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A Transactional Analysis Perspective on Suicide Risk Assessment

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Abstract
The author discusses some of the difficulties in making suicide risk assessments. He focuses on Goulding and Goulding's (1978) theory of injunctions, particularly their notion of a Don't Exist injunction. He argues that this injunction in the mind of an individual can consciously or unconsciously lead to suicidality. Therefore, diagnosing the presence of a Don't Exist injunction is useful in the assessment of suicide risk. A client illustration is included as an example of how to diagnose this injunction.

Keywords
suicide, suicide risk assessment, early decisions, Goulding, injunctions

Cooper and Kapur (2004) referred to suicide risk assessment as an inexact science. They argued that there is no definitive psychometric tool that can identify the current level of suicide risk in an individual. Many tools have been developed over the years, such as the Minnesota Multiphasic Personality Inventory (Butler, 1990), the Screening Tool for Assessing Risk of Suicide (Hawgood & De Leo, 2015), and the Scale for Suicide Ideation (Beck, Kovacs, & Weissman, 1979). All of these are usually accompanied by cautions, such as those from the Australian Psychological Society (2016), which noted that measurement tools only constitute an aid to assessment and that the process of assessment involves much more than psychometric instruments. For instance, an assessment must focus more on here-and-now factors in the client's life (Draper, 2012). Indeed, the Australian Psychological Society concluded that none of these tools constitute a reliable instrument for suicide prediction. In the final analysis, except in the most obvious of cases, suicide risk assessment comes down to the clinician's professional judgment.

In this article, I hope to demonstrate how the theory of injunctions proposed by Goulding and Goulding (1978) can add to the area of suicide risk assessment. I propose that determining if a person made an early decision to accept a Don't Exist injunction (p. 215) can assist considerably in such an assessment. An injunction is how transactional analysis explains the development of personality or life script. A young child will accept a number of different injunctions, usually from parents, and these then become part of his or her personality. For example, a Don't Be Important injunction may

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lead individuals to be unassertive in adulthood because they unconsciously believe they are not as important as others. Accepting the Don't Feel injunction can lead people to have trouble acknowledging and showing their feelings in adulthood. The Don't Exist injunction can lead individuals to feel and think that they can solve their problems by not existing. For them, suicide is seen as a possible solution to a problem, whereas those who have not accepted this injunction will not see suicide as a solution to problems (Goulding & Goulding, 1978).

Little (2009), in his examination of depressed clients, asked what is going on in the mind of the person who thinks of killing himself or herself. My article asks this question plus one other: What is going on in the mind of the depressed person who is thinking of killing himself or herself, and what is going on in the mind of the depressed person who is not thinking of killing himself or herself? The Gouldings' early theory concerning injunctions and redecisions can add to answering these questions.

To demonstrate how the idea of injunctions contributes to the area of risk assessment, I present two types of assessment: qualitative and quantitative. The quantitative method seeks to quantify how many high-risk groups the client belongs to. For example, high-risk categories for suicide include the depressed, substance users, and those who are incarcerated. The more groups an individual belongs to, the higher the level of risk he or she is seen to be. Quantitative methods attempt to produce data that can be objectively measured.

The idea of injunctions allows for a qualitative type of risk assessment. In this case, the quantity of groups is not being assessed but, rather, the quality of each unique personality. In particular, the suicidal quality of the personality is determined by the presence or absence of a Don't Exist injunction. If that injunction is present, then the person is seen to be potentially at risk for suicide (Goulding & Goulding, 1979; Woollams, Brown, & Huige, 1977).

The Transactional Analysis Literature on Suicide

Within the transactional analysis literature, several articles have been written on suicide (e.g., Little, 2009; Mothersole, 1996) but fewer on suicide risk assessment. This review will cover some of the main contributions to the topic of suicide risk assessment.

Eric Berne (1957) wrote, "The two most powerful urges of human beings are the creative urge and the destructive urge" (p. 60). Further, in relation to the death instinct, he wrote, "Similarly, one can be very hateful toward others, the most aggressive act in this case being murder; or one can be very hateful toward oneself, the most aggressive act then being suicide" (p. 62). More recently, I (White, 2016) followed Berne's idea in an attempt to understand why seemingly well-adjusted people can display what amounts to suicidal behavior. I concluded that, as Berne suggested, all people possess the death instinct, and one of the ways it can manifest is with high-risk behavior that can appear suicidal.

Some early work on suicide was presented by Holloway (1973), who examined the idea of closing the suicide *escape hatch* with clients. Obeying the Don't Exist injunction means considering suicide as an option, which provides the person with an escape hatch out of life by suicide. Boyd and Cowles-Boyd (1980) expanded the idea of closing escape hatches and how this can be done through decisions clients make in treatment.

In relation to suicide risk assessment within transactional analysis, one is immediately drawn to the work of Drye, Goulding, and Goulding (1973). They developed a method using what later became known as the *no-suicide contract* to evaluate the suicide risk a client currently presents. The patient is invited to make a short statement: "No matter what happens, I will not kill myself accidentally, or on purpose, at any time" (p. 172). The person is then asked to report his or her internal reactions to making that statement. If the person reports a feeling of confidence, then the

suicide risk may be seen as minimal. If he or she reports a sense of relief, that can also indicate a lower level of suicide risk.

Responses indicating a higher level of risk include the person refusing to make such a statement or using qualifications to the statement. Those who refuse to make the statement are assumed to be suicidal and are asked to make the statement with any qualifications they wish. Adding in qualifications is seen to be a sign of higher suicide risk. For example, someone may wish to qualify the length of time the contract is in force. Instead of making the statement for an undetermined period, the person may wish to make it for 6 months, 6 weeks, or 6 days. Such a qualification indicates a higher level of risk.

Mellor (1979) expanded on the Drye et al. (1973) method to include other aspects of suicidality. He wrote that the no-suicide statement just described only deals with the motivation to be killed and not the motivation to kill and the wish to die. Therefore, he suggested that any assessment process must involve three statements or considerations: the level of motivation to kill oneself as a suicidal act, the level of motivation to kill oneself as a homicidal act, and the level of the person's wish to die. He proposed that this more detailed understanding of suicide produces a more comprehensive assessment system.

Whereas the Gouldings began articulating possible emotional responses to making the no-suicide statement, Mothersole (1996) added to this by reporting a case in which a woman felt contained by making such a statement. He looked at the no-suicide contract from the perspective of a strong therapeutic bond. He wrote that sometimes such contracts help the person to feel held. If a person has such a response to the statement, that is seen as a good sign in terms of the level of risk.

Drye (2006) wrote a cogent article entitled "The No-Suicide Decision: Then and Now" in which he looked at the 1973 article written by himself and the Gouldings (Drye et al., 1973) and circumstances now. He informally surveyed current practitioners who used the no-suicide decision method to discover any failures they had after the client had made a no-suicide decision with the therapist. Only four failures (client deaths) were reported internationally over 30 years of use, which indicates high reliability.

Finally, more recently, I (White, 2011) drew on my 30 years of experience of working with suicidal clients to present a number of possible reactions to the no-suicide statement. After observing many responses to the no-suicide statement, I found several common themes and their relationship to assessing the level of suicide risk:

- A reaction of scare or fear, which can indicate a higher level of risk
- A reaction of frustration, which can occur when the person plans to use suicide as a means to hurt someone
- A reaction of relief similar to what the Gouldings reported as indicating a lower level of risk
- A reaction of solidness, which can indicate some level of risk with more passive types of suicide
- A reaction of some form of dissociation, which can indicate a higher level of risk
- A reaction of little or no emotion, which can indicate a person who is at no risk or someone who is merely reciting the statement with no intention of following it and is thus at higher risk

Definition of Suicide

As one would expect, there are many definitions of suicide. For instance, Bruno (1986) wrote that "suicide is the voluntary taking of one's own life" (p. 228). Other definitions highlight the idea of intent, such as the one from the American Psychiatric Association (2013): "A suicide attempt is a

behavior that the individual has undertaken with at least some intent to die'' (p. 801). I (White, 2011) view suicide this way: ''Killing self is the primary intention'' (p. 15).

My definition excludes various behaviors that, on the surface, may appear to be suicidal. For example, command hallucinations are usually auditory hallucinations demanding that the individual take some action that may result in him or her dying. I (White, 2011) provided a case example of such hallucinations. A 35-year-old man cut an artery on his neck with a razor blade. Prior to this he had discontinued his antipsychotic medication, which resulted in an increase in auditory hallucinations and delusions. He believed God was telling him to come to him and to do that he had to go to heaven. To get to heaven, he attempted to kill himself. In that case, the primary intention was to be with God. Killing himself was a means to an end, so technically this was not a suicide.

In other instances, people can be ordered to engage in behavior that will likely result in their death. This can happen in war time, such as in World War II with kamikaze pilots (Ohnuki-Tierney, 2002). Those men killed themselves while following orders from superiors in the armed forces. In that sense, it was not voluntary, and it is assumed that for at least some of them, their primary intent was to kill others and not themselves. However, killing oneself by following orders is not limited to war time, as we all saw in the case of the followers of Jim Jones, the leader of the People's Temple in Guyana. In 1978 he ordered them all to drink cyanide; 918 did and died (Layton, 1999). This has often been referred to as a mass suicide, but again, technically it is not because the People's Temple members were following orders rather than having the primary intent to kill themselves by their own hand.

Finally, one must consider the area of suicide and accidents. I (White, 2011, 2016) have examined the relationship between these two concepts in some depth because they add to the idea of intentionality in the definition of suicide. An accident, by definition, is unintentional, and therefore the term *accidental suicide* is an oxymoron. It cannot exist because one has to have either an accident, which is unintentional, or a suicide, which is intentional.

Having said that, many in transactional analysis have presented these two ideas together in the no-suicide contract, which states, ''No matter what happens, I will not kill myself accidentally, or on purpose, at any time'' (Drye et al., 1973, p. 172; see also Boyd, 1986; Mellor, 1979). Technically, this is incorrect, because if one dies by accident then it is unintentional and therefore cannot be suicide. A more technically correct no-suicide contract would be, ''No matter what happens, I will not kill myself consciously or unconsciously, at any time.'' However, in clinical practice it would seem fine to use the original no-suicide contract because people will understand it for what it is.

The point I am making is that people can kill themselves with unconscious intent, such as by having an ''accident.'' As I (White, 2016) pointed out, people can put themselves voluntarily and repeatedly in high-risk circumstances such that the chances of them dying significantly increase (e.g., in cars, going into war zones, working with wild animals, participating in extreme sports, taking dangerous drugs, etc.). If they have good luck, they will not die, and if they have bad luck, they will die.

Consider this case example (White, 2011): A 30-year-old man said that he had had thoughts of suicide but could never actually do it. He had never made a suicide attempt. Instead, he described his reckless behavior as ''it's in the bad times when all the controls I have on myself, I just let go of and I will just do what I want. This is when my drug taking becomes reckless. Also, it's in those times when I can get full of drink, get in the car, and go driving recklessly.'' When he was in this frame of mind, his intravenous amphetamine use became reckless, and he was hospitalized a number of times due to overdose. He also recounted a time when he took to the police with a knife when they came to his home because of a domestic dispute. He said that for a while it was a volatile situation, and he nearly got himself killed by the police, who had their guns drawn and were insisting that he put the knife down.

This man was not making a suicide attempt in which he consciously set about planning it and then consciously carried out that plan to its conclusion. He was behaving in such a way that if he had bad

luck, then he would have an accident, and if he had more bad luck, then he would die in that accident. However, if he kept engaging in that reckless behavior, then sooner or later he would have very bad luck and die. How many times can one have a close call overdose before having bad luck and dying? Hence, one can see the unconscious intent of using an accident for a suicide attempt. We are left with the definition of suicide I am using in this article: Suicide is an act in which the primary intention is to kill oneself, consciously or unconsciously.

Why Do Some People Become Suicidal?

To find a psychological explanation for why a person would be suicidal is difficult. Referring back to the introduction, it was suggested that two questions need to be asked: What is going on in the mind of the depressed person who is thinking of killing himself or herself, and what is going on in the mind of the depressed person who is not thinking of killing himself or herself?

One can have two depressed people side by side with one actively thinking and planning a suicide attempt and the other not even thinking about it or the option of suicide does not even enter his or her thought processes. How can this be explained? The research supports this idea. It shows that around 50% of people with major depression have suicidal ideation and 50% do not (Akechi et al., 2000; Beck, 1967; Wada et al., 1998). How can we explain why 50% of depressed people are suicidal and 50% do not even think of it?

Much of the literature focuses on who is at risk of suicide (Evans, Hawton, & Rodman, 2004; Farand, Chignon, Renaud, & Rivard, 2004; Moskos, Olson, Halbern, Keller, & Gray, 2005), and there needs to be an explanation of why. It can explain why some people in a depressed state become suicidal and others do not.

The Transactional Analysis Contribution

This article seeks to contribute to the area of suicide risk assessment by highlighting a system by which a therapist can assess the suicidality of a client. Instead of just viewing the person as belonging to a high-risk group, it seeks to diagnose the specific client in such a way that it is possible to have some idea of that individual's current level of suicide risk. Also, it can provide an explanation as to why one specific depressed individual will be suicidal and another will not. The answer to this is provided by Goulding and Goulding (1978, 1979) and their work on early decisions.

The Child ego state (C_2) has three other ego states inside: the P_1 or Parent ego state in the Child ego state, the A_1 or Adult ego state in the Child ego state, and the C_1 or Child ego state in the Child ego state. A young child does not have a grown-up, mature Parent ego state (P_2) and Adult ego state (A_2) because these develop later. At that young age, the child has only the three immature ego states to operate with, and these are used to explain how the early decision process occurs.

Berne (1972) proposed that parents insert injunctions into the P_1 of the Child ego state of the young daughter or son. Woollams and Brown (1978) followed this up by saying the P_1 was the internalized recordings of conditioned decisions. Eventually, Goulding and Goulding (1976) produced a list of 12 injunctions: Don't Exist, Don't Be You, Don't Be A Child, Don't Grow, Don't, Don't Be Important, Don't Belong, Don't Be Close, Don't Be Well, Don't Make It, Don't Think, and Don't Feel. Of course, the injunction relevant to this article is the Don't Exist injunction (sometimes also called the Don't Be injunction).

The Gouldings questioned Berne's proposal that the parents "inserted" the injunction in the child's P_1 ego state (Holtby, 1976). Instead, they said that the child had to decide to accept or reject the injunction, which was done by the Little Professor ego state (the Adult in the Child or A_1) (Goulding & Goulding, 1979; Holtby, 1976). Or, as Goulding and Goulding (1978) wrote, "[The

child] may make an A_1 decision in response to [an] . . . internalized injunction" (p. 214). They went on to say that parents can communicate the Don't Exist injunction

> directly or overtly, as with attempted murder, or abandonment. (The rich use expensive schools and summer camps instead of foster homes or orphanages.) "Don't exist" may be implied by brutality, and by indifference. Mostly, children hear that they weren't wanted or that the parents would have had better, happier lives "if you hadn't been born." (pp. 215-216)

If the child decides to accept the injunction, then he or she can make a number of decisions based on that injunction. Allen and Allen (2005) provided a list of examples for the Don't Be injunction: "When things get bad enough, I'll kill myself, I'll get you to kill me, I'll get even, even if it kills me, I'll show you, even if it kills me" (p. 17). One could say these decisions personalize the injunction for the individual. The injunction, stored in P_1, is personalized so it can be expressed in a way that is relevant to the decision. For example, the person can express the Don't Be injunction by either getting someone else to kill him or her or by killing himself or herself when things get bad enough.

The first step in the process as described by Holtby (1976) involves the parents delivering the injunction, such as parents telling a child their lives would have been better if he or she had not been born. This places the child under pressure and looking for a way to make sense of this painful information. The child must decide to accept or reject the injunction. He or she does this by the A_1 listening to the raw data from the parent (the injunction being delivered) and the C_1 needs and feelings. As Holtby wrote, "At the same time A_1 is receiving raw Parent data it is also receiving *needs data* from C_1. This data consists of both survival needs and stroke needs. . . . It is only after this process that the injunction is incorporated as a part of P_1's structure" (p. 373).

Once the child has decided to accept the injunction, he or she then personalizes it by making decisions about what specific form that injunction will take as indicated by Allen and Allen (2005) with the Don't Be injunction. Erskine and Zalcman (1979) also described this process when they articulated how script beliefs are formed: "They begin developing when a child is under pressure either from parental programming (injunctions, counterinjunctions, attributions) or environmental trauma and his/her expression of feelings does not result in needs being met" (p. 53).

I agree with various authors such as Woollams and Brown (1978), Goulding (1972), Allen and Allen (1978), Joines (2014), and Woollams et al. (1977) that the Don't Exist injunction or a don't exist script belief is seen as the basis of suicidality in the personality. In addition, Goulding and Goulding (1979) referred to the Don't Be injunction as part of a child's "suicidal script" (p. 217), and more recently this was supported by Drye (2006) when he wrote that the Don't Be injunction is linked to suicide attempts in later life.

If a person makes such a decision in early life, what does that mean in practical terms? In essence, he or she adds one extra behavior to his or her behavioral repertoire. When the child decides to accept the injunction, the person decides that suicide is a viable solution to a problem (Little, 2009), a viable way to solve difficult life circumstances. The person who does not make such a decision does not see suicide as a possible solution to difficult times and does not add this behavior to the list of behaviors he or she sees as options.

Consequently, when these individuals are under stress, suicide does not even occur to them. They do not have to resist the temptation of suicide as a solution; it is just not contemplated, at least in any significant way. Almost everyone at some point has wondered what would it be like to commit suicide, but for those who have not accepted the Don't Exist injunction, this only remains a fleeting thought and is never seriously considered (Steele & McLennan, 1995). As mentioned earlier, 50% of depressed people have no suicidal ideation. For those who have accepted the Don't Exist injunction, the option of suicidal behavior is very real, and hence, suicidal ideation can become quite influential in the person's decision making.

Case Example

A 35-year-old woman, Juliette, presented a childhood history of living with her mother, father, and a younger sister. She attended therapy over a period of about 2 years. As usual, our early sessions began with history taking and the diagnosis of the main aspects of her life script.

As a child, Juliette sought approval from her mother and father but was given little. Instead, she was told she was useless, worthless, not wanted, and good at nothing. She felt that her younger sister was favored. In most childhood domestic situations, parents who are so inclined will tend to say things like these in a more camouflaged way, to imply them or even just allude to them. Juliette's case was unusual because there was no attempt to camouflage these statements. They were made clearly, openly, and repeatedly, leaving her in no doubt that her parents thought she was vile, disgusting, unwanted, useless, and so forth. Further investigation found that Juliette's emotional response to these messages was one of sadness. This was a common feeling for her, and she reported that throughout her life, when she felt upset, it often manifested as sadness.

In diagnosing injunctions, one can use the method of revisiting an early scene (Allen, 2010; McNeel, 1980), which I did with Juliette. Early in therapy she reported an emotional scene at Christmas when she was about 6 years old. Her parents gave gifts to her and her sister, and she felt her younger sister was clearly getting a much better present. When she complained about this, her parents chastised her harshly for being greedy and selfish, told her she was lucky to get anything because she was so bad, and said how they spent so much money on her. In this scene, Juliette had two pieces of information: the harsh treatment given by her parents and her feeling of sadness in relation to that treatment. I then asked her, "What sense did that young girl make of this? What decisions did she make about herself and life in response to what was going on?"

I was seeking to discover if Juliette had decided to accept or reject the injunction. In this case, she had decided to accept it. She reported that she felt "unloved and unwanted, there was something bad in her, and things would be better if she was not here." This showed that she had accepted the Don't Exist injunction. As Allen and Allen (2005) noted, children can make any number of decisions based on any injunction. Juliette reported the decision she made on the Don't Exist injunction was "when things get bad enough, I'll kill myself."

In terms of suicide risk assessment, this afforded important information. It allowed me to hypothesize that Juliette had the quality of suicidality in her personality or life script. The diagnosis of the Don't Exist injunction allowed me to hypothesize that Juliette had the behavior of suicide as an option in later life. This made her an increased suicide risk compared to someone who did not have this injunction.

Injunctions are quite stable phenomena in the personality and can influence the behavior of the person for many decades (Berne, 1972; Steiner, 1974). The injunctions tend to be repeatedly acted on throughout adulthood. As a result, it could be hypothesized that Juliette was likely, if not quite likely, to feel at risk of suicide a number of times in her life. Hence, her level of suicide risk was increased.

In addition, I diagnosed that Juliette had made the decision that "when things get bad enough, I'll kill myself." Thus, I knew some of the conditions under which she would be at a higher risk of a suicide attempt, especially when, in her mind, she saw things going badly in her life. This provided a focus for future therapeutic inquiry. If she reported events in her life that led her to feel things were getting bad for her, then her level of suicide risk was likely to be increased.

Later in therapy, Juliette reported a stage earlier in her life, at about age 25, when she had suffered the sudden loss of a close friend in a car accident. At that time, she was also in a relationship with a man who treated her well and with whom she was in love. However, her parents continually undermined her, her boyfriend, and the relationship. Eventually, this undermining took its toll, and the relationship broke down. Juliette recalled being extremely distressed at the loss of the

relationship as well as the loss of her close friend and stated that she did not know what to do. She felt totally confused and could not make sense of it all. In her mind, things had become very bad, and she became ready to act on her suicide decision.

In this state of confusion, one afternoon she obtained a large quantity of medication, bought a bottle of vodka, and went out to a secluded place in the country. She drank the alcohol and took the medication. Juliette, who had for 2 years trained as a pharmacist, said that she certainly took enough medication to end her life. It was a serious suicide attempt. As it turned out, a man walking with his dog through the country came upon her, she was taken to help, and survived. She was very lucky to have survived.

This example demonstrates how the Don't Exist injunction was held by Juliette for many years as a child, and finally in adulthood, when things became bad enough, she decided to act on it. She made a suicide attempt, which was not completed. In future suicide risk assessments, it would be important to inquire how her life was going and, as stated before, specifically to ask if things in her life seem to be getting bad for her.

In subsequent therapy sessions, Juliette reported not having made another attempt, but there were a few times when she gave it serious consideration. She reported two times: once when she considered hanging herself and another time when she considered shooting herself in the head. However, she never actually made another attempt. This illustrates the ongoing influential nature of the Don't Exist injunction. Once diagnosed, the individual can be seen to be at higher risk of suicide at some point in life compared to someone who does not have that injunction.

Regardless of how many high-suicide-risk groups Juliette does or does not belong to, I had been able to diagnose her as an individual and find that she did have the Don't Exist injunction. This method of risk assessment allows one to understand the client not just as a member of a high-risk group but to understand his or her suicidality in terms of the specific individual sitting in front of the practitioner.

Conclusion

This article seeks to delineate two distinct types of suicide risk assessment. I (White, 2011) explained a qualitative type of assessment in some detail and presented four methods one can use to diagnose the presence of the Don't Exist injunction. These include the stopper analysis questionnaire, the Don't Exist interview, the "Bad day at black rock" exercise, and reactions to the no-suicide statement.

Other methods to assist in this diagnosis have been presented in the past by Berne (1972) with his list of script checklist questions and McCormick (1971), who developed a life script questionnaire that can identify a variety of life script factors, including injunctions. These are different to quantitative checklists that simply seek to identify the high-risk groups people belong to and do not seek to diagnose personality characteristics.

In this article, I have presented an updated statement about the Don't Exist injunction and its application to suicide risk assessment. I have also sought to elevate the importance of such a diagnosis in risk assessment systems because few contemporary systems use a qualitative method of risk assessment. I believe that in this way transactional analysis can make a significant contribution to the field of suicidology. Future research could examine the various types of decisions that can be made under the umbrella of the Don't Exist injunction. Articulating these may bring further clarity to risk assessment as one can then begin to specify those particular circumstances in which individuals may begin feeling suicidal.

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