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Spirituality and Suicide Bereavement

The Role of Faith and Faith Communities in the Aftermath of Suicide

Sally Spencer-Thomas

The day after my brother died, my family reached out to my faith community to see if they would be willing to allow his memorial service to be held at my church just six days later. My brother and parents were not members of my faith community, but the church welcomed us with open arms anyway. On December 13th, 2004, the church was filled with hundreds of mourners, most of who had travelled to Colorado by plane, and the service beautifully honoured my brother’s life without looking away from the horrible tragedy of his death.

In the days and weeks following my brother’s death, the faith leaders and pastoral-care Counsellors of my faith community reached out to my parents and me to offer support and assistance. The following year, they allowed me to host our first annual candlelight healing ceremony during the holiday season to support families who might be struggling with loss or life challenges – a tradition we continue to this day. Each year the event grows as more people find this a safe place to grieve during an otherwise celebratory time of year. After the pastoral leader shares some words on the important role of grief in our lives, we light candles in honour of our loved ones, listen to spiritual music, and share responsive readings on loss. Almost everyone stays long after the service is over, eating refreshments and talking with each other and the pastoral Counsellors present. It has become a very powerful tradition in our church.

Now our church has engaged in public advocacy for suicide prevention. Our youth group turns out by the dozens to walk in the largest suicide-prevention event in the country – all proudly wearing t-shirts that identify their connection to our church and the cause. This past year we started a “mental wellness advocates” group made up of consumers, attempt survivors, and those bereaved by suicide. We work toward helping to support those going through tough times, educating our church members about mental health and suicide, and advocating for positive change in our community.

I am lucky -- my faith community got it right. But many others aren’t so lucky, and often find their faith communities are less than supportive during their deepest time of need. As the front line responders for many memorial services, faith leaders need to know that their communication can facilitate healing or it can facilitate confusion and isolation. Faith leaders may inadvertently even cause additional pain and increased risk of further suicide among the bereaved or among other vulnerable individuals in the community.

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Suicide is not just a mental health problem, it is a public health problem, and as such a coordinated prevention effort with other systems outside of mental health is required – including our faith communities. Faith communities are a critical piece of the prevention puzzle. Too often faith communities and mental health providers operate independently of one another as if they were relegated to their own silos of expertise. Individuals who seek out spiritual pursuits as a part of their coping and mental wellness would likely benefit from a collaborative approach between faith communities and mental health services.

Barb Roberts, a local pastoral care provider from a neighbouring evangelical Christian church, shared with me her story of how she was impacted by a youth suicide early in her career.

“Matt,” a 14-year-old church member, returned from a youth group retreat and took his life in his parents’ bedroom. Within hours scores of kids and traumatized staff and family started to converge on the church. Barb recalls how she and the other pastoral care staff just sat with those kids all night. “Where was God?” they asked over and over again.

That experience motivated her to look deeper into the tenets of faith and how they viewed suicide. She discovered that the early church; 354 - 430 AD under Augustine – took a pretty harsh view of suicide, and for many years following that, the church had an approach against those who died by suicide and family left with not much comfort or hope. More recently, she discovered churches recognize people need to be helped not punished. Still, many have lingering questions, “How could this happen? Where is God in the midst of my pain? Is there any hope for the future?”

She said, “There used to be a mistaken belief that Christians just didn’t ‘commit’ suicide. When a Senior Pastor took his life recently, our community was shaken. I have no doubt that he was a Godly man. What happened? Tragedy knows no bounds. Christians seem more ashamed, like suicide is a personal affront, and somehow a statement of a lack of faith. This statement has no authenticity. But it is hard. Christians can have chemical imbalances like anyone else and keeping the faith isn’t always easy when your life has been shattered and stripped bare.”

Many resources exist to help faith communities provide appropriate support for those bereaved by suicide. Stephen Ministries helps pastoral Counsellors and lay people by training them to support, reach out, and develop a whole model of care giving in many different denominations. The National Alliance for the Mentally Ill also has created a Caring Community certification process to help leaders support those in mental health crises.

SPRC has published two documents on faith communities – one on memorial services and one on faith perspectives. Finally, in our work as a Garrett Lee Smith Grantee, the Carson J Spencer Foundation developed a series of posters, videos and guidelines for faith communities – see <http://peoplepreventsuicide.org/spiritual-leaders> for more information.

We also published a booklet called “The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders” (available on Amazon).

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In reflecting on the role of her church in bereavement support, one faith leader representing mainline Protestant church said to me; “The gift our church brings to the issue of suicide is the idea of community. We help people to develop deep meaningful relationships where we journey through life together, where we lean on each other. All of us face those dark moments, those dark times when we are questioning, doubting and fearing. We need one another to hold us up and remind us that the tomb is empty, that every storm we face, God will get us through. God will make us stronger on the other side and even use us then in the lives of other people.”

Next Issue:

Spirituality and Suicide: PART II -- Spiritual Experiences in the Aftermath of Suicide

About the Author:

As a Psychologist, mental health advocate, and survivor of her brother’s suicide, Sally Spencer-Thomas sees suicide prevention, intervention and postvention from many perspectives.

She is currently the Executive Director for the Carson J Spencer Foundation (www.CarsonJSpencer.org), the Executive Secretary for the Action Alliance (SPRC), and the Survivor Division Chair for AAS.

If you have suggestions for future AAS newsletter articles or feedback on this one, please contact her at Sally@CarsonJSpencer.org or 720-244-6535.

The IASP Website has updated the postvention and suicide bereavement pages. Please look at these links:

- <http://www.iasp.info/resources/postvention/>
- <http://www.iasp.info/postvention.php>

Do you know any additional useful resources (e.g., PDF of brochures or links) or links to national suicide survivor organisations?

If so, please forward same to karl.andriessen@pandora.be

New Publications:**A Winding Road: A Handbook for those Supporting the Suicide Bereaved*****By*****Michelle Linn-Gust, Ph.D., and John Peters, M.Suicidology**

The journey after the suicide of a loved one is winding, always changing. For the people who want to support the bereaved, or are asked to support the bereaved (professional or volunteer), it can be difficult to understand that winding road, especially because of the stigma that suicide traditionally has held with it.

Michelle Linn-Gust, Ph.D., and John Peters, M.Suicidology, have both travelled their own winding roads and now look to teach others (in a global perspective not yet seen) to aid anyone touched by suicide loss in a new book they have co-authored (along with several guest authors) *A Winding Road: A Handbook for those Supporting the Suicide Bereaved*.

The book discusses a myriad of issues around the topic from why suicide happens to helping children cope and how culture and religion take a role in how suicide and suicide grief is viewed. Mostly, the book offers hope that the people who are supporting the bereaved can help understand the winding road so the bereaved don't have to travel it alone.

A Winding Road: A Handbook for those Supporting the Suicide Bereaved**By Michelle Linn-Gust, Ph.D., and John Peters, M.Suicidology****Chellehead Works, November 2010****ISBN: 9780972331838****www.awindingroad.com**

New Newsletter Feature:

We hope to feature a biography of each of the IASP Postvention Taskforce Members over future issues of this newsletter.

If you would like to have your biography featured in this newsletter, please forward a short piece of 500 words or less and a photo of yourself to either

sean.mccarthy@hse.ie or maryl.oshaughnessy@hse.ie

Challenges in Postvention, Towards a Multidisciplinary Understanding of Suicide Bereavement. 13th ESSSB, 1-4 September 2010, Rome.

Karl Andriessen



Rome was the beautiful and historical setting in which the 13th European Symposium on Suicide and Suicidal Behaviour (ESSSB) took place from 1 to 4 September 2010, entitled “Integrating knowledge for an interdisciplinary approach to suicidology”.

The program included three well-attended parallel sessions on postvention, one plenary presentation, and a few posters. From these presentations it is obvious how wide the variety of research and practice within postvention is, and need to be.

In the first parallel session D.A. Castelli-Dransart (Switzerland) and coll. presented their research on patient suicide and the subsequent need for support and resources for mental health and social professionals, e.g., to consult supervisors and colleagues.

K. Dyregrov (Norway) had explored what young people say about the support they need from schools after a suicide, e.g., personal assistance. M. Flood (N. Ireland) investigated the lived experiences of families bereaved by suicide, and the interaction between individual and family grief aspects.

M. Moore (USA) presented her research and experiences with institutional boards, which have to assess research proposals. It appeared that unfortunately researchers sometimes have to shape their proposals in order to get approval. R. Pettersén (Sweden) presented her research regarding young people bereaved by the suicide of a sibling. A first important finding was that all siblings wished to receive support even if they had not asked for it. The session included two presentations related to art work.

E. Colucci and M. Eales (Australia), the latter being a suicide survivor and an artist, introduced a documentary. This highly personal and original approach showed the healing potential of creative work. And S. McGuinness and K. Malone (Ireland) developed a project which included artwork made with objects provided by bereaved families.

The other two parallel sessions (symposia) were organized by the Taskforce Postvention: “New directions in suicide survivor research” and “New forms of support for suicide survivors”. In the first symposium, J. Jordan (USA) addressed the issue of collaboration between researchers, clinicians and suicide survivors.

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D.A. Castelli-Dransart (Switzerland) advocated how different grief processes necessitate various forms of support for the bereaved. O. Grad and A. Zavasnik (Slovenia) discussed how pathways of bereavement might be determined by gender and formulated pitfalls and challenges especially regarding supporting bereaved men. And U. Nyberg and coll. (Sweden) studied how parents perceive their child's health prior to the suicide. The great majority of the parents reported that their child felt better in the month prior to the suicide.

The second symposium intended to look beyond the traditional support resources, and explored newly emerging forms of support for people bereaved by suicide.

P. Kelly (Ireland) emphasized the need of a multi-agency approach to supporting the suicide bereaved and cautioned about the risk of vicarious traumatisation. S. Spencer-Thomas (USA) highlighted the under-researched aspect of spirituality in suicide bereavement and the potentially valuable role of faith communities in survivor support.

K. Andriessen and K. Krysinska (Belgium) presented their study on the content and the quality of online resources for people bereaved by suicide. Based on an overview of existing services and the historical development of survivor support, J. Jordan (USA) presented newly emerging formats of survivor support, such as home visits and online support, and the challenges and potential benefits of these evolutions.

J. Jordan (USA), in his plenary presentation, underlined that psychosocial connection is the heart of suicide postvention. He elaborated the need of empathically attuned support for the bereaved from their social network. This attunement would allow for physical re-regulation, reduction of trauma responses, integration of experiences into self-narrative and meaning reconstruction. He reminded that clinicians are part of, and should work with the social network.

In the final plenary session of the congress, K. Hawton (UK) presented a well-founded three topics "wish list for research" regarding the future prevention of suicidal behaviour. Notably, his list included research with "people bereaved by suicide" as postvention should be a major strategy in prevention.

As said above, the wide variety of presentations from various countries across the world shows the multifaceted character of the postvention field, a field which is clearly evolving. As such, the IASP Taskforce on Postvention will continue its efforts to raise awareness, and to encourage researchers and practitioners to actively participate in Suicidology congresses, and to present research findings and experiences. In line with the central theme of this congress, we can further integrate our knowledge into a multidisciplinary understanding of suicide bereavement and suicide survivors.

Karl Andriessen

Co-Chair IASP TF Postvention

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Taskforce Member Biography:

John R. Jordan, Ph.D., FT



John (Jack) Jordan is a licensed psychologist in private practice in Wellesley, MA, and Pawtucket, RI, where he specializes in working with loss and bereavement.

He was also the Founder and the Director until 2007 of the Family Loss Project, a research and clinical practice providing services for bereaved families. He has specialized in work with survivors of suicide and other losses for more than 30 years.

As a Fellow in Thanatology from the Association for Death Education and Counselling (ADEC), Jack maintains an active practice in grief counselling for individuals and couples. He has run support groups for bereaved parents, young widows & widowers, and suicide survivors, with the latter running for over 13 years.

Jack is the Clinical Consultant for Grief Support Services of the Samaritans in Boston, where he is helping to develop innovative outreach and support programs for suicide survivors. Jack is also the Professional Advisor to the Survivor Council of the American Foundation for Suicide Prevention (AFSP), and a former Board member of AFSP (New England Affiliate) and ADEC. In 2006 Jack was invited to become a member of the International Workgroup on Death, Dying, and Bereavement, and was the recipient of the ADEC 2006 Research Recognition Award. Jack has been involved in several research projects on the needs of people grieving after a suicide, and in 2004 received research funding from AFSP.

Jack has provided training nationally and internationally for therapists, healthcare professionals, and clergy through PESI Healthcare/CMI Education, the American Foundation for Suicide Prevention, and the Suicide Prevention Resource Centre. He has also participated and helped to lead many healing workshops for suicide survivors. Jack has published clinical and research articles in the areas of bereavement after suicide, support group models, the integration of research and practice in thanatology, and loss in family and larger social systems. He has published in professional journals such as *Omega*, *Death Studies*, *Suicide and Life-Threatening Behaviour*, *Crisis*, and *Family Process*. He is the co-author of *After Suicide Loss: Coping with Your Grief*, a book on suicide bereavement for surviving friends and family. He is currently co-editing a new professional book on working with suicide survivors.

Upcoming Events:

17-20 November, 2010

4th IASP Asia Pacific Regional Conference

Brisbane, Australia

20-23 March, 2011

6th Aeschi Conference

Aeschi, Switzerland

13-19 September 2011

XXVI IASP World Congress,

Beijing, China

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