Six Things Every Spiritual Care Provider Should Know About Suicide

Suicide is a poorly understood, stigmatized, often taboo subject, and for spiritual care providers called upon to support a grieving family or community, it can be tricky territory. Yet what spiritual care providers say and do deeply resonates with survivors of suicide loss, and can help sustain their connection to their belief system and faith community, and begin to restore their sense of equilibrium.

To help guide you, here are six things every spiritual care provider should know about suicide:

1. Suicide is complicated.

Suicide is not a sign of weakness, selfishness, irresponsibility, a character flaw, or a coward's way out.

Research shows that more than 90 percent of people who kill themselves have an underlying mental disorder at the time of their death--most commonly depression, bipolar disorder, schizophrenia, or substance abuse, or some combination. These illnesses (which aren't always recognized, diagnosed, or treated adequately) can cause immense psychological pain and utter hopelessness. And just as with heart disease or cancer, even with treatment they can sometimes be fatal.

While extremely stressful life circumstances are often a factor and/or the catalyst, suicide isn't simply the result of stress. The desire to kill yourself – and actually acting on it – is not a normal reaction even to exceedingly stressful situations. We all recognize that the overwhelming majority of people who lose their jobs or their marriages or receive a devastating diagnosis or are bullied don't then take their own lives. But when you're experiencing those circumstances through the lens of mental illness and the accompanying distorted thinking and inability to see a hopeful future, your decision-making can become compromised, and you begin to see suicide as a viable – and perhaps the only -- option.

Even if there were clear warning signs (and often there aren't), suicide can be shocking, and feel as if it came out of the blue. And while we may never know the "reason" any individual person dies by suicide, in virtually every single case, there's a complicated mix of underlying factors at play.

2. Grieving family and friends are likely blaming themselves and one another.

It's very common for loved ones to replay those final days over and over, desperately searching for an answer to the single most pressing question: "WHY?" They ruminate over the things they said or did (or didn't say, or didn't do) believing it's somehow all their fault. Or they angrily blame: the wife who left him, the boss who fired her, the mother, the principal, the bully, the therapist. God. This round robin of guilt and blame can be devastating to a family's ability to support one another in their mutual time of greatest vulnerability. Although thankfully it generally subdues over time as a greater sense of perspective about the suicide becomes possible, in the immediate aftermath (including at the funeral), it can be very intense.

3. You probably carry your own beliefs and feelings about suicide.

The historical stigma about suicide is rooted, of course, in many different religious traditions--condemning it was largely meant to be protective. The problem, of course, is that forbidding and stigmatizing suicide doesn't necessarily prevent it. Yet what it does do is make those left behind feel abandoned, alone, misunderstood, and judged.

What is your own faith tradition's current view about suicide? It's possible you may not even be entirely sure (I'm reminded of a man who was studying to be a priest when his father killed himself; he realized he didn't even know whether his faith would permit his father to be buried in the same cemetery as his mother).

What are your personal beliefs about suicide? Is there part of you that deep down thinks it's shameful or disgraceful? Even if you admit it only to yourself, it's important to know how you honestly feel.

If you find that there are gaps in your understanding or you hold a view you'd like to re-examine, educate yourself (and do it soon, before you suddenly find yourself sitting across from a weeping family member who's desperately asking you for reassurance that their loved one is safe). You can start by simply looking at your faith's website – there's often a public statement about their understanding of suicide. Read contemporary religious commentary and/or some of books listed below and talk to colleagues and mentors that you respect. And candidly self-reflect on whether counseling the suicide bereaved is something you can do in good faith. We all have limitations, and this may be yours. But in all events the grieving deserve authenticity and genuine presence, so if it truly can't be you, please identify someone else who could step in.

4. You may not feel totally prepared.

Even if you feel confident in your understanding and views, you may nevertheless find the prospect of helping a family or community cope with suicide a little daunting. What exactly about it makes you anxious? What specific situations do you worry you might face? Do you feel your training and experience have adequately prepared you? What additional information or guidance would you need in order to feel more fully equipped?

I recently worked with a rabbi who wanted to open a dialogue with his congregation about the importance of talking openly about suicide and mental illness, but feared he wouldn't "get it right." His honesty and willingness to reach out for guidance helped him realize that in fact his own instincts were largely on target and trustworthy; he just needed a little more education about the issues in order to feel entirely confident.

5. You have a unique and extremely important role to play.

Whether you're talking with individual family members or delivering a eulogy, you have a powerful opportunity to make a meaningful difference. You can help others understand that the person who died was very likely suffering from an illness and was in terrible pain (even if it wasn't obvious from the outside). Just be mindful about saying things like "he's in a better place," which can have the effect of normalizing or even glorifying suicide, a risky message to those who might be vulnerable themselves.

You can offer reassurance that it's a myth that asking someone if they're suicidal can somehow put the idea in their minds, reinforce the importance of help-seeking, and provide information about local mental health resources as well as the National Suicide Prevention Lifeline. (800-273-TALK).

And most importantly, you can model both open communication about these fraught subjects and compassionate, nonjudgmental support.

6. You matter, too.

We know from research that during the course of our lifetime, more than 85 percent of us will lose someone we know to suicide. If you've been touched by suicide yourself, you may be caught off guard by how hard this work hits you. As a spiritual care provider it's in your nature to take care of others. Take good care of yourself, too.

TO LEARN MORE:

Understanding Depression: What We Know and What You Can Do About It, by J. Raymond DePaulo, Jr.

No Time to Say Goodbye: Surviving the Suicide of a Loved One, by Carla Fine.

An Unquiet Mind: A Memoir of Moods and Madness, by Kay Redfield Jamison.

Night Falls Fast: Understanding Suicide, by Kay Redfield Jamison.

Why People Die by Suicide, by Thomas Joiner

Why Suicide? Questions and Answers about Suicide, Suicide Prevention, and Coping with the Suicide of Someone You Know (2nd ed.), by Eric Marcus.

After a Parent's Suicide: Helping Children Heal, by Margo Requarth.

The author and her brother, Stephen, an honors graduate of Yale, who went on to Harvard Law School and married his college sweetheart. But at 26 he suddenly developed bipolar disorder, and despite the love of family and friends, and efforts to get him the right treatment, he took his own life less than a year later.

A world-renowned expert on suicide bereavement, Joanne Harpel provides nationwide guidance to families and communities coping with suicide loss. An invited Huffington Post blogger, she is a seasoned guest lecturer and trainer, including at the VA National Chaplain Training Center, WHO, American Psychiatric Association, and American Academy of Child & Adolescent