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Internal Family Systems Parts-Work: A Revolutionary Approach to Reducing Suicide Lethality

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Abstract: Even with significantly increased spending, suicide rates continue to climb—with alarming increases among traditionally low-risk groups. This has caused clinicians and researchers to call for a complete rethinking of all assumptions about suicide prevention, assessment, and intervention. A form of therapy--Internal Family Systems Therapy--affords tremendous promise in sustained diminishment of lethal suicide risk. Though a form of therapy that is most familiar to trauma therapists, Internal Family Systems Therapy, involving direct work with suicidal parts, is a promising therapy for meaningful and sustained reduction in suicide deaths. Developed by Richard Schwartz, Internal Family Systems Therapy proposes that we are all influenced greatly by internal parts, frozen by development adversities, and these often-contradictory parts contribute invisibly to mood, distress, and behavior. In making research videos of patients from our database and discussing their suicide attempts, it is clear that many persons who attempt suicide are in altered states at the time of their attempt and influenced by factors other than conscious intent. Suicide intervention using this therapy involves direct work with suicidal parts and other interacting parts that generate distress and despair. Internal Family Systems theory posits that deep experiences of pain, fear, aloneness, and distress are defended by a range of different parts that attempt to contain these experiences of pain through various internal activities that unwittingly push forward inhibition, fear, self-doubt, hopelessness, desires to cut and engage in destructive behavior, addictive behavior, and even suicidal actions. These suicidal parts are often created (and "frozen") at young ages, and these very young parts do not understand the consequences of this influence. Experience suggests that suicidal parts can create impulsive risk behind the scenes when pain is high and emotional support reduced—with significant crisis potential. This understanding of latent suicide risk is consistent with many of our video accounts of serious suicidal acts—compiled in a database of 1104 subjects. Since 2016, consent has been obtained and records kept of 23 highly suicidal patients, with initial Intention-to-Die ratings (0= no intent, 10 = conviction to die) between 5 and 10. In 67% of these cases using IFST parts-work intervention, these highly suicidal patients' risk was reduced to 0-1, and 83% of cases were reduced to 4 or lower. There were no suicide deaths. Case illustrations will be offered.

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