

A Practical Theology of Suicide (Whakamomori) Prevention

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Karakia - for all those who have died by suicide, and all those bereaved by suicide

Support : available after this presentation from myself and a group of others ... to be named.

I have chosen to present this paper to this conference because I am passionate about suicide prevention. Theological educators, Ministers, Pastors, Chaplains, Church leaders and Church members, all of us gathered together here today, can and often do all play a significant role in suicide prevention. I hope that as a result of hearing this presentation today, you will seriously consider becoming more intentional about suicide prevention and become part of the answer to saving lives from suicide. I would urge all those who teach in our Theological Colleges to ensure that suicide awareness and suicide prevention training are integral parts of all Pastoral Theology and Ministry training programmes in Aotearoa-NZ. All those who graduate from our theological and ministry training institutions will inevitably encounter suicide, and need to be trained in suicide prevention and bereavement support. Statistics from the last eight years indicate the extent of tragic loss of life from suicide in New Zealand. (Slide 1) Each year in New Zealand thousands of people are bereaved by suicide. Spouses, partners, mothers, fathers, brothers and sisters, extended family members as well as friends and loved ones are left with deep-seated and long lasting grief, heartache and pain. Many of us here have also been hurt in this way. As Christian communities of faith, we have the structures nationwide and resources (people and finance) to help bring down our tragically high suicide rates, as well as to offer compassionate long term pastoral care and spiritual support to all who grieve the loss of family members and friends to suicide.

Working for suicide prevention is a global challenge. In response to the crisis of suicide afflicting the USA, Doty and Spencer-Thomas have prepared a comprehensive "Guidebook for Faith Leaders" to assist Faith communities with suicide prevention.¹ In the preface of this valuable on-line resource they write "The number of people who attempt suicide, die by suicide and are affected by suicide is staggering, however, suicide can be one of the most preventable tragedies. Knowing that in many communities mental health services are overwhelmed or even nonexistent, we believe that faith communities could be brought more closely into the safety net to bolster the circle of care around people in a suicidal crisis. For a number of reasons, faith communities promote protective factors for people who may be experiencing a suicidal crisis. Faith communities are a source of hopefulness for many people, a place to experience sadness and joy, and a place to find and offer forgiveness. The major religions of the world share a common belief: life is to be valued and regarded with respect and dignity."

In New Zealand 5000 men and women currently name their occupation as minister, and the religious and community tasks we undertake in exchange for a living wage is a component of the social, or Not-for-Profit, sector.ⁱⁱ The 2013 Census revealed that the number of people in NZ who affiliated with Christian religion in 2013 (including Māori Christian) was 1,906,398 . This was 48.9 percent of all people who stated their religious affiliation. ⁱⁱⁱ People affiliated with the many and varied streams of the Christian Church in Aotearoa therefore comprise almost half the population of our land. The Church can therefore, potentially at least, be a powerful vehicle for nurturing the capacity to cherish and value life in all its fullness, including intentional suicide prevention.

There are very few in our nation who have not been touched and affected by suicide. In this gathering today, there will be some who have been recently bereaved, there will be some who are seriously concerned about family and friends and congregation members, there will be some who have recently had suicidal thoughts. My intention here is to help us all become more able to help each other in addressing the serious need for greater support for those who are suicidal and for those who are bereaved by suicide. Our Faith communities can do a great deal more than we are currently offering our wider communities. The Tongan Methodist Community in Aotearoa NZ, especially in Auckland, provides one model of a Church community of faith who have recently become intentionally proactive in educating for suicide prevention amongst their member families.

2007/2008 - 540

2009/2010 - 558

2011/2012 - 547

2013/ 2014- 529

2014/2015 – 569

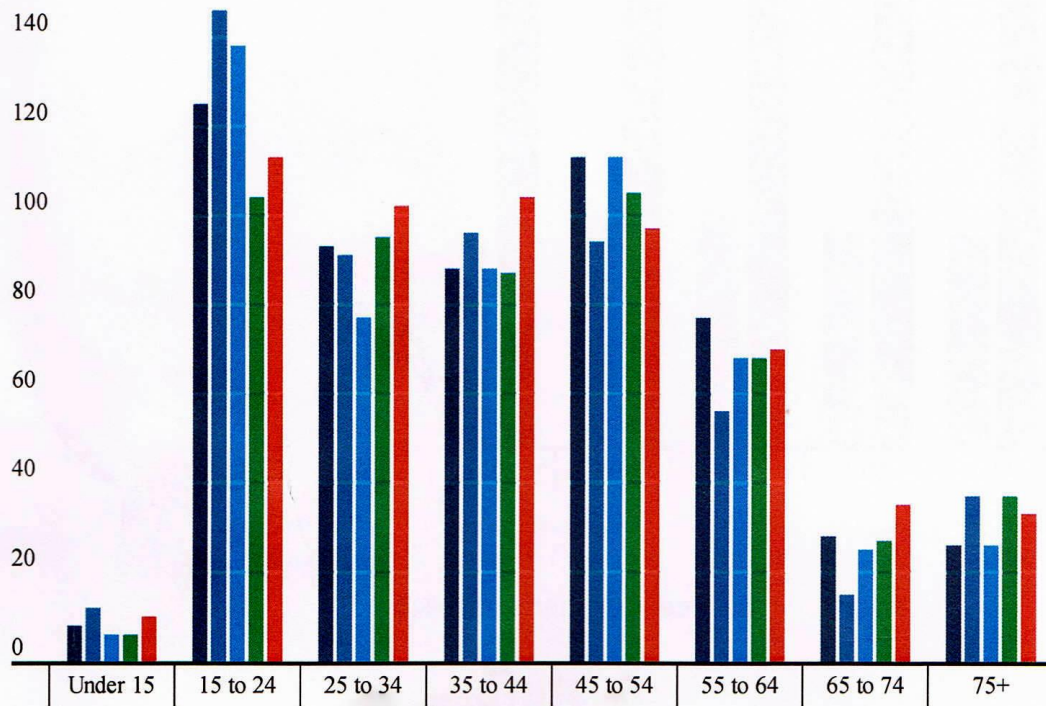
Slide 1 : Numbers of people who died by Suicide in NZ

Slide 2 shows Suicides by age group in NZ from 2011 – 2015

Slide 3 shows Suicides by gender in NZ from 2008-2015

Suicides by age group

New Zealand: 2011-2015

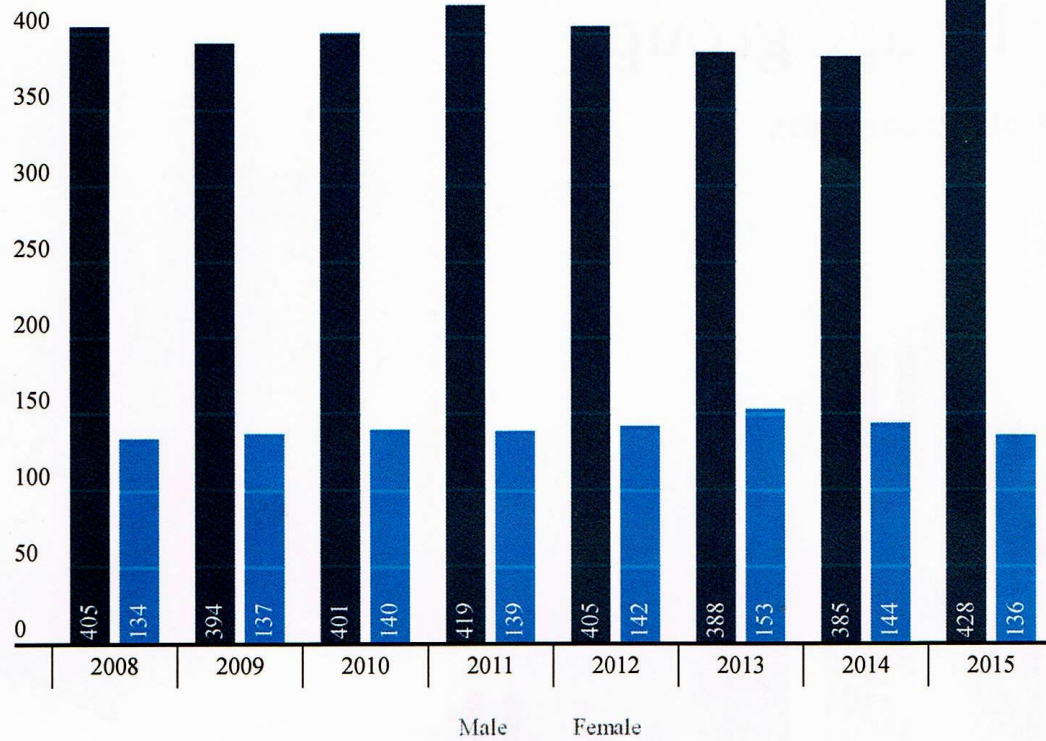


Source: Coroner's office

Slide 2.

Suicides by gender

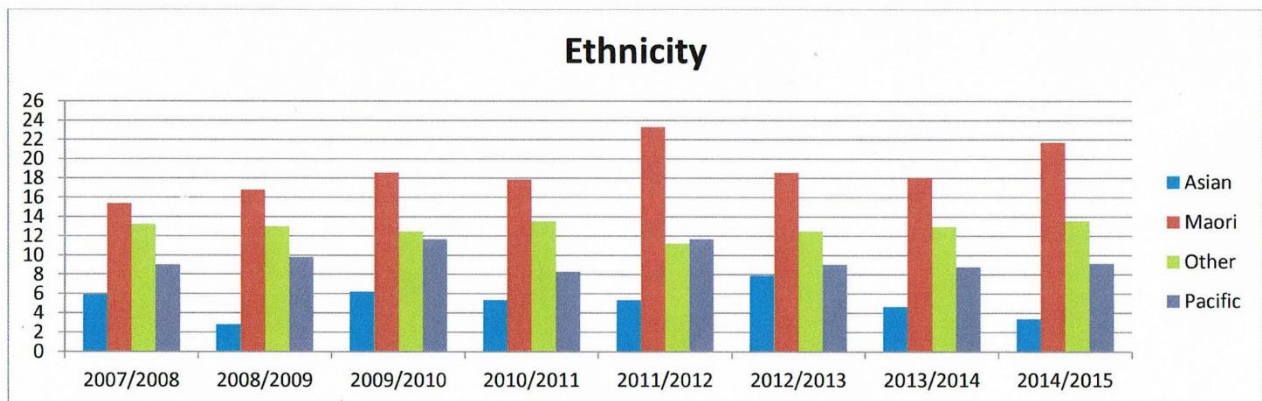
New Zealand: 2008-2015



Source: Coroner's office

Maori rates of suicide are significantly higher than those of non-Maori in Aotearoa-NZ. (Slide 4)

Figure 1. Provisional Suicide rates by ethnicity per 100,000 population between July 2007 and June 2015 (n=4351)



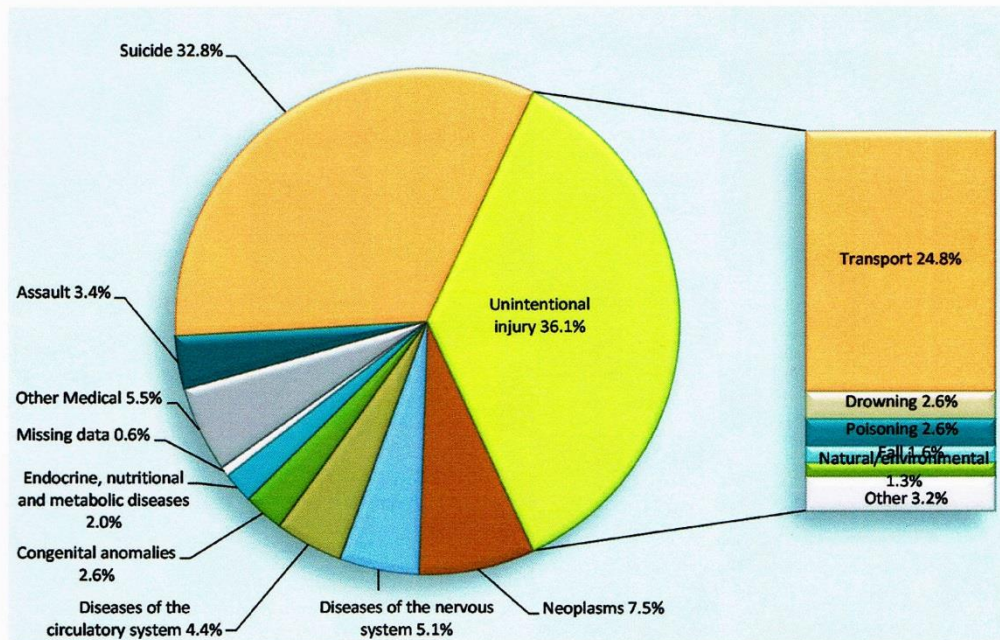
Slide 4 : Ethnicity

Māori experience relative social disadvantage (poor educational achievement, high unemployment, poverty and poor housing). High suicide rates among many indigenous peoples in “New World countries” are considered symptomatic of these conditions, which are compounded by cultural alienation (related to loss of land, language and traditional social structures), social devaluation and disintegration and loss of identity. ^{iv} A practical theology of suicide prevention therefore needs to address all these injustices and work intentionally for restoration of the integrity and health of Maori, and all people. The commitment of the Methodist Church of NZ to being a bi-cultural Church is one significant relatively recent response to correcting historical power imbalances within the Church. Working at the national and international levels for justice, fair trade economic equity, a living wage and holistic well-being for all people are all needed if we are to bring our high suicide rates down. Deprivation (many components) in society correlates with suicide rates. All those who are involved with community building and support, all those who work in the areas of food provision, poverty reduction and advocacy for social justice, all those who work for a healthier ecological and social environments which contribute to better mental health, are indirectly involved in suicide prevention. Suicide prevention is a multi-dimensional and integrated task.

For young people in NZ aged between 20-24 suicide was the highest cause of death from 2009-2013. 32.8 % of deaths in this age bracket (i.e. 318 out of 963) died as a result of suicide as compared with 240 (24.8 %) who died as a result of transport related unintentional accidental deaths. (Slide 5)

Young people aged 20–24 years

Figure 7.1 Mortality (%) in young people aged 20–24 years by cause of death, New Zealand 2009–2013 combined (n=963 deaths)



Source: Mortality Review Database

Slide 5

Given the huge investment of our Government into reducing the Road Toll, a far greater investment needs to be made in suicide prevention. As a society we need to “Break the Silence” and put this crucial issue at the forefront of social policy.

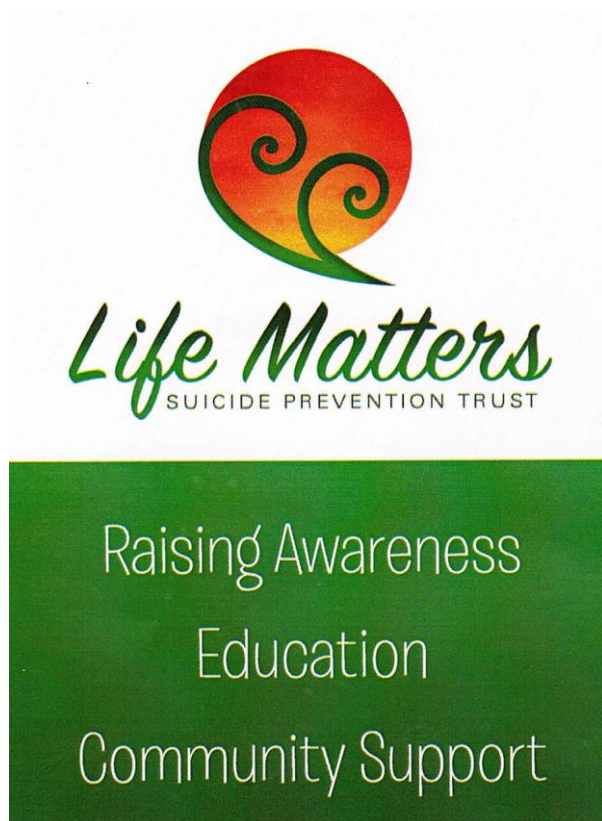
The vision of the NZ Suicide Prevention Strategy 2006-2016 (see Appendix 1) is for a society where all people :

- are valued and nurtured
- value their own life
- are supported and strengthened if they experience difficulties
- do not want to take their lives or harm themselves.

Three of the principles which have been agreed upon to guide implementation of the strategy are that it :

- reflect a co-ordinated multi-sectoral approach - therefore Churches have a role to play
- demonstrate sustainability and long-term commitment - therefore Churches have a role to play
- acknowledge that everyone has a role in suicide prevention - therefore Churches have a role to play

The Dunedin based Life Matters Suicide Prevention Trust (Slide 6) is one Dunedin based community Trust. This Trust was established in 2014 to raise awareness, provide education and community support in the areas of suicide prevention and bereavement care. As Trustees, we work together to encourage open discussion around all matters pertaining to suicide. We are an active Trust, made up of diverse people, but all united in our desire to bring our nation's suicide rates down. We have an active community education programme, bereavement support groups (Facebook and monthly gatherings), an active Facebook page^v and website.^{vi} A great deal of information is available via these pages. Please explore these resources, and "Like" our FB page.



Slide 6

In releasing the provisional suicide data for NZ to the end of May 2015 Judge Deborah Marshall, Chief Coroner stated that "Suicide prevention is not the job any single agency or group, but involves all New Zealanders. Greater co-ordination of efforts may be the key"

It is urgent that we work together as the Christian community in New Zealand, alongside all people of goodwill, to help bring these statistics down. The Church and other faith communities need to step up and play a far more significant part in working to intentionally address the causes of suicide and reduce death from suicide, whilst doing all we can to provide appropriate pastoral care and spiritual support for those bereaved by suicide. This is not easy work, but it is work we

must do as people who value life, and as people who believe that each and every human being is precious and created in the image of God.

Suicide has been part of the human predicament throughout human history, as one intentional response to intolerable illness, oppression, sadness, shame and despair. Life is precious, but life has also always been difficult. The Hebrew Scriptures contain the stories of nine male suicides; Abimelech (Judges 9:52-55), Samson (Judges 16:30), Saul and his armour bearer (1 Samuel 31:4-5), Ahithophel (2 Samuel 17:23), Zimri (1 Kings 16:18), Eleazar (1 Maccabees 6: 43-46), Ptolemy Macron (2 Maccabees 10:10-13), and Razis (2 Maccabees 14:37-46). There are no suicides of women recorded in the Bible. The only suicide mentioned in the New Testament relates to the death of Judas who after betraying Jesus “threw the money into the temple and left. Then he went away and hanged himself“ (Mt 27:5) . Given the other (contradictory) account of the death of Judas however in Acts 1:16-19 it has been suggested (by Aldridge and Barrero, 2012) that Mt 27:5 is possibly an insertion for political reasons, where Judas becomes a symbol of the Jewish State. There are other documents that refer to Judas being stoned to death by the other disciples.

The Qu’ran is very clear in its teaching on suicide : “And do not kill yourselves, surely as God is most Merciful to you” Qur’an, Sura 4 (An-Nisa), ayat 29

Margaret Pabst Battin has recently compiled a massive 716 page “Historical Sources” book of readings on suicide. i.e. The Ethics of Suicide, Oxford University Press, 2015. ^{vii}

The spectrum of views about the ethics or acceptability of suicide ranges from the view that suicide is morally wrong to the view that it is a matter of basic human rights. Opinions range from a belief that suicide is primarily a private matter (everyone should be free without interference to do whatever they want, including suicide) to demanding that suicide prevention and reducing suicide rates become an urgent priority for governments. The suicide rate of any country is an indicator of the general level of mental health and well-being in that country.

My own theology in relation to suicide can be summed up by the simple statement “Life Matters”. It is tragic and unacceptable that at least 569 people died by suicide in NZ in the year to the end of May 2015 . It has recently been suggested that this figure may grossly underestimate the actual number of deaths by suicide ^{viii} Whatever the actual numbers, our goal needs to be zero suicide , as with the road toll.

To be bereaved by suicide results in long lasting and deep grief. Those who have not actually lost a dearly loved family member or close friend to suicide (including myself) cannot possibly understand the depth of pain experienced. Suicide has a life long impact on those who are left behind. Suicide also impacts significantly upon generations of the descendants of those who have intentionally chosen to take their own lives.

In 20th century New Zealand, from 1900-1999 there were 25,000 deaths by suicide. John C Weaver researched an entire century of NZ Coroners records to come up with this figure . ^{ix} (Please see Appendix 1 for a review of Weaver’s book.) My great-grandfather, Alex McClean (see slide 7 - wedding photo) was one of these 25,000 people.



Agnes & Alex on their Wedding day

Slide 7

On Feb 13 1909, Alex, my great-grandfather very intentionally took his own life. Even though this was many years before I was born, Alex's death, and how he chose to die, has impacted significantly on my life. Alex left a young wife, Agnes, and four young daughters, the eldest of whom was my grandmother, Janet. Janet was 8 years old when her father died. A search of the family farm in Taranaki located his body. There was a note in his pocket which said "God forgive me and protect my wife and family". The shock of his death and the nature of his death caused his wife Agnes to collapse. Her mother nursed her for six weeks. In those days, suicide was a crime. It is hard for us today to understand the added trauma and pain that would add to the tragedy of losing a family member to suicide. It was not until the 1960's that Agnes shared about the impact of her husband's death with some of her grandchildren, including my father.

Alex and Agnes were strong Christians. He was a builder, but had suffered a serious injury to his foot which restricted his ability to build. He also had a fencing accident and was responsible for seriously injuring a man working alongside him. Life was very hard. Alex became depressed and suffered from insomnia. He decided that he could not carry on, and was very intentional about taking his own life. He arranged for a telegram to be sent to his brother to come to the farm, and signed it "Agnes". On arrival his brother was told by Agnes that she had not sent the telegram. It was Alex's way of ensuring that Agnes was not alone when his body was found. He was aware that in being so intentional about taking his own life, he was committing a grave sin against the God he worshipped and believed in, hence the note asking God to forgive him and protect his wife and family. It is significant that he left such a note. He did not need to. He wanted Agnes and all his descendants, including me to know that he was aware that what he was doing was an act which (he believed) required forgiveness from God. He was intent on taking the life God had given him. He was fully aware of the impact this would have on his young wife and four small daughters. His final message to the world was a written prayer to God, which was also a message to his family and to his descendants.

Once, I myself, as a teenager, seriously contemplated suicide. What protected me from doing so was something that my father has said to me a few years earlier. He taught me that whatever happens in life, however bad it gets, that I should not ever think of suicide as an option. He said that life "can never be that bad" to justify taking one's own life. In teaching me this, he would have been drawing on his awareness of his grandfather Alex's death in 1909, and the death by suicide of one of his aunties as well. When I was in a crisis and was seriously considering taking my own life, these words came back to me. It is important what parents say to children about suicide. The likelihood of my taking my own life was reduced as a result of my family being willing to talk with me about suicide. Some protection can be bestowed by talking about it with our young people, and with all people. As a young person, my Christian faith was, also, for me, a protective factor also. Knowing that God loved me, and was available to me as my source of strength and comfort, when in distress, was and still is a vital experiential protective factor against suicide.

To lose a family member to suicide is one of the most traumatic events that anyone can ever experience. Agnes, my great-grandmother, collapsed and needed to be cared for by her mother for six weeks. What enabled her to carry on, was her faith in God. She went on to raise her four young daughters as strong women of faith. Sadly however, one of these daughters (my great-aunt) would herself die by suicide in her mid-forties.

Agnes's eldest daughter, Janet was my grandmother. As a child I would stay with my grandmother and before I went to sleep at night she would come and pray with me, just as her mother would have prayed with her. The fact that her father had died by suicide did not prevent the transmission of Christian faith from Agnes to Janet, from Janet to my father, and from Janet and my father, to me. Alex's prayer, I believe has been answered. God forgave him, just as I believe God forgives all people in mental or emotional distress who die by suicide (even Judas).

The same God who has forgiven Alex called me to ordained ministry. At Theological College, as part of my training for ministry, I spent one ten week placement as a Chaplaincy assistant at Paremoro Maximum security prison. A few weeks into this placement a (Maori) prisoner

died by suicide in his cell. I was invited by the senior Chaplain to share in the blessing of his cell, after his death. For weeks afterwards I visited and offered support to traumatised inmates in cells near to where the prisoner had died. I also offered support to Prison staff. Suicide in our prisons continues to be a serious problem. The NZ corrections system has to deal with a high proportion of people with a propensity to self-harm in prison. Unnatural deaths in custody include suicides, homicides, deaths by drug overdose and deaths by accident. The majority of unnatural deaths in prisons however, are suicides. Ti Lamusse, in *No Pride in Prisons* writes that :

“There is a crisis in New Zealand prisons. Overcrowding, systemic violence and inadequate access to medical care, including mental health services, all make New Zealand prisons an unbearable place to live. From the information that Corrections has provided me, I have found that prisoners commit suicide at a rate of approximately 72 per 100,000, compared with a rate of [12-13 per 100,000](#) in New Zealand broadly. This means that incarcerated people on average commit suicide at a rate six times higher than the general population.”^x

Meaning comes from serving a cause bigger than ourselves. Young people need meaning in their lives to have a sense of well-being. To have no sense of meaning is to be at increased risk of suicide. What is the point of carrying on in life if there appears to be no meaning in life? To be assured of being loved is the spiritual antidote for a temporary loss of a sense of meaning. When young people are valued and consistently told they are loved, meaning and purpose are instilled and some protection from suicide is bestowed. It is especially important for parents and whanau to show tolerance and patience when young people rebel and push the boundaries. During the teenage years, it is normal for young people to make mistakes, some of which lead to the destruction of property and the injury of themselves and others. The teaching of Jesus in the Parable of the Prodigal son (Luke 15: 11-32) can be applied here. Forgiveness, as modelled by the Father in the story Jesus told, needs to be offered and accepted if the offending young person is not to retreat into a shell of guilt and rebellion.

“So he set off and went to his father. But while he was still far off, his father saw him and was filled with compassion; he ran and put his arms around him and kissed him.” (Luke 15: 20)

Genuine compassion needs to be at the heart of all suicide prevention activities. Compassion for all who hurt and suffer and are in anguish, should be the well-spring for all our pastoral care ministry, including the ministry of suicide prevention and support for those bereaved by suicide. Compassion needs also to “drive” our Mental Health system, a system which is currently in crisis, increasingly overloaded and under-resourced.

On World Suicide Prevention Day, September 10th 2015 I found myself privileged to officiate at a gathering, organised by our Life Matters Suicide Prevention Trust, in St Pauls Anglican Cathedral in Dunedin. Over 400 people gathered for this service to hear a range of excellent speakers including mental health experts and people who have been bereaved by suicide. Just before concluding the service I acknowledged my great-grandfather. It was as if he was present, guiding me to speak. Alex died by suicide in 1909, and there we were in a Dunedin Cathedral 106 years later, with 560 or so candles burning, one for each person in NZ who had died during the previous 12 months. Spiritually, I see a connection between my leadership of this service and my great-grandfather’s final written prayer.

Janine comment : Suicide prevention not as identity – rather, as mahi/service, shared around many people, and changes over time

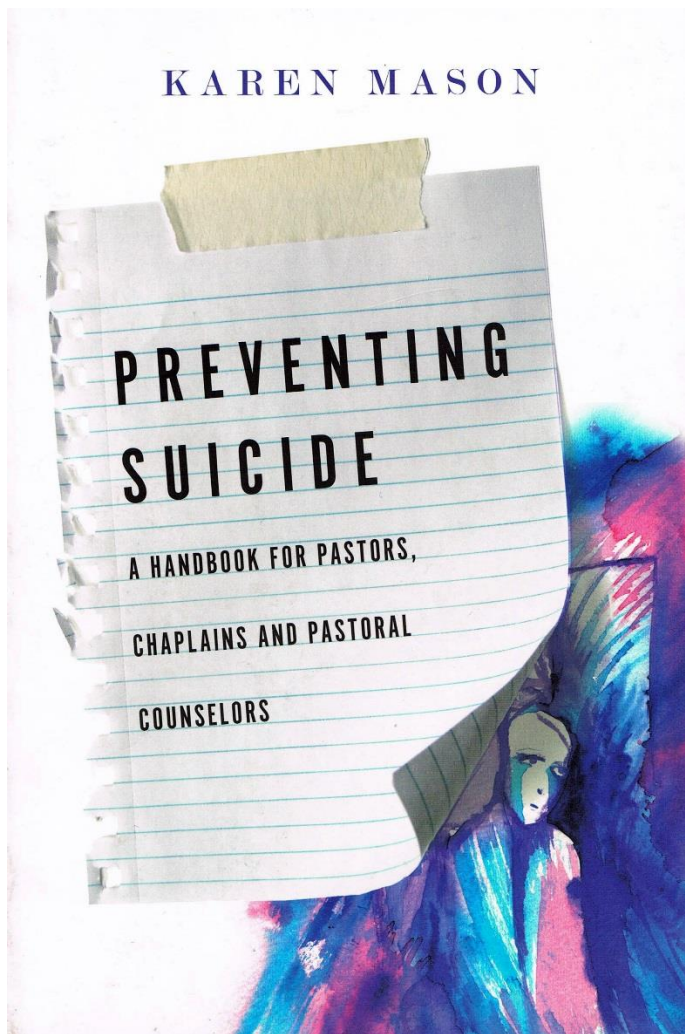
I began as a Methodist Parish minister in 1988 . My own experience of ministering alongside people bereaved by suicide began when in my first Parish I was called, in 1989 to conduct the funeral of the granddaughter of a Church member, a young woman who died by suicide. It was a huge shock to all her many friends, colleagues and even more so to her family. I helped prepare and lead a service which was designed to help the 500 or so people who attended the funeral , to begin to accept the reality of this young woman's tragic death and to grieve together.

In my first Parish I conducted 125 funerals over 6 years. Ironically, numbers at worship increased, largely as a result of the congregation being open to providing ongoing support for the families of people who died and had their funeral held in our Church, including those who died by suicide. For 28 years I have ministered alongside grieving people, seeking to bring some comfort from the intensity of grief that so many people feel. The most intense and lasting grief I have encountered is those who are bereaved by suicide. My heart goes out to the families and friends of those who have lost loved ones to suicide. To offer a Christian ministry of (often long-term) pastoral care and spiritual support to those bereaved by suicide, is a profound act of putting into practice all we believe about the love and grace of God, and our belief that God is with us in our suffering. Ministers, Pastors and Priests of all Christian denominations need to be trained in basic listening skills, suicide prevention, and in the art of offering pastoral care to those bereaved by suicide, including how to plan and lead an appropriately compassionate funeral service.

The Life Matters Suicide Prevention Trust is active in our community and on-line raising awareness, educating and advocating for widespread suicide prevention training for ordinary people. I myself have completed the Lifeline safeTalk and day ASSIST Suicide Prevention training courses. I recommend that everyone involved with Church leadership complete these courses. safeTALK is a four hour course which teaches participants how to ask the key question which is “Are you thinking about suicide” ? Also, how to listen for indications that someone is suicidal, and how to keep people safe and to obtain help. ASSIST is a two day programme which is more comprehensive , with many role-plays. Both courses are taught by trained facilitators, and can be arranged by contacting Lifeline, or, in Dunedin/Southland by contacting Life Matters.

I now see suicide prevention as an important part of my ministry as a University Chaplain and as a Trustee of the Life Matters Suicide Prevention Trust. I have developed a huge respect for those who have been bereaved by suicide, people who have become active in working to prevent further deaths and to prevent other families having to go through what they have endured. I would encourage everyone here at this Conference today to seriously consider joining (or forming) a local suicide prevention group in your community. The Mental Health Foundation has recently prepared and made available a helpful resource : “Support Groups for Suicide Loss – a handbook for Aotearoa-NZ” ^{xi}

Christian ministers and people can (potentially) provide much needed support and comfort for those bereaved by suicide, whether or not they are Church members. Many Christians are involved as Victim Support Volunteers, another expression of Practical Theology - where those on the scene soon after a death by suicide, can minister as instruments of God's comfort and peace, without needing to speak of God. Just being there, with a kind and compassionate heart, and a capacity to listen and show genuine care, is what is most appreciated. There is no legitimate answer to the question as to why God would allow such a tragedy to occur. To even attempt to offer such an answer, as part of initial pastoral care is inappropriate. If we are asked such a question it is better to be honest and say we do not know. What we do know is that God suffers with us and provides people who care, to be alongside us in our pain. But we need to be very careful, even in articulating this belief. Such beliefs must be shared only when we can be sure that such sentiments will be helpful.



Slide 8

Karen Mason in her excellent book “Preventing suicide, a handbook for Pastors, Chaplains and Pastoral Counsellors”^{xii} (see Slide 8) asks the question “What does the Church have to do with

suicide prevention? Karen, a Psychologist, is convinced of the importance of pastors, chaplains and pastoral counsellors in suicide prevention. Healthy Churches teach their members to “Choose Life” and provide guidance in how to build lives worth living, and they teach how to manage suffering. They monitor and intervene when suicidal people come to them for help. They support suicide survivors and partner with others in their communities. Mason’s book is designed to help Christian people use our ministry training to come alongside those who intend to take their lives and to provide comfort to those who have lost loved ones to suicide.

Mason provides six ways in which Pastors, Chaplains and Pastoral Counsellors can help prevent suicide, by :

1. Teaching a theology of life and death, including moral objections to suicide
2. Teaching theodicy, or how to understand and manage suffering.
3. Directly engaging the issue of suicide - stigma free – when people become suicidal, attempt suicide or die by suicide.
4. Teaching how to build a life worth living with meaningful purpose and a deep sense of belonging
5. Offering community where relationship skills are learned and practiced and where those who need support can get it
6. Partnering with others in preventing suicide. (e.g. Life Matters Suicide Prevention Trust, Youthline, Lifeline, District Health Board staff, Counsellors)

These tasks are huge, but Mason believes, achievable.

The Christian faith affirms that life is precious and that life is a gift from God. Life, even in distressing circumstances, should be valued. Christian theology proclaims that God is with us in our suffering, longing to enable us to find hope again.

That is all very well. If you have been suicidal however, or you have been close to people who has been suicidal you will realise that such a theology can seem patronising, and not take full account of the intense distress that someone may be feeling, a distress from which people (some would say legitimately) long to be released from, especially elderly people enduring significant pain.

Mental illness can cloud theological perceptions (such as belief in God’s presence) as much as any other thought process.

Not all people who attempt suicide have a history of mental health problems. However, depression, anxiety, schizophrenia and other mental illnesses can increase the risk of suicide in people suffering from these conditions.

There are a wide range of conditions and experiences which can lead to suicidal ideation, that is, thinking of suicide. My great grandfather had been a successful builder. However, due to the suffering and stress he was under he chose to take his own life.

The most commonly quoted statistic is that 90% of suicides are completed by people suffering from some form of mental illness, but recent Otago University research by Dr Shyamala Nada-

Raja, senior lecturer at the University of Otago indicates that figure is more around 50% . Dr Nada-Raja, lectures on the epidemiology of self-harm and suicide to medical students and others. Our Life Matters Suicide Prevention Trust is grateful to Dr Nada Raja for her ongoing support and willingness to work alongside and resource our Trust .

Religious faith can potentially be a protective factor for suicide ^{xiii} as can Church attendance. ^{xiv}This may well be attributable to the role that community plays . For Christians who are members of Church communities, there can be a deep sense of family and connectedness which means that ideally at least, everyone in a Church family has someone to talk to about how we are feeling. Ideally also, members of Churches will be looking out for each other. Sadly however, Church communities are not immune from judgementalism and attitudes of stigma towards those who struggle with mental illness, depression and shame. This is an area where Church leaders need to be more proactive in preaching about and offering/demonstrating the inclusive love of God to all people. The assurance of forgiveness, and acceptance by God regardless of what people have done, or how they are feeling, is at the heart of the gospel.

Karen Mason ^{xv} effectively shatters ten myths about suicide :

1. Real Christians do not experience suicidal thoughts. The reality is that Christians become depressed. There are many examples of high profile Christians down through the centuries who have been afflicted with depression. John Donne, seventeenth century poet, Anglican priest and dean of St Paul's Cathedral wrote "I often have a sickly inclination to suicide" Martin Luther experienced recurrent depression and anxiety. Edward Carnell, a past President of Fuller Seminary died in 1967 from a drug overdose. Francis Schaeffer actively thought about suicide. William Cowper, a poet, and friend of John Newton attempted suicide several times. In the Old Testament Job, Moses, Elijah and Jonah were all people with close relationships to God, who, on occasions wished they could die. Real Christians experience real suffering
2. Prayer is all a Christian needs - just pray harder.
3. People who are suicidal are just trying to get attention
4. People who kill themselves are just being selfish
5. People who kill themselves are angry and vengeful
6. Depressed people should just "Buck Up"
7. People who are suicidal don't tell anyone - this is at the heart of Lifeline suicide prevention training - to detect the signs / invitations
8. Talking about suicide may give the person the idea to take their own life.
9. If someone wants to kill him or herself there's nothing I can do.
10. Most suicides happen over the holidays.

Durkkheim, a sociologist wrote, in 1897 about "The proclivity of Protestantism for suicide" which he believed "must relate to the spirit of free inquiry that animates this religion" ^{xvi}

Durkkheim hypothesised that Protestants who are seen as authors of their own faith , have the freedom to develop religious individualism, which can lead to a greater acceptance of the legitimacy potentially of suicide, than Catholic Christians who accept a "ready made"

“invariable” faith . Durkheim generalised when he states that “any variation from the faith as taught is regarded by Catholics as abhorrent, including teaching in relations to the sanctity of life and the prohibition of suicide.” It is true that such teaching is still strong in some “Catholic” countries e.g. Peru. Such teaching sometimes restricts the pastoral care and funeral rites offered to bereaved families, but this is not the case in Aotearoa-NZ Catholicism. I have learned this through sharing ministry with my colleague Fr Mark Chamberlain following the deaths of students by suicide. Compassion triumphs over outdated and legalistic Church official statements. No longer is the “threat” of being excluded from God’s presence for all eternity taught or believed. Historically, the Anglican Church refused to bury those who died by suicide in their grave-yards. Fortunately this is no longer the case. Catholic (and other Christian, and non-Christian) people who die as a result of suicide today receive the full rites of the Church, and assurance is offered that they rest in peace. This can provide significant spiritual comfort for those who are bereaved by suicide. This truth however, needs to be expressed carefully (especially at funerals) so as not to inadvertently contribute to suicide contagion.

Durkheim attributed the “relative immunity” of the Jewish community to suicide to the hostility surrounding them, and the care they showed to each other in response to this hostility. Similarly, suicide rates decreased (temporarily) following the 2011 Christchurch earthquakes, presumably due to the increased care people displayed towards those who were suffering.

Suicide rates internationally are higher in non-heterosexuals. Here is another great challenge for the Churches of NZ, to be openly welcoming and affirming of gay, lesbian, transgender, bisexual and other non-heterosexuals. The ultimate tragedy is when a message from a NZ Church leader, or member contributes towards the suicide of a non-heterosexual person, through the articulation of a judgemental and condemning interpretation of certain scripture passages, which can be inappropriately used to intensify the alienation so many GLBT people experience in our Churches. All people are dearly loved by God.

David C Clark writes that “Clergy can be pivotal resources for combating mental illness in general and suicide in particular”^{xvii} . Clergy also however often become targets of the anger and hostility of mourners^{xviii}

Dietrich Bonhoeffer^{xix} believed that life is a gift from God, and therefore suicide was to be avoided. He wrote: “ God has reserved to himself the right to determine the end of life, because God alone knows the goal to which it is God’s will to lead it even if a person’s earthly life becomes a torment, he or she must commit it intact to God’s hand, from which it came” and “God will not give us any more suffering than we can endure. Suicide is not the solution to suffering, but the promised presence of God, is.”

Jesus came so that people might have abundant life, full life, life sustained by the promises of God. Following the way of Christ however is seldom easy, never perfect, always risky and always costly. In my experience, Christian people are just as prone to suicidal ideation as anyone else.

Herbert Anderson^{xx} believes that whether or not we approve of suicide from a theological perspective is not the central issue in the final analysis ; the central issue is our willingness to try

our best understand the pain and suffering that would prompt someone to contemplate suicide. If we even have a limited understanding of such pain, we will not judge anyone who chooses to take their own life as an act of “unfaith”.

Listening is therefore a crucial aspect of suicide prevention. In both the safeTALK and ASIST training, listening is emphasised as a crucial part of the process of supporting someone who is suicidal.

Can we listen compassionately enough to understand the pain and suffering which would make suicide appear a valid and even attractive option to the person we are caring for? If we have had suicidal thoughts ourselves, the answer to this may well be yes. At any one point in time it is estimated that 5 % of the NZ population has suicidal thoughts, around 250,000 people. The vast majority will not act on these thoughts, but many of us know how it feels to consider taking our own lives. For those whose lives have been saved, a key factor in preventing suicide has been the experience of being on the receiving end of genuine concern, kindness and care. Jesus said “They shall know we are Christians by our love”. To show love and compassion to someone thinking of ending their lives, often through effective listening can help the recipients of such care to find hope again. Training in suicide prevention includes practicing the art of discovering latent ambivalence in the mind and soul of the suicidal person, listening for the indications that deep down, he or she does not want to die. Reactivation of the primal instinct to survive is foundational to the task of suicide prevention.

I will touch now briefly on euthanasia, which is assisted suicide. It is not, I believe, compassionate to take another’s life when asked no more so than if a doctor complied when asked by his patient to have sex with him because she was lonely and needy. ^{xxi}

Stanley Hauerwas ^{xxii} believes that “It may be that the demand for euthanasia comes because we lack the skills humanely to know how to be with and care for the dying ”

Aldrige and Barrero’s recent writings (2012) are helpful in assisting us to formulate a practical theology of suicide prevention. Aldrige and Barrero write :

“ While we cannot take away suffering and distress we can help people to be resilient and to cope with suffering and distress as they do with physical pain. We can help people mitigate anguish following loss, relieve helplessness and doubt in the face of catastrophe. In terms of prevention, we need to promote a variety of ways of managing distress. Indeed as human beings we need to learn how to suffer as well as to achieve ease, comfort and happiness” ^{xxiii} Rephrasing this in theological terms, we might say that while we cannot escape suffering and distress, faith in God can help us to be resilient and to cope with suffering and distress, just as faith in God can help us deal with physical pain. Faith in God can help us and comfort us following loss, and relieve helplessness and doubt even in the face of catastrophe. Faith in God can give us the spiritual resources required to manage distress. If we believe that God is with us at all times, during times of suffering as well as during times of ease, comfort and happiness, then our suffering is more bearable and less likely to incline us towards suicide.

Consensus Statement on Suicide and Suicide Prevention :

The following statement was developed at an Interfaith Suicide Prevention Dialogue held March 12-13, 2008 in Rockville, Maryland. The dialogue was sponsored by the USA Suicide Prevention Resource Center and was funded by the Substance Abuse and Mental Health Services Administration. The participants included representatives from the Buddhist, Christian, Hindu, Jewish, and Muslim faith communities.

“Life is a sacred gift, and suicide is a desperate act by one who views life as intolerable. Such self-destruction is never condoned, but faith communities increasingly support, rather than condemn, the person who contemplates or engages in suicidal behaviour. They acknowledge that mental and substance use disorders, along with myriad life stressors, contribute significantly to the risk of suicide. And they reach out compassionately to the person who attempts suicide and to families and friends who have been touched by a suicide or suicide attempt. This increasingly charitable understanding finds agreement between the historic precepts of faith and a contemporary understanding of illness and health. It renders no longer appropriate the practice of harshly judging those who have attempted or died by suicide

Life is a complex journey viewed through different lenses by different faith groups. But the varied eyes of all our traditions increasingly see the great potential of people of faith to prevent the tragedy of suicide. Spiritual leaders and faith communities, and now the research community, know that practices of faith and spirituality can promote healthy living and provide pathways through human suffering, be it mental, emotional, spiritual, or physical.

Faith communities can work to prevent suicide simply by enhancing many of the activities that are already central to their very nature. They already foster cultures and norms that are life-preserving. By providing perspective and social support to their members and the broader community, they compassionately help people navigate the great struggles of life and find a sustainable sense of hope, meaning, purpose, and even joy in life. The time is right for the life-enhancing strengths that are the foundations of our most ancient faith traditions to find application in preventing suffering and loss from suicide. Suicide prevention will take a quantum leap forward as members of faith communities gain understanding and the necessary, culturally competent skills to minister to people and communities at heightened risk for suicide and to support the healing of those who have either struggled with suicide themselves or survived the suicide of someone they love.”

I believe that this statement can (along with the theological statement I have created from Aldridge and Barrero’s quote) form the foundation for a practical compassionate theology of suicide prevention - and provide all Christians (and others) with a realistic theological framework within which we can nurture the art of pastoral/spiritual support for those bereaved by suicide.

More simply put, Life Matters.

Thank you.

ⁱ Doty, T and Sally Spencer-Thomas, S. **The Role of Faith Communities in Suicide Prevention: A Guidebook for Faith Leaders** Published by the Carson J Spencer Foundation with support from Regis University and Jefferson Unitarian Church 2011
<http://www.sprc.org/sites/sprc.org/files/library/2010FaithLeaderGuideBookweb.pdf>

ⁱⁱ <https://candour.presbyterian.org.nz/2016/05/28/clergy-reviews-realistic-and-hopeful-by-vivian-coleman/> accesses 16 June 2016

ⁱⁱⁱ <http://www.stats.govt.nz/Census/2013-census/profile-and-summary-reports/quickstats-culture-identity/religion.aspx>

^{iv} Hirini, P and Collings S. Whakamomori: He whakaaro, he kōrero noa A collection of contemporary views on Māori and suicide (2005)
Available via <http://www.moh.govt.nz>

^v <https://www.facebook.com/LifeMattersOtago/>

^{vi} <https://www.facebook.com/LifeMattersOtago/>

^{vii} Pabst Battin M. The Ethics of Suicide Historical Sources , Oxford University Press, 2015

^{viii} Otago Daily Times , May 30 2016

^{ix} Weaver, John “Sorrows of a Century” McGill-Queens University Press, 2014

^x Scoop <http://www.scoop.co.nz/stories/PO1603/S00213/corrections-responsible-for-high-rates-of-suicide-in-prisons.htm>

^{xi} Support groups for suicide loss – a handbook for Aotearoa-NZ. Mental Health Foundation. <https://www.mentalhealth.org.nz/assets/Suicide/Bereavement-Handbook-Online-Sept.pdf>

^{xii} Mason, K. Preventing Suicide. A Handbook for Pastors and Pastoral Counsellors. IVP Books, 2014

^{xiii} D.B.Larson and S.S. Larson, “Spirituality’s Potential Relevance to physical and Emotional Health: A brief Review of Quantitative Research’ Journal of Psychology and Theology 31, no 1 (2003: 37-51)

^{xiv} S.Stack. “The Effect of the Decline in Institutionalized Religion on Suicide, 1954-1978. Journal for the Scientific Study of Religion 22 No 3 (1983): 239-52

^{xv} Mason, K. Preventing Suicide 2014

^{xvi} Durkheim, Emile. *Suicide: A study in Sociology*, trans. John A Spalding and George Simpson New York Free Press, 1951 1951 p.158.

^{xvii} Clarke, DC. *Clergy responses to Suicidal persons and their family members*. Exploration Press, Chicago Theological Seminary. *Studies in Ministry and Parish Life*. 1993.

^{xviii} Hinrichs, E *Surviving and Healing after a suicide: a pastoral perspective* Chapter 11 in “Clergy Response to Suicidal Persons and their family members” – an interfaith resource book for clergy and congregations . Editor : David C Clark. Centre for Suicide Research and Prevention. Rush Institute for Mental Well-Being. Rush-Presbyterian-St Luke Medical Center Exploration Press, Chicago, Illinois 1993

^{xix} Boenhoeffer, D. *Ethics*, New York, MacMillan, 1955, pp124-125

^{xx} Anderson, Herbert “A Protestant Perspective on Suicide” p.32 in “Clergy Response to Suicidal Persons and their family members” – an interfaith resource book for clergy and congregations . Editor : David C Clark. Centre for Suicide Research and Prevention. Rush Institute for Mental Well-Being. Rush-Presbyterian-St Luke Medical Center Exploration Press, Chicago, Illinois 1993

^{xxi}McQuilkin, R and Copan, *An introduction to Christian Ethics. Walking in the way of wisdom*. IVP, Third edition 2014.

^{xxii} Hauerwas, S. *Truthfulness and Tragedy- Further investigations into Christian Ethics*. University of Notra Dame Press, 1977 p.112

^{xxiii} Aldridge, D and Barrero SP *A Comprehensive Guide to Suicide Behaviours - working with individuals at risk and their families*. Jessica Kingsley Publishers, 2012 p.151

Appendix 1

Book review from <http://www.mqup.ca/sorrows-of-a-century-products-9780773542754.php>

Weaver, John “Sorrows of a Century” McGill-Queens University Press, 2014

In Sorrows of a Century, John Weaver describes how personal relationships, work, poverty, war, illness, and legal troubles have driven thousands to despair. His study is set in twentieth-century New Zealand where - in spite of high standards of living and a commitment to social welfare - citizens have experienced the profound losses and stresses of the human condition.

Focusing on New Zealand because it has the most comprehensive and accessible coroners' records, Weaver analyses a staggering amount of information to determine the social and cultural factors that contribute to suicide rates. He examines the country's investigations into sudden deaths, places them within the context of major events and societal changes, and turns to witnesses' statements, suicide notes, and medical records to remark on prevention strategies. His extensive survey of twelve thousand cases also provides an insightful assessment of psychiatry and psychology in the last century.

In reviewing the motives and methods of suicide, Weaver points out the complications facing deterrence. Moving beyond the timeless present of the social sciences and the irrationality emphasized in psychology, Sorrows of a Century marshals testimony to highlight the historical context and rational conduct behind suicide.

Appendix 2 NZ Suicide Prevention Strategy 2006-2016

From : Suicide Prevention Toolkit for District Health Boards

Setting a plan with clear goals and actions

A planning framework

The framework for the New Zealand Suicide Prevention Strategy 2006–2016 consists of a vision, purposes, goals and guiding principles. The Strategy provides a useful way to structure prevention interventions that target risk and protective factors and the causal pathways for suicide. This framework reflects the available evidence on the most effective approaches for suicide prevention.

Vision

The vision of the Strategy is a society where all people:

-
- are valued and nurtured
 - value their own life
 - are supported and strengthened if they experience difficulties
 - do not want to take their lives or harm themselves.

Purposes

The overall purposes of the Strategy are to:

- reduce the rate of suicide and suicidal behaviour
- reduce the harmful effect and impact associated with suicide and suicidal behaviour on families/whānau, friends and the wider community
- reduce inequalities in suicide and suicidal behaviour.

Principles

All activities undertaken as part of the Strategy should be guided by the following principles:

- be evidence-informed
- be safe and effective
- be responsive to Māori
- recognise and respect diversity
- reflect a coordinated multi-sectoral approach
- demonstrate sustainability and long-term commitment
- acknowledge that everyone has a role in suicide prevention
- have a commitment to reduce inequalities.

Goals

To achieve these purposes, the Strategy sets out seven broad goals covering the spectrum of prevention:

1. Promote mental health and wellbeing, and prevent mental health problems.
2. Improve the care of people who are experiencing mental disorders associated with suicidal behaviour.
3. Improve the care of people who make non-fatal suicide attempts.
4. Reduce access to the means of suicide.
5. Promote the safe reporting and portrayal of suicidal behaviour in the media.