

## [Depressed or Suicidal? How to Select the Best Counselor for You-From Cary, Crystal Lake and Huntley](#)

What kind of a therapist, psychiatrist or psychologist should you seek if you are depressed or suicidal? Who works best with those who often feel futile and powerless?

My view is that it is best to have a counselor who can emotionally and verbally empathize with your inner suffering and turmoil. If you are considering harming yourself, you are probably experiencing an acute state of anxiety or a depression which is unbearable.

You may be focusing on the notion that ending your very consciousness is the only permanent way to deal with your intolerable feelings. Suicide is usually an attempt to escape from yourself and your painful experiences and setbacks.

If you are depressed or suicidal, you probably make very unfavorable judgements about yourself, obsess on your feelings of self-blame, low self-esteem and guilt, and, finally, experience a storm of pessimistic, self-destructive and catastrophic assessments and predictions about your future.

If you have attempted suicide or gotten close to it, you may have experienced your state of mind as having felt automatic, robot-like, trance-like or even numb to any pain or anxiety. These suicide-related experiences are often dissociative in nature.

Dissociation is a kind of out of body feeling triggered by a catastrophic experience. This is a coping mechanism which allows you to be detached from yourself in order to cope with the intolerable pain you are experiencing.

Psychologists think that this dissociation is triggered because your unbearable turmoil has not been integrated into your sense of self and memory- but rather, is viewed as alien. Flawed coping skills result in a disruption to your sense of identity even though they are used as defenses against your pain, distress and any humiliation you may have experienced.

Patients have often reported that being humiliated by an important other was a trigger to a suicide attempt. This type of humiliation often results in feelings of worthlessness, loss of self-respect, feelings of being emotionally abused, of feeling like an object and the sense of being devalued as a person.

Like others who have attempted suicide, you may also have a high tolerance for pain and feel a certain indifference to your body. Patients often report that at the moment of the suicidal act they do not feel pain. Others have described a trance-like state and feelings of numbness immediately prior to attempting to injure themselves.

But what kind of therapist should you choose if are severely depressed? Suicidal longings require empathy from a therapist.

A psychologist, psychiatrist or counselor must demonstrate a true empathy for your intense suffering, a suffering with which he or she has no way and no right to argue. It is from this empathic attitude that your counselor must approach your desires, longings, and decisions.

Expressing therapeutic empathy toward your self-destructive longings is, in fact, the best way a therapist can help you extricate yourself from the longings for suicide. Suicide is the result of an accumulation of your psychological pain and distress.

To prevent you from acting-out self destructively, many therapists will immediately try to help you solve your most distressing problems. Also, various means, such as electroshock or medication will be employed to immediately inhibit the forces pulling you toward self-destruction.

Your therapist may also strike a contract with you, whereby you commit not to attempt suicide while your treatment is ongoing. Every appropriate and available means should be used by you and your therapist to help you postpone or revoke your suicidal plan.

However, as strange as it may sound, the odds of these tactics working are greater if your therapist does not ignore the reality of your futility, but rather, expresses an authentic therapeutic empathy toward your desire to die. Your therapist should endeavor to place him or herself in your shoes and try to fully understand the distress emanating from your inner world.

I am referring to more than the normal empathy required of a therapist. Empathy that is akin to a process of regulated and controlled identification between therapist and patient is what is required.

For example, in my work, I ask the patient to show me how s/he got to the end of the road and how suicide became the only option available, and why

it in fact seemed to be the only possible solution.

As a therapist, I attempt to see and feel how the paths of the patients life and emotions lead to his or her justified feeling that suicide is the only solution.

I try to bring myself to that same point and try to persuade myself of the justification of this feeling of deadlock. This means that the best therapists who treat depressed or suicidal patients are those who will view the pain and choice of death with deep respect-not trivialize or dismiss it.

Even when tactical bargaining is employed by the therapist to postpone or revoke the suicidal plan, it should start from a special empathy and understanding of the patients death wishes. The first positive step this approach will generate for you, as a patient, is your therapists bonding with you in your loneliness.

Patients who are tormented by terrible psychic agony are also feeling profoundly alone while experiencing it. The therapists fear that is provoked by the patients suicide threats and the swift attempts he or she makes to prevent them from being acted-out, at times only serves to exacerbate the patients terrible loneliness.

The empathy-centered stance can help ease your loneliness, as the sufferer, merely by giving you the sense that there is another person who can understand your intolerable pain and all that is implied by it. I also sign my patients to contracts mandating that they refrain from attempting suicide.

However, most importantly, I also try to give them license to truly and extensively examine the option of suicide as one of a number of alternatives and I try to put these alternatives on the table for us to assess openly. This license to explore results in the relentless joint search for the patients difficult experiences and for the understanding of how they have developed into his or her craving for death.

This search is conducted without fear and alarm and without attempts to pressure the patient toward quick ill-considered solutions. In practice, your therapist should ask you to share your life events, your pain, your fantasies about death and your feelings of being trapped.

Your therapist should ask you to help him or her see how suicide became an option for you. Your counselor should attempt to understand how and why your thinking process took this direction, what led up to the final breakdown and at what point you decided on suicide as a realistic option.

Your counselor should try to understand what is happening that is so terrible and so intolerable for you. He or she should invite you to explore what has been irreparably destroyed for you, and why you are unable to wait any longer for a solution.

You want a therapist who responds to you with an empathic reflection that is guided by an optimistic belief and the genuine wish to understand you. You want a therapist who, when appropriate, asks about other options that could help solve your sources of distress.

This is done, however, not particularly to dissuade you from your suicidal convictions but, rather, to enhance the therapeutic process by helping to relieve your loneliness, thus facilitating your engagement in the therapeutic process. The reconstruction of the difficult experiences which led to your suicidal ideation and their exploration with an empathic therapist can immediately produce some meaningful reduction in your inner struggle between life and death.

This process itself can raise new hopes and trigger your exploration of new possibilities. I believe that the empathy and respect manifested by such an exemplary therapist can generate a new hope and facilitate your willingness to meaningfully resolve your problems.

## About the Author

Dr Shery is in Cary, IL, near Algonquin, Crystal Lake, Marengo and Lake-in-the-Hills. He's an expert psychologist. Call 1 847 516 0899 and make an appt or [learn more about counseling](http://www.carypsychology.com) at: <http://www.carypsychology.com>

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