



Suicidal Thoughts in Individuals with Chronic Pelvic Pain: a Common but Treatable Problem

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Introduction: Suicidal thinking is alarmingly more common in patients with chronic pelvic pain (CPP). Thoughts of suicide can vary from fleeting, passive considerations (such as “wishing not to wake up”) to the formulation of a detailed plan with serious intent to carry it out. Regardless, these thoughts are warning signs that a person is suffering and in need of help. Suicide is preventable and there are many resources to help support a person and keep them safe. Medications and cognitive behavioral therapy (a form of counseling) are effective in improving one’s mental health.

Risk factors: Depression, feelings of helplessness, perceived burden on others, childhood trauma and catastrophization are linked with higher risks for suicidal thinking.

- **Catastrophization** is where one assumes that the worst possible outcome of a situation will occur, no matter how likely or unlikely this is. To the individual, the imagination of this outcome is very real, even if it may be irrational. This then leads the person to underestimate their coping skills and experience undue fear and worry. An example of this would be a student worrying they will fail an exam, and then further concluding they will never graduate, get a job or lead a successful life if they did fail the exam.
- **Childhood trauma** is the experience of an event by a child that is emotionally painful or distressful. It can involve physical, sexual or emotional abuse, or even things like a natural disaster. Exposure to childhood trauma may have negative impacts on an individual’s mental and physical health later in life.

Solutions: Decreasing feelings of hopelessness and learning how to identify negative thought patterns are key strategies to reduce depression and suicidal thoughts. Working with a licensed



therapist or psychologist can help you achieve these things and give you a stronger sense of control over your well-being.

- One way to approach a negative thought pattern, or a catastrophe, is through the following set of questions.
 1. **IDENTIFY:** What is the catastrophe (or worst case scenario) that you are worried about? Clearly state what you are worried about and what you predict will happen.
 2. **INQUIRE:** Ask yourself how likely it is for this event to happen. Consider all the evidence and reflect on your past experience. Has anything this bad ever happened to you before? Realistically, is this likely to happen now? What things support and refute this?
 3. **DEVELOP:** How awful would it be if this did happen? Detail the worst and best case scenarios to provide a frame of reference for all the possibilities.
 4. **GENERATE IDEAS:** Assuming the worst case scenario did occur, what things would you do to cope? Have you had similar past experiences? If so, how did you cope then? What people in your life could be helpful? What resources, skills or abilities would be helpful to you if this did happen?
 5. **REFLECT:** What positive and reassuring things do you want to say to yourself about the catastrophe now? What would you say to your best friend if this were happening to them?

Resources:

A blank worksheet is available to run through the preceding questions on the Psychology Today website. This resource for “de-catastrophizing” is free for everyone.

<https://www.psychologytools.com/resource/decatastrophizing/>

If you are faced with suicidal thoughts, the National Suicide Prevention Lifeline has a representative available 24/7 to support you and provide crisis resources for you or your loved ones. The Lifeline is free and confidential. **1 (800) 273-8255**