

# Suicidal Thoughts with Kathryn Gordon

**Kathryn Gordon:** [00:00:00] for everyone who has experienced suicidal thoughts and millions of people do every year, you're not alone. It doesn't mean that there is something bad or wrong with you. You're not choosing to have those thoughts. They are thoughts that. Come into people's minds when they're experiencing pain. And while it can be really scary to have those thoughts, There are tools for coping with them. And there is hope for dealing with the issues that are driving those suicidal thoughts.

**Debbie Sorensen:** That was Katie Gordon on psychologists off the clock. We are three clinical psychologists here to bring you cutting edge and science-based ideas from psychology to help you flourish in your relationships, work, and health.

I'm Dr. Debbie Sorensen, practicing in mile high, Denver, Colorado, and coauthor of ACT Daily Journal.

**Yael Schonbrun:** I'm Dr. Yael Schonbrun, a Boston [00:01:00] based clinical psychologist, assistant professor at Brown University, and author of the upcoming book Work, Parent, Thrive.

**Jill Stoddard:** And from sunny San Diego, I'm Dr. Jill Stoddard author of be mighty and the big book of act metaphors.

**Debbie Sorensen:** We hope you take what you learn here to build a rich and meaningful life.

**Jill Stoddard:** you for listening to Psychologists Off the Clock.

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[00:02:00] Hi everyone. September is suicide prevention month and I'm here with Yael to introduce an episode that I did with Katie Gordon about her book, the suicidal thoughts, workbook,

CBT skills to reduce emotional pain, increase hope and prevent suicide. And we've done a previous episode on suicide before episode one 90, act for suicide prevention with Sean Barnes. That one was a little bit more geared toward therapists.

In this episode, I think is a little bit more geared toward. People who have suicidal thoughts, um, who have, maybe are considering suicide and their friends and family who want to support them. And to me, it's really important that we talk about suicide on the podcast because it's probably more common than most people think.

And also, I think one of the. Things that really needs to change if we're, if we're serious about wanting to help people with suicide. So we need to be O more open talking about it because often people [00:03:00] are suffering alone and are afraid to reach out. And if we can just acknowledge it and talk more openly about it, I really think that will help people when it comes to this stigma around suicide.

Yael, what, what are your thoughts about the episode with Katie?

**Yael Schonbrun:** Well, I couldn't agree more that this is such an important episode for lots of reasons, but I'm gonna echo what you said, Debbie, which is. suicidal thoughts are quite common. I, I would say most people have some fleeting thought of, of suicide or of death or their own death or of somebody else's death.

And the difference between it being a problem and not being a problem is often our response to having those. Thoughts. And so the more that we can normalize it, it's okay to have those thoughts. There's often a function that needs to be

looked at a reason that you're having them, especially if you're having them a lot and they're, and they're getting sticky and.

So what we wanna do, if that's the case is not run away, not try to push them under the rug, [00:04:00] but rather to normalize the experience and, and be willing to look at them and find somebody trusted to talk about it with. And one of the things that I thought was so wonderful about this episode, Is that towards the end of the episode, Katie offers advice for people who love a person who's having suicidal thoughts.

And that is so important because I think one of the scariest things for therapists too, but also for friends of people or, or partners of people, I do a lot of couples therapy and often it'll come up in a session that one partner has expressed that they've had suicidal thoughts and the partner.

Devastated and horrified and terrified. And in that context, the person who's having those thoughts can feel really shut down. And as if it's not okay to have those thoughts and it becomes not safe to talk about, and then it becomes impossible to work through them and to figure out what to do with that pain.

**Yael Schonbrun:** so I do a lot of couples therapy and then I also do a lot. Parent coaching parent therapy. [00:05:00] And this also happens in the context of that kind of therapy, where a child will say to a parent that they're having suicidal thoughts. And I mean, that's just a terrifying message to get as a parent.

And so often the immediate response is, you know, to go into panic mode and like, you know, I need my child to be assessed and something terribly is, is terribly wrong. And again, if you can sort of pause and get curious often. I won't say always, cuz sometimes it really is a situation that needs an immediate safety response.

But oftentimes it's a child not knowing how to express. I'm having a lot of emotional pain. I don't know how to handle this feeling and

it can be a really terrific opportunity for a parent to just get curious about what the emotion is under that. What function is it serving? What else is going on? What's prompting that.

**Debbie Sorensen:** You know, one of the things I do as a parent, so my kids are 10 and seven right now. Is that I like to talk to them about it a little bit. They

know I'm a psychologist. They know that I help people who are, [00:06:00] you know, going through a difficult time and we've talked about suicide and what it is.

Just in case it does, at some point I want them to be able to talk to me about it and to be able to come to me. And I feel like it's a hard thing. I don't know if everyone would make that decision to talk. With kids that young.

But I actually think to me, the reason I do is because I want them to know that I'm open to talking about it. And if they're experiencing that, we'll talk about it. And actually there's this song out. I don't know if you've heard it, Yael, Numb Little Bug

**Yael Schonbrun:** Oh,

**Debbie Sorensen:** is a yeah. It's about someone who's, you know, seems pretty depressed and burnt out.

And she said something like that about she needs to survive. She doesn't wanna die, but she just feels numb. And one of my kids yesterday was kind of, I think she was hangry and she was having a tough time. And she said I'm like that character and numb little bug. And so we were able to have this whole conversation about her feelings.

And, but I just want them to have the words to be able to. So exactly what you're talking about. If they're going through emotional pain that they know they can talk to [00:07:00] me about it in sort of a nonjudgment way, or at least that's my hope. That's what I'm going for.

Um, it can be so hard to open up conversations like this with kids.

It's just really scary.

**Yael Schonbrun:** It is really scary, but do you know what this reminds me of? This reminds me of the conversation that I had on the episode about the secret life of secrets with Michael Slepian, where we talk about, you know, carrying. A secret and a painful secret alone is feels like you're carrying a weight and that you're doing it on your own, which feels like such a burden.

And his recommendation for parents who worry that their kids are holding secrets is to create that non-judgmental, um, environment where they can talk to you about anything. Even if some of the things that they wanna talk to you

about can feel uncomfortable to. So, so in other words, to kind of withhold a judging reaction, and to just really engage your curiosity so that they don't have to carry whatever the, the, you know, carry suicidal thoughts on their own, that they can really lean on [00:08:00] you.

And, and I think what's helpful. There is to get some support yourself, if it feels overwhelming or, or too scary to do on your own to find somebody that you feel safe leaning on.

**Debbie Sorensen:** Absolutely. And that, that's something that comes up in this conversation with Katie is just social support. And how do you get it and how do you reach out if you're in that moment when, when you feel alone with it?

we are gonna put on our show notes, a lot of resources for folks who maybe need immediate help or for people who know or love someone who. Is dealing with suicide. Um, and actually Katie throughout this.

Conversation and in her book, which is terrific, kind of walks people through some other things. If, if it's, you know, if it's not a crisis, um, but they still want some ways to try to, you know, cope with the situation effectively and to, to reach out for support or to do things in their lives that are gonna help them

dr. Kathryn Hope Gordon is a licensed clinical [00:09:00] psychologist. She lives in the Boston area and she specializes in cognitive behavioral therapy. Prior to working as a therapist, she was a professor for 10 years.

She's a mental health researcher who has published more than 80 scientific articles and book chapters on suicidal behavior, disordered eating and other related topics. Katie cohost, the psychodrama podcast, blogs for psychology today and shares mental health information through her website, which is [kathrynhgordon.com](http://kathrynhgordon.com). And she's the author of the book we're gonna be talking about today. The suicidal thoughts, workbook, CBT skills to reduce emotional pain, increase hope and prevent suicide. Katie, welcome to the podcast. Thanks so much for being.

**Kathryn Gordon:** Thank you for having me on, I am a big fan of psychologists off the clock. So it's really an honor to be a guest today.

**Debbie Sorensen:** Aw, thank you so much. Well, we're, we're delighted to have you. And I think, [00:10:00] talking about suicide on the podcast is really, you know, important sometimes because I think that this is a conversation that really needs to be made more public and more accessible.

And so just really grateful to have you here willing to, to share your expertise.

**Kathryn Gordon:** Thank you. And thanks for the opportunity. I agree with you. I think the more open discussion about suicide, which has been stigmatized for so many years, every bit that can help, um, people to be more open and feel less shame about it is important.

**Debbie Sorensen:** Yeah, less shame, less alone. Well, I'm always interested in how people end up specializing in suicide related work. I think I have a number of colleagues who specialize in. Suicide prevention, suicide research, et cetera. Um, and I think one of the reasons I'm always curious about that is because I think people have made a choice that they're gonna really, you know, delve into human suffering in this [00:11:00] profound way.

So I was wondering if you could just tell us a little bit about your own personal journey, how you ended up writing. Your book and doing work in this area.

**Kathryn Gordon:** Absolutely when I was. In high school. I had a lot of friends that, and family members that were struggling with different mental health issues and just realized how common it was. And in fact, there were two people who died by suicide when I was in high school. And that had an enormous impact on me because I think that it really showed how profoundly these individuals.

Were hurting. And my mother was a nurse and my father was a therapist. So kind of had that exposure to healthcare professions and the idea that you help people who are struggling. And so kind of had it in my mind that I wanted to work in mental health and therapy, but I wasn't sure of the specific area.

Then when I went to college at Florida state [00:12:00] university, I worked in Thomas Joiner's. Mostly I was drawn to it because he was studying depression and eating disorders. And again, I had, I had known people had struggled with those issues. And what I learned in working with him is that suicide really was, has been under researched.

And that also there are therapists who felt like they, they didn't feel comfortable or have the best ways to help people with suicidal thought. So there just kind of opened up this idea that there was a. Need for that particular area in mental health. And so then I ended up returning for graduate school at Florida state university and working with Dr.

Thomas Joiner. And again, that really influenced me to focus on suicide, suicidal thoughts. And then when I. I've always really cared about dissemination and sharing information with the public. And so I think that I had this idea in my head that I would write a book that would [00:13:00] share some information. And then later on, um, when, when it came time to really think about a point in my career after I left academia and was doing more therapy, I was thinking about, well, what.

What might be missing from the different workbooks we have out there. We have a lot of different therapeutic tools, but I haven't seen a ton on suicidal thoughts. And so like each of those pieces of having kind of my parents model healthcare, working and having people I know, struggle, and then working with someone who pursued research and suicide kind of came together with my clinical. And the idea of the suicidal thoughts workbook came from that. And that was really my major hope was to take information that I had gained from that journey from working as a therapist, from working as a researcher and putting it out there for people who are struggling so that they can access it, even if they can't [00:14:00] find a therapist, or if they feel too scared to meet with someone for therapy that they could access this book and then have information from the field that might help.

**Debbie Sorensen:** Well, I really appreciate that about your book, because I think it is very evidence based in terms of really the cutting edge, thinking around suicide and clearly with your, your background, you know, you're at the forefront of that. And it's so accessible. Then I can just picture how helpful this could be for someone who's in a really tough place.

And like you said, maybe they're just not in the situation where they're able to, or want to, to reach out for help in that moment that they can do some help, some self-help and rarely do you see that with suicide related concerns that there's something so accessible for someone.

**Kathryn Gordon:** Well, thank you for saying that, that, that means a lot to me. I think that for a long time, suicide was kind of [00:15:00] viewed as, as you know, as kind of paired with depression. A lot. And that's true. Suicidal thoughts do happen among people who are depressed, but I think what, what we've learned, within the suicide world of research and, and clinical world is that suicidal thoughts can happen across all different kinds of mental health issues.

And so pairing it with a depression. Isn't always going to reach the people who are struggling with suicidal thoughts who have other things going on with them.

Maybe they went through trauma or they have a substance use problem. And so I think recognizing that it's trans diagnostic or that it can even happen outside of mental health problems kind of helps more people to say, okay, that that's going on with me versus kind of just pairing it with depression all the time.

**Debbie Sorensen:** Right. Regardless. I think of what, you know, what's the driver or what's going on that led you to be in this situation or, you know, maybe it's also the case. Someone, you [00:16:00] know, and love is struggling in that way to help people just have a comprehensive view about what's going on. And I know that if you look at the suicide statistics, that many, many people have been touched.

In some way by suicide, whether it's a suicide attempt or, you know, someone they know dying from suicide and you and me both know as therapists that having suicidal thoughts is even more common. In fact, it's probably more common than people. Think it is, but you know, you mentioned earlier that a lot of times people don't talk about it, that people may be ashamed or feel like they don't wanna acknowledge that to anyone else.

Um, I was just curious, you have any thoughts or anything you'd like to say about, about that, right. About people talking about it and the shame and secrecy piece of it. Um, for those who have experienced suicidal thoughts.

**Kathryn Gordon:** Yeah. I, I think that [00:17:00] it's for everyone who has experienced suicidal thoughts and millions of people do every year, you're not alone. It doesn't mean that there is something bad or wrong with you. You're not choosing to have those thoughts. They are thoughts that. Come into people's minds when they're experiencing pain.

And I think that we're all kind of built to think about ways to avoid emotional pain, physical pain, as much as possible. So it makes sense that when we're struggling, those types of thoughts, suicidal thoughts would pop into our mind. So please know that you're not alone, that it's not something to feel ashamed of.

And while it can be really scary to have those thoughts, There are tools for coping with them. And there is hope for dealing with the issues that are driving those suicidal thoughts.

**Debbie Sorensen:** Yeah, I really appreciate you saying that. I think that's one of the things I really wish I could well, I'm glad we have the chance [00:18:00] here and now to spread the word about that, because I think when you're a

therapist, what you realize is that to some degree, these are not uncommon thoughts to have, but I think so often people don't know that.

And so even acknowledging it or admitting it, I mean, some people. Have no problem talking about it openly, but for many people it's, it can be very difficult to talk about and that can make it difficult to reach out for support. So I'm glad you you've shared that point of view as well.

**Kathryn Gordon:** Absolutely. I think that you're right. That it can feel people sometimes wanna. They feel afraid of their own thoughts and, and wanna avoid sharing it with other people. But other times it's just a huge fear that people will react poorly, or they have had people respond in a way that felt bad. Uh, but it, it really is so much more common than, than people know.

I think.

**Debbie Sorensen:** Yeah. And we'll talk a little bit later on in the conversation. About some of the ways that people [00:19:00] can support someone with suicidal thoughts that might be more helpful. So stay tuned for that a little bit later on in the conversation. Um, another thing I really appreciate about your book is that it kind of helps people understand a lot of different aspects of suicidal thoughts, you know, What drives them?

What are some of the thoughts and emotions that show up as well as some strategies for, you know, how to cope with those kinds of thoughts or things, proactive things that you can do when you're, perhaps in those that place. Um, why do you think that that having an understanding or an awareness of all of that is important for people.

**Kathryn Gordon:** This comes from certainly clinical work. But even, even before I was studying to be a therapist, when I was about 19 mentioned my father's a therapist, he recommended feeling good. The PNE mood therapy by David Burns. And that actually introduced me to cognitive behavioral [00:20:00] therapy and. The idea that I could be aware of my thoughts and emotions and observe them felt very empowering versus. those thoughts and emotions are just there and that's it. That's, that's just the way that it is. And so that concept, even though it's kind of, uh, a basic across different types of, uh, therapy modes, I don't think it's necessarily commonly taught. That was new to me. And I think that it can feel when you feel like you can look at your thoughts and emotions and identify them.

There's some relief in just being able to know what they are. And to know that you can have some choice in how to respond to them, it can feel validating to understand those thoughts. So I do feel that's a really important. with suicidal thoughts, because once you identify what they are, and you're aware of [00:21:00] them allows you to think about next steps for navigating them, even if the next step means just accepting that that's the way you feel.

And that that's hard right now.

**Debbie Sorensen:** mm-hmm yeah, I think that that word you used observing them. That's so helpful just to be able to kind of take that step back and be like, okay, I understand what's happening here. It's like, it takes away some of the fear. Of like, oh my gosh. You know, sometimes when you're so overwhelmed by emotions, that can be really difficult.

It's like that fear of fear almost, or fear of your emotions.

**Kathryn Gordon:** Yeah, absolutely. I think about thinking, feeling, you know, if someone has a thought that they wanna die and. They just feel like that means it's, they're definitely gonna hurt themselves or there's no other steps in between, or they don't know where it came from. That is much scarier than being able to step back and think, okay, well, I have these stressors in my life.

It makes sense that these thoughts are popping up and these are some ways [00:22:00] I can address them.

**Debbie Sorensen:** Yeah, well, that's a perfect segue to talk a little bit more about the thoughts themselves, which, you know, you're a cognitive behavioral therapist and your book is called the suicidal thoughts workbook. So I think thoughts are a really key component of this. Um, let's start by talking a little bit about why people have suicidal thoughts and what's going on there.

Like what's the function of these type of thoughts in your, in your opinion.

**Kathryn Gordon:** One of the guiding frameworks for the suicidal thoughts. Workbook is the three step theory. And what I appreciate is it talks about how suicidal thoughts come from a combination of being in pain and hopelessness about being able to relieve or resolve that pain. And when someone is in pain and feels that there's no hope they can change it.

The idea is that those thoughts function. As a way to feel like there's an escape from that [00:23:00] pain, um, that in this case, people thinking about death or

about killing themselves. And as you know, as a therapist, when you work with people who have suicidal thoughts, sometimes they talk about having some relief from having.

Suicide as an option in their mind, which I think is really scary to people, including to therapists. But I think that that function is a way of a struggling person's brain, trying to find ways to relieve some amount of that pain. And so I think that's one, I think that there's also a smaller, subset, more I think about.

For example, people with obsessive compulsive disorder who have intrusive thoughts about hurting themselves, but they're really distressed. They don't have any desire for suicide. And I do try to distinguish that a little early in the book that that's a different function. That's kind of your brain firing messages to you that, um, are [00:24:00] intrusive and distressing, but not necessarily connected to a desire for suicide in some of those.

**Debbie Sorensen:** Yeah, that's a really important distinction, cuz those two are such different experiences. And certainly in my clinical work I've seen both. I imagine most therapists have been doing this a while. Probably have, but I think there's a big difference in terms of what's going on there.

**Kathryn Gordon:** Absolutely.

**Debbie Sorensen:** Yeah. And I, I think that's a really interesting point you're making, I just wanna kind of tune into this a little bit about hopelessness and that feeling of, I don't know what to do.

I don't, I can't think of another solution in that there's a little bit of a relief, you know, it's like that problem solving part of our brain kicks in and to some degree that that's, you know, not necessarily the direction people really wanna be going, but that there is to some degree. Makes a little bit of sense, right?

Because I think it, it takes away that that feeling of like, well, what's wrong with you for having those kinds of thoughts? And it's like, well, given that you're [00:25:00] struggling, you know, this is your mind trying to help you.

**Kathryn Gordon:** Exactly. I think that it can help people to feel less trapped in a way that they have this option. But often when you talk to people who have suicidal thoughts, they, they don't. Really wanna die. They wanna feel better. They wanna escape the pain. But like you're saying sometimes when people are struggling in that mindset, it's hard to see solutions or they've just have really hard things going on.

And so that kind of pops up as a, as a way suicidal thought as a way of problem solving in a, in a harmful way.

**Debbie Sorensen:** Okay. So let's just imagine, and I'm really curious, you know, about some of the techniques that you use for, I mean, in your book and then also in your clinical practice that you use to help people when they're in that place. Right. When they're having a lot of [00:26:00] thoughts like that, they're having suicidal thoughts.

What are some of the recommendations that you would make for how people could respond to those thoughts?

**Kathryn Gordon:** One thing that I prioritize and, and try. Do this in the book and in therapy practice as a first step is really trying to understand what is prompting, the suicidal thoughts for that individual person, because it can be so different and depending on what it is, we might approach it a different way. So for example, some of the center for disease control data showed that individuals who are having.

Housing crisis, for example, or financial crises might have suicidal desire. And if that's where the suicidal thoughts are coming from, that's important to understand because then the next steps might look like, well, what are some community [00:27:00] assistance routes? What are some things that we can do to help with your financial crisis?

Versus if someone is struggling? Post traumatic stress disorder and the flashbacks are really bothering them so much that they feel like they can't live with them anymore. Then we might take a route of treating the post traumatic stress disorder. So that first step is really understanding what are the drivers of suicidal thoughts and that particular person, and then looking at potential ways to address the drivers of those thought. While planning for safety. So kind of, there's an immediate let's increase safety, but also we're not gonna just leave it at that. It's not that I, I want people to be safe, but still struggling a lot. We're gonna work on this. Whatever is driving this struggling as well.

**Debbie Sorensen:** okay. Yeah. So I think that's a really good point about, um, it, it really depends on the person in their [00:28:00] situation. So the way that you address those suicidal thoughts, it really varies probably. From person to person. And so you need to get a sense of what's going on here. And then do you use any particular cognitive behavioral therapy or diffusion kinds of, um, interventions to help people as well?

**Kathryn Gordon:** Yeah. So some of the, for the cognitive behavioral therapy interventions, when people are struggling with suicidal thoughts, there are certain types of patterns of thinking of automatic thoughts that come up. And one of the common ones might be, for example, the person thinking I'm a burden, people would be better off without.

And so a cognitive behavioral therapy approach would involve identifying. Are there errors in that thought? And that can be hard for someone who's struggling to think about ways that they contribute, because it feels so real that they're a burden. But what I recommend then is kind of gathering [00:29:00] evidence.

Maybe it's talking to loved ones or looking at ways you have contributed. Or picking ways you will contribute. And the idea is to chip away at that painful thought about being a burden and, and doing so not in a way that's about just think positive, tell yourself you help. You're a contributor and you're not a burden, but actually in a way that feels compelling to the person because it's evidence driven.

Well, let's really look at what you're doing. Okay, well, you're a helpful parent or you, you know, you're a good friend or whatever it is, and that can sometimes help reduce the strength of that, of that thought. And so that would be one of the cognitive behavioral therapy approaches. And, and that's just an example thought, but it's a general principle and in the book about looking at ways, um, through evidence to.

Break apart, some of the foundation of those hurtful thoughts.

**Debbie Sorensen:** Yeah, I think [00:30:00] there's a, a really important process going on there where I think when people are really in that place, those thoughts feel so true. It's just like, well, this is a fact about me, you know, I'm a burden or this is hopeless or that kind of thing. And what you're trying to do is to shift people's point of view, right.

To look at it a little more broadly to maybe think about it in different ways

**Kathryn Gordon:** Um, yes, exactly. It's kind of collaboratively working with the person to look at alternative perspectives that are grounded in reality and feel true to that person. And so another common thought might be, I can't stand this. I can't stand this pain. I, I just, I can't tolerate it.

And so what we might do in that case is try to gather evidence about other. That the person has gone through hard times and made it through on, on the other

side of it and how they got through that. And that doesn't [00:31:00] invalidate how painful it is, but it challenges the notion that they're not strong enough or resourceful enough to make it through a hard time or the idea that the pain will never end.

That's another part of hopelessness. looking at. Okay, well, what are some ways this pain might change or be relieved over time, based on past experiences or what we know about the situation?

**Debbie Sorensen:** mm-hmm . Um,

So you mentioned that this isn't about invalidating people's experience or trying to be overly positive, like, oh, everything's great. Right. And I think sometimes that's almost the message people get, and it can be actually harmful, which is like, well, why not just think positively or almost, you know, that idea of toxic positivity, right?

Like. Oh, you know, just get over it or something like that. What's, what's the problem with those kinds of messages that are almost a little bit too extreme in the positive thinking direction.[00:32:00]

**Kathryn Gordon:** The, I think they're harmful because they don't, they don't work if you're feeling suicidal and in pain. And you just say to yourself over and over, I feel good. Things are gonna be okay. And then it doesn't do anything. You feel even more like a failure. Because you're trying our brains. Don't really, our minds don't work like that, that you just repeat something over and over, at least mine doesn't.

And most of the people I know doesn't work that way. And so then there's this profound shame of people saying, just think positively and you're trying to think positively and that's not working. So then you feel like something's really, really wrong with you when in fact most people need. A realistic, something that rings true for their thoughts to change.

And even then when you have the new thought, it can feel like, okay, maybe I believe I'm not [00:33:00] completely a burden, but I'm not sure I'm wholly convinced cuz I still feel that way. And I think that it's a disservice to expect people to just flip a switch and go into a positive state. However, if you can just open the door to maybe entertaining other perspectives and provide evidence for that, I think that can be compelling enough for some individuals to feel some hope and, and feel less bad about themselves

**Debbie Sorensen:** Yeah, it's more about right. It's more about detaching from those overly rigid kind of thoughts that may be unhelpful, but less about like, oh, you have to do a 180 or we're here to totally convince you or change your mind on this. Cuz we know that that doesn't, that often just does not land well, and it's not, it's not really gonna stick.

It's just gonna keep people struggl.

**Kathryn Gordon:** Exactly. It's about being realistic. It's about finding true reasons. [00:34:00] For hope or true reasons to not clinging to those thoughts. And, and it's not about just thinking positively when there's no basis for that thought.

**Debbie Sorensen:** Okay. So doing some awareness and perspective, taking around thinking is super helpful. And you've mentioned a few times about the underlying emotional pain, and I think often people are in a tremendous amount of pain when they're at that point of considering suicide. Um, could you just say a little bit more about the role of emotional pain in suicide?

I know you've touched on that a little bit already. But I think that's just so key and important to talk, talk openly about

**Kathryn Gordon:** I think that part of what can be hard for, in, for people who have not experienced suicidal thoughts is to understand the intensity of the emotional pain and [00:35:00] people who I've worked with, who have struggled with suicidal thoughts. People I've known, talk about it, taking over their body. Like they feel agitated or physically.

Um, uncomfortable in their own skin. And, um, they feel heaviness in their chest and it feels like it's unrelenting and paired with that can often be just this deep shame about feeling so bad. And so I think suicidal thoughts become more understandable to the, to the people who haven't experienced them.

When you think about. How it makes sense that someone would want to relieve that pain, however they can. And often they've thought through the things that might seem like obvious suggestions, but then feel really stuck. And when you're in that mode, I think it's so hard to see other options. And, and other [00:36:00] pathways.

And so I do think that that in most cases really truly drives the desire to escape. It just feels so uncomfortable, physically, emotionally, and mentally taxing, and

then to go through life, trying to work or be a partner or a parent while experiencing that pain can just feel so isolating and, and disconnected that it, it.

Do people feel like how are they supposed to persist and live like that?

**Debbie Sorensen:** Yeah. I think that this is really important in terms of like coming to a place where you feel like. There are things you can do. And I became really interested in this idea of hope. We did a podcast episode a few weeks ago on hope and values and dark times, and I became really interested in the idea of hope as.

Like an active process that we can learn and work on, even if sometimes maybe we're not feeling so hopeful inside. Um, so what are your thoughts about hope and what someone [00:37:00] maybe can do to instill hope in their lives? If they're in that place of being in a lot of emotional pain, to the point where they're feeling a bit hopeless about.

**Kathryn Gordon:** I'm so glad that you asked this one thing that is clear from suicide research over the last several decades is that hope and hopelessness are key in suicidal thoughts because most people, if they believe that. Something might improve or get better. It can hold on and, and feel like they don't those thoughts about suicide lesson.

So many people rightly would say, well, there are a lot of problems in the world and a lot of people have really hard lives. I mean, that's the other key to this too? It's I think sometimes cognitive behavioral therapy and probably some people have had negative experiences with it, but gets kind of.

there's a mistaken image of [00:38:00] it as thinking positively or the idea that all the problems are just in your head. And that's really not what it's about. I think cognitive behavioral therapy can provide tools to specifically find hope that is real in exist in the situation. So the tools that I think about, I, I use a hope acronym in the book and the H is seeking help and.

Really, if you can find a therapist, a friend, a colleague, a clergy member, whoever it is that might look at your life and see some hope that you might mess. That can be a really helpful tool. Because as we talked about, when you're in that excruciating pain, it can be hard to see, well, what do I have reasons to be hopeful for?

And so I think finding. Other people who care about you and will look at your life with you. That can be one way to help. The, the O stands for finding

optimism and [00:39:00] looking for hope in this case can mean optimism based on resources you currently have. Do you have loved ones that are gonna help you get through this hard time?

Do you have personal qualities? Have gotten you through tough past situations. What are the real reasons for optimism and hope based on the life that you have now, and that you've had in the past, the P and the whole acronym is for changing perspective. And the hopelessness theory of depression focuses on people becoming hopeless when they view bad things in their life as internal their.

As stable something that won't change and global. So it's not just that one thing, that's a problem, but it's everything about them. And so shifting perspective through cognitive behavioral therapy can mean looking at that and saying, okay, you're blaming yourself for, let's say a [00:40:00] romantic breakup. And you're saying it's all your fault.

Well, are there any external factors that might give you hope that it's not, it's not just you where, you know, maybe the timing was bad. Maybe there were some issues a partner had, maybe just not all relationships work out. Then we look at the global piece. If someone thinks, well, this relationship didn't work out.

I'm unlovable. Is there a way to make that more specific? Well, I wasn't compatible with this person at this time, but there are other times in my life where I've been compatible and knowing that it's specific to that relationship versus a global thing about you can give you hope that you'll have better relationships in the future.

And then

finally,

**Debbie Sorensen:** How the, oh, sorry. A quick interjection. It's funny how the human, yeah. It's, it's funny how the human mind will automatically take things to that extreme, right? It's like, oh, I had a breakup into it's all me. I'm not lovable. I'm never gonna find [00:41:00] anybody again. Anyway. Yes.

**Kathryn Gordon:** It's and it's totally understandable. Right? I think most of us can relate to that because it feel like feels so bad. And then there, of course, there are people on the flip side, who's like, it's completely the

other person's fault.

**Debbie Sorensen:** That's

**Kathryn Gordon:** And it's not my fault at all. And I'm great,

but I, I, but we tend to see more of people on the other end of that.

Um, no, it it's, it's true that those automatic thoughts can come up and it takes work and time to, to look at another way. And then the other piece of it is, is hopelessness comes from viewing it as stable versus unstable or fluctuating. And so if you think, okay, well, Now no relationship will ever work out or I'll be alone forever.

Of course, you're not gonna have hope, but if you think about reason to believe why in the future, things might be different. And so that, that was an example within a romantic relationship, but you could see that in a lot of different perspectives and, and, um, Oh, I [00:42:00] almost forgot the, the E of the hope acronym, which is to attend to emotions.

And the idea is that you don't do all four of these it's that you have different options and tools. And sometimes when you're feeling hopeless, it's really about thinking about, well, why am I feeling bad, validating that? And, um, allowing that emotion to pass in the workbook, there's a chart where you can kind of chart your emotional pain every 15 minutes, every hour, whatever it is for.

and most people's emotions go up and down over time. So you can get hope even from seeing I'm not gonna feel in the most pain forever. There's gonna be some relief from that. And knowing that can be helpful. There's also an aspect of attending to emotions by intentionally doing things that are uplifts to you.

Maybe calling someone, watching a funny movie, whatever it is, because even though that's not targeting the thoughts. It, it actually does [00:43:00] target the thought that you can't be in pain and also feel good sometimes, or that there will be some.

**Debbie Sorensen:** Okay. So the E is attending to emotions and it's kind of that emotions. You know, observing emotions and kind of watching them fluctuate over time. Recognizing you're not always gonna feel this exact way forever because that's not, that's not how emotions work.

**Kathryn Gordon:** That's right. So it's, it's that. And, and, and also, is there an emotion. is there an emotional need? Are you feeling lonely? Do you need to

reach out to someone? Are you feeling sad and you let need to let yourself cry? And sometimes I think that, um, we can sometimes culturally view strength is not allowing our emotions, but as we know.

Then it's, it's not like the problem goes away. It kind of sticks there. So there can even be hope from allowing yourself to feel the [00:44:00] emotions, processing it and realizing, okay, well, that's not so bad. I can get through this and feel my emotions.

**Debbie Sorensen:** Yeah. Feeling what you feel. Yeah. Very compassionate. Well, one of the current standards for therapists when they're working with suicidal clients is to create a suicide safety plan. And your workbook actually offers I think, a similar plan for helping people just. Concrete things people can do that they can put some thought into in advance, um, to get through a crisis or a really difficult time when, you know, when they're struggling and people can check out the workbook because you really go through all the different components of that.

And I think it's actually a really important whether you do it with a therapist, which can be super helpful, or, you know, you're looking at. On your own or trying to support someone in your life. Um, but what Katie, what are some examples of the kinds of things that people [00:45:00] might include in a crisis plan or a safety plan so that they can have a sense of what that might be.

**Kathryn Gordon:** One of the first parts is kind of linking back to that awareness piece signs that you are in crisis or that you need to use a crisis plan. And I've had therapy clients that I've worked with, talked about things like. If I'm drinking too much, or my sleep is off or I'm more irritable, I'm getting in more fights with my partner.

So they're not, there are things that signs that help, you know, okay. Now it might be time to use this crisis plan. Another part of it is identifying really clearly the reasons that. You have for a living in the book, there's a long list of reasons for living to choose from. But the idea is that when you're in crisis, those can fade and they're not as salient and don't stand out.

So it can be helpful to have that on your crisis plan. And remember what those are common ones that I've seen in practice are things like people's children or their parents, or even their [00:46:00] pets or something they wanna do in the future. Importantly, Having contact numbers, including, uh, suicidal hotlines, like 1 800, 2 7, 3 talk, or which you can now reach through 9, 8, 8 is helpful, but also having the phone number of people that you can contact that lift your

spirits or that you can share your feelings with, or that might help you with safety. And then included in those emergency numbers and emergency contacts are ways to rapidly reduce intense emotional pain. And the idea here is that with suicidal thoughts, there is this piece of working towards the drivers of the suicidal thoughts and the pain, and that can take long term work, but also for people who are in acute crisis, it's important to have some.

To ease some of that pain [00:47:00] immediately. And so it it's different depending on the person, but I often recommend things that make people feel really positive that are really engaging for some people that's exercise or going outside, taking a hot shower, it can be all different types of things. And it really is important to identify what that is for the person.

So the idea. To both have people to contact for safety and ways to manage some of that emotional pain that's going on.

**Debbie Sorensen:** Yeah. And I think one of the things I love about. When someone really takes the time to create a safety plan and put some thought into it. So it is, it really is individual, you know, it's like one thing, something that works for you, Katie might not work for me, but there's steps. You can take that you, you know, like you said, take a hot shower.

It could be something really simple like that, or go get a drink of water or start a funny movie or something like that. It could be something small. Um, but it should be something. [00:48:00] You think is realistic for you and not just realistic, it's like something that would be, you know, that would maybe feel good to you or that would just help you through that moment. Um, and I think it's way more helpful than somebody telling you, oh, well, you should do this and you should go out and, you know, go to a party or exercise or something that, that maybe hard for someone.

**Kathryn Gordon:** absolutely. I think that, I mean, I think about. With music for some people, listening to music helps their mood immediately for other people, they might feel more upset. And so it really is the idea that you can do something which that, and of itself can feel like a, a little spark of hope. And also the idea that you're, you're doing something that is tailored individually for you.

And it's not one size fits all.

**Debbie Sorensen:** Yeah, well, we know that social support and strong relationships are protect. Protective factors [00:49:00] for suicide. In fact, your

colleague Thomas Joiner does a lot of work on belongingness as a suicide, you know, an important factor in suicide if I, if I'm not mistaken. Yeah. And, um, so I was just wondering if you could say a little bit more about social support, you know, why is it so important when we're thinking about suicide and what are some steps that people can take if they feel that they could use more.

**Kathryn Gordon:** That's right. Uh, Dr. Joiner's interpersonal theory of suicide, which has been very influential on me, talks about belongingness. As a fundamental human need and, and social isolation as being such a robust factor for, for suicidal thoughts. And I think part of it is thinking about it from the perspective of, if you have a lot of stressors going on and you feel bad and you [00:50:00] don't feel like you have people who are gonna.

Be with you through that tough time, that feels so much worse than feeling like, okay, this is really hard, but I've got people who are there for me and I've got people who can help me out. It feels so much more manageable. It's just kind of how we're meant to be is, is connect with others. And I think that, especially during the pandemic and some other hard things, it's been hard to maintain those connections.

I think. Some people feel really out of practice or there's an anxiety linked to socializing or, um, there's less in person socializing depending on where COVID rates are. So I think all of that has made it complicated. And I think that. You can kind of forget that it's a basic need, like sleeping and eating and drinking water to connect with people.

So what the book does is asks people to look at their current [00:51:00] connections and see where they're at with them and think of small ways, even cuz even a small little bit of connection can just go a long way to make plans, to see someone or reach out to someone or catch up with someone. Maybe you're writing them a card or you.

Calling them or whatever it might be. And then there's also a section talking about making new relationships. And I think that's really hard for people, especially if you're not feeling that confident in yourself, but the hope is that you can try some of the things and, and try to cultivate those relationships.

Because I, I do think that the thinking pieces obviously are really important, but there's also. An enormous effect of feeling like you're not alone. That comes from being with and interacting with people that is more powerful than, than you telling yourself, like you're worthy. You know, you [00:52:00] have that actual feedback from interacting with people and that's really compelling.

And so I think that's important.

**Debbie Sorensen:** Yeah. And I do think, I mean, just to reiterate something, you just said that sometimes it can feel hard if you're a bit isolated and it can feel scary, or it can feel like a lot of work, but that, you know, building that up even in small ways, it really does make a big difference. Just to get a little bit outside of yourself, go interact, you know, might be saying hi to the librarian in your community library, or it could be reconnecting with someone or.

Going to a social event or something like that, which can feel hard. But if you break it down into a small step, it can be doable. And, and these behaviors add up over time.

**Kathryn Gordon:** That that's absolutely right. And, and I think that most people say, even though they were nervous and were tempted to avoid whatever it was, once they go, they feel much better and it, and it lasts a while, but it can be hard to remember that on the front end.

**Debbie Sorensen:** Oh, yeah, it's the paradox, right? It's like when you're feeling down and [00:53:00] discouraged, you don't feel like doing that even though you know, that if you do, it's gonna be the best thing. So yeah, maybe just starting very, very small. Well, let's talk about sort of the other side of it, because I would imagine some of our listeners are in a place where maybe they themselves are not.

Experiencing suicidal thoughts or a, you know, a suicidal crisis, but they may care about someone or, or know someone, or even I once had someone reach out to me because they said, oh, you know, somebody, I went to high school with seems to be really struggling. And I, I, I, you know, we're on social media and I don't really know them very well.

So it might be someone currently in your life or just someone in someone that you know and care about who you think. Oh, I'm really concerned about them. Do you have any thoughts for how we can support friends or family members or coworkers who might be struggling with suicide?

**Kathryn Gordon:** It's a really important question. And I think [00:54:00] that what's hard is that there are a lot of people who care, but it can feel so nerve wracking to reach out to someone you're worried about that sometimes anxiety prevents it or You to go into like think positive mode and that's actually can be not helpful as we talked about.

So what I recommend is being very specific in saying, I observe this and I'm worried about you. So I observe that you're kind of withdrawing. You're not hanging out as much, or I notice that you're feeling more negative or you're not yourself. And that worries me because I care about you. And that way it's very much.

you're in a loving and caring way specifically saying what it is. That's leading you to think that, and then hopefully that will open the conversation. And then the next piece I think, is really key, is to try to ask open-ended questions, let the person know [00:55:00] that you wanna know what's going on with them and how they're feeling, and then resisting, jumping into problem.

And instead viewing it as asking them, what, how can I support you? What can I, what can I do to help you? And that way they're kind of leading that even if they choose not to open up at that time, they know that you're there and that you're, you're nonjudgmental. And that can be very powerful if you're worried about someone and there's kind of more, an immediate risk of harm.

So they, you know, they have guns in their house or. They have been talking about overdosing or something like that, then I, I would directly talk to them about how you can work together to make sure they're safe. Does that mean that they store their guns in a safe, do they remove the bullets from the gun?

There are different ways to reduce that access to means during that time. And I think it's important to suggest [00:56:00] doing something. If you feel unclear about. Or not knowledgeable enough to make those plans as a loved one and someone who cares, you can also call the, the suicide hotline and ask for help with, you know, what do I do to help this person?

And that way you don't feel like you're alone or trying to do things that you're not really sure about what to do, but the bottom line is expressing care in a nonjudgmental way and being willing to work with them and help them. I think those are. Key important things. I think that things tend not to help are when people feel invalidated or dismissed or, um, that people are disinterested in.

**Debbie Sorensen:** Yeah, so you, you don't necessarily have all the answers, but just to express some concern. And I do think it's so important to get support for yourself because that can be really scary and hard and. Of course reach out and we will also post some resources on the show [00:57:00] notes for today's episode that people can find both for, you know, things like the hotline, but also some resources for people to look at.

If they know someone who's struggling with suicide, um, just some, some places that you can gain some more information and, and places you can go for help as well. Well, we love talking about values on this podcast. And one of my favorite chapters in your workbook is on meaning making. And I was wondering if you could tell us a little bit about. The importance of meaning making when we're thinking about suicide, you know, and why, why that's such an important chapter in your.

**Kathryn Gordon:** I think that. Well, part of it was I, I had Rere read Victor Frankel's man search for meaning and kind of early on in the pandemic. And it really struck me how much he talked about being in [00:58:00] concentration camps and people talking about suicide. And those who did not wanna die by suicide usually had some meaning.

They were connected. For him, he had an idea of this manuscript he was gonna write. And that, that was very important, even though he had lost family members and was in this horrible situation, that meaning and mission, which was to help other people find meaning, carried him through UN that unbelievable, excruciating suffering that he went through.

So that, that really spoke to me. And I think that. All of us in our lives when we're going through a hard time, if we feel like it's, there's no reason for it, it's just pointless. Then it's much harder to tolerate or, or to wait through. Whereas if we know that, okay, this is really hard, but there's something to come from it, or I can find something from it that can [00:59:00] feel really, really different.

So that's where that idea came from. That. Having a reason why to keep living even in a dark time can, can kind of carry people through and that we can actively try to cultivate that meaning by connecting with our values.

**Debbie Sorensen:** So, how do you work with people on. Reconnecting with values and meaning when they're in that very dark and, and painful time in their lives. What are some of the things you might do for instance, with a client, if they were maybe out of touch with that and you really wanted to help them find meaning.

**Kathryn Gordon:** Franco highlights three different ways to find meaning. And importantly says it can be, it's not all three. You just need one of them. And that, that can be helpful. It talks about actions. So through deeds. And I think about that. For example, if people value being. Charitable and they donate to a charity or they volunteer, um, through experiences.

[01:00:00] And that can be through love or awe in nature or cultural or religious events and finding meaning and suffering and Frankel talks about how there's not, you don't need suffering to feel meaning, but if you have unavoidable suffering that you can't avoid that even within. That experience. Sometimes people can find meaning.

And I think about some of the patients I've worked with who have lost people in their lives, maybe they've, um, lost a child and how devastating and hard that is and suggesting that they find meaning in that I, I would never do lightly. And yet some people do find that they have found ways to. Help others and, and prevent others from suffering the same pain.

They found that they're more connected with people that they stand up for themselves more. [01:01:00] And so the idea is not that that pain in itself was honorable in some way, but that they could find some thing from it and push forward. So what I really try to do is think about those frameworks and, and think of it two ways.

One is help people highlight where they already are. Doing things consistent with their values in their life, but maybe they're not aware of it because they're not, they're discrediting themselves. So maybe they care about being a good parent, but they're not recognizing all the things they do for their children.

Um, and then the second part is finding steps they can take to cultivate more meaning. So maybe if it is through experiences, they'll plan to do something they value. If they value being in touch with nature, they'll plan to. To the ocean or to a park or even look at nature pictures online. These don't have to be grand steps, but the idea is that it feels anchoring to do [01:02:00] something consistent with your values and be aware of it.

And that, that can cultivate that meaning

**Debbie Sorensen:** well, I think that's a beautiful note to end the conversation on, you know, kind of transforming, suffering into something that matters to you. You know, something that you can engage in, that's gonna give your life meaning and purpose.

**Kathryn Gordon:** A absolutely. And I that's one of the things that has been remarkable working as a therapist in this field is seeing people who do that and it, and it doesn't remove their pain, but it also allows these other. Feelings alongside that pain.

**Debbie Sorensen:** Okay, everyone. So lot to think about here and, and some hope I think to end on here, because you have seen that in your work over these years and, and it's just a, it's a good reminder. So Katie, thank you so much. I'm wondering if you have any, [01:03:00] um, online resources that you wanted to share. Again, your book is called the suicidal thoughts workbook, so everyone can be sure to grab a copy and check that out.

And can you give us your website again and, and where people can find you to learn.

**Kathryn Gordon:** Sure. My website is Kathryn H. Gordon dot com. It's K a T H R Y N. H G O R d o n.com and I'm on Twitter and Instagram at the handle. Uh, Dr. Catherine Gordon, all one word. If you go to my website, there's a resource section that links to different suicide prevention resources, including the, um, trans lifeline, the Trevor project, and other types of suicide prevention resources that people may be interested in looking.

**Debbie Sorensen:** Excellent. That's wonderful. That's a great resource for people to take a look at Katie. Thank you. I really appreciate you coming on. And, and the work that you're doing.

**Kathryn Gordon:** thank you very much for having me on and [01:04:00] thank you for this conversation.

**Yael Schonbrun:** Hey psychologist off the clock listeners. I'm going to guess that if you are listening to this episode, that you love to geek out about books in psychology.

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