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Mini Review Article

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Contextual-Conceptual Therapy (CCT)

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Abstract

Background: *According to the WHO, worldwide about 800 000 people die by suicide every year - one person every 40 seconds. There is evidence that for each death by suicide, more than 20 other people attempt suicide.*

Conclusions: *The implications of the data indicate that it is very important to have the right support for people with suicidal ideation in place. Contextual-Conceptual Therapy (CCT) can offer this support.*

As CCT is not in competition with other theories - but functions more as a "forerunner" and is entirely complementary with other counseling models in a hierarchical manner, it lends itself to the therapist of any model, and – in my opinion - particularly the integrative humanistic one.

CCT Defining Quote

"Suicide cannot be prevented until it is properly conceptualized" [1, 2].

CCT Suicide Therapy

CCT is a new and exciting approach to suicide therapy, developed by Seattle based suicidologist Fredric Matteson.
In fact, it is the only therapy model specifically for suicide I am aware of.

I heard about CCT for the first time at the 2014 World Suicide Prevention Day Conference in Dublin, where Matteson was the Keynote Speaker.

To me – a counselor as well as a person who survived 2 suicide attempts many years ago – Matteson stood out from the rest of the presenters that day. In fact – it deeply touched my heart when I heard him speak.

He was the first professional in the field I had ever met who was able to speak from the perspective of a suicidal person, expressing a true understanding of the suffering a suicidal person goes through, the suffering I have gone through myself.

Fredric Matteson developed Contextual-Conceptual Therapy (CCT) through his 25 years experience with over 16,000 suicidal patients at St. Francis Hospital in Seattle, Washington. Matteson's unique approach combines expressive arts techniques, education, and therapy.

Matteson learned to understand the core experience of what it means to be feeling suicidal by exploring the language of his clients in the midst of their suicidal crises. In fact, he proposes that there is a language of suicide.

Exploring the suicidal persons' language Matteson discovered that the most common metaphors used by suicidal people are LOST, TRAPPED and STUCK.

But where are these people lost, trapped and stuck?

Through his work with his clients Matteson began to realize that feeling suicidal is a symptom of an underlying, context-bound problem.

That it is not an illness, but an identity crisis.

Suicidal people feel like this (illustration 1): stuck inside an invisible ice cube - not able to reach out – and not able to let anybody reach them [3].

Illustration 1: "The Invisible Ice Cube" (© CCT 2018)

CCT highlights that the suicidal person has to fully see (conceptualize) the true context they are in, or else they will come to the wrong conclusion that suicide is the only way to solve what they perceive their problem to be.

From their perception suicide makes logical sense, and they are caught in a self-perpetuating feedback loop.

As it is the suicidal person's "best" thinking that brings them to this place, any attempt to change their thinking with logic will only reinforce their thinking - as it is logical within their context, within their frame of reference.

Logic cannot change context – logic works within context.

Matteson argues that reasoning, traditional approaches and medication may help the suicidal person for a while – but often cannot really reach them deeply enough to end their suffering as it does not touch the root of their suicidal thinking.

The reason for that is that the focus of most traditional suicide-related therapy is on the person (not) "killing themselves" and on RECOVERY.

CCT's "Metaphorical Hierarchy" shows that the base of therapy determines its outcome. It is here that we have to change the metaphor: if our efforts as therapists are rooted in a model of mental illness, aiming for the client's RECOVERY (the metaphor at the base of the pyramid), then the outcome of our work (top of the pyramid) has to be fundamentally different to the CCT concept – which focuses on DISCOVERY (as the metaphor at the base of the pyramid) [4].

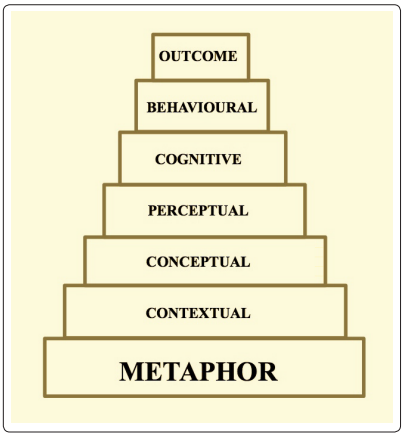

Illustration 2: CCT's "Metaphorical Hierarchy" (© CCT 2018)

In the CCT model, the therapist works with the suicidal person and supports their own efforts to DISCOVER themselves. This needs to happen before the cognitive and behavioural work can start if the long term outcome for the client wants to be positive and life-embracing.

If we start looking at suicide as an identity crisis as opposed to a sign of mental illness, we have to ask:

What if suicide is not about what's wrong with the suicidal person, but about what's right with them?
What new questions do we as therapists need to ask?
What new questions does the client need to ask?
Matteson developed an understanding based on the works of Winnicott, Kohut that the suicidal person is trapped in a self-defense mechanism which at some earlier stage in their life (usually during childhood) was designed to keep the true self safe from feeling intolerable emotional pain and from being hurt [5, 6].

This self-defense mechanism works through the unconscious creation of a 'false self'. The suicidal person is not aware of the existence of their true self anymore, which becomes 'lost', 'trapped' or 'stuck' elsewhere - out of reach.

The suicidal person employs this highly sophisticated defense mechanism which firstly becomes normalized, then internalized – and with that cannot be detected anymore.

This false story of who they are leads to a struggle with their perception of themselves to have to be either / or one of the following two:

1. Either the person who they are trying not to be (as in the 'bad' person they think they are) or
2. The person who they are trying to be (the 'perfect' or 'good' person).

The reality is that neither of the two represents the suicidal person's true self – which is hidden to them.
The important and truly remarkable discovery that Matteson has made is that the suicidal person is caught in this bifurcated state between these two false self-images - caught in an identity crisis.

This bifurcation leads to a mindset of 'black-and-white' thinking and rigidity in thinking.

This rigidity - in Matteson's revolutionary view - must be "destabilized" to renew contact with the true self [7].

The following image demonstrates this further:

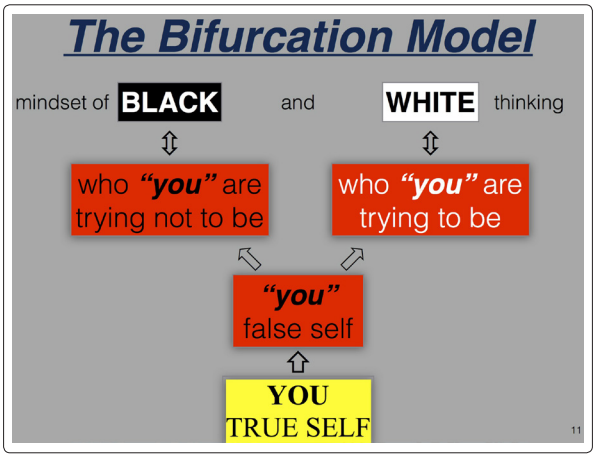

Illustration 3: "The Bifurcation Model" (© CCT 2018)

At the base we have the true self: a person completely in touch with whom they are.
Through an event – often during childhood – of intense uncomforted pain, the person develops a false self in order to protect the true self.

CCT sees that this false self, which is not aware of the true self

anymore, experiences a lack of 'something' that they cannot name. In an effort to find this 'something', they try not to be the bad person they think they are, but feel the need to become this perfect person they think they should be.

As they're still not in touch with whom they truly are, this effort, this black-and-white thinking, will eventually lead to a crisis point, and often to suicide.

When suicidal clients talk of feeling 'lost', 'trapped', or 'stuck' – they actually experience the TRUTH of their true self being lost to them, but they are unaware of the context that they are operating in. The suicidal person, caught inside this context-bound state, can feel what they are in, but cannot name it.

Being unable to identify their "problem" of being disconnected from their true self, they remain repeatedly stuck at the level of their symptoms. Therefore they cannot see where their pain is coming from, and thus cannot stop it. Suicide is then seen as the only solution– 'the only way out'.

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

Neither the suicidal person, nor traditional therapy, does address the actual root of feeling suicidal. Instead, the ways the suicidal person expresses this pain is being addressed – which illustration 4 shows:

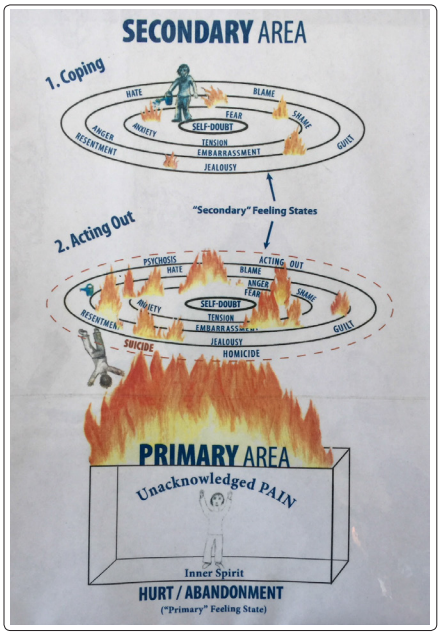

Illustration 4: "Fighting Smoke Instead of Fire" (© CCT 2018)

Attempting to cope and attending to emotions like self-doubt, tension and fear, is the equivalent of fighting smoke instead of fire.

As a result, the person spirals further out into experiencing anxiety, shame, guilt, hate, to eventually "Acting Out" and finally to suicide.

It is similar to a person falling ill on the lower deck of the Titanic. If our solution to the problem as we perceive it is to try and 'stabilize' the person by bringing them to the upper deck, where they might get some sunshine and fresh air – we might achieve for the person to feel better temporarily. But we are missing the true context that the Titanic is about to sink – and that we are all still ON it!

Similarly, traditional therapy attempts to bring the suicidal person back to the 'false self'.

CCT in contrast does not try to stabilize the suicidal person in their unstable place, but attempts to 'destabilize' their thinking: The CCT therapist momentarily 'shakes' the client's frame of reference, to then skillfully re-orientate the client so that they can begin to see the false context they are operating in.

An indirect form of communication is employed to bypass the client's intellect and their often strong resistance.
This form of communication accesses the suicidal person's right half of the brain, opening up more and more room for curiosity.

CCT listens closely to the client's own language and builds upon the client's strength and passion.

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

As Ronald Maris said, "suicide cannot be prevented until it is properly conceptualized" [1].

In this way, a new and true context, a new frame of reference, gives the client an opportunity to re-discover their true self and to understand – to conceptualize - the root of their suicidal thinking.

CCT also teaches the suicidal person about their psychological defense mechanisms and provides unique personalized tools for ongoing self-care. CCT understands that "If you get rid of the pain before you understand its question, you get rid of the self." (Carl Jung). In that sense CCT supports the client to go right into their pain and discover the root of their suicidal thinking as well as their true self.

CCT gives the client new meaning from where to engage in self-exploration and other forms of therapy.
Creating true context first is essential though, as anything "cognitive" cannot truly succeed without true context.

In all of this, the relationship between the therapist and the client is crucial.

It has to be one of trust – while within the correct context - so that the therapist's challenges are not experienced as being shameful by the client.

The CCT therapist does not try to steer the suicidal person away from their pain, but goes into this darkness and confusion with them - both challenging and welcoming them.

In this process, the false self "dies", and the true self is reborn.

With CCT, the suicidal person's moment of crisis becomes their moment of transformation.

To learn more about CCT, visit www.SuicideTherapy.com, or www.gittimaascounselling.com

Professional Testimonials

"There has never been a therapy specifically for suicide, until today."

David Olive, PhD
Lead Psychologist (Retired)
National Health Service (NHS) of England

"I have followed the development of Contextual-Conceptual Therapy (CCT) for 14 years. There are a plethora of different psychotherapies out there and all consumers are wise to be suspect of what they have to offer. But I come back to the following observation: in an urban, inpatient psychiatry setting dealing with managed care, which is very selective about who treats their clients, the hospital setting which offers this approach has continued to receive a large volume of referrals. This therapy fits in with traditional psychiatry and psychotherapeutic approaches. But it adds something that I think is hard to come by: helping the patient be in touch with his or her own heart and authenticity. I cannot recommend this approach highly enough."

Neil Baker, M.D.
Psychiatrist
Healthcare Improvement Consultant
Neil Baker Consulting
(former) Chief of Central Mental Health Services,
Clinical Improvement and Education
Group Health Cooperative (GHC) of Puget Sound

"I have been involved in learning, practicing and teaching psychotherapy for forty-five years. In that time I have been fortunate to have observed many masters of the craft in action, including Carl Rogers, Michael Balint, Carl Whitaker, Fritz Perls, Victor Frankl, and Albert Ellis. However, Fredric Matteson is unique in his background and approach. He neither belongs nor owes allegiance to any established school of therapy. An established poet, he mines his genius for metaphor and finds a way to apply himself to reach to the very core of those in extremis — those hospitalized because of severe suicidal impulses, plans and who frequently have made actual attempts. Aided by his gifts, including an intensity of spirit that resonates with those who are desperate, he finds ways to convert the instability of crisis into a loving, healing process. It's wonderful to see that his creativity, talents, compassion, and vast experience have begun to be recognized internationally."

Tom Rusk, MD,
Senior Psychiatrist
Penobscot (Maine) Community Health Care
Diplomate of the American Board of Psychiatry and Neurology
Distinguished Life Fellow, American Psychiatric Association
Author of the Best-selling Books: "The Power of Ethical Persuasion", "Get Out of Your Own Way"; "I Want To Change But I Don't Know How"
Featured Guest (Twice) on The Oprah Winfrey Show

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