



living counter culturally

talk sheet

Suicide Bereavement

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The ache in your heart following the death of a relative or friend is hard to cope with at any time, but following a sudden death through suicide feelings may be conflicting, distressing and difficult to handle. This Talk Sheet is designed to help individuals and church communities offer pastoral support after a suicide.

The Moral and Social Issues Council (MASIC) has published an additional Talk Sheet on Depression, which may be helpful to read in conjunction with this Talk Sheet (go to www.salvationarmy.org.nz/masic).

Suicide is a serious health and social issue. Successful suicides, attempts at suicide, and suicidal thoughts or feelings are significant, distressing and often unbearable for family and friends. The emotional pain and unanswered questions after a suicide add to the stigma and negativity surrounding such loss.

The shock and deep sense of sadness associated with suicide can be overwhelming. Disbelief, anger, distress, blame, confusion, anguish and helplessness are completely normal and acceptable emotions. Making sense of it all is often an impossible task.

It is normal to wonder 'Could I have done something?' or 'Why didn't I notice that?', and to wish we had done more to prevent a suicide or attempted suicide.

After a suicide, our normal coping strategies are stretched. Feelings of guilt, anger, resentment, confusion, remorse and the many questions associated with suicide may keep surfacing, as we try to make sense of and understand what has happened. It is quite okay to grieve on your own, but being among family and friends will also help. This is a time when natural networks of family, friends and support agencies are essential and beneficial.

Historical Attitudes

Suicide is derived from the Latin word *suicidium*, from *sui caedere*, 'to kill oneself'. It is the act of intentionally causing one's own death. Once a criminally punishable offence in the western world, suicide remains so in many countries, particularly Muslim ones.

In ancient Athens, a person who committed suicide was buried alone, on the outskirts of the city, with no marker or headstone. In 452AD, suicide was condemned as a sin, or work of the devil. From the Middle Ages, the church excommunicated people who attempted suicide and they too were buried outside consecrated graveyards.

Attitudes shifted from the Renaissance Period, and by the 19th century, the act of suicide was not seen as caused by sin, but by insanity. However, it was still deemed illegal, possibly more as a deterrent, as clearly no punishment could be given to the deceased person. Family and friends often received insults and condemnation. The church saw suicide as a sin because it broke



the 6th Commandment: 'Thou shalt not kill' (Exodus 20:13). Suicide was seen as a form of homicide, with God being the giver and the taker of life—therefore, suicide was seen as an offense toward God.

Contemporary Attitudes

In more recent times, the church has focused more on messages around the grace of Jesus and the forgiving nature of God. Scripture says that those redeemed by God through the sacrificial death and resurrection of Jesus are forgiven of all their sins: past, present and future (Colossians 2:13–14). God has a deep love for the broken-hearted, desperate, suffering and those who feel hopeless. The Bible assures us that God draws near to the broken-hearted (Psalm 34:18). While we may sometimes feel alone in difficult times, the reality is that God is always close at hand.

The topic of suicide remains a fairly taboo subject in churches—rarely do sermons or Bible studies explore the topic publically. However, people in biblical times did commit suicide. They too leave the unanswered questions typical of any suicide: *What if they hadn't taken their lives? How might their lives have been lived otherwise?* While suicide is not God's will, it is also not an unpardonable sin. None of us can know what happens between someone and God in their final moments and we may have to accept that we may never have absolute certainty about whether our loved one is with God in Heaven or not. But we do know that God is compassionate and forgiving. We can trust God to make the just and final decision about people's eternal destinies. Romans 8:31–39 reminds us that nothing can separate us from the love of God.

The Salvation Army and Suicide

The Salvation Army believes in the sanctity of human life. Humankind was created in the image of God (Genesis 1:27). All people—without exception—are of value to him, holding a special place in his creation (Psalm 8:5) irrespective of age, gender, race, religion, health or social status, sexual orientation or their potential for achievement. The Salvation Army deplors the condemnation of people who complete suicide, and considers unjust the stigma that falls on surviving family and friends. It believes that nothing separates us from the love of God (Romans 8:38–39), and that God's wisdom is perfect.

The Salvation Army was the first organisation in the world to provide suicide prevention programmes. In 1907, its founder, General William Booth, commenced the Salvation Army work in suicide prevention with an anti-suicide bureau in London. This ministry to those contemplating suicide, as well as to the bereaved, is ongoing and effective. For example, see www.hopesalive.ca in Canada (email: suicideprevention@sallyann.net) and www.suicideprevention.salvos.org.au in Australia.

The Salvation Army is a caring community that shares in people's experience of grief and loss. It has trained officers, counsellors and chaplains who have relevant information and can offer practical and spiritual support to help those who have suffered the catastrophic loss of loved ones through suicide.

Suicide in New Zealand

OVERVIEW

- A total of 478 people died by suicide in New Zealand in 2011.
- This equates to 10.6 deaths per 100,000 population (age standardised).
- In 2011, the suicide rate was 29.8 percent below the peak rate in 1998.

SEX

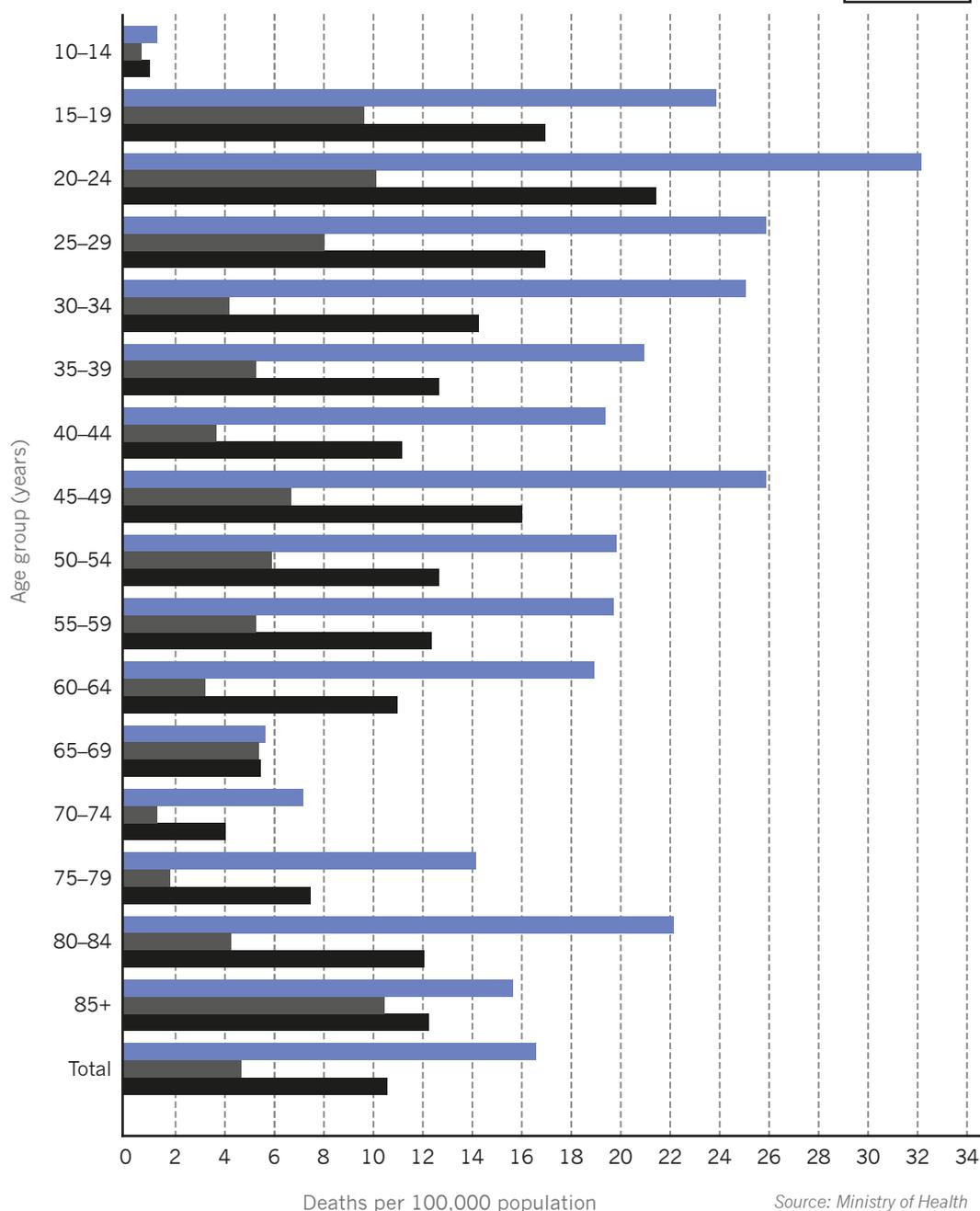
- There were 369 male suicides (16.6 deaths per 100,000 male population, age standardised) in 2011.
- There were 109 female suicides (4.7 deaths per 100,000 female population, age standardised) in 2011.
- In 2011, the ratio of male to female suicides was 3.5 to 1.
- The 2011 male suicide rate was 30.5 percent below the peak rate in 1995.
- The female suicide rate has remained relatively stable since 1948, when records began.

YOUTH (15–24 years)

- In 2011, the youth suicide rate was 19.3 deaths per 100,000 people aged 15–24 years.
- There were 93 male youth suicides (28.1 per 100,000 male youth population) and 31 female youth suicides (9.9 per 100,000 female youth population) in 2011.
- In 2011, the ratio of male to female youth suicide rates was 2.8 to 1.

Suicide deaths

Age-standardised rate, by age group
2011



Source: Ministry of Health

- Overall, the youth suicide rate has declined by 32.8 percent since the peak rate in 1995.
- The Māori youth suicide rate for 2011 was 36.4 per 100,000 Māori youth population—2.4 times higher than that of non-Māori youth (15.1 per 100,000 non-Māori population).

ADULTS

- In 2011, the total suicide rate for adults aged 25–44 years was 13.8 per 100,000 population.
- Rates for males aged 25–44 years in 2011 were 35.6 percent lower than the peak rates in 1997; female rates for this age group showed no obvious change between 1948 (when records began) and 2011.
- The suicide rate for adults aged 45–64 years in 2011 was 13.2 per 100,000 people in this age group.

- Male rates for the 45–64 age group decreased by 28.2 percent between 1948 and 2011. Female rates for the same age group fell by 38.4 percent between 1948 and 1994 but have remained stable since.
- Of all age groups, adults aged 65 years and over had the lowest suicide rate (7.3 per 100,000 adults aged 65 years and over). Between 1950 (the peak rate) and 2011, the rate for this group fell by 74.8 percent.

ETHNICITY

- There were 108 Māori suicide deaths in 2011. This represents an age-standardised rate of 16.8 per 100,000 Māori population.
- There were 9.1 non-Māori deaths per 100,000 population (age standardised) in 2011.
- There were 24 suicide deaths among Pacific people and 28 among Asian people in 2011.

Source: <http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2011>

These statistics give us a glimpse of the magnitude of suicide in New Zealand. It is particularly disturbing that the Māori suicide rate is nearly double that of non-Māori.

We can see that suicide occurs across the generations, including among the elderly—especially males over 80. Increased health problems and the emotional pain of outliving loved ones may be contributing reasons for suicide among the elderly.

Working through Grief

When supporting someone who has lost a family member to suicide, it can be helpful to understand the grieving process. There are generally seven recognised stages of grieving:

1. Shock and denial.
2. Pain and guilt.
3. Anger and bargaining.
4. Depression, reflection and loneliness.
5. The upward turn.
6. Reconstruction and working through.
7. Acceptance and hope.

Each of these stages can follow consecutively, but you may also jump forward or return to earlier stages just when you feel you are slowly healing. It can be helpful for some to seek professional help during this time.

Acceptance in the grieving process does not mean everything is good and happy, but you will usually start to look forward and plan things for the future. However, the grieving process can take a long time and you may find it helpful to talk about your thoughts and questions during this process. The church can provide a place where you can have a cathartic experience and be supported to move on healthily.

As Christians, we believe that by talking to and with God through prayer (Luke 18:10–13) and also by our public testimony to others, we can receive healing of mind, spirit and body, and a God-given peace: 'And the peace of God, which passes all understanding, shall keep your hearts and minds through Christ Jesus' (Philippians 4:7). We realise that God's love is eternal (Psalms 136) and the Holy Spirit is our comforter (John 14:26).

At some time in the future, you will be able to think about your lost loved one without so much pain. There will still be sadness, but the heart-aching pain will be less. You will once more anticipate some good times, and even find joy again in the experience of living.

Suicide Prevention

If someone confides in you about their feelings of suicide, it can be difficult knowing what to say or do, but here are some ways you can help:

- Take their thoughts and feelings about suicide seriously.
- Acknowledge what the person is experiencing. Make them feel valued and worthwhile.
- Acknowledge the problem the person is facing—don't dismiss the problem.
- Be calm and understanding—try not to appear shocked or alarmed.
- Ask them directly if they're thinking about committing suicide or hurting themselves. This can be really hard to do, but it shows them that you care. If they say yes, don't make promises about keeping this secret.

Advise the person that you think they need to talk to a professional immediately. Give them the Lifeline phone number to call (0800 543 354)

- or phone Lifeline for them and hand over the phone while you stand by for support.

In all the turmoil you can be assured of God's unfailing love, comfort and forgiveness.



If you're grieving after the emotional pain of a suicide—perhaps having sleepless nights, experiencing continuing thoughts about your loss and spontaneous times of crying—you are not alone. While you may not feel like it, it can be helpful to connect with others, expressing how you are feeling and asking for the help that you need to get through. Take the time to appreciate the relationships that you are in. We need reminding that we all grieve differently and each way is personal as we are each unique.

Adjusting to and working through your grief is a time for patience and refocusing that will require an incredible emotional strength on your part, but in all the turmoil you can be assured of God's unfailing love, comfort and forgiveness.

Caring for the Bereaved

When seeking to support the bereaved after a suicide, be aware of their likely need for practical support with household chores or funeral arrangements. In times of early bereavement, just keeping the household going can be overwhelming. Simple but important tasks simply don't seem that important anymore. Consider giving practical help such as mowing the lawn, preparing or providing meals, doing the grocery shopping or home jobs like vacuuming, ironing, washing clothes and generally looking for gaps where you can assist. Just being there as a shoulder to lean on, offering a hug and a listening ear, can make a tremendous difference, although short visits are recommended.

In our care of the bereaved, we follow the example of Jesus: to be present with those who mourn and weep with them. Romans 12:15 tells us to 'Rejoice with those who rejoice; mourn with those who mourn.'

After the death of their brother Lazarus (see John 11:17-43), Jesus immediately travelled to spend time with Martha and Mary. Even though he opened himself up to harsh words—particularly from their friends who said, 'He did all these miracles, but couldn't stop Lazarus from dying!'—Jesus seems to understand that it's best not to take the words of those who hurt to heart.

When Jesus saw the sisters and the people with them, who were crying, he was deeply upset. And, when he was taken to Lazarus's tomb, the Bible tells us, 'Jesus wept.' Jesus knew he could raise Lazarus back to life, but still he mourned with those who lost a loved one. If Jesus could weep over the pains of his friends, we can cry with our friends in their grief.

In Joe Bayly's book, *The View from a Hearse*, he writes about the death of three of his children, saying: 'I was sitting, torn by grief. Someone came and talked to me of God's dealings, of why it happened, of hope beyond the grave. He talked constantly. He said things I knew were true. I was unmoved, except to wish he'd go away. He finally did. Another came and sat by me. He didn't talk. He didn't ask leading questions. He just sat beside me for an hour or more, listened when I said something, answered briefly, prayed simply, left. I was moved. I was comforted. I hated to see him go.'

There are so many unanswered questions after a suicide, and the fear that we may be asked to answer some of these might tempt us to keep our distance from someone who is bereaved. But to keep our distance means making *our* comfort the priority, not the comfort of the bereaved. We are not called upon to answer questions that can probably never be sufficiently satisfied—our quiet, listening, caring and praying presence is more necessary and far more appreciated than platitudes such as 'time heals', 'God needed another angel in heaven', or, 'we all have our cross to bear.'

As we seek to care for the bereaved, our objective is simple: 'to mourn with those who mourn'.

People need a listening ear, they need support, they need hope.

Sources:

After a Suicide: Practical Information for People Bereaved by Suicide (Ministry of Youth Development)

Tihei Mauri Ora: Supporting Whānau through Suicidal Distress (Ministry of Health/Mental Health Foundation)

When Someone Dies: a Guide to the Work of Coroners and the Operations of the Coroners' Court (Ministry of Justice)

<http://www.health.govt.nz/publication/suicide-facts-deaths-and-intentional-self-harm-hospitalisations-2011>

DISCUSSION TOPICS

1. Do you know anyone who has lost a loved one to suicide?
2. Why do you think there are such high levels of suicide among young people, Māori and men over 80?
3. How well do we support depressed people in our church?
4. Do I, or my church, harbour a stigma-causing attitude to suicide and/or depression?
5. What barriers do we put up when suicide is mentioned in our church?
6. How would you answer the question: 'Will someone who has committed suicide go to Heaven?'
7. What would you say to someone who says 'I should have seen the signs' after someone they know has committed or attempted suicide?
8. What coping mechanisms did you use?
9. Do you have other questions or concerns around this topic? Discuss.

RECOMMENDED READING

Stand By Me: Helping your Teen Through Tough Times, by John Kirwan (Penguin)

No Time for Goodbyes, Coping with Sorrow, Anger and Injustice After a Tragic Death, by Janice Harris Lord (Compassion Press)

FOR MORE HELP & USEFUL LINKS

- www.lifeline.org
- www.thelowdown.co.nz
- www.depression.org
- www.skylight.org.nz (Ph: 0800 299 100)
- www.youthline.co.nz (Ph: 0800 376 633)
- www.lifeline.org.nz (Ph: 0800 111 777)
- www.ageconcern.org.nz
- www.mentalhealth.org.nz
- www.suicideprevention.salvos.org.au
- Your doctor
- Maori Mental Health team
Local Emergency Mental Health Service (EMHS)
Dial 111 in an emergency
- Your local Salvation Army officer
www.salvationarmy.org.nz/centres
- A church leader/minister or faith-related network
- When Someone Dies: A Guide to the Coronial Services of New Zealand (Ministry of Justice)
- Ministry of Health
www.health.govt.nz
- After a Suicide: Practical Information for People Bereaved by Suicide (Ministry of Youth Development)

Talk Sheets on various topics are online at:
salvationarmy.org.nz/masic

For more information, contact the Chair of the Moral & Social Issues Council:
email masic@nzf.salvationarmy.org

Salvation Army Positional Statements:
salvationarmy.org.nz/positionalstatements