

Looking in the face of suicide: what the church can do to help

by Michael D. Wright

Tentmaker missionaries Marty and Lisa befriended Taiwanese junior high school students, James and Ruth, two siblings who were students at an English cram school where Marty and Lisa taught. The siblings over time came to trust Marty and Lisa, who led the children to faith in Christ. By exchanging entries through journals Marty and Lisa provided for James and Ruth, the siblings began to share their worries about their mother's mental illness.

James and Ruth wrote about their mother frequently talking about committing suicide, and even possibly "taking her children with her." The mother had even stopped by a hardware store with the children to buy three pieces of rope with which to hang herself and her two children. Occasionally the mother would go to the roof of her building to consider jumping to her death.

Upon reading of these events that the children shared in their journals, Marty and Lisa took several steps. They wisely contacted a Christian counselor about what to do rather than making the common mistakes of either underestimating the risk to the family (denial), or trying to help the distressed family by themselves (hero complex). With the counselor's guidance, Marty and Lisa immediately began to explore and confirm details the children were reporting about the family's ongoing distress. They discovered the mother had a history of mental illness.

After confirmation of the seriousness of the reports, Marty and Lisa, within a day or two, arranged a meeting at the cram school, including in the meeting the children and their father, the counselor, and a Taiwanese Christian psychiatrist. The team of Christian helpers compassionately confronted the emotionally detached but beleaguered father with their perceived seriousness of the situation. Though he confirmed the children's reports, predictably, the father minimized the seriousness of the situation.

The team took several steps: they offered their assistance and emotional support; discussed possible options the father could take to better protect his children and wife, including care-giving options for the children, immediate hospitalization of the mother; informed the father that a report would be made

All names have been changed to protect the privacy of individuals.

to the government's domestic problems 113 hotline. Reporting to the government hotline served multiple functions, including the possibility of accessing available government support resources, and increasing the father's motivation to follow through on his commitment to protect his children and wife from harm. Finally, with the father's permission, the team prayed together with him and his children and again offered support as needed. The father reluctantly agreed to take his wife to the hospital the following day in spite of her strong protests. (Had only one or two people confronted the father, he may not have had the fortitude to risk this confrontation with his wife.) With Marty and Lisa's encouragement, the father arranged for an aunt to step in and help care for the children during working hours while the mother was hospitalized for treatment and stabilization.

Assisting a person who is in danger of committing suicide

There are several necessary actions to take when we encounter someone who is suicidal. First of all, we need to follow Marty and Lisa's example: seek qualified outside support! If someone confides in you that he has plans to harm himself or others, under no circumstances promise him that you will maintain confidentiality, or "keep it secret" to prevent him from losing face, or for any other reason. You may lose someone's trust by divulging his plan to harm himself, but trust may be rebuilt as you do what is in his best long-term interest.

It is not uncommon to feel infuriatingly manipulated by a person that you believe may be threatening or pretending to be suicidal to gain your attention or sympathy. Nonetheless, risking the loss of trust and being manipulated are small prices to pay to possibly prevent intentional or accidental injury or fatality. Creating a strong support network around you consisting of wise members of the body of Christ will minimize the difficulty and burden of the task of caring for someone in crisis.

When encountering a suicidal person, prayerfully seek to identify the degree of desperation and danger. Generally speaking a suicidal person rarely wants to die. She simply wants to end the suffering and she does not see clearly any other practical solutions to her suffering in her present state of emotional distress. Therefore, at the time, suicide seems like the easiest solution to escape from suffering.¹ Seek to assist the suicidal person by identifying what has happened that makes her feel such

¹ S. R. Blauner, *How I stayed alive when my brain was trying to kill me: One person's guide to suicide prevention* (New York: Quill, 2003).

desperation and hopelessness. Remember that what may seem like a small thing to you may be a devastating loss to another person, so don't judge or offer quick, oversimplified advice. Listen and seek to understand rather than trying to talk her out of her feelings of hopelessness, thus discounting the depth of her pain. Sit patiently and quietly with her in a safe place and listen as she describes the painful circumstances that have brought her to this depth of desperation. Come along side her emotionally as she shares her suffering with you, realizing that you may be the first person with whom she has entrusted her innermost thoughts and emotions simply because you are willing to accept her and her pain with the unconditional love that comes through you from the Heavenly Father.

Listen also for potential resources and hopes such as important friends and family members that may be of assistance, goals she hopes to achieve, important responsibilities she hopes to fulfill. In other words, identify her reasons for wanting to live and identify how she has endured thus far in spite of her hardships. In so doing, you are helping a person who feels hopeless begin the journey of rebuilding hope (Romans 5: 3-4).

Assess the immediate risk. Ask the suicidal person how he plans to end his life. The amount of detail in his plan, the lethality of the means (jumping from a high building is more lethal than a drug overdose), the availability of a means of committing suicide (a person having already purchased rope and chosen a location to hang himself is more dangerous to himself than a person without a clear plan or means), and a history of previous attempts or a family history of suicide indicates greater danger to himself. Suicidal men who live alone, especially those who have made previous attempts, may be at the greatest risk of attempting and completing suicide.²

In addition to your assistance, ensure that the suicidal person begins taking steps to develop an adequate support system. Help him to identify in detail what help is needed and how best to arrange for it. If hospitalization is required, who can assist him in transportation and admittance to the hospital? Who will visit him daily, if allowed? Is staying with understanding and supportive family or friends under an organized suicide watch adequate until the person's situation has improved, and if so, with whom and how is it to be arranged? Who else can be called on to help? Identify clearly the specific means by which help will be provided. As is true in any personal crisis, details of care may need to be

² T. E. Ellis, C. F. Newman, *Choosing to live: How to defeat suicide through cognitive therapy*. (Oakland: New Harbinger Publications, Inc., 1996)

arranged by you and others until the suicidal person is able to think more clearly and move further toward healing.³ The suicidal person's primary task at this point is to commit himself to reaching out for help to God and others by embracing the goal not to die, but to find ways to take care of his pain, and to avoid isolating himself.⁴

Supporting survivors of suicide

Regrettably, in spite of all of our best efforts, prayers and support, a small percentage of people may still choose to follow through with suicide, leaving in the wake a circle of hurting people. James and Ruth's mother was hospitalized for less than a week, constantly complaining to the hospital staff and doctors about wanting out of the hospital. The hospital administration obliged by releasing her before she had made any significant improvement. Within days Ruth and James' mother had hung herself in her home.

Whenever a suicide is completed, common feelings may range from overwhelming anguish, a sense of failure, shame and/or guilt, feelings of numbness and profound confusion and disorientation, or even a sense of relief. Probably all of these feelings and many more are experienced to varying degrees for many months as someone recovers from any tragic loss. It is important as caregivers and ministers that we anticipate, accept and are as comfortable as possible with the possibility of a wide range of seemingly bottomless feelings by those close to the deceased. An important part of managing the naturally occurring grief process and helping those who are suffering is accepting its unpredictability and helping the sufferer to recognize that unusual and unpleasant feelings, thoughts and behaviors are a normal result of loss. If distressing feelings of depression, anxiety or other troubling symptoms do not gradually decrease in frequency and severity, the sufferers may need our assistance in contacting a counselor and/or psychiatrist to help them continue to move forward in the grief process. At the least, make a point to regularly "check-in" with the hurting person and provide a listening ear, understanding that everyone experiences grief in different ways.

Marty and Lisa intentionally maintained their habit of journaling back and forth with James and Ruth and sought to spend time with the siblings when possible with no particular agenda, allowing the

³ A. R. Roberts, *Crisis intervention handbook: Assessment, treatment and research*. (Belmont, CA: Wadsworth Publishing Company, 2005).

⁴ T. E. Ellis, C. F. Newman, *Choosing to live: How to defeat suicide through cognitive therapy*. (Oakland: New Harbinger Publications, Inc., 1996).

children to express themselves in their own ways and in their own time. Church members helped locate a trained Christian counselor and provided her contact information to James and Ruth's aunt and father. The children's aunt continued to care for the children and reach out to their father.

Managing your own compassion fatigue

Due to the high stress endured in helping James and Ruth, Marty and Lisa recognized that they needed to expand their own support system to better manage their growing feelings of compassion fatigue and caregiver trauma manifested in their feelings of disappointment, exhaustion, sadness, worry and seemingly unexplained agitation. Marty and Lisa prayed and talked openly and regularly with their church family about their own need for recovery from this traumatic loss. They spoke with a counselor to affirm that their current feelings and behaviors were "normal," and kept the prayer need for James and Ruth's family before their church support group.

Those of us in Taiwan who seek to serve people in the name of Christ long enough will inevitably encounter similarly dire incidents. We must honestly ask ourselves if we are prepared to navigate such crises. Do we have the support system around us to care for ourselves as well as the resources available to help others in crisis? If we are not prepared, we would be wise to do so in advance of the inevitable crisis rather than wait until the crisis is upon us and find ourselves helplessly unprepared to offer the Christ-life-changing support we want to give as His servants.

About the author:

Michael with his wife Sharon first came to Taiwan from USA in 1992 with the Southern Baptist Mission. Michael had considerable experience working with young people before coming to Taiwan, including two years in Hong Kong. He graduated from Oklahoma State University with a B.S. in psychology, New Orleans Baptist Theological Seminary with a M. Div. and Oklahoma Baptist University with a M.S. in marriage and family therapy. They have two children, Andrew and Annie.