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He came to my office to talk a few weeks before he took his life. He was obviously unhappy. We talked about a lot of things—his marital difficulties, his continuing unemployment, his general sense of despondency. But I remember one part of that conversation distinctly. He asked if God could forgive any sin. I asked him if he had done something that he thought I should know about. He said that he hadn't. I still think about that. I only wish that I had understood what he was trying to say and done something about it.

The Role of the Clergy in Preventing Suicide

As a member of the clergy, you have the vital yet daunting job of guiding people through many of life's challenges—marital discord, job loss, illness, death, and more. This unique role offers an opportunity to help people at risk of suicide in ways that even family members or mental health professionals cannot. By listening to people and getting them the help they need, you can make a difference.

Each year, more than 30,000 Americans will end their lives as a way to escape the intolerable pain of living. Many people, including clergy, find it difficult to understand why people take their own lives. The very thought of suicide has clear moral and spiritual implications in many religions. You have an opportunity to prevent suicide by taking threats seriously, recognizing many of the warning signs of suicidal behavior, and understanding the factors associated with such behavior.

A review of the literature revealed that fairly large numbers of people who are thinking of harming themselves turn to clergy rather than to mental health professionals, and that clergy could benefit from training on how to recognize and respond to people who may be at risk of suicide (Goldsmith, Pellmar, Kleinman, & Bunney, 2002). Some research indicates that more than twice as many people with diagnosable mental health problems will see a cleric rather than a psychotherapist, for many reasons: People may be more comfortable with their cleric than with a therapist; religious counseling does not have the negative connotations that many people associate with mental health care; and many people are not able to afford mental health care.

The *National Strategy for Suicide Prevention* identified the clergy as “key gatekeepers—those people who regularly come into contact with individuals or families in distress must be trained to recognize behavioral patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene before the behaviors and early signs of risk evolve further” (U.S. Department of Health and Human Services, 2001, p. 78). However, it is important to remember that you cannot be all things to all people. You are a spiritual guide. You may have training in counseling. But you may not be qualified, on your own, to offer therapy to someone confronting mental illness or serious emotional problems. Even mental health professionals have difficulty assessing a particular individual’s relative risk of suicide. It is essential that you know both the possibilities and the limits of your role and your training. You must do what you can—and defer to mental health professionals to do what you cannot.

Recognizing the Warning Signs

People who are considering suicide often display warning signs—sometimes directly, sometimes indirectly. You should be especially alert for imminent warning signs, for example:

- Talking about suicide or death
- Giving direct verbal cues, such as “I wish I were dead” and “I’m going to end it all”
- Giving less direct verbal cues, such as “What’s the point of living?”, “Soon you won’t have to worry about me,” and “Who cares if I’m dead, anyway?”
- Isolating him- or herself from friends and family
- Expressing the belief that life is meaningless or hopeless
- Giving away cherished possessions
- Exhibiting a sudden and unexplained improvement in mood after being depressed or withdrawn
- Neglecting his or her appearance and hygiene

These signs are especially critical if the person has a history or current diagnosis of a psychiatric disorder or serious psychological problem, is abusing alcohol or other drugs, has attempted suicide in the past, or has had a suicide in his or her family. Young people who have experienced the suicide (or other violent or sudden death) of a friend, peer, or celebrity role model should also be taken very seriously if they display warning signs of suicide.

Responding to the Warning Signs

Your response to warning signs should be targeted at keeping the person safe, providing empathy and support, and ensuring that the individual receives the mental health and/or social services necessary to reduce his or her risk. As a cleric you can, and should, do the following:

- **Ask the difficult questions.** Science has not yet provided us with fail-safe methods of assessing the risk of suicide. However, you can ask the sometimes difficult questions that will provide you with more evidence about the individual's state of mind and intentions, for example:
 - Do you ever wish you could go to sleep and never wake up?
 - Sometimes when people feel sad, they have thoughts of harming or killing themselves. Have you had such thoughts?
 - Are you thinking about killing yourself?
- **Recognize your limits.** Some clergy are trained and licensed as mental health counselors, but many are not. It is advisable to stay within your scope of competence and consult with or refer to other health care professionals who can best attend to the mental health needs of the individuals you work with.

Medical, ethical, and legal issues can arise when clergy cross the line from offering faith-based listening and guidance to counseling someone in a therapeutic manner. Well-meaning clergy have been sued because they have overstepped appropriate boundaries while engaging in empathetic pastoral relationships. Be sure your congregants understand that while you are always willing to listen and minister to their spiritual needs, you may not be the best person to provide direct care for certain issues. Consider partnering with mental health and other health care professionals in your community, and maintain a list of therapists to share with troubled parishioners. You may be able to find professionals whose religious or cultural backgrounds are similar to your congregants', which will allow a troubled person to make an easier transition between you and a mental health professional.

- **Recognize the limits of confidentiality.** While confidentiality is critical to maintaining trust and openness, there are circumstances when disclosures should be made. These exceptions may vary depending on the code of ethics to which you adhere, but breaching confidentiality may be necessary to prevent a person from harming him- or herself.
- **Do not leave a person at imminent risk of suicide alone.** If you have any suspicions that a person is seriously considering harming him- or herself, let the person know that you care, that he or she is not alone, and that you are there to help. You may have to work with the person's family to ensure that he or she will be adequately supported until a mental health professional can provide an assessment. In some cases, you may have to accompany the person to the emergency room at an area hospital or crisis center. If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 911 or (800) 273-TALK (8255). Tell the dispatcher that you are concerned that the person with you "is a danger to [him- or herself]," or "cannot take care of [him- or herself]." These key phrases will alert the dispatcher to locate immediate care for this person with the help of police. Do not hesitate to make such a call if you suspect that someone may be a danger to him- or herself. It could save that person's life.

- **Do not put other people at risk by glamorizing suicide or those who have died by suicide.** As a spiritual leader, you may be asked to officiate at services for those who have died by suicide. In this role, it is essential that your desire to comfort survivors and memorialize the dead not put other vulnerable individuals at risk. The attention given to a person who has died by suicide can lead vulnerable persons who feel neglected to harm themselves. Avoid emphasizing that the person who died is “at peace” or has “found peace,” and implying that suicide was a reasonable response to the stresses in the departed’s life circumstances. It is important to make a clear distinction, and even separation, between the positive accomplishments and qualities of the deceased and his or her final act. Use the opportunity to remind people at risk that there are other options and to remind the rest of us to reach out to those in need and in pain. This is especially important when memorializing an adolescent, or someone that adolescents may look to as a role model (such as a popular teacher or coach), who has died by suicide. It is important to offer the youth practical steps they can take to ease their pain—including speaking with you or other trusted adults.

References

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- U.S. Department of Health and Human Services. (2001). *National strategy for suicide prevention: Goals and objectives for action*. Rockville, MD: Author. Retrieved March 18, 2005, from <http://www.sprc.org/library/nssp.pdf>

Resources

Resources for Clergy

Organizations

American Association of Pastoral Counselors (AAPC) (<http://www.aapc.org/>)

The American Association of Pastoral Counselors (AAPC) represents and sets professional standards for pastoral counselors and pastoral counseling centers; it also offers continuing education, networking opportunities, in-service training, and supervision, and facilitates growth and innovation in the ministry of pastoral counseling. AAPC is non-sectarian and respects the spiritual commitments and religious traditions of any individual.

Suicide Survivor Support Group Online Directories

The American Association of Suicidology (AAS) and the American Foundation for Suicide Prevention (AFSP) offer online directories of suicide survivor support groups. The AAS directory is located at http://www.suicidology.org/associations/1045/files/Support_Groups.cfm. The AFSP directory can be found on the AFSP website (<http://www.afsp.org/index-1.htm>) on the navigation bar under “Survivors.”

Publications

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Suicide Prevention Resource Center. (2004). *After a suicide: Recommendations for religious services and other public memorial observances*. Newton, MA: Education Development Center, Inc. Retrieved March 18, 2005, from <http://www.sprc.org/library/aftersuicide.pdf>

General Resources on Suicide and Suicide Prevention

Suicide Prevention Resource Center (<http://www.sprc.org/>). The Suicide Prevention Resource Center (SPRC) provides prevention support, training, and materials to strengthen suicide prevention efforts. Among the resources found on its website is the SPRC Library Catalog (<http://library.sprc.org/>), a searchable database containing a wealth of information on suicide and suicide prevention, including publications, peer-reviewed research studies, curricula, and web-based resources. Many of these items are available online.

American Association of Suicidology (<http://www.suicidology.org/>). The American Association of Suicidology is a nonprofit organization dedicated to the understanding and prevention of suicide. It promotes research, public awareness programs, public education, and training for professionals and volunteers and serves as a national clearinghouse for information on suicide.

American Foundation for Suicide Prevention (<http://www.afsp.org>). The American Foundation for Suicide Prevention (AFSP) is dedicated to advancing our knowledge of suicide and our ability to prevent it. AFSP’s activities include supporting research projects; providing information and education about depression and suicide; promoting

professional education for the recognition and treatment of depressed and suicidal individuals; publicizing the magnitude of the problems of depression and suicide and the need for research, prevention, and treatment; and supporting programs for suicide survivor treatment, research, and education.

National Center for Injury Prevention and Control (<http://www.cdc.gov/ncipc/>). The National Center for Injury Prevention and Control (NCIPC), located at the Centers for Disease Control and Prevention, is a valuable source of information and statistics about suicide, suicide risk, and suicide prevention. To locate information on suicide and suicide prevention, scroll down the left-hand navigation bar on the NCIPC website and click on “Suicide” under the “Violence” heading.

National Suicide Prevention Lifeline (<http://www.suicidepreventionlifeline.org/>). The National Suicide Prevention Lifeline provides immediate assistance to individuals in suicidal crisis by connecting them to the nearest available suicide prevention and mental health service provider through a toll-free telephone number: (800) 273-TALK (8255). Technical assistance, training, and other resources are available to the crisis centers and mental health service providers that participate in the network of services linked to the National Suicide Prevention Lifeline.

Suicide Prevention Action Network USA (<http://www.spanusa.org>). Suicide Prevention Action Network USA (SPAN USA) is the nation’s only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors (those who have lost a loved one to suicide) and others to advance public policies that help prevent suicide.