis Intervention Unit, and (*d*) the actual dealing with the caller which is presented below as nine operating principles, formulated

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by the present writer from his notes taken during his in-service training as a nighttime worker. Such training consisted in the trainers giving us the benefit of their experience on the daytime telephone, assigning us Farberow and Shneidman's *The Cry for Help* (13), and a paper by Farberow and Heilig on procedures and techniques (12).

The theoretical framework of Farberow and Shneidman emphasizes "adaptation theory and communication theory" among other "interrelated approaches" (13, p. 62). *Adaptation theory* refers to "adaptive mechanisms" of human beings "for the gratification of certain instinctual needs." When these adaptive mechanisms become inadequate, the organism takes "resort to developmentally earlier modes of dealing with its needs and impulses. The disparity between the earlier modes of behavior and the more advanced expectation, along with the actions of milieu on the individual, may result in a self-destructive state" (p. 62). In other words, the failure to adapt successfully to the real world brings about a crisis situation. The title, *The Cry for Help*, refers to *communication theory*, and implies that it becomes important to know about a person's intentions in regard to dying. "Is he really intending to do away with himself, or does he hope to derive some gain from his environment or to alert someone to his desperate plight?" (p. 62).

*Restrictions*

There were two kinds of restrictions: geographic and psychiatric. The caller's home address was important because our Zone Center had responsibilities for a sharply defined geographical area. Callers from outside it were to be referred to their appropriate Zone Center.

The second restriction concerned the scope of the intervention. Night answerers were considered qualified to deal only with the immediate crisis situation and not to interpret the behavior or place it in a larger context of personality dynamics.

The telephone number of our Unit was widely publicized, and Bell Telephone operators were instructed to refer crisis callers to our number. The caller was required to leave his phone number with the night answering service which in turn telephoned the mental health worker on duty. He then returned the call immediately. If a second call came in at the same time, it was referred to "back-up" workers on the daytime staff. The purpose of requiring the caller to give his telephone number was to provide the Unit with a means of locating him if necessary. It also limited the caller's demand for service and discouraged crank callers.

*Risk Assessment*

The Risk Assessment Check List consisted of the following ten items to be rated for degree of suicide potential: age; sex; suicide plan (the greater the immediate lethality of the plan, the greater the risk); stress; symptoms; resources (people who can be called upon for support); stable or unstable personality (12, p. 12); communication (present or absent, expression of anger); reactions of significant others; medical status.

*Operating principles*

1. *Don't Panic:* Never let a hysterical, panicky caller provoke you into losing control of the situation. You have three resources toward minimizing this danger: (*a*) the self-confidence provided by your training, (*b*) the objectivity provided by the Risk Assessment Check List (see below), and (*c*) the standard response to the declaration, "I'm going to kill myself," which was: "How are you going to do it?" By this unexpected, utilitarian question the mental health worker (*a*) gains control over the situation and (*b*) establishes an atmosphere of realistic concern which the caller can use as an opportunity to reopen his lines of communication.

2. *Re-establish Lines of Communication.* Relieve the caller from the pernicious feeling that there is "no one to talk to." Keep the lines of communication open even in cases of abusive, "unacceptable" behavior.

3. *Get at the Rage.* On the hypothesis that suicidal impulse is the result of suppressed rage turned inward, the caller must be helped (*a*) to identify the real object of his rage, and (*b*) to ventilate the rage. The caller may have difficulty in specifying the event that triggered his anger.

4. *Focus on the Issue.* Do not get caught in the caller's confusion and distracting symptoms. Find the specific factor that precipitated the crisis and help the caller to deal with it. The caller is very often too upset to remember and may not make any connection between the precipitating event and his present distress.

5. *Identify the Loss.* Help the caller identify the nature and extent of his loss where this applies, empathize with him, and place the loss in a more realistic, less overwhelming perspective.

6. *Part of Him Doesn't Want To Die.* The caller is ambivalent about killing himself. The suicide threat is merely his way of "crying

for help" *in extremis*. By responding appropriately, we can reduce to zero the chances of his carrying out his threat. Say at an opportune moment, "It sounds like part of you wants to live," and attempt to expand that portion of him that is still positive and in touch with reality.

7. *Provide Reassurance and Support.* After assessing the risk, focusing on the issue, and ventilating the rage, the worker may point out to the caller that he has survived similar crises in the past, and can come out of this one, stronger than before. Point out previous successes in life, even if, as in the case of one frantic housewife, it was making a delicious meat-loaf for the family last night. But do not platitudinize, such as, "Everything is going to work out fine!" This would merely be further proof that no one understands him.

8. *Give him a Goal.* Give the caller a task that he can accomplish, even if it is only to report to the clinic at 9:00 in the morning. This brings him back into reality. He is also subtly required to stay alive until 9:00 a.m. tomorrow!

9. *Don't Give Advice.* Instead, try to relieve the caller's distress so that he can gain an understanding of the situation. He may then devise his own solution, which would be preferable to any solution you might recommend, and would help restore him to his pre-crisis level of functioning. You may give advice later, if this is called for.

The main part of this paper will be concerned with showing for each of these operating principles how it can be adapted to the Adlerian framework and be practically applied within this framework. But first an outline of the Adlerian view on suicide.

## ADLERIAN ORIENTATION

Adler's view on suicide, which he began to develop very early (7) is well expressed in a late paper of his (2) and several secondary sources (4, 6, 7).

Adlerian theory never recognized the first part of adaptation theory about "mechanisms . . . for the gratification of instinctual needs" and the resorting to "earlier modes of dealing with impulses," in other words, a relatively mechanistic drive psychology, including implicitly the concept of regression. Interestingly, these concepts are not used in the actual work of the crisis intervention services. They do not feed into it.

Adlerian theory offers instead a basic dynamic which is directly coordinated with crisis intervention practice as it has empirically developed. Adler's basic, unitary dynamic is: striving for a goal of success, individually defined, a goal of which one is not necessarily consciously aware. In defeat, the goal is likely to become modified into one of avoiding further defeat. The dynamics of suicide belong in this second category. Thus "self-destruction" is never desired as such. It is only a means toward the goal of avoiding further humiliation from defeat, the price one is willing to pay toward achieving this end. This is the "gain" from suicide.

The suicidal person operates on what Adler has described as the "all or nothing" principle of the neurotic (3, p. 294). "If I can't have it my way, I'd rather have nothing and quit." Or, the private logic of the suicidal person may also be, "If I can't have it my way, this is total humiliation," from which suicide is the escape.

With such a basic dynamic conception, the worker is immediately guided toward thinking of therapeutic interventions in the form of alternatives to suicide which would also retrieve the caller from his feeling of defeat and humiliation.

The caller is confronted with the error in his logic, and at the same time provided with a middle ground in which he can live his life and solve his problems. He does not have to prove his worth through striving for unattainable goals, on the one hand, nor to seek exemption from the tasks of life, on the other hand. He does also not have to make useless mischief and excitement with his suicide threats in order to press others into his service.

Regarding origin and purpose of suicidal behavior Adler points out that "The idea of suicide, like all other mistaken solutions, always breaks out in the face of an urgent confronting exogenous problem for which the individual in question has an insufficient social interest"(2, p. 252).

Social interest, according to Adler, is an innate potentiality for spontaneous social effort which must be "consciously developed" (1, p. 31). When this has been achieved, "the feeling of worth is heightened, giving courage and an optimistic view, and there is a sense of acquiescence in the common advantages and drawbacks of our lot. The individual . . . feels his existence to be worthwhile just so far as he is useful to others and is overcoming common, instead of private, feelings of inferiority" (1, p. 79).

In other words, social interest is the feeling of being at home in the world as a fellow human being with an attitude of contributing rather

than expecting. This is the goal of Adlerian psychotherapy. It is Adler's definition of normality. Such a person may not meet immediate success. But "he will keep his courage and will not lose his self-esteem" (3, p. 431). By contrast:

> The life style of a potential suicide is characterized by the fact that he hurts others by dreaming himself into injuries or by administering them to himself . . . We find in the suicide the type who thinks too much of himself, too little of others and who is unable sufficiently to plan, function, live and die with others. Rather, with an exaggerated consciousness of his own worth, he expects with great tension results which are always favorable for him (2, p. 252).

It follows from this that the general task in suicide prevention is to help relieve the caller of his situationally heightened feelings of inadequacy by (*a*) replacing his unrealistically elevated opinion of himself with a more rational, more tenable approach to human existence, and (*b*) increasing his social interest.

Adlerian psychology considers man's overall purposes, conscious and unconscious to him, and values, rather than any drives or causal factors, as the prepotent determiners of his actions. It is a transactional, interpersonal theory. Symptoms, including suicide, are also regarded from the viewpoint of what purpose they may serve, or what goal may be inferred from their consequences. The individual acts always as a unified whole who has developed his own style of life.

One of the restrictions imposed by the Crisis Intervention Unit on its night workers, it will be recalled, was on the scope of their intervention. They were not to interpret behavior or place it in a larger context. The agency's desire to avoid malpractice suits as well as damage to the callers is understandable. But it is now the writer's conviction that Adlerian theory can be applied effectively by paraprofessionals with appropriate training. This includes the knowledge (*a*) that behavior is therapeutically best understood as a striving for a subjective goal of success, and (*b*) that suicide may appear as a feasible means toward this goal for a person over-compensating for a basically very low self-esteem who is (*c*) not trained to strive for his goal in a cooperative manner.

From this viewpoint even such a minor technical matter as the telephone service procedure acquires therapeutic significance. Asking the caller to give his number so that we could call him back, a request made for administrative and policy purposes, has from the Adlerian viewpoint in itself therapeutic value in that it requires the caller to cooperate with the Unit on a realistic basis, foregoing his entitlement to special exemptions and considerations. This was in itself a

positive first step toward coping with the crisis. Most sincere callers were glad to comply with this requirement. Some who balked at first called back later to give their number. In extreme cases, however, the answering service connected the caller with the worker directly.

In the following we shall demonstrate how through Adlerian thinking the operating principles that we formulated from our initial training can be augmented.

### 1. DON'T PANIC

To get the distressed person to become socially interested and to cooperate are important in restoring confidence in his ability to cope with his crisis situation. By not overreacting to the caller's provocation, we are able to establish a mini-relationship in which he can feel accepted as a fellow human being despite his temporary distress. When the crisis worker in response to the declaration, "I'm going to kill myself," simply asks, "How are you going to do it?" he is doing the unexpected (10, p. 84), taking the wind out of the caller's sails, disarms the patient (3, pp. 338-340). We are not rejecting him, nor fighting him, nor cajoling him as he might expect us to. We are asking a legitimate, pertinent, and realistic question thereby opening up for him the possibility of a constructive, positive dialogue between two human beings on an equal footing.

### 2. RE-ESTABLISH LINES OF COMMUNICATION

This principle too is consistent with the Adlerian approach, specifically, Adler's first admonition to the therapist, namely, to extend social interest to the patient as the start for developing the patient's social interest. The worker can let the caller know that he appreciates how the caller feels. He can tell him that his negative feelings are quite understandable under the circumstances. Thereby he accepts the caller as a fellow human being despite his "imperfections" which he feared would bring further defeat, rejection and painful confirmation of his worthlessness.

Abuse on the part of the caller can be used by the worker to show the caller that he may act in this way in similar situations and that this may contribute to his distress. Thereby the worker shows that he is not taking the abuse personally, and is attempting to deal with the distressing situation the caller is presently facing.

The Adlerian approach facilitates positive communication by identifying the kinds of communication to be avoided. The Adlerian

is aware of the counter-productivity of good intentions and avoids communicating pity. He also avoids standing in judgment on the caller despite his attempts to manipulate the worker into doing so.

### 3. GETTING AT THE RAGE

*Adaptation Theory*

The workers at the prevention service were informed that the suicidal impulses, which are the result of suppressed rage turned inward, are temporary, although painful while they last. This information was to be conveyed to the caller to give him relief from the feeling that his impulses were inexplicable, uncontrollable, and permanent.

The caller may have difficulty in localizing the event that triggered his anger. It may have happened 2 or 3 days before. The memory may have been repressed through guilt or anxiety. Workers were advised to ask: "What happened today?" or "Did something happen yesterday? What went wrong?" When the caller expressed his anger, the worker was to help him ventilate it by saying, "You must be very angry right now."

This procedure is in accordance with a hydraulic metaphor of a stream of anger being deflected from its external object to an unsuspecting self. In such hydrodynamic theory one speaks of "retroflected rage."

*Adlerian Theory*

In Adler's holistic theory emotions are not agents on their own but in the service of the individual in accordance with his life style, simply adding momentum to his already ongoing movement (3, pp. 227-228; 10, p. 209). Thus anger may be used to evade a problem by diverting attention, or to enhance a feeling of power by instilling fear or creating excitement, as in a temper tantrum. Depression may be understood as a "silent temper tantrum," according to Mosak, with which the individual seeks to gain power over others.

Instead of merely saying, "You must feel very angry right now," the Adlerian can point out these hidden purposes to the caller, adding that he is paying too high a price for the "gains" he achieves in this way. Of course, he may choose to continue paying the price. But the Adlerian also adopts an empathic relationship, and he is not considered to have understood a client, caller, or patient unless he can

sincerely say, "From your viewpoint you are quite right, I would be angry too if I were you."

Adlerians understand that anger need not be "directed inward" to have its pernicious effect. It is more parsimonious to contend that an individual who (*a*) has very high goals for himself as the Good One, or the Strong One, and (*b*) suffers defeat or humiliation, or rather feels these—where others would openly resort to anger and outrage—may resort to "hurting himself to hurt others" or to take revenge on them. This is his way of expressing his anger, and at the same time alleviating his feelings of impotence and helplessness. Relief from the distress of this impasse can be provided sometimes by pointing out to the individual that his seemingly insoluable problem is no real problem at all.

### "*He Didn't Say, Good Morning*" (*Case 1*)

In getting at the rage, it is sometimes necessary to dig for quite a while. It is also necessary to recognize the exogenous, preciptating factor when it appears. One hysterical woman denied repeatedly that anything significant had happened. Eventually she mentioned off-handedly and almost inaudibly, that her boss had not said "Good morning" to her.

I suggested that this must have hurt her feelings. At that, she burst into a long recital of complaints including her mother's hypercritical abuse, her rejection by men, her beloved ex-boss' death, and her subsequent acceptance of an unsatisfying job with greatly decreased salary and responsibility. And on top of all that, her new boss thought so little of her, that he did not even bother to say "Good morning" to her.

## 4. FOCUSING ON THE ISSUE

In the practice of crisis intervention, "The assessment of the individual and his problem requires . . . active focusing . . . on the part of the therapist" (5, p. 16). In contrast to psychoanalysis, with its free association and focus on the genetic past, the focus in crisis intervention is on the genetic present. But it is to be "carried out only by mental health professionals" (5, p. 16).

In Adlerian thinking the required insight into the purposes of human behavior can be acquired through relatively brief training by most persons with sufficient intelligence and social interest.

The following case is an example of "active focusing technique" and demonstrates that compassionate persistence is essential for getting at the heart of the matter in the face of the anguished caller's confusion.

*Al, the Musician (Case 2)*

ANSWERER: Hello, Al, what's happening?

AL: Hey, man, this time it's the end. I'm going crazy, man. It's never been this bad before. I'm scared man, really scared.

ANSWERER: What happened today, Al? What went wrong?

AL: I'm hearing voices, man. I'm scared. I'm really flipping out, man, I'm scared. I don't know what to do. I'm hearing voices.

ANSWERER: What happened today, Al?

AL: Nothing, man, I can't take it, I tell you, I'm flipping out. I'm really going crazy this time.

ANSWERER: Something must have gone wrong, Al?, to get you so upset. Have you taken anything?

AL: No, man, I'm not on nothing. We were supposed to have a recording session. The bass player didn't show up. We blew the whole gig, man, I can't take it, I'm really cracking up.

ANSWERER: You must have been pretty sore at him.

AL: I could have *killed* that bastard! We could have made a thousand dollars. That's the third time he's done that to me—I'm gonna kill him!

ANSWERER: Isn't there another bass player you can get?

AL: No, man, there ain't no bass players that ain't working. . . . Wait a minute, Bernie's due back in town this week, maybe I could get him. . . . Hey, man, do you mind hangin' up. I gotta make a phone call.

In this situation, the problem was not the absence of the bass player. That was the exogeneous factor which precipitated the crisis. The problem was that Al was overwhelmed by feelings of inadequacy to cope with the situation and the resulting, devastating loss of his already very fragile confidence and self-esteem. His helplessness was compounded by his inability to express his justifiable anger and disappointment directly to the object of his rage, the bass player—who was not there.

By forcing Al to focus on the issue, namely his rage, by showing him that his anger and disappointment were acceptable and understandable under the circumstances, the worker restored Al's self-respect and self-confidence to the point where he could function more effectively and identify an alternative which had been open to him all along.

### 5. IDENTIFYING THE LOSS

From the Adlerian standpoint the problem of loss can be understood in terms of what the loss does to the caller's status and prestige; or what it may have done to his desire for attention or power and control. A loss can also be understood as fulfilling the individual's prophecies of disaster.

Some individuals base their feelings of worth on a relationship with a person who is dependent on them, such as a mother, a child, or a

spouse. When that person is lost, the individual is reminded of how inadequate and worthless he is after all. Such was the problem of Nora, a psychiatric nurse.

*The Nurse who Could Not Let Go (Case 3)*

Nora called at 10:20 p.m. She had been crying. A psychiatric nurse, she had gotten too involved emotionally with a girl patient. She could not bring herself to terminate psychologically although the patient had left the hospital. Her supervisor had ordered her to stop corresponding with her, but she could not obey because she was afraid the patient would feel rejected. Nora felt trapped between her supervisor and the patient, with no way to please them both. She was afraid she would lose both her friend and her job.

Because she was taking the patient's departure as a personal loss, the worker suggested that her overreaction may be due to her low opinion of herself as a nurse and a human being. She confirmed this by saying that she takes her supervisor's suggestion to stop corresponding as a personal criticism that made her feel worthless. The worker suggested that she really was a competent nurse, but that she didn't think so herself. She agreed and said that when her supervisors compliment her, she laughs inside and thinks they are idiots.

It was pointed out to her that this reaction is a useless way of gaining superiority, the result of her lack of self-confidence and self-esteem.

Nora said that she knew that from her previous therapy, but she had found that intellectual insight had not resulted in a cure. The worker agreed that this is usually the case. The knowledge acquired in therapy must be put into practice in specific, concrete situations. This requires a conscious effort at first. Then, after succeeding, her feelings and emotions will change, not before.

The worker assigned Nora the task of saying "Thank you" the next time she is complimented by her supervisors, without laughing inside—actually accepting the possibility that these people were sincere human beings, not idiots who can't tell how worthless she is. She said she thought she could do this, and that she could see how this might have a positive effect on her attitude toward herself.

## 6. HE REALLY DOES NOT WANT TO DIE

The view of the prevention service that the caller is ambivalent about killing himself, that "part of him doesn't want to die," is in contrast to a naive view that would take the message, "I'm going to kill myself," at its face value, with death as the caller's objective.

The Adlerian takes a third position, namely that the potential suicide does not primarily want to die, but wants to achieve a purpose for which he is willing to pay with his life. If he felt he could achieve his purpose in any other way, or if he would change his purpose, he would not commit suicide.

The caller's friends and relatives, of course, are likely to take the

naive view. They respond to the literal, manifest content of the message, trying to talk him out of killing himself—or withdrawing from him in fear, helplessness or disgust. Such reactions only confirm the potential suicide in his conviction that nobody understands him.

The view of the prevention service gives the worker the great advantage that he can direct his efforts toward that part of the caller that wants to live.

In the third, the Adlerian view, which is holistic, different parts of a person tending in different directions are not recognized. The individual is always a unified whole. In the case of suicide it is an individual whose life style has incorporated hurting himself as a method for achieving goals of revenge and escaping solutions of life problems. Suicide has been described as a form of "paradoxical communication" (7). With this understanding the worker will, e.g., not fall into the trap of debating with the caller the relative merits of life vs. suicide. He responds to him as a fellow man in trouble about solving a life problem. Thereby and in words he refutes the caller's inferred convictions that no one understands him nor cares for him, that others are to blame for his predicament and that he is going to "show them" now, revengefully. In doing so, however, he raises the caller's self-esteem and encourages his social interest.

The worker assumes that he can reconstruct the situation for the caller so that it permits a different solution. This includes that the caller will no longer feel inadequate for any different solution. If this can be accomplished the caller will be glad to go on living. Since the present writer, as suicide prevention worker, has to his knowledge never "lost" a caller, his experience pertains only to those persons who did indeed prefer being among "the quick" rather than "the dead."

### 7. PROVIDING REASSURANCE AND SUPPORT

Encouragement has always been an important part of Adlerian treatment (3, pp. 341-342) and it has been understood that this must refer to concrete achievements. One way of starting to restructure the situation is to remind the caller that he had successes and assets for more satisfactory coping which he had only now conveniently "forgotten" as interfering with his suicidal intentions. In fact, the worker may be able to show that the very liability about which the caller is conplaining is in fact an asset.

*Al, the Musician (Case 2 continued)*

We may illustrate this point by referring again to Al, the musician, a seriously disturbed individual and chronic caller. His father had been extremely critical of him and rejected him. He predicted nothing but failure and disaster for his son. Al's disturbance, one might say, represented his "obedient" fulfillment of his father's pessimistic prophecies.

One night, Al called to complain about feeling useless and worthless because he was only a saxophone player. His successful recordings and personal appearances gave him no pleasure. We reminded him that giving pleasure and relaxation to his audiences was a valuable and much needed service. This was not only to boost his self-esteem, but also to direct him from his self-centeredness toward greater social interest. We also pointed out that he need not go out of his way to make his unhappy father's prophecies come true and that he was free to "disobey" him. These interventions ended his depression on that occasion.

The Adlerian can give further reassurance and support by suggesting to the caller that he has perhaps been judging himself too harshly, and may have impossibly high standards for himself. The worker helps him to understand that he is acceptable in spite of his imperfections. A practical way of doing this is by demonstrating that the worker means what he says. For example, if the worker sees that he made a mistaken assumption, he accepts the caller's corrections and offers further suggestions. He thus demonstrates, "We all make mistakes," but can go on just the same.

Reassurance and support are provided also by not critizing the caller, or standing in judgment upon him, and by not taking his stream of abuse personally. Reassurance can also be communicated through the tone of voice.

### 8. GIVING THE CALLER A GOAL

Adlerians can appreciate the importance of assigning tasks with which the individual feels adequate to cope: A successful achievement breaks the vicious circle of defeat and discouragement. It is also helpful to point out to the caller that he has the power to choose whether or not to accomplish the task. It's up to him. In this way he regains the feeling of being in control again of his own situation. Assigning him a practical, constructive task, also countermands the previous, useless goal of making mischief and excitement by threatening suicide, when he did not get his way and his feelings were hurt.

When he is given these nearby goals in the form of practical tasks, he is also reminded that he is not special or altogether unique and that his problems are not insoluble. It is a practical demonstration that his crisis is not the end of the world, and life goes on.

### 9. DON'T GIVE ADVICE

From the Adlerian viewpoint one understands easily how and why well-intentioned advice can be counter-productive and even lethal, why young drug addicts may leave notes saying that they could not take the advice of their friends to stop, even though they knew they might take an overdose and die.

Usually the advisor is in fact insulting the individual by telling him something he already knows. He is not going to take the advice of someone who insults him. He may seek revenge by doing just the opposite. He often feels that an advisor is just trying to enhance his own status and prestige through good works at the individual's expense, a further insult to and lowering of his self-esteem.

It is advice which deals with isolated behavior without understanding it in the context of the individual's life style, including his low self-esteem, which is often counter-productive. Such advice only convinces the advisee that he is right: no one understands him. This is not conducive to strengthening the social ties which have become very tenuous in the potential suicide.

### REVIEW

In the following and last case, various of the above principles have been applied. It may thus serve as a review as well as a concrete illustration. Especially the overriding importance of "Don't Panic" becomes evident, including "taking the wind out of his sails" by doing the unexpected. This is necessary to prevent the worker's losing control of the situation, the first of the nine operating principles. This is of course in accordance with Adler's recognition of the patient's tendency to depreciate the therapist (3, pp. 336-338). This was expressed again most effectively by Jay Haley when he defined the patient's situation in therapy as insisting that the therapist be one-up to him while at the same time paradoxically and "desperately trying to place him one-down" (14, p. 193).

### *"Give Me One Good Reason" (Case 4)*

The question arose in a practicum course at the Alfred Adler Institute one night as to the appropriate response to a patient's demand: "Give me one reason why I should go on living!" Dr. Harold Mosak pointed out that this question was a trap. Any reason proffered would be instantly rejected and the profferer's leverage vastly diminished. Instead, he suggested that we respond to the specialness implied in the patient's requiring reasons to go on living. If we hit the mark,

the questioner would express anger at being unmasked. We would then be able to deal with the anger and avoid having to solve his riddle. Some two weeks later, this worker had the following phone conversation:

ANSWERER: Hello, this is the Crisis Intervention Unit. Did you call?

CALLER: Of course I did, you dumb s.o.b.! I want you to give me one good reason why I shouldn't kill myself. I'll bet you can't do it. All you guys are phony, anyway. I'll give you one minute. Now start talking.

ANSWERER: You must think you're pretty special. You need a reason to go on living. The rest of us ordinary people have to do without. (Principle 1)

CALLER: You're damn right I'm special. I'm homosexual.

ANSWERER: What's so special about that? Every queer in the world is homosexual.

CALLER: Let's face it, you're inadequate to help me.

ANSWERER: Let's face it, you're inadequate to help yourself.

CALLER: Hey, what is this?

ANSWERER: What do you say we skip the labels and the name calling and just talk to each other like two human beings? (Principle 2)

CALLER: You know, you're cool. Is this how you talk people out of killing themselves?

ANSWERER: That's part of it. How were you going to do it?

CALLER: I'm standing by an open window. I have this very strong urge to just throw myself out and get it over with.

ANSWERER: Did something happen today to make you angry? (Principle 3)

CALLER: Yeah, as a matter of fact. I came to this party, only the guy I wanted to be with had someone else. So I told him to go screw himself. I was hoping he'd run up here and save my life at the last minute. But he didn't.

ANSWERER: So you felt rejected. I bet you're always hoping for something that will never happen.

CALLER: You're right. How did you know? I want to save the world. I want to do great things. Sometimes I think I'm the Messiah. (Principle 6)

ANSWERER: How old are you?

FRED: I'm 21. My name is Fred, by the way.

ANSWERER: I'm glad to know you, Fred. A lot of young people like you have big ambitions, great expectations, but they usually simmer down after a while. But you feel very inadequate when you can't live up to your impossible ideals.

FRED: That's exactly right. Hey, you are really beautiful. How did you know that?

ANSWERER: There's a lot of it going around. Anyway, it explains your suicidal impulses. Since you aren't perfect, you must be worthless and life can't be worth living. And you were probably frustrated because you couldn't express your anger at your friend directly. This could cause suicidal feelings too. You probably don't get very much fun out of life. You don't get any satisfaction from your accomplishments, do you? (Principle 4)

FRED: No, I don't. I play cello and I really want it to be the best thing that people ever heard. But it isn't. It's just junk. Other people play so much better, and they all seem to get so much more enjoyment out of everything.

ANSWERER: How do you know what they are getting out of anything? How do you know they aren't pointing at you and wishing they were having as much fun as you are? (Principle 7)

FRED: Hey, you know, that's right. I never thought of it that way. I put on a very good act so everybody thinks I'm having a ball. Maybe they are too, huh?

ANSWERER: It's a possibility, isn't it? The point is, you have to start learning new ways of thinking about yourself. You have to get some more realistic goals for yourself. I think that you expect too much of yourself, and then you're very hard on yourself when you don't make it. You set yourself up for failure, and then you fail. You keep doing it over and over because it proves how right you are when you think you're worthless.

FRED: Hey, that's beautiful. That's really me. I'm so dissatisfied with being queer, but I'm afraid that if I go with a girl, she'll expect me to do the things a man does, and I don't know how.

ANSWERER: So you've been preferring to be a failure as a queer, which is less painful than being a failure as a man. But boys learn how to be men from their fathers. What's your father like?

FRED: He wasn't much of a man. My mother always regretted marrying him.

ANSWERER: So you were gypped out of a decent model. But you wound up modelling yourself after your father anyway, didn't you?

FRED: Yeah, I guess I did. But what can I do? It's too late now.

ANSWERER: No it isn't. Get yourself some counseling. You can repair the damage if you want to bad enough. (Principle 8)

FRED: You don't know how important that is to me, the hope that I can change things. You know, you've got the most beautiful job in the world. How many people can say they save lives every night!

ANSWERER: You're right, and don't you think I don't know it. Do you think you might be able to go home and get some sleep?

FRED: Yes, I'm feeling pretty tired right now.

ANSWERER: Well, you've been through a lot tonight. How do you feel about the party going on downstairs?

FRED: They can have it. I'm sick of it.

ANSWERER: Good for you. Are you going to call the Mental Health Clinic Monday.

FRED: Yes, I really am.

ANSWERER: Well, it's up to you. You're the one who has to make the choices. (Principle 9)

FRED: You know, this whole thing is beautiful. I mean, a couple of years ago, I couldn't have called anyone like this on the phone.

ANSWERER: That's right. How did you get our number?

FRED: I dialed information. I told them a friend of mine was going to kill himself.

ANSWERER: You must have wanted help very badly. That's a very good sign. (Principle 7)

FRED: It is? I'm glad. I thought I was pretty far out.

ANSWERER: Well it means that part of you wants very much to live, in spite of the suicidal impulses. You don't still have them do you? (Principle 6)

FRED: No, as a matter of fact, I don't. I feel like I have some hope now.

ANSWERER: That's good, you see, there are solutions. Just because you don't know what they are right now, doesn't mean they aren't there.

FRED: That's right. There must be a solution to what's bothering me. I'll get some help as soon as I can. I used to think I could work it out by myself.

ANSWERER: There's another impossible task you've set for yourself. You can't do it alone. If you could, we'd all be out of business. Anyway, try and get some rest. The sun will be coming up in a few hours. Things will look a lot different in the morning.

FRED: Well, thanks a lot for talking to me.

ANSWERER: It's all right. You're a very bright guy, Fred. You're going to be okay.

FRED: Thanks very much.

ANSWERER: Good night, Fred.

## SUMMARY

The crisis intervention techniques used by the Charles F. Read Zone Center, Chicago, have been presented as was a brief account of the Adlerian psychodynamic approach, and some comparisons were made between the two. Each of the nine operating principles in crisis intervention was then expanded through an application of Adlerian personality theory. Illustrative material from five cases was included.

It is felt that such concepts as striving-for-success and social interest can aid the crisis intervention worker to understand and help reconstruct more quickly the client's present approach to problems and relieve the resulting distress. The aid of such intervention is to replace the individual's unrealistically high self-centered goals and resulting pessimism in the face of not attaining them, with more realistic goals and the confidence to cope with the tasks of life under these conditions. This also involves the development of a feeling of fellowship and good will toward others.

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