Professor's Notes

Week Five: The Crisis of Death and Suicide

The loss of a loved one bring grief, poignant sorrow, and pain. The book of Hebrews tells us "…*it is appointed for man to die once, and after that comes judgment*." – Hebrews 9:27 ESV, Death is a universal grief observed by every society and every generation. This section of the course will take into consideration of the effects of grief and the grief process.

But as a foundation, it may be important to lay theological groundwork on death. As Christians we know death is a transition from this life into the presence of the Lord for all who trust in him. Paul write, *"to be absent from the body is to be at home with the Lord."* -2 Corinthians 5:8 NASB. Due to the fall death and grief has become a natural part of the human journey. Scripture provides numerous stories reflecting this human reality:

- **Abraham & Isaac** grieving over the death of Sarah (Genesis 23:2)
- **Jacob** grieving over the assumed loss of his son Joseph (Genesis 42:38)
- **Naomi** grieving over the loss of her husband and two sons (Ruth 1:20-21)
- **Hannah** grieving over her infertility (1 Sam 1:8)
- **David** grieving over his best friend Jonathan (2 Samuel 1:17-27)
- **Mary** and **Martha** grieving over the death of their brother Lazarus (John 11:32)
- grieving at the brutal death of John the Baptist (John 11:35)
- The **Thessalonian church** grieving over the loss of loved ones (1 Thessalonians 4:13)

Biblically, death means separation. Physical death means separation of the soul form the body, and spiritual death means separation of the soul from God. *"There appears to be a difference in how believers, as apposed to nonbelievers, are to experience and express grief."*[1] To those who are believers we can speak of comfort and peace. With those who are dying and have not trusted in Christ, we have the sacred privilege of sharing and modeling the gospel. Paul explains this when he writes of his own inevitable death, *"For to me to live is Christ, and to die is gain. If I am to live in the flesh, that means fruitful labor for me. Yet which I shall choose I cannot tell. I am hard pressed between the two. My desire is to depart and be with Christ, for that is far better.* -Philippians 1:21-13 ESV.

Though it may be one of the most emotionally draining aspects of ministry, it is also one of the greatest honors. The honor resides in the fact that individuals are trusting us in the most vulnerable season of their life. Additionally, it is an honor in realizing that the ministry to the grieving is a shared ministry with Jesus himself. In several places Scripture commands that Christians continue Christ's mission of providing help and hope: *"The Spirit of the Lord God is upon me, because the Lord has anointed me to bring good news to the poor; he has sent me to bind up the brokenhearted… to comfort all who mourn"* -Isaiah 61:1-2 ESV

Ministering in Dark Times

Often times people who desire to minister to those with terminal conditions or those who bereave hesitate because they are uncertain about the best way to be helpful.

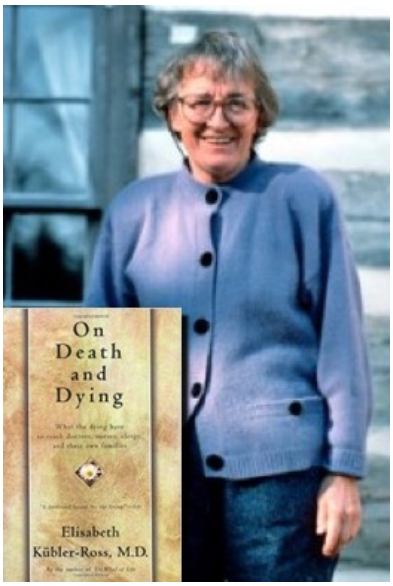
For the minister, end-of-life moments require some courage and ability to engage graciously in difficult circumstances. Hopefully, a relationship is already established, so a level of trust exists

[1] Floyd, Scott. *Crisis Counseling; A Guide for Pastors and Professionals*. Grand Rapids, IL: Kregel Publ. 2008. Pg 81.

between the minister and the dying person or grieving family. On the other hand, this may not always be the case. If you recall, a statement made in earlier discussions, the Pastor should not see himself/herself as a pastor of a church, but of a community. With this in mind the pastor may consider establishing a relationship with community mortuaries and funeral services, offering themselves or their staff in the case that a grieving family in the community does not have a local church or minister. This is an opportunity for the pastor to connect the ministries of the church for members of the community who are at one of the most vulnerable times in their lives.

It is important for the minister to become familiar with the terminology used in hospital and funeral settings so that they can understand and help translate the recommendations that are being made.

Understanding the Grieving Process



The emotional response to death and the knowledge that one is dying is a complex situation to process, from the perspective of the individual dealing with the knowledge of death to the loved one or caregiver associated with that person. Before the late 1960s, when one found out they were dying, the focus was on the cure, not necessarily the care. Doctors and caregivers were not sensitized to the emotional needs of dying people. It was the work of psychiatrist **Elisabeth Kubler-Ross** that changed this perspective of death from an approach of curing to an approach of caring for the person dying.

Kubler-Ross wrote ***On Death and Dying***, a work that was said to have revolutionized the care of dying people by making society and doctors aware and more sensitive to the emotional needs of dying people. Kubler-Ross identified emotional responses which resulted in five stages of grief. She and her colleagues conducted interviews with terminally ill patients. Through these interviews, she identified a common set of emotional responses to how one deals with death and the knowledge of dying. Those stages are denial, anger, bargaining, depression and acceptance. The following video provides a basic introduction of these stages.

1. **Denial**
   Denial is both a healthy and a familiar initial reaction. It cushions the person from the initial shock and allows them to deal with both their hope and their despair.
2. **Anger**
   Anger frequently follows denial as grievers begin to accept the real possibility of death. There may be rage, envy, resentment, and bitterness. This frequently includes the “why me?” question that so often has no answer.
3. **Bargaining**
   Usually, bargaining’s are secret pacts made with God, regardless of whether the griever has a religious background or not. Sometimes this bargaining includes regret within the mind of the griever as they wonder if there was something they could have done to have avoided the loss. When bargaining fails, the next stage develops.
4. **Depression**
   When the loss is recognized as inevitable and feelings of loss become overwhelming,

depression sets in. Depression often includes sadness, pessimism, gloominess, and feelings of guilt and worthlessness along with lethargy.

5. **Acceptance**
   eventually the depression lifts as the griever works through mourning the impending loss of the life or a loved one's life and come to accept the inevitable. Acceptance occurs when the grieving come to grips with the facts of the consequences of the loss. This does necessarily mean that they have no more feelings, but that the feelings of not hinder them from moving forward in life (or closure in their own life) and can move on with the "new normal".

Video 1: Kubler-Ross' Five Stages of Grief

The biggest criticism of Kubler-Ross' stages became apparent as her popularity increased. People were only too ready to talk about dying, death, and grief. Consequently, they frequently accepted the stages as truth with a capital "T". Counselors tried to force all patients to move through the stages in the same sequence. They did not understand that the stages were no more than generalizations. Not ever patient goes through each stage and certainly does not go through the stages in a predictable, sequential order. Patients struggle back and forth, frequently experiencing other emotions or similar emotions in varying degrees.

Although Kubler-Ross is credited as the originator of the study of treatment of death and dying, others have built upon her work and refined it to accommodate the uniqueness of everyone's journey through the valley of the shadow of death. One example of this is Worden's four Tasks of Mourning.[2]

Tasks of Morning

Rather than thinking solely in terms of stages of grieving the crisis caregiver can consider tasks of mourning. The tasks imply no time sequence. The tasks can be experienced as they arise rather than in any particular order. In addition, tasks imply that some action must be taken by the. Grieving person. There is a need to do or experience something, to work toward a concrete goal.

1. **To accept the reality of the loss.** The first task of grieving is to face the reality that the person is dead and will not return. Some people refuse to believe that the death is real and get stuck in the grieving process at this first task. Denial can be practiced on several levels and can take various forms but it most often involves either the facts of the loss, the meaning of the loss or the irreversibility of the loss. Coming to an acceptance of the reality of the loss takes time since it involves not only an intellectual acceptance but also an emotional one. The bereaved person may be intellectually aware of the finality of the loss long before the emotions allow full acceptance of the information as true.

2. **To work through the pain of grief.** If one does not work through this pain, it will manifest itself in some sort of unhealthy, aberrant (abnormal) behavior. Not everyone

[2] Worden, J. William. *Grief Counseling And grief therapy: A Handbook for the Mental Health Practitioner*. 5th ed. New York: Springer Publ. 2018

experiences the same intensity of pain or feels it in the same way, but it is impossible to lose someone you have been deeply attached to without experiencing some level of pain. We tend to think of the pain of grief as sadness. There are also other affects associated with loss that needs to be processed. Anxiety, anger, guilt, loneliness are common feelings.

3. **To adjust to a world without that person or situation.** Gradually we will come to a new normal. Three areas of adjustment that one needs to make after losing a loved one to death:
    1. The ***external*** adjustments (how the death affects the one's everyday functioning in their world
    2. The ***internal*** adjustment (how the death affects one's sense of self)
    3. The ***spiritual*** adjustment (how the death affects one's beliefs, values, and assumptions about God).

4. **To Emotionally Relocate the Deceased and Move on with Life.** This task seeks for a place for the deceased that will enable the mourner to be connected with them that will not preclude him or her from going on with life. How do you memorialize them, but still going on with life? The task is hindered by holding on to the past attachment rather than forming new ones. Some people find loss so painful that they make a pact never to love again. For many people, Task Four is the most difficult one to accomplish.

Pastoral Care

There are several things pastors and church members can do in response to the crisis of bereavement:

1. Attending to the person's –or family's –sorrow by walking with the person in support and participation in the rituals of grieving.
2. Provide emotional first aid by offering and providing sensitive guidance for the many "business" decisions that must be made under emotional duress.
3. Watch for a sign that the person's inner resources may not be adequate and make a referral.
    a. Build a bridge to the referral source
    b. Remove any blocks to utilizing the resource
    c. Ensure the person maintains control of his or her own choices
    d. Reassure the person you will continue to support him or her during and after the referral.
    e. If a hospice program was involved with the deceased and family, work closely with their guidance."[3]

Too often a pastor will feel the need to provide a sermonette, some theological treatise for the grieving individual or family, only because that is the strength the minister brings to the circumstances. However, this usually ends up distancing the minister form the bereaved. The theological statements or the sermonettes are usually for the sake of the minister who feels the need to be competent in an area that they truly do not have an complete answer for. In sensitive situations like this what is more important is your presence of your opinion.

Consider these ten simple ways in which a pastor can be present with those who are grieving:

[3] Webb, Larry. *Crisis Counseling in the Congregation*. Nashville: Abingdon. 2011. Pp119-120.

1. Encourage discussion about death before it occurs.
2. Be present and available.
3. Make it known that expressing feelings is good and acceptable
4. Do not be uncomfortable or surprised by crying, frustration or withdrawal.
5. Be a careful / aggressive listener.
6. Work at getting them to talk, not you.
7. Help them make decisions.
8. Do not discourage grieving rituals.
9. Pray for them.
10. Reinforce your presence by cards, letters or phone calls.

A careless approach to pastoral counseling in this occasion can often lead to shallow and often times hurtful clichés. Note the table below. The column on the right is more committed to being present with the grieving rather than simply offering them a pat answer (whether that answer is theologically true or not). This right column reflects the "incarnational ministry":

MEANINGLESS CLICHES	MORE APPROPRIATE STATEMENTS
"Time will heal"	*"You must feel as if this pain will never end."*
"It's a blessing"	*"This is painful"*
"God never gives us more than we can handle"	*"This seems like more that you can handle."*
"You must be strong"	*"Don't feel you need to always be strong."*
"You're holding up so well"	*"It's Okay to cry"*
"This is God's will"	*"Some things just don't make sense"*
"I know how you feel"	*"It's hard to imagine what you're going through"*
"Let me know if I can do anything for you"	*"I'll call tomorrow to see how I can help"*

THE CRISIS OF SUICIDE

Nearly hundreds of thousands (750,000)[4] of people a year are left to grieve the completed suicide of a family member or loved one. It presents one of the most complicated types of grieving, in that it is not merely mixed with loss and brokenness, but it entails additional negative emotions such as anger, guilt. Bereaved family and friends are often conflicted with lamenting the loved one while at the same time resenting them for choosing to end their lives and leaving the loved ones with the questions. *"To the survivor, that realization leads to the question, 'What did I do or not do that caused his or her to be so unbearable that suicide was seen as the only way out?'"*[5]

Consider the emotional confusion of the parents of a teenage boy who hung himself leaving a short note pinned to his shirt that simply read, "*Merry Christmas".*

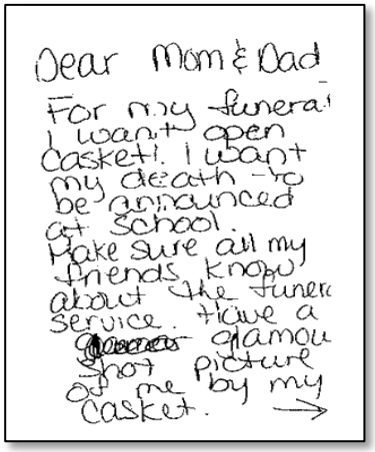
[4] Worden, J. William. *Grief Counseling And grief therapy: A Handbook for the Mental Health Practitioner*. 5th ed. New York: Springer Publ. 2018

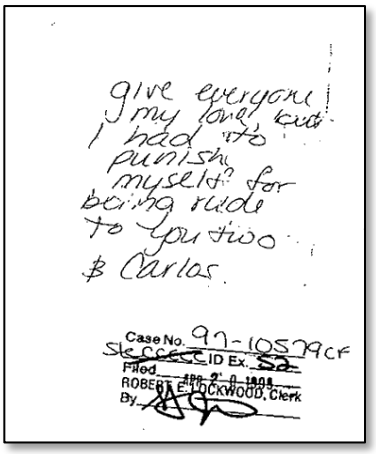
[5] Barnes-Lampman, Lisa. *Helping a Neighbor in Crisis.* Wheaton, IL: Tyndale Publ. 1997. Pg. 241.

Imagine the guilt of the woman whose husband shot himself leaving the following note in his pocket, *"Dear Betty, I hate you. Love George."*

Reflect on how the church membership would struggle in processing the message left by their pastor who hung himself in the church, which read, *"God forgive me"*

Picture the response of the parents who found the following note left at the feet of their young teenager daughter who overdosed on prescription medication:


Dear Mom & Dad
For my funeral I want open casket. I want my death - to be announced at School. Make sure all my friends know about the funeral service. Have a glamour shot picture of me by my casket.


give everyone my love but I had to punish myself for being rude to you two
& Carlos.
Case No. 97-10579CF
ID Ex.
Filed
ROBERT E. LOCKWOOD, Clerk
By

Edwin Shneidman, considered the father of the suicide prevention movement in the United States, described it this way, ***"The person who commits suicide puts his psychological skeletons in the survivor's emotional closet…"*** [6] There is some evidence that some the grief in suicide bereavement may be more intense and last longer than grief from other types of losses.

Prominent Features Suicide Survivor's Experience

- **SHAME**: Of all the specific feelings suicide survivors' experience, one of the prominent feelings is **shame**. There is a shame in ending your life, unfortunately it is the survivors who must bear the weight of that shame. It is not unusual for family members to acknowledge who knows and who does not know the facts surrounding the death and, almost with tacit agreement, adjust their behavior toward each based upon this knowledge.

- **GUILT**: This is another common feature among survivors of suicide victims. They often take responsibility for the action of the deceased and have a gnawing feeling that there was something they should or could have done to prevent the death.

- **ANGER:** These individuals perceive the death as a rejection; When they ask "Why?" they are asking, "Why did they do this to me?" The intensity of their anger often makes them feel even more guilty. That anger needs to be experienced, but also, and eventually, resolved.

- **FEAR:** This is a common response after suicide. There are higher levels of anxiety among suicide survivors than among survivors of natural deaths. A common primary fate among the survivors of suicide is of their own self-destructive impulses. Many will carry a sense of fate or doom. This is especially true of sons of suicide victims.

- **DISTORTED THINKING:** This is another feature found among survivors of suicide victims.

[6] Shneidman, Edwin. *Autopsy of the Suicidal Mind*. Oxford: Oxford Press. 2004.

Very often survivors, especially children, are led to believe the victim's behavior was not a suicide but an accidental death. What develops is a type of "distorted communication" in families. The family creates a myth about what really happened to the victim, and if anyone challenges this myth by calling the death by its real name, they reap the anger of the others, who need to see it as an accidental death or some other type of more natural phenomenon. This kind of distorted thinking may prove helpful on a short-term basis (denial), but it is definitely not productive in the long.

How to Assess and Minister to a Suicidal Person

People in difficult circumstances may at times find life useless, hopeless, and not worth living. With fatigue of fighting terminal illness, deep depression, or fractured relationships, suicide may seem to offer escape from the pain.

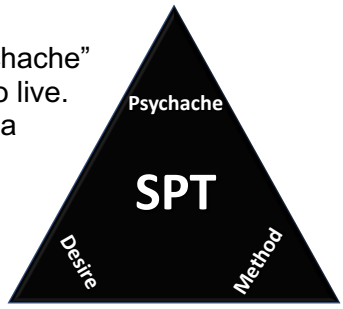
Suicidality

People do not attempt suicide because the desire to die. Rather, because they simply do not want to live in the life they are currently living.

It is important to note that people do not attempt suicide because the want to die. Rather, because they simply do not want to live in the life they are currently living. ***It is not about dying, but living.*** This is an important theological and practical insight to have. Because humans are made in the ***imago dei*****,** we are created to innately pursue life. What becomes unnatural for a person contemplating suicide is that they cannot see themselves living their life apart from pain, failure, depression, or guilt. It is not that they want to die, they just do not desire to that life. The challenge for the pastoral caregiver is for them to help them identify a life free from the dark cloud, then assist them in building the bridge and roadmap to reach that "new life".

When reaching out to a person who is potentially suicidal it is critical to ask direct questions in order to determine the level of suicide ideation. For a person to carry out any threats of suicide, three strong components will be present. These components are described as the **Suicide Prevention Triangle (SPT).** These are three necessary and sufficient conditions for a suicidal event to occur:

1. There must be sufficient psychological **PAIN** or "psychache"
2. The **DESIRE** to die must be greater than the desire to live.
3. A self-injury **METHOD** must be available (a plan and a means to carry out that plan).



When one comes into contact with a suicidal person, definite intervention is necessary.

- The initial task is to help the person stay alive.
- The second is helping him/her gain insight into how he/she came into this place
- And then guiding them to make the necessary changes to ensure that it will not happen again

Step 1: Establish a relationship, maintain contact with the person, establish rapport and obtain information.

For many people suicide is a gradual process while under stress. They begin to see solutions to their problems, and they try alternative one, then two, then three, then four… all without success, before they arrive at the solution of suicide. When this person makes initial contact, it is important to begin to develop a positive relationship. ("You did the right thing for calling", "I'm glad you called" or "I think there is help for you")

You may find that a person asks you to promise not to tell anyone. Professional counselors and ministers have the right to keep some confidential. However, some state laws require these interveners to contact authorities when someone is a lethal threat to self or others. You cannot make a promise not to do so. But you can assure the person you will do nothing to harm them.

Step 2 Identify and clarify the problem
Hear the person's story with as few interruptions as possible. Encourage the person to tell you:

1. What has led the them to where they are now
2. What is bothering them right now
3. What they have tried before to cope with this situation

Do not challenge what is being said. "*You shouldn't feel this way" "Things are not as bad as they seem"* These are be setbacks to the person, and that do not help. Focus on what they are feeling and help them to clarify their feelings. They should be helped to see that their distress may be impairing their ability to clearly assess the situation. When they can see the problem clearly, they can begin to construct a specific plan.

Step 3 Evaluate the suicidal potential & lethality

- **Age & Sex.** The suicide rate rises with age and men are more likely than women to follow through.
- **History of the Suicidal Behavior**. Is this the first attempt or is this one of a series. The more recent the better chance of preventing it.
- **Evaluate the suicidal Plan.**
  a. How lethal is it?
  b. How available is it?
  c. How specific is the plan?
- **Stress.** This is a matter of their perspective not yours (remember, subjective distress).
- **Symptoms.** What are the symptoms (depression, alcoholism, agitation, etc.)
- **Resources.** What resources does the person have available.
- **Lifestyle.** Is the person unstable? (Always changing jobs, impulsive, moving, etc.)
- **Communication with others.** Have they cut themselves off from others?
- **Medical Status.** If there are no physical problems the risk is less.

Step 4: Formulate a plan to help.
Help them determine their strengths and resources. Part of this step is to communicate to them that God cares. The truth of God's love should be shared naturally and honestly, being sensitive to the Holy Spirit.