

Hard Places

Christian Communities Responding to Suicide

For Pastoral Carers

Mark McCracken

Anglican
Church
Diocese of Perth



AnglicareWATM
FOR TODAY. FOR TOMORROW.

Are you or someone you know at immediate risk?

Dial 000

Or for confidential support and advice, please contact

Your local GP

Samaritans (08) 9381 5555 (WA only)

Lifeline 13 11 14

Kids Help Line 1800 55 1800

Or visit www.onelife.com.au

Have you been bereaved through suicide?

ARBOR (Active Response Bereavement OutReach), funded by the Department of Health and Ageing, is a unique bereavement service providing both Aboriginal and non-Aboriginal support services, for those who have lost a loved one through suicide. ARBOR offers **free of charge** services, such as professional suicide bereavement counselling, home visits with trained Volunteer Peer Supporters, yarning circles, support groups and suicide awareness education through training and presentations in the community.

Phone (08) 9263 2150
Email arbor@anglicarewa.org.au
Web www.arborsupport.org.au



ARBOR is funded by the Australian Government Department of Health and Aging through the National Suicide Prevention Strategy



From the Editor



I travel around Western Australia speaking about Anglicare WA and reflecting on the way this remarkable organisation stands beside so many individuals, families and communities in their journey from surviving to thriving.

“Anglicare WA stands beside individuals, families and communities to support them as they move from surviving, to coping to building to thriving.”

It is a tangible outworking of Jesus’ commitment to bring abundant life to those who struggle day by day.

“I came that they may have life, and have it abundantly.” (John 10.10b, NRSV)

As I speak at worship and to service and other groups within the Church I often mention the work of one of Anglicare WA’s outstanding programs, ARBOR. This is a post-suicide bereavement counselling and support service offered in the Perth metropolitan area. And when I do, two things invariably happen.

The first is that someone will always come forward after the event to share with me their own suicide story. Of how difficult it was. How painful it was for them or for someone they care about. Secondly, in almost every case, I hear of how that particular faith community, their pastoral care team (including at times their clergy) encountered suicide and felt inadequate to the task.

The death of a member of one of our Churches, in a family connected to our congregation, or in the locality in which we serve, can be a challenging moment for a faith community. We can be at a loss about how to respond creatively to such a trauma. It exposes our own ambivalence and uncertainty about what this means in spiritual terms. Like all other groups, we can flounder when confronted with suicide in our midst.

These stories, the sharing from parishioners and pastors alike, has been the motivation behind creating this resource. It is intended for pastors (lay and ordained) who want to have something readily at hand when this sort of tragedy occurs. Perhaps more importantly, there is material included here designed to help create resilient communities of faith which provide support and nurture in such a way that suicide might be prevented.

Please be aware that the best first response to the risk of suicide or after the event is to seek out professional support. There are many services available which will provide expert advice and services as needed for people at risk, families and those who want to care for them.

Yours in Christ
Mark McCracken
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[Church Partnerships / Chaplaincy](#)
[Anglican Diocese of Perth / Anglicare WA](#)
P: (08) 9263 2124 M: 0403 368 248
mark.mccracken@anglicarewa.org.au

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Anglicare WA is a leader in the provision of support to communities and individuals effected by suicide. Our One Life, Stand By and Arbor programs work throughout our State to provide counselling, training and community education in order to build resilient communities.



Introduction

General Information

Suicide

On average there are about 250 deaths by suicide in Western Australia each year. This means that more people die each year by suicide than by road accidents.

There is also a 'ripple effect' associated with these deaths. It is estimated that at least 10 people are immediately affected by a suicide and many more are involved. People bereaved by suicide are more at risk of suicide themselves, due to the associated trauma and the possibility of prolonged unresolved grief.

It is a significant issue facing our community, and impacts many people including those who are part of our Church.

The History of Suicide

Over time there have been diverse views on suicide. In ancient times there were divided opinions on the issue - from it being acceptable amongst some groups to being rejected amongst others. Sometimes acceptance or rejection was based on concepts of class (for instance, upper classes have often seen it as a noble option in some circumstances). Early Christianity rejected suicide, as being associated with demonic influences, while pagan culture was more sympathetic to the notion of suicide as a part of life.

Discourses around madness and insanity as causes of suicide began to emerge in the early Renaissance. Then, in the 17th century, the issue of suicide became suppressed by emerging religious and political authority. It was a time of classical rigour, intellectualism and a search for social stability and certainty. This led to condemnation of suicide as a threat to authority.

The 18th century saw suicide moved into the realm of scientific thought. It was part of the study of madness and psychology and represented a movement from the notion that an individual was possessed by demons to a focus on the relationship between the individual and society.

In the 19th century suicide came to be understood in terms of being a mental, moral, physical and social ill. While earlier discussions had often included debates about individual freedom with regard to suicide, it was now viewed in terms of weakness, madness, perversion and, at times, even cowardice. It can be argued that in varied forms, this remains the prevailing view taken by many people to this day, although it has become increasingly entrenched within the mental health discourse.

Today there is growing evidence that suicide is actually highly associated with psychiatric disorder. In 95% of incidents people who complete suicide are suffering from diagnosable psychiatric disorders at the time of their death.

Studies have revealed that DEPRESSION is the most common correlate of suicide. Other disorders highly associated with suicide are:

- Bipolar Disorder
- Schizophrenia
- Substance Misuse.

Such disorders involve changes in the biological functioning of the brain which severely affects thinking, mood regulation, behaviour and resilience which then leads to an increased likelihood of suicide.

How we see the cause of suicide has a significant impact on our responses and strategies as we seek to respond with pastoral care.

Resilience and Suicide Bereavement

When we consider this difficult pastoral concern there are two halves of the same issue that must be addressed - that of building resilience in communities and also of caring for those bereaved through suicide.

It is a mistake to put in place pastoral measures for people traumatised through suicide without also creating structures and strategies which grow a culture of resilience in our faith communities.

One is a response to immediate trauma and loss. The other is a proactive stance that seeks to create an environment where people at risk are protected and nurtured. Where Christian values enhance our relationships and promote life giving Church community values.

In this resource, although we begin with addressing the needs of those bereaved through suicide, there is also a strong focus on the theme of resilience. That is, building communities of faith which encourage strength and purpose and which emphasise nurture and compassion in the face of mental illness and other struggles.

Main source: Elio Rossaro (Anglicare WA) and material from the workshops of Greg Roberts (Australian Centre for Grief and Bereavement Inc)

Christians need to learn to be especially understanding of families that have sustained suicides. It is appalling to a family when one of its members decides that he or she would rather be dead than continue to share their company. Since no illness or accident is to blame for the killing, they are consumed with guilt. A father of a son who committed suicide said: "Everyone has a skeleton in the closet. But the person who kills himself leaves his skeleton in another's closet." Family members tend to think: if only they had avoided those quarrels, it would not have happened. Sometimes they are so ashamed that they dread facing their acquaintances in the community. Not only do they feel socially isolated, but they may also feel spiritually alienated. Such alienation may be expressed in resentment toward God for allowing such an injustice to happen to them. Or they may feel self-hatred for having contributed to the nurture of someone who, as they see it, arrogantly took his or her life -- a prerogative of God alone: A survivor's grief may be so severe that it can become a cause of self-execution on the part of the bereaved.

W.E. Phipps The Christian Century, October 30, 1985, pp. 970-972



After Suicide

Case Study 1

I recently officiated at a wedding for a past parishioner. We were part of a Church plant a long time ago. I met many people from those days and it was a lovely time of reunion and reminiscing. Over dinner we got around to what projects I was working on these days and I mentioned that I was putting together a resource on supporting Christian communities as they respond to suicide. So many people approach me about their own experiences and many share that their faith community struggled in their response to such a bereavement.

My friend Chris recalled the very first experience of suicide I had as a priest. She was on my field committee at the time and I was very new in ministry. She reminded me just how hard I struggled with the shock of dealing with the experience and the issues it raised for me as a pastor and person. She also mentioned, with some sadness, that every year at the same time, more than 20 years later, she sees a notice in the newspaper commemorating the life and loss of the teenager who died in such a tragic manner.

Our contact as a parish came through a funeral request. The family lived in our area but had no connection with our Church prior to the suicide of their teenage son. He died by hanging in a very public place. His family was devastated. They had detected no warning signs. He had a girlfriend and things seemed fine in that regard. He was doing OK at school and at home as far as anyone could tell. Then they had a visit from the police and their world ground to a halt.

What I did as a pastor

My first visit to the family comprised of being met at the door by a silent father and escorted into the lounge room. The surviving three family members sat side by side on the couch and I in an armchair nearby. They were defeated, exhausted and struck dumb by their shock and pain. I was deeply unsure about what to say and to do. By the grace of the Holy Spirit I think I followed the only right option. We sat in sad silence. After a time I assured them of my support. Told them I would return the following day. Choked out a prayer and left them, unmoving where I had found them.

This began a week of mostly silent pastoring. Spending time together finding space and building up the energy to begin planning for the funeral. Considering the Coroner's report. Dealing with relatives and friends in their concern.

Then - a large funeral attended by many young people. And mostly unwitting companionship on my part for most of a year afterward.

What we did well as a parish

There were three aspects of our parish response that were invaluable in our care of this family. The first was the way in which we provided a network of caring local people. This was through a very basic parish pantry where cooked meals were provided every second day to the family over some months. Our visitors were well

trained and knew to deliver meals, be kind and polite but not intrusive and to be supporters of the family in prayer. Over time this family confided in me that in offering this most basic ministry our parish was a life saver for them. Through their loss they felt cut off from the rest of the human family. Yet here we were - others at their door offering care and support without intrusion. Over an extended time.

This network of support was informed by a very intentional culture of pastoral care and respect that we had adopted as a new Church community. It was one of our guiding principles and we called on everyone who belonged to our Church to commit to that way of living in community. This was the second way in which we provided good care to a grieving family. Our teaching and preaching on respect and tolerance, on avoiding judgement and shame, meant that all of our visitors engaged the bereaved in a life giving way.

The third aspect of our connection with this family that offered them good support happened by holy accident. The members of this family visited us now and then for worship over the year after their bereavement, but never really connected with what we were about in Church. In the end they were rarely in Church, but they were often at it.

We were in the process of finishing off a newly constructed parish centre. And every working bee there they were; laying slabs, sweeping up litter, painting walls. They came along to help at every one of these gatherings and in doing so worked alongside people who treated them as they did any one else working towards a common goal. As the mother commented to me "We felt normal for a while."

What we could have done better

This teenager's death was the first of too many that I encountered in that particular ministry. It brought home the very real truth that we have one of the highest suicide rates among young men in the developed world. Perhaps we as a faith community became more adept at supporting people who came to us to bury their loved one and find some comfort.

For our first family. We could have been quicker at linking them to professional support. I certainly assumed that my pastoral care was enough but their prolonged depression and struggle testified that more, skilled counselling and support was required. If I lived through this again, I would be quicker in making a referral to those who are expert in this area.

We also could have stayed with them longer. Over a year or so our parish made a profound difference to this family's life. But then they stopped connecting with us so often and we sought them out more infrequently. They became friends of the parish but I suspect they could have done with more longer term support. Perhaps a recognition of significant anniversaries or at least a pastoral assistant delegated to touch base with them every six months or so. Life moves on inexorably. But sometimes more quickly for some than others.

Mark McCracken

Anglicare WA / Anglican Diocese of Perth

On Loss and Grief

Different Styles of Grieving

Everyone expresses grief in an individual way. Everyone is unique. Below are some ways in which people differ when they grieve.

a. *Intuitive vs Instrumental*

Intuitive

Tends to be more 'feminine'
Social
Affective
Emotive
Past & Present Focused

Instrumental

Tends to be more 'masculine'
Solitary
Cognitive
Future Focused
Productive/Active

This is important to note. Especially with couples. If one partner is grieving in an instrumental way (i.e. wanting to 'move on' 'do something' be future focused) and the other wants to talk about their feelings and sense of loss there can be misunderstanding. What is helpful in this model is that it acknowledges that both are valid ways of expressing grief.

b. *Dual Process model of coping with bereavement (Stroebe & Schut)*



This model suggests that people move between two types of grief reaction as they grieve. Sometimes they are loss orientated, that is they are immersed in the grief of loss and sadness. Other times they are looking to the future, about 'moving on' and restoration of what was once normality. This model also suggests that if a person is able to oscillate between these two types of grief then the person will be more likely to cope better with their grief through time.

What helps in Bereavement

Research with people experiencing bereavement identifies the sorts of things that help in the midst of loss. These include:

- A non-judgmental listener
- Faith in God and spirituality
- Support groups and close relationships with others
- Playing Sport
- Reading about suicide to understand more
- Keeping Busy – going back to work and doing tasks that are absorbing
- Remembering the deceased positively
- This type of grief is NOT something one “gets over” – rather it remains a part of my life, hopefully in an integrated way.

(From: *The Bereaved Speak*, Dr A. Wilson & Dr. S. Clark, South Australian Suicide Postvention Project.)

Grief can turn Into Depression when -

- The person hasn't been able to grieve openly
- When significant others can't accommodate a person's grief
- When everyone else is seemingly 'getting on with their lives'
- When the deceased is no longer mentioned or acknowledged in any way
- When there is no one who will listen

Differentiating Grief from Depression

When caring for the bereaved here are some signs that their grief may have moved into depression and so will need a different response which should include a referral to a health professional.

Grief	Depression
Knows why they are sad	Knows only that they are unhappy
May not see their life as a failure	Likely to see their life as a failure
Exhibits signs of sadness	Exhibits signs of hopelessness
Able to specify guilt	Has generalised guilt
Occasional joy/fun/laughter	Unable to experience joy etc.
Responds to warmth, assurance	Helplessness limits responsiveness
Anger often expressed	Anger turned inwards
Mood heightened with thinking of loss	Mood consistently low
Thoughts preoccupied with loss	Preoccupied with own worthlessness, hopelessness

(From: Cook & Dworcan (1992); Hughes,1995)

Suicide, Trauma and Grief

A suicide death will always bring varying degrees of trauma with the grief. This is due to the nature of a sudden traumatic event coupled with the loss of a loved one. The bereaved experience both a 'normal human response to loss' AND 'a normal response to an abnormal event'.

Issues associated with experiencing trauma need to be addressed first while the carer remains sensitive to grief responses. Suicide trauma is often entwined with the strong emotional attachment to the deceased.

Common Grief Characteristics after a Suicide

For many after a suicide their response can be summarised by the phrase: "The World Has Changed Forever."

This results in some common aspects to their grieving. These are:

- Trauma
- Stigma
- Social Isolation
- Blame
- Guilt
- Shame
- Distress & disbelief
- Anger
- Why?
- Relief
- Yearning
- Suicidal Ideation**

** *Suicidal Ideation is common term for thoughts about suicide which may be as detailed as a formulated plan, without the suicidal act itself. Although most people who undergo suicidal ideation do not commit suicide, a significant proportion go on to make suicide attempts.*

Disenfranchised Grief

People who have experienced the death of a loved one through suicide often experience something called "disenfranchised grief". This relates to the grief that a person experiences when they incur a loss that is not or cannot be openly acknowledged, publicly mourned or socially supported.

There are five broad factors that can lead to loss that creates Disenfranchised Grief:

- The loss is not acknowledged
- Social pressure against legitimising the loss
- The griever is excluded
- Circumstances of the death (for instance unknown cause of death)
- The ways individuals grieve (e.g. differences not accepted –e.g. in a couple relationship where one is emotive and the other is not)

This has significant implications for those who would care for those bereaved through suicide.

Caring For The Bereaved

The Bereavement Journey After Suicide

The body is discovered
The bumpy journey begins
Why? Why? Why?

The First Few Days The Bumpy Journey Begins

People Experience

- Finding the body
- Shock
- The Hospital
- Other people's reactions to the news
- The investigation by the Coroner's Office
- Viewing the body
- Deciding what to tell other people
- Dealing with the Media
- Making Funeral arrangements
- Keeping organised
- Physiological & Emotional breakdown

Support through "Companioning"

Alan D. Wolfelt, Ph. D. Beyond The Medical Model of Bereavement Caregiving

Pastoral carers can offer an invaluable support to the bereaved. One current model of care calls this sort of support "companioning". In Christian terms we might have called it "journeying together". Here are some of the aspects of companioning we can cultivate as we support someone who has been bereaved through suicide.

- Honouring the spirit vs Focussing on the intellect
- Curiosity vs Expertise
- Discovering the Gift of Sacred Silence vs Filling painful spaces with words
- Learning vs Teaching
- Holding belief in the bereaved vs Fearing for them
- Walking alongside vs Leading
- Being still vs Frantic movement forward

Pastoral Care

We are to ensure that the bereaved have a sense of security, safety and connectedness to other people.

We can do this through:

- Prompt engagement
- Warmth, Empathy and Listening
- Understand current circumstances
- Social Supports
- Assessment: Immediate referrals, GP, Risk-Assessment

The First Few Weeks

People Experience

The full impact of the catastrophe hits and people can be affected by the following:

- Shock
- Problems concentrating
- Denial
- Grief merging with Depression
- Fear & Helplessness
- Anger & Guilt
- Rejection & Abandonment
- Worries about other family members
- More Physical Reactions
- Questioning
- Relief (which can cause feelings of guilt)
- Nightmares and interrupted sleep
- Medication
- Gathering Information
- The Suicide Note

Be on the Lookout for Signs of Trauma

These can include regular visions concerning the death or the person who has died, intrusive thoughts that they can't shake, sleep disturbance and / or poor concentration, exhaustion (even when they have been 'resting'), heightened anxiety and / or hyper-vigilance (i.e. on constant alert for risk, more loss, another disaster), numbness/feeling detached, a loss of appetite, panic attacks and social / occupational impairment.

When Counselling we can use Psychological Holding

- Greet the grieving warmly and confidently
- Offer the assurance that you are capable of handling the impact of their story
- Allow, and accept the expression of painful feelings and disturbing thoughts
- Validate the feelings people share and let them know that their reactions to this trauma are normal
- Make it your goal to enable them to process the trauma so that grief can continue.

Pastoral Care

The process of companioning is an extended one. At this point we can:

- "Listen with the heart" as well as "Analyse with the head".
- Bear witness to the struggle rather than give in to the temptation to direct the other as they wrestle with their situation.
- Affirm the griever's own meaning that they give to all of this rather than imposing value judgements.
- Be willing to sit with the griever's pain and resist the urge to try and take it away.
- Respect the griever's disorder & confusion and avoid trying to impose your order on the situation.
- Journey into the wilderness of the soul with the other.

The First Few Months, Desolation

People Experience

In the first few months after a loss through suicide people can experience some or all of these:

- Profound grief
- Guilt
- A challenge to their faith
- The whole family struggling with grief
- Issues connected to the children's grief
- Children experiencing guilt themselves
- Having to make decisions on the deceased person's things - what to keep or give away?
- Re-visiting the scene of the suicide
- Other people's reactions to the nature of the death and to ongoing grief
- Flashbacks
- Feeling the presence of the person who has died
- Coping with daily pain
- Re-traumatisation & anxiety

Tasks of Grief

Grief Theory - Worden (2002)

At this stage people need to do the following if they are to move on:

- Accept the reality of the loss
- Process the pain of grief
- Adjust to a world without the deceased
- Find an enduring connection with the deceased in the midst of embarking on a new life

Pastoral Care

Empathetic and Non-Judgmental Listening

This allows space for the person to engage in meaning-making or sense making through exploring both the death and their experience of loss. Avoid defining the deceased or bereaved by the mode of death. Suicide is how they died not who they are.

Question: in this context what is empathetic, non-judgmental listening?

Practical Things that Help

- Listen to the bereaved person's story
- Ask about their deceased loved one
- Validate their feelings ("Its OK to feel that way.")
- Normalise their grief reactions
- Provide grief education (if necessary)
- Give hope for the future
- Identify strengths and resources
- Memorialisation (acknowledge anniversaries, have a picture with a candle etc)
- Identify supportive people and link the person up with them (friends, family and community are equally or more important than professional support)
- If it is possible contact with others who have been suicide bereaved is highly effective
- Worship and prayer
- Journaling (i.e. encouraging the person to write down their thoughts, feelings and reactions)
- Google therapy (use the internet for information and research on suicide, grief and related topics)
- Refer to professionals if the person becomes 'stuck'

People Experience

- The first anniversary
- The birthday of the lost family member
- Other people moving on
- Depression
- Support Groups
- Counselling
- Other community support
- Accessing more Resources
- Holidays
- Beginning to take the first steps of healing (or the slide into further complications in grief)
- Life after suicide
- World view changes

Pastoral Care

It is not uncommon for people who have experienced bereavement like this to make an enduring attachment to the person who has died. That is, it is a normal part of the grieving process to have a strong desire to have that person in their life. There are many ways we can help to honour this desire.

- Encouraging the bereaved to continue to pray for the person they have lost, that God might care for them and so on.
- Holding annual memorials.
- Giving thanks during the public prayers for the deceased's contribution and for their family at significant anniversaries.
- Appointing a companion from the pastoral team to stand beside the bereaved person on a long term basis (companioning into the future).
- Be on the look out for long term impairment. That is, if the bereaved are experiencing significant problems and distress after a year has passed it is important to encourage them to seek professional help.

What is important is to talk with the bereaved about what they would find useful and life giving.

Case Study 2

I am the priest in a farming community which is close knit (which mostly means good and supportive, but can sometimes mean gossipy!). Most people have a good understanding of each other, their lives having intersected at work, playing sport, supporting local service clubs, worshipping together and having children attending the same/only school in the town. The community derives its entire livelihood from agriculture and the services that support it, so when the years are good, all benefit, but in years of drought or flood, the whole community suffers. We have experienced several farmers and a business owner who have completed suicide, and the ramifications spread deep into the lives of many local people.

Seasonal workers come into our towns each year to help sow the crop and later in the year, help harvest the crop. They are usually young men, backpacking around the world, and they often return to the same farm for a few seasons in a row. One such young man was Sef, a young New Zealander. He was a good worker and he quickly made friends in the town, but he had a drinking problem. The farmer he worked with (Tom) is a gentle man, who with his wife, financially support the church but rarely participate in worship except for Christmas and Easter services.

For the three years that Sef returned to his farm, Tom helped him with anger management, alcoholism and occasional anti-social behaviour. The farmer as mentor also developed a close relationship with Sef, could see his potential and treated him almost like a son.

After an altercation with a co-worker, Sef returned to Tom's house one night, very agitated and upset, but over the evening, Tom was able to calm him down and reassure him of his support. His last words to Sef were "See you in the morning". The morning came and Sef was not at work, so Tom walked the 150m from his house across to the farm cottage, where he found Sef hanging on the front verandah. Sef was dead.

The ambulance (staffed by local volunteers) came and cut Sef down and took his body away. Tom rang me, and I immediately drove to their farm. We sat around the kitchen table "I can't believe it"tears, grief, silence. I left after a prayer with them....not many words, they were hard to find.

For the whole community, there was shock, disbelief, sadness, loss and questions..."why, why, why?"

Tom contacted Sef's family in Ireland with the devastating news. They were a close family, Catholic, but were happy for me to conduct a memorial service for Sef, as they trusted Tom's judgement and organisation. They made plans for Sef's body to be brought home.

I made contact with Sef's family in New Zealand after spending the following morning with Tom. I emailed and asked if they would like to speak to me by phone. They said "yes", so I rang and we talked briefly the first time, then for an hour the next day. I asked them to tell me about Sef's life - they told lots of stories about his family, his personality, his friends, dreams, travel and antics... and just talking about it was good for them and for me. I asked if they had any special requests for the memorial service.

I rang their local young friends, and spoke to a couple of their parents, to check if any were particularly fragile and needed help. I rang the wheatbelt men's health psychotherapist and alerted him to what had happened.

The memorial service was a collaboration between Tom's family, Sef's friends and our church. We tried to fully involve as many as possible, and had the service videoed for the family in Ireland. Friends did readings, published a booklet, made a "Memories" book of photos for the family in New Zealand, acted as ushers at the service, chose the music and played it. Tom's two daughters did the eulogy. The church community prepared

the church, catered for the wake and individually supported Tom's family and others with phone calls, offers of help and food.

On the day of the memorial service, you could have believed it was Tom's son who had died. The family was very emotional and it gave the young friends permission to show their feelings too. As with most country funerals, the church was packed. I asked the volunteer St John Ambulance officers to process in ahead of me at the beginning of the service - they stopped at the altar where a photo of Sef stood, and one of them lit a candle - then they all bowed as a mark of respect. Later they said how important that gesture had been for them. Several young people were not coping during the service, so I asked members of our congregation to get alongside them at the wake. That has been positive in at least one instance, establishing a relationship between 2 women who hardly knew each other before that day.

Weeks after the memorial service, Tom was still unsettled and in a phone call said he couldn't bear to go into the cottage, with Sef's things still there and the rope still hanging from the hook on the verandah. We (Tom, his wife and I) decided to go to the cottage, walk it room by room, bless each room and eventually get to the verandah....if we did it together, Tom would feel supported and able to walk in there.

I arrived at their house early one morning, and we slowly walked over from the main house to the cottage, just as Tom had done on the morning he found Sef. It was very difficult for Tom, as he was recalling all his emotions of that morning. We took a long time. Stopped at the front gate, said a prayer, then proceeded into the house. Finally we reached the front verandah and after another prayer, Tom stood on the spot where Sef had taken his life. Tom grabbed a chair, stood on it and took down the rope and the hook. From that moment, there was a greater sense of calm, and as we walked back through the rooms, they began to talk about their first years of marriage which were lived in this cottage. We walked back to the main house and had a cup of tea.



Follow up: The psychotherapist from Wheatbelt Men's Health visited Tom and several other young men, and all found the contact fruitful and helpful. I was in monthly contact with Tom and his family. Three months later, Sef's family came to Western Australia. Tom put them up in a house in town, and they were able to meet many of Sef's friends. I had a long meeting with his parents, which involved stories, tears and prayers.

What we could have done better:

- I didn't intentionally follow up other locals after the psychotherapists visit - in a small country town, you do get to see people in passing and say hello.
- At that stage, I talked about "committing" suicide, now I know it is best to speak of "completing" suicide, as it is not a crime.
- Greater congregational education around suicide could have helped, but I didn't talk about it on Sundays except in a prayer context.
- I missed the opportunity of inviting Sef's friends to our All Saints Service (but will organise a small service on the first anniversary of his death).

Since then: OneLife Suicide Discussion Day was co-ordinated by our church to bring different agencies together to discuss suicide and responses to it, to help the community understand suicide and be able to recognise signs. Tom and his wife attended this day....they found it helpful but he said "I am still asking myself questions".

Following up the OneLife discussion day, was a day long Gatekeepers Course, to up-skill members of our community.... giving them the courage to ask "are you OK?" and being prepared if the response is "No". Many participants were members of our congregation. In the months since Sef's death, I have conducted the marriage of 2 of his friends. It has been good to have contact with them in the different context of marriage preparation and ceremony, and it has added depth to our relationship.

Kathy Barrett-Lennard

Wongan Hills Anglican Church



For Clergy and other Pastoral Carers

Pastoral carers in local Churches dread the word 'suicide'. That phone call in the middle of the night. The distressed phone call from a family member or someone from the parish concerned about the news they have heard.

No one wants those calls and when they come we're never quite ready. We take a deep breath, say a quick prayer and hope we are adequate to the task. "What do I do?" "What do I say?" "It can't be true." "Why did I say that?" "Why didn't I suspect it?" All questions which run through our minds.

As clergy and lay pastoral carers we can be more prepared. Thinking through issues around suicide in advance, talking about it, even role-playing ways in which we might respond, and developing resources around this issue can help us respond well to such a traumatic event.

Here are some short notes which can contribute to your thinking on a pastoral suicide response.

A Brief Theology

Scripture doesn't seem to say enough for us to develop a comprehensive theology about suicide. This creates some tension for us and can leave pastoral carers with some ambivalence when it comes to questions of how the person who has died in this way stands with their God.

Lewis B. Smedes addresses this question in an article in Christianity Today (www.christianitytoday.com/ct/2000/july10/30.61.html). He writes:

"People who ask this question seek biblical grounds for giving hope to the kin of believers who take their own lives. The burden of proof, I should think, lies not with those who offer the solace of grace but with those who deny it. Will Jesus welcome home a believer who died at her own hands? I believe he will, tenderly and lovingly.

My biblical basis? It is the hope-giving promise of Romans 8:32, that neither life nor death can separate the believer from the love of God in Christ Jesus. How can I trust in this promise and then deny its comfort to people who doubly grieve for brothers, sisters, fathers, and mothers who in horrible moments of despair decided to end their lives? I believe that Jesus died not only for the sins of us all but for all of our sins, including the forgotten ones, including suicide--if indeed he reckons it always as sin.

The Bible does not seem to condemn suicide. There are, I think, six accounts of suicide in the Bible, the most notorious being those of King Saul (1 Samuel 31:2-5) and Judas (Matthew 27:3-5). Others are Abimelech (Judges 9:50-54), Samson (Judges 16:23-31), Ahithophel (2 Samuel 17:23), and Zimri (1 Kings 16:15-20). As far as I can tell, none of the six is explicitly condemned for taking his life.

Some say that suicide cannot be forgiven because the person who did it could not have repented of doing it. But all of us commit sins that we are too spiritually cloddish to recognize for the sins they are. And we all die with sins not named and repented of.

When I was a child, I heard compassionate people comfort the loved ones of a suicide victim with the assurance that anyone who commits suicide is insane at that moment. So, being mad, a suicide victim would not be held accountable by God, despite the sin. But they were wrong of course. People of sound mind make rational decisions to end their lives. They choose to die rather than endure more

pain than they think they can bear, or to spare their loved ones the pain of watching them die an ugly death. And rational people of good intentions sometimes help them do it.

But people who take their own lives are not usually cool and rational about it. Nor do they mean to flout the will of God. Most of the 500,000 people who attempt suicide every year in America do not so much choose death as stumble down into it from a steep slope of despair.

The heart asks, Why? But the answer is blowing in the wind. Young people kill themselves mainly for one reason: they cannot believe their lives are precious enough to make them worth living. Despair, depression, hopelessness, self-loathing-- these are the killers.

I believe that, as Christians, we should worry less about whether Christians who have killed themselves go to heaven, and worry more about how we can help people like them find hope and joy in living. Our most urgent problem is not the morality of suicide but the spiritual and mental despair that drags people down to it."

This is a useful and challenging perspective on suicide which also provides us with a useful 'pastoral agenda'. It is for us a Christian pastors and as Christian communities to address the deep issues of despair, depression, hopelessness and self-loathing evident in our world and offer the Godly alternatives.

Having said this, we are often asked by those who are survivors of a suicide, "Is my loved one with God?" This is a deep concern they carry and a simple truthful response is required.

One useful perspective I have found is this.

- If we accept that at least 95% of all completed suicides are a result of clear psychological distress or a psychiatric disorder;
- Then we must see the deceased as someone who has been ill (sick), and suffering at the time of their suicide.
- God does not punish the sick and distressed. Rather, as was made very clear by the life and ministry of Jesus Christ, God's desire is to bring healing and wholeness to those who are ill and who suffer.
- A healing and loving God would not reject or turn away from someone who has died in this sort of circumstance.
- Any question of the deceased's standing before God rests then with the more fundamental issues we grapple with concerning God's grace and our standing before the Divine life.

Mark McCracken

Anglicare WA / Anglican Diocese of Perth

Telling The News

Having to inform people of any sudden death is a taxing role. In the case of a suicide death it is often very difficult. Here is a guide for clergy who have to share the news of a sudden death with family and loved ones of the deceased.

Introduction:

In ordained life, you may have to tell the news of a death to family members, friends, or a community [school, parish, local community]

No-one wants to do this job but the people you are sent to deserve the best care you can give them.

Telling the Next of Kin

Is it really an ordained responsibility?

Is it more useful for others [police, doctors] to do the telling and clergy to support afterwards?

Making a Plan

What arrangements will you make to arrive at the meeting place with the family?

Perhaps meet at a pre-arranged location [not in front of the house].

At a workplace, will you get a supervisor to provide a place to deliver news?

You may need to stay when the authorities leave – take your own car.

Mobiles on for updated information.

What else?

Verify the Facts

Which brother, aunt, grandmother? What's the name of deceased person?

Who, what, where, when & where is the body now?

It is always inappropriate to seek details to satisfy your own or another's curiosity

Prepare to deliver the news

Decide who will tell.

Rehearse the words if necessary.

Words can't make it better, but they can make it worse.

Make a space to gain your own calm before you deliver the news.

Manage the environment as much as possible.

TV off, arrange safety and privacy for those most closely involved.

Deliver the news

Calm, clear, short: *"I'm sorry, something really sad has happened, your sister X has died."*

Avoid euphemisms like "passed away, passed on, lost her battle with, didn't make it".

Use "has died", "has been killed".

Avoid false hope "I'm sure the search party will find her."

It is OK to release information in stages as family ask.

Avoid speculation

If asked "is it suicide?" describe the event but the final word is the coroner's: *"She was found with painkillers."*

"He was found hanging from a tree."

Avoid platitudes.

It is always OK to say how sorry you are. Allow silence [this may mean avoiding small talk].

Don't feel you have to conceal your own emotions, but it is their loss not ours.

What else?

After the news is delivered

What are the family's needs - "what would be most helpful for you?".

Is anyone in severe physical distress - [collapsing, can't breathe] - may need medical attention to be on the safe side.

Allow family to exercise their own control -[let them notify others or make you tea].

Assist them if necessary [dial number or make call].

Who might they want to support them?

When is the appropriate moment for you to leave?

Leave details of how they can contact you.

Tell them when and how you will contact them again.

Recognise that your connection to them may now be ongoing.

Recognise that you may not be the person most crucial to their rehabilitation.



After you leave

What do you need? [Time alone, see family, go for a run, play music].
Who will help you debrief? [colleague, supervisor, spiritual director].

Telling the Community - Care of the Family

Information is the family's not ours. Release it in the way most helpful to them and with their permission. Let the family know they are in control: *"Is it ok for me to tell the school, parish, workmates?"*
Any restrictions on how people contact family? *"Please pray for the family and write to them, but don't ring them in these first few days unless you are a close friend."*

Telling the Community - Care of the Community

Who needs to know after the family?

Might ring those closest to the deceased and email the rest.: *"I'm ringing you because something really sad has happened - X has died - I know you're good friends and I'm sorry to have to tell you like this."*

Act intentionally to prevent people from blundering - this shows care for community: *"We haven't been able to let everyone know yet, so we need you to hold onto this information for the time being."*

Good to manage the church announcements. A sudden death is better announced before worship than in the intercessions.

Your community can be helped by knowing family's requirements. You can sometimes have too much lasagne!

Some people will ignore your advice - this is normal.

Needs of community can be very different from needs of family.

The ordained person can be instrumental in planning suitable event to allow community to grieve. This may or may not involve family.

Kate Wilmot

Bayswater Anglican Church / Army Reserve



The Funeral

Use of Language

Often the Church (and society at large) has treated suicide with judgment rather than compassion. Those who had taken their life were not allowed to be buried in consecrated ground and the Church would not hold a funeral service for them. People have long memories, and even those not connected to the Church assume that many of these attitudes are still held by our leaders today. We need to be very careful in our pastoral care of the suicide bereaved when it comes to our use language. Survivors of suicide will be particularly attuned to any language which has a whiff of judgment about it.

The phrase 'committed suicide', for instance, implies that the deceased has committed a crime or a sin. More recently people have preferred the use of the terms 'attempted' and 'completed' suicide to work around this implication. Others have opted for a word that probably isn't correct English, namely 'suicided'. There are other phrases that can highlight the choice that was made without excessive judgment or stigma being attached to the grieving family. A phrase such as the deceased has 'taken their own life'. The words are important but what is more essential is our use of them as concerned pastors. Take extra care over every word. This is not a good opportunity for ad-libbing. Prepare well. Even test your text out with colleagues.

The Content of Eulogies and Commentary

The best possible scenario for a funeral after a suicide is to obtain the family's permission to be honest about how this death came about. Where that doesn't happen, the minister has two agendas that they are forced to hold in tension. One that is honest and one which glosses over the hard realities of the death. It is extremely difficult to speak to the needs of a family who are grieving a suicide and a congregation who are grieving what they believe to be a sudden, unexplained death.

It is also the task of the funeral minister to reassure the living that nothing can separate their loved one from the love of God - not even their choosing death over life. It can be important to remind them that though this was a decision carried out, it was likely a decision shaped by extreme anguish.

Their death must not be spoken of in a way that glorifies suicide. One of the ways to prevent this from happening is to make sure that the person is not 'sainted', nor their choice applauded.

You need to be a steady and calm presence - this is true for any funeral but doubly true in the case of a funeral like this.

There is an adage around this funeral ministry, "Every funeral costs, but some cost more than others." Suicide funerals are very costly. It is the role of the minister to be something of a container for grief that is very intense. Particular attention to self care is necessary when leading traumatic funerals like these.

Prayer

Prayer books generally do not address suicide specifically in their funeral liturgies. Once again, in putting together prayers in the funeral service there needs to be a balance between celebrating the life of the person and acknowledging the nature of the end of their life. Too much focus on the death contaminates prayer of thanks for the rest of the person's life and connection to us.

At the end of this resource are some prayers which have been written around this topic.

After the Funeral

The person who leads the funeral can be a very important support person for the bereaved. A family may feel unable to revisit their grief and anger with friends and loved ones for fear of tiring them out. Often suicide is a taboo subject and the grieving often are unable to share about the experience with others. Pastoral care must allow for the bereaved to talk honestly about their experience and as someone who has walked part of this journey you may be best placed to offer them this important ministry.

Beyond listening and 'being present' to their situation, there are some approaches our pastoral teams can adopt as they too support those bereaved by suicide. There are some useful points to share with your team listed below:

It is crucial to recognise and understand that:

- The bereaved person's need to search for meaning is justified and necessary. Help them accomplish this by being willing to listen to the story told over and over. This is a way of working toward rebuilding the self-image of both the victim and one's self, and it may take many months or years.
- 'Recovery' may take longer following a death from suicide. Each person is timed differently and must follow his/her own inner messages. Don't tell people how you would grieve if it were you - they know how and when they need to grieve. Be patient; it's their grief. Give them permission to own it.
- Searching for the deceased is a normal part of the process.
- Bereaved people may need to accept the idea of suicide before they can deal with the idea of death.
- Remember anniversaries: contact survivors on the date of death each month for at least six months, and also the first and second year. Don't be afraid to mention to bereaved persons that you know the anniversary is approaching. They will be grateful to you for remembering. Mention his/her Name from time to time, and recall little things. It may provoke tears but they will be thankful, healing tears.
- Don't be afraid to ask the bereaved if they are having suicidal thoughts. They may welcome the opportunity to discuss the topic and will appreciate your concern. You won't be "putting something in someone's head" if it wasn't already there. If a person is having suicidal thoughts you can guide him/her to professional care and maybe save a life.
- Realise that denial, anger, and guilt are much stronger in the survivors of a suicide and needs to be vented. Let them talk freely about their anger and guilt. They need only to vent. Don't try to convince survivors they should not feel anger or guilt - that is only your opinion, and perhaps you are protecting yourself by trying to avoid the subject.
- Social response to the survivors of suicide is often influenced by subtle stigma, causing people to withdraw, make a special effort to encourage others in the family and community to offer comfort and support.
- Listen. If a survivor is very disturbed, professional help should be sought; but aside from that, the best you can do for survivors is to offer sympathetic understanding and a listening ear. Don't be threatened by their emotion. Survivors don't want advice as much as they need to air their feelings in an accepting, non judgemental, non patronising atmosphere.

Sarah Park, Anglican Diocese of Auckland and After Suicide: A Unique Grief Process by Eleanora "Betsy" Ross

Self Care for the Carer

Good Practice when you are struggling

Every funeral costs, but some cost more than others.

Supporting those bereaved through suicide is very costly to the carer. Particular attention to self care is necessary when leading traumatic funerals like these. Below are some notes developed for a residential around traumatic death and grief which might provide some useful tips for pastors in this sort of ministry situation.

What is Grief?

Some obvious comments to remind you of what you know already.

- Grief is not restricted to a physical death. It is an emotional response to loss.
- It can arise from the death of someone you know, losing your job, getting chronically sick, in a relationship breakdown, loss of status, feeling that you have no control over your own destiny and so on.
- Grief is an emotional response and as such is a cluster of related feelings.
- It is totally individual, cumulative - not often linear, and unpredictable in resolution.
- Tangential (that means that you can be hit by grief at the strangest moments with most tangential reminders).
- Grief is OK. Necessary. Universal. Individual.

Some Comments on Grief and Pastoring

What we're looking at in this session is how we respond to our own grief reactions - especially when they arise as we are trying to pastor others who are grieving. That is, we want to offer Christian care and ministry to people in a certain situation and find ourselves reacting to some degree. What do we do with that?



Pastoral Care to the Grieving

Some principles / observations to note about us as the pastor:

- The reflective life is essential.
- Grief and grieving is individual and it's all OK.
- When it comes to your own feelings - Discern, Acknowledge, Accept.
- Know the warning signs (overthinking, over-involvement, persistent memories, powerful emotions, discover yours).
- You are a human being and will be affected by some grief situations more than others.
- At the deepest level most clergy want to help and to be liked. This is not always useful when we are confronted by 'impossible to fix' situations.
- Being powerless and answerless is OK.
- Words are optional.
- Don't be quick to offer answers and solutions to deeply painful situations. Remember the Crucified God came before the Resurrected Christ.
- Referral is better than projection.
- Always hold before you Romans 8:28 and resurrection.
- Prayer, prayer, prayer.

Good Practice Ideas

- Third space (i.e. create a mental and emotional 'breathing space' between your struggles and your encounter with the grieving).
- Repeat yourself, ,repeat yourself, repeat...
- When it comes to leading difficult worship.
 - Ask others to pray for you.
 - Write it all down.
 - It's OK to show 'weakness', i.e. emotion, as the person leading worship but it is not OK to lose control of yourself.
 - Involve others in the planning and leadership of the funeral.
 - Expect the unexpected and when it arises stick to the plan.
- Debrief with a prayer partner or spiritual director.

Mark McCracken

Anglicare WA / Anglican Diocese of Perth

Faith Communities Addressing a Suicide

As a faith community we need to ensure that the bereaved are supported **before, during and after** the funeral. Below are some key issues that must be addressed throughout our pastoral care.

Comfort the grieving

A death by suicide often leaves surviving family and friends with excruciating emotional pain, which may persist over an extended time. Help the bereaved find comfort within the context of their faith and their faith community.

Help the bereaved deal with their guilt

People who are suicide bereaved are almost invariably left with a sense of unwarranted guilt or an exaggerated sense of responsibility for the death. This arises from not being aware of what was going on with their loved one, or not acting in time to prevent the suicide. Others may feel unfairly victimised by the act of their family member or friend and by the stigma that society inappropriately places on them.

It is common for the bereaved to revisit for weeks, months, or even years a continuous litany of “What if . . . ?,” “Why did . . . ?,” and “Why didn’t . . . ?” Rehearsing or rehashing these questions, although a nearly universal experience, will not necessarily produce answers that satisfy the longing for understanding and closure.

As a pastoral carer it is important to avoid the natural urge to rush in with explanations about why the person died and what our faith tells us about all of this. But, over time and after listening and dialogue, it is helpful for us to then present a more complete understanding of why suicide occurs and to begin to explore the spiritual implications of this sort of loss and trauma.

Help the bereaved face their anger

Feelings of anger commonly occupy the minds and hearts of those mourning the loss of a loved one to suicide. These feelings may take several forms. There may be anger at:

- Others (for instance doctors, therapists, other family members or friends, ‘the Boss’, the divine);
- Themselves (because of something “I did or should have done”); and/or
- The deceased (for “abandoning us, throwing away all our plans for the future, abrogating their responsibilities and obligations”).

Surviving family and friends should be assured that feeling or expressing their anger is often part of the normal grieving process. Even when their anger is directed toward the deceased, it does not diminish the love they have for them. And it is not an ‘unchristian’ thing to do.

Attack Stigma

Stigma, embraced by ignorance, can be the greatest hindrance to healing if it is not dealt with directly by preachers, teachers and leaders in faith communities.

Our preaching and teaching can provide a remarkable opportunity to make some sense of a trauma such as suicide from a faith perspective. We can reflect on what could have led to the person's tragic end. One approach is to disclose selected information (with the permission of loved ones) about the context of the specific suicide (such as a mental illness from which the deceased may have been suffering). Never, however, describe the suicidal act itself.

An alternative approach is to discuss the factors commonly associated with suicidal acts (e.g., psychological pain, hopelessness, mental illness, impulsivity) without mentioning the specifics of the person's death. At a minimum, it is useful to dispel the common myths about moral weakness, character flaws, or bad parenting as causes. Recognition of the role of psychiatric illness may help community members understand suicide in the same way that they appreciate, for example, heart disease, another common cause of death.



Use Appropriate Language

Although people often use the phrases “committed suicide,” “successful suicide,” and “failed attempt,” these should be avoided because of their connotations. For instance, the verb “committed” is usually associated with sins or crimes. The most helpful language is phrases such as “died by suicide,” “took his life,” “ended her life,” or “attempted suicide”.

Prevent Imitation and Modelling

How we communicate the news of a suicide to our people can potentially affect the suicide risk of those connected to our faith community. On average, after a suicide, at least ten individuals are directly affected. Many more from the ripple effect of the loss. Among these individuals there will be at risk of suicide.

Some types of communication about the deceased and his or her actions may influence others to imitate or model the suicidal behaviour. Consequently, it is important in this context not to glamorise the current state of “peace” the deceased may have found through their death.

Although our Christian tradition holds that our life after death is something to be cherished and not feared, any contrast between the struggles of this life and the wholeness of the next should not be overemphasised in public gatherings. This is particularly relevant when the quality of the deceased’s physical life was diminished by a severe or unremitting mental or physical illness. If there are others in the congregation who are dealing with psychological pain or suicidal thoughts, the lure of finding peace or escape through death may add to the attractiveness of suicide. For this reason information about resources for treatment and support should be made widely available, both at the funeral and memorial services and in to the Church community in general.

In a similar way, we should avoid normalising suicide by interpreting it as a reasonable response to particularly distressful life circumstances. Instead, we should make a clear distinction, between the positive accomplishments and qualities of the deceased and his or her final suffering and action.

When we speak of the nature of the person’s death it would be helpful to make the observation that although the deceased is no longer suffering or in turmoil, we would rather she or he had lived in a community which understood their struggles and responded more successfully. The goal of this approach is to motivate the community to improve the way it cares for, supports, and understands all its members, especially those with the most pressing needs.

Consider the Special Needs of Youth

In any funeral or memorial for a young person who has died by suicide, service leaders should address the young people in attendance very directly. They are most prone to imitate or model the suicide event. The death of their peer may make them feel numb or intensely unsettled.

Regardless of how disturbing this sudden loss may be, it is crucial to communicate how important ‘community’ is in our response. Highlight the need for us to pull together as we get through this. Make specific suggestions that will unite the community around the purpose of caring for one another more effectively.

Also, ask the young people to look around and notice the adults on whom they can call on for help in this or other times of crisis. Consider pointing out specific adults who are known to be particularly caring and approachable. Note the desire of these adults to talk and listen to anyone who is feeling down or depressed or having thoughts of death or suicide. And in the course of this discussion, it is helpful to normalise the value of seeking professional help for emotional problems in the same way one would seek professional help for

physical problems.

In the end, any commentary we make should focus attention on the hope of a brighter future and our common goal of discovering constructive solutions to life's problems. Even when these problems include feelings of depression or other mental or emotional pain.

Additionally, it is critically important that the young people who are present watch one another for signs of distress and that they never keep thoughts of suicide a secret. Stress the importance of telling a caring adult if they even think one of their friends may be struggling with these issues. We can assist our young people by offering small groups with prepared adult leaders where young people can more comfortably discuss their thoughts and feelings around their loss and where questions may be more easily raised and addressed.

Consider Appropriate Public Memorials

There have been several occasions where dedicating public memorials (physical or cyber) after a suicide has inadvertently facilitated the suicidal acts of others, usually a young person. Consequently, dedicating public memorials, such as park benches, trophy cases, or Facebook pages soon after the suicide should be discouraged.

The bereaved do generally feel a pressing need for the community to express its grief in a tangible way. Open discussion with those who propose memorials about the inherent risks is an important step to take. Alternatives may include personal expressions that can be given to the family to keep privately, such as letters, poetry, recollections captured on videotape, or works of art.

Another option is to suggest that surviving friends honour the deceased by living their lives in concert with the community's values, such as faith, hope in God, compassion, generosity, and service. We can honour the deceased through improving the quality of life for all our community's members. Activity-focused memorials might include organising a day of community service, sponsoring mental health awareness programs, supporting peer counselling programs, or fund-raising for some of the many worthwhile suicide prevention non-profit organisations.

Derived from: David Litts, Suicide Prevention Resource Centre. (2004). After a suicide: Recommendations for religious services and other public memorial observances. Newton, MA: Education Development Centre, Inc.



Resource 1

Suicide Prevention Help Card

If someone you know:

- threatens suicide
- talks or writes about wanting to die
- appears depressed, sad, withdrawn, hopeless
- shows significant changes in behaviour, appearance, mood (either from being “normal” to being depressed or the reverse)
- abuses drugs, alcohol
- deliberately injures himself or herself
- says he or she will not be missed if gone
- gives away treasured belongings

You can help:

- stay calm and listen
- take threats seriously
- let him or her talk about his or her feelings
- be accepting; do not judge
- ask if he or she has suicidal thoughts
- ask how intense and frequent these thoughts are
- ask if he or she has a plan
- ask if he or she has a means to carry out the plan
- don't swear secrecy - tell someone
- assure the person it is okay and necessary to get help

Get help: You cannot do it alone

Accompany the person to your:

- hospital emergency room,
- mental health service,
- police,
- family, friend, relative,
- clergy, teacher, counsellor,
- family doctor, or

Call 000

Samaritans (08) 9381 5555 (WA only)
Lifeline 13 11 14
Kids Help Line 1800 55 1800
www.onelife.com.au

Resource 2

Creating Supportive Spaces: How we as Church can help.

*Bear one another's burdens, and in this way you will fulfil the law of Christ.
Galatians 6:2*

Be a friend.

Long-term mental illness tends to isolate people.
Be a friend to those who may have no other friends or support systems.

Be accepting, friendly, understanding, and genuine.

Keep in regular contact outside of Church, write, send a card, telephone, visit.
Talk with the person and make time to listen to them.
Encourage them to work with their strengths and their gifts.
Help set realistic goals.
Be a resource for information and referral.
Avoid the idea that if "you get things right with God" or "confess" that the person will be cured

Let the person know he/she is not alone.

Welcome them into the Church community.
Recognise the need for spiritual healing, without focusing on the "cure" for the illness".
Always reassure the person that God loves and cares for him/her.
Remember that this is not a punishment from God or caused by demons or the devil.
Encourage the person to join a support group, social club and/or advocacy group.

Open your Church by

Hosting visits by local groups who support people with a mental illness.
Sponsoring a support group, social club or drop-in center for persons who are mentally ill or family members.
Offering employment, such as secretarial, using artistic talents, janitorial, maintenance, food preparation, etc.
Initiating a visitation program.



Building Resilience

Prevention is better than cure. This adage is especially true when it comes to the trauma of self-harm and suicide in our community. This has become a high priority for government as witnessed by the **One Life** initiative dedicated to creating life affirming and supportive communities throughout our nation.

One Life aims to transform attitudes regarding suicide and suicidal behaviour and represents a guide for policies and services to better meet the needs of people at risk. The Strategy also charts a longer term vision to promote individual mental health and wellbeing and the need to enhance community capacity in approaches to suicide prevention.

Contact:

One Life Suicide Prevention Strategy,
Centrecare, 456 Hay Street, Perth, 6000;
(08) 9325 6644 or visit www.onelife.com.au.

Faith communities can also take steps towards ensuring that they are places of support, openness, safety and nurture for those who are struggling. It is a case of building on Gospel principles and tailoring some of our educational strategies to address the question of mental health in a more intentional fashion.

One important theme in creating resilient Church communities is to be courageous in the way we talk about mental illness and personal trauma. This includes the way we consider these issues in our worship, preaching and education. We can speak intentionally into a whole range of issues our people will face in their lives, including mental illness which can lead to death by suicide.

The following section of this resource presents information and ideas on how we as Christian communities can create an environment where these sorts of struggles are acknowledged and addressed. It offers ideas about how to pastor to those who want to take their life and for those around them. We also present information around what we can offer our people in regards to mental illness as we seek to create resilient faith communities.

Pastoral Care for those Wanting to Die

Being Attentive: The Role of Clergy and Pastoral Carers in Preventing Suicide

Dear Clergy and other Pastoral Carers

You have the vital yet daunting job of guiding people through many of life's challenges—marital problems, 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 significant difference.

Each year, more than 250 Western Australians will end their lives as a way to escape what feels like 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, recognising many of the warning signs of suicidal behaviour, and understanding the factors connected with it.

It is important to note that many people who are thinking of harming themselves turn to clergy and other Church workers rather than to medical and mental health professionals. People may be more comfortable with their priest and pastor than with a counsellor. A conversation with the priest does not have many of the negative connotations that are often associated with mental health care; and you are more accessible than the mental health system.

In many communities clergy and lay pastoral workers are important watchdogs when it comes to suicide prevention. As people who regularly come into contact with individuals or families in distress it is essential that you are able to recognise the behavioural patterns and other factors that place individuals at risk for suicide and be equipped with effective strategies to intervene.

Having said this, however, it is important to remember that you cannot be all things to all people. Some pastoral carers will have training in counselling. But you may not be qualified to offer adequate counselling to someone confronting mental illness or serious emotional problems. Even mental health professionals can have difficulty assessing the 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 refer to mental health professionals to do what you cannot.

Recognising the Warning Signs

People who are considering suicide often display warning signs—sometimes directly, sometimes indirectly. The following warning signs may mean someone is at risk for suicide. The risk is greater if a behaviour is new or has increased and if it seems related to a painful event, loss, or change.

Look For

- Talk about wanting to die or kill oneself
- Looking for a way to kill oneself, such as searching online or buying a gun
- Talk about feeling hopeless or having no reason to live
- Talk about feeling trapped or in unbearable pain
- Talk about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawal or feeling isolated
- Displaying extreme mood swings

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 these warning signs.

Responding to the Warning Signs

Your response to warning signs should be aimed at keeping the person safe, providing empathy and support, and ensuring that the individual receives appropriate professional help. You can, and should, do the following:

Ask the difficult questions. 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?"

Recognise your limits. It is advisable to stay within your scope of competence and refer to professionals. Be sure your people understand that while you are always willing to listen and minister to their spiritual and personal 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 counselling services to share with troubled parishioners.

Recognise the limits of confidentiality. While confidentiality is critical to maintaining trust and openness, there are circumstances when disclosures should be made. There are times when breaching confidentiality may be necessary to prevent a person from harming themselves.

Do not leave a person at imminent risk of suicide alone. If you have any suspicions that a person is seriously considering harming himself 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 hospital.

If the person is uncooperative, combative, or otherwise unwilling to seek help, and if you sense that the person is in acute danger, call 000. Tell the operator that you are concerned that the person with you "is a danger to themselves," or "cannot take care of [himself or herself]." These key phrases will alert them to locate immediate care for this person with the help of police and other services. Do not hesitate to make such a call if you suspect that someone may be a danger to themselves. It could save that person's life.

Pastoral Care Responses with Someone Expressing Suicidal Thoughts

How we respond to people expressing suicidal thoughts and after acts of self-harm is a crucial aspect of our pastoral care response. Here are some points to note in this regard:

When Someone Discusses Suicidal Thoughts

- It is important to validate their feelings of despair and helplessness. Resist the urge to tell them that it's not all that bad.
- Let them talk, cry, scream or whatever they need to do. Wait and listen rather than giving simple solutions or advice.
- Ask questions that help them to open up and talk more. Questions such as, "Are you feeling terrible?" "You say life is not worth living?"

- If people talk about taking their own life be courageous and check to see if they have made plans. If they have a plan that can be carried out do not leave them alone. Call for help.
- Mobile crisis teams have professional staff that can come in and assess the situation and take the needed precautions. Check your local phone book for numbers to call in an emergency.
- The person can be taken to emergency in a hospital or you can call the police (that would be necessary especially if you're on the phone with the person and can't get there or if there is danger of hurting him/herself or others).
- Make a contract with the person asking them to call you before they make an attempt. Follow-up to see how they are doing.
- Don't promise not to tell. Instead tell them you will treat their confidence with respect but that if there is danger to themselves or others, you will get more help.
- Let them know you understand that sometimes dark times are long. Encourage counselling of issues or medication for depression.
- Pray. Offer prayer at the time of your visit and ensure that they are supported in prayer throughout the time of their struggles.

When Someone Has Attempted Suicide

- Assure the person of your support regardless of how they feel about themselves.
- Sit with them in the darkness and the despair.
- Assure them that God forgives and understands (if that is their concern).
- Help them to find help in dealing with issues, especially stresses that led to the attempt.
- Make a contract for future times when the person may feel suicidal.
- Let them know you realise it may be a long haul.

When Spending Time with Family Members After a Suicide Attempt

- Assure them of your support / love.
- Don't blame or judge, listen in silence.
- Ask questions to lead them to talking more, or crying.
- Be careful not to give simplistic solutions
- Validate their feelings.
- Comments like, "This is a very difficult time..." may encourage further talking.
- Encourage self-care so they can support the person for longer periods of time.
- Build in some ongoing, long term congregational support as appropriate.

*Parts of this text was reproduced from the Suicide Prevention Resource Centre, Massachusetts USA;
www.sprc.org*

Preaching and Teaching

Myths for Us to Address

Here are some common misunderstandings that stand in the way of creating supportive communities which can prevent suicide. Addressing these in study groups, with our pastoral care team, in printed literature (made freely available to our people), through visiting speakers and even in our preaching – go towards creating resilient communities of faith.

- **Myth:** People who talk about suicide rarely actually complete suicide; they just want attention and should be challenged in order to “call their bluff.” The Truth is that those who talk about suicide are serious and may be giving a clue or warning of their intentions. They should not be challenged but given assistance in obtaining professional help.
- **Myth:** A person who has made a serious suicide attempt is unlikely to make another. The Truth is that someone who has made prior attempts is often at greater risk of completing suicide. A suicide attempt is a cry for help and a warning that something is terribly wrong and should be taken with utmost seriousness.
- **Myth:** The suicidal person wants to die and feels there is no turning back. The Truth is that suicidal people often feel ambivalent about dying. They often go through a long process in which they try various ways to reduce their profound emotional pain. The balance between their contradictory desires to live and to die shifts back and forth, even up to the time of taking their life.
- **Myth:** Most people who take their life have made a careful, well-considered, rational decision. The Truth is that people considering suicide often have “tunnel vision”. In their unbearable pain they are blind to available alternatives. Frequently, the suicide act is impulsive. When their suffering and pain are reduced, most will choose to live.
- **Myth:** Asking about suicidal feelings will cause one to attempt suicide. The Truth is that asking a person about suicidal feelings provides an opportunity to get help that may save a life. The listener should ask if the person has formulated a plan and has access to the means to carry it out. If the intent, a plan, and the means are there, the suicidal person should not be left alone but be helped to get treatment immediately, by calling 000 if necessary.

The Church: Founded on Love and Mutual Care

“The church is the inn and the infirmary for those who are sick and in need of being made well.” Martin Luther

Luther’s image of the Church as a hospital reminds us of one crucial aspect of our life together. We are a community of vulnerable people in need of healing and wholeness. As we live by the hope of the Gospel and by the power of the Spirit we are enabled to be those who live a communal life characterised by the mutual bearing of each other’s burdens.

In this community of the baptised, we come to know that we belong to God and to one another. There we give thanks to God for life and for our new life in Christ, and we are empowered to persevere during adversities and to hope in God when all else fails. We are also equipped to empathise with others in their suffering and joy and are prepared to act for their well-being. We are given a reason to live, forgiveness to start anew, and confidence that neither life nor death can separate us from “the love of God in Christ Jesus our Lord.” (Romans 8: 38).

This powerful message of mutuality speaks directly into the struggles of someone considering suicide. We should work hard at promoting the expectation that any member of our Church who is struggling with suicidal thoughts can ask for prayer and for our support and help. Our narrative should always be: “Talk to someone. Don’t bear your hidden pain by yourself.”

There is a prevailing notion in our culture that one should “stand on your own feet”. We are not supposed to be vulnerable, and when we are, we should conceal it and handle things on our own. We are to be independent and tough things out. In the Church, however, we admit that we all share the “need of being made well.” That we are all part of a broken world which is redeemed by God’s love through Christ.

In a context like this there is no shame in struggling to cope, even to the extent of having suicidal thoughts. There is never shame in asking for help. Indeed, when life’s difficulties and disappointments threaten to overwhelm our desire to live, we are to talk with trusted others and draw upon their strength.

On the other hand, when someone talks to us of suicide or we sense that something is seriously amiss, we are called to be our brother’s or sister’s keeper. The experience may be frightening, and we may want to deny or minimise the suicidal communication. We may want to shy away because we feel unprepared to help someone with suicidal thoughts or think that we may make matters worse. Yet our responsibility is to listen, to pray hard for them, to encourage the person to talk, and to get him or her appropriate help.

Beyond the crisis situation, we will want that person to hear the healing comfort of the Gospel and receive the care of the congregation. That care might, for example, involve creating an ongoing support network for a person and his or her family.

Based on the Evangelical Lutheran Church in America

www.elca.org/What-We-Believe/Social-Issues/Messages/Suicide-Prevention.aspx

Biblical Texts

These texts are intended to provide some scriptural references for communities of faith as they seek to address the struggles and spiritual needs of those who have a mental illness.

Psalm 88 If you have never experienced the devastation of a serious mental illness, Psalm 88 is one place to begin. This Psalmist describes feelings of sadness, isolation, anger, abandonment, mistrust, spiritual emptiness and hopelessness. But sometimes it is precisely with our wounds and in our brokenness that we are most open to God. When we let go of our need to control and are truly open to God's transforming grace, we find that the darkness becomes a time not of doing and knowing, but of being and unknowing. It is here that we discover the source of mystery that holds us and surrounds us even when we are not aware of that Divine presence.

Depression

Isaiah 58: 8, 9, John 1: 1-5, John 8: 12 The creation story from the first chapter of Genesis tells of God creating light out of the darkness. Light is a symbol of hope and new life throughout Scripture. The Gospel of John proclaims, "The light shines in the darkness, and the darkness did not overcome it." (John 1: 5) The foundation of our faith is God's victory over darkness and the ultimate triumph of light. Darkness can be terrifying for those experiencing mental illness. But love can be found in the dark places and the love of God and our people can draw us back into the light of this world. For those who struggle, we can be instruments of God's love by extending care, compassion and hope to them.

1 Kings 19: 1-16a After a dramatic showdown with the priests of Baal on Mt. Carmel in which Elijah was victorious, Queen Jezebel threatened Elijah's life. Elijah left his servant and fled to the desert where he took refuge under a broom tree. He wished he would die. Instead of gathering his friends around him for support, he isolated himself. Elijah was experiencing many of the symptoms of depression, which are still very common today, such as lack of sleep, physical exhaustion, feeling rejected and worthless, isolation and irrational negative thoughts about his own death. An angel of the Lord ministered to Elijah until he was ready to return to his community.

Youth

Luke 15: 11-32 The Prodigal Son When a young adult has a mental illness they often feel lost and abandoned by family, friends, and church. Parents need to realise that young people make mistakes, because they are young and sometimes because their judgment is impaired by a mental illness. Most, like the prodigal son come home. If they don't seem to be headed in this direction, parents need to know the signs and not be afraid to intervene. Seeking professional help is not a sign of weakness, but a sign of strength. The church can play a vital role in educating the congregation so that the church can be a safe and supportive community for the youth and the families struggling with these issues.

Older Adults

1 Samuel 16: 14-23 The young David is introduced to the troubled King Saul who is tormented by “an evil spirit from the Lord.” David provides soothing music for the troubled king. But, more importantly, he is caring and compassionate even in the face of Saul’s terrible rages. Too often we try to explain behaviours we do not understand by labelling them as an “evil spirit” or as a punishment from God. Medical science has taught us much about illnesses of the brain. Modern researchers have theorised that Saul suffered from a mental illness. As people of faith, we are called to share God’s love and compassion with those who are hurting. We can and should be instruments of healing and comfort to those we know are suffering from a mental illness just as David was an instrument of healing and comfort to Saul.

Caring Congregations Luke 8: 26-29 This text from Luke reveals that people with mental illness in biblical times were often banished from their communities because of the community’s fear of behaviours they did not understand. In Luke’s version of this story, Jesus intentionally sought out this man just as the church must do today. Because of Jesus’ love and compassion, this man was healed.





Worship Resources

The Funeral

Below are some examples of prayers from different sources dealing with death through suicide.

God, the pain of bereavement is doubly felt
in the pain of knowing our loved one's unhappiness.
We pray for forgiveness if we failed in any way
to give help or comfort when it was needed.
In the knowledge of your forgiveness in Christ,
we pray for release from guilt,
that our sorrow may be free from self-blame and bitter regrets.
Pour out your compassion and cleansing love
wherever the ripples of hurt and pain have spread.
We commend N into your strong and loving hands.
You are the one who knows him through and through.
We trust in your goodness, compassion and infinite love.
Take us all into your loving purposes
and cleanse us from hopeless grief and self-punishing pain.
Help us to mourn in hope of ultimate healing and release.
Through Jesus Christ our Lord. Amen.

Lord, one you love has died. We loved him too, but right now that love is painful because he has chosen to no longer be part of us. We find it hard to understand, to make any sense of at all. We offer to you our shock, our confusion, our anger and our unutterable sorrow. Give us, we pray, a light in our darkness and a knowledge of your love for Name and for us, that will steady us and give us hope. Amen.

God our Creator, you are the source of all love and life. We give you thanks for Name.
For the remarkable gift he was and will continue to be.
As we farewell a husband, father, and friend we do so with heavy hearts.
We remember all that he has meant to us, and give thanks for the rich memories we have:
his love of his family and friends, his delight in (insert their particular qualities that communicate the personality of the deceased.)
We also remember the times when he was hard to understand, when he moved beyond our reach and we couldn't touch him with our love and care.
Heal our memories of hurt and bring us to forgiveness and life.
Loving God, surround us with your compassion. Do not let grief overwhelm us.
Give us strength and courage to leave Name in your care, knowing that he is safe there, believing that he is at peace.
We pray for Name (spouse) as the horizon shifts for her/him, and for immediate family, for the wider family, and those, who through Name's generosity, became family.

May the love they shared with him, nourish, comfort and give strength to each. As we come to pay a final farewell, grant courage. Courage to hold on, and courage to let go. Support us, Lord, all the day - long of this troubled life, until the shadows lengthen, and the evening comes, the busy world is hushed, the fever of life is over, and our work is done. Then, Lord, in your mercy, give us safe lodging, a holy rest, and peace at the last. Amen.

A Homily

This is one example of what can be said in the homily. It is based on Psalm 23.

To mourn the death of someone we love is a complex business. Grief is further complicated when death was that person's deliberate choice. Our sadness is accompanied by a mixed bag of responses. Questions for which there will most likely never be answers; anger at the one we loved for making this choice and leaving us with the weight of grief; the hunting back in time for clues and cues; the wondering if we could have done anything differently.

At some point we must come to terms with the fact that there are no answers. Only by doing that can we free ourselves from a futile search. We must also accept that there is no shortcut through grief - no magic pills or potions, no special incantations. Living with and through the pain is the task that lies ahead, and, hard as it is, it is the only way forward that will eventually bring a measure of peace and healing.

This mixed bag is something we must hold carefully and gently, lest Name's death overwhelm the enormous gift of his life. For that would be a huge injustice - both to him, and to us.

We have heard the words of Psalm 23 - familiar, comforting words. These opening verses provide a beautiful picture of green pastures and still waters. A picture that will undoubtedly trigger memories of ... Name some of the things you have learned about the person and their passions in life. But as a metaphor green pastures and still waters speak of those gentle times in life when we know security and comfort, when we are sure of ourselves, when things are on track. There are moments in time when we suddenly become aware that life is good, that we are blessed.

I have no doubt that there were many times like this for Name. Certainly as I heard his/her family sharing stories there were plenty of examples: like (speak about some of the particularly important and joyful memories that family Named). These give us a picture of green pastures and still waters.

But contained in the Psalm is reference to travelling through the valley of the shadow of death. It is where we gather today. Being in the valley of shadows is a powerful metaphor for those times when life is tough.

Every life knows times of shadow. And certainly that was also the case for Name. He suffered from a very difficult illness; depression, one that alters the way the world looks. It modifies not only our mood, but our perspective on who we are, and what value we hold. His outgoing personality ensured that many people didn't know his reality. But for some there will be memories of times when Name was subdued and hard to reach.

This Psalm goes on to acknowledge the presence of the Shepherd - an image of God. The shepherd is present in all of life, those times that are easy as well as the times that are tough. This God is alongside us in all that life holds. This God delights in our joys and grieves with us in our pain. I believe that God was with Name in all the times of shadow that he experienced. And I believe that God is with us too, as we inhabit the valley of the shadow of Name's death.

Because as St Paul wrote, there is nothing in death or life that can separate us from the love of God. Amen.

Sarah Park

Diocese of Auckland

'Blue' Liturgies

Many Churches offer 'Blue' worship around festive times such as Christmas and Easter. This is a way to acknowledge that these are not always easy times for everyone in our community. There are moments when we feel blue through the loss of a loved one, the breakdown of a relationship, loss of employment and so on. 'Blue' worship is one way to acknowledge these feelings and offer some Christian hope for these situations.

As an example, here are some readings, prayers, symbolic activities and hymn suggestions for a **Blue Christmas** service.

Readings

Isaiah 40:1-9; Psalm 22: 1-2, 9-11; Matthew 1: 18-24; John 1:1-5; 9-14

Prayer

Call to Worship

The people who walk in darkness have seen a great light;
On those who live in a land of deep shadow a light has shone.
For the yoke that was weighing upon them,
and the burden upon their shoulders,
you have broken in pieces, O God.

Or

The wilderness shall be glad, and the desert shall blossom.
All flesh will see God's majesty and glory.
You with weak hands, God will strengthen you!
You who are fearful, take heart!
For behold, God is coming to save the faithful.
They will obtain joy and gladness, and sorrow and sighing shall flee away.
Even in our sadness, even in our tears, let us rejoice and give thanks, for our God comes.
Lord, you are holy and merciful
Send, Lord, your Holy Spirit, so that our hearts may be moved by the love you bestow on us through Jesus
Christ our Lord. Inspire and fill us with your love and peace. Amen.

A Gathering Prayer

God of mercy, hear our prayer this Advent Season for ourselves and our families who live with painful memories of loss and difficult present experiences. We ask for strength for today, courage for tomorrow, and peace for the future. We ask these things in the name of your son Jesus Christ, who shares our life in joy and sorrow, death and new birth, despair and promise. Amen.

A Reflective Prayer

In these days, when the focus of the community is on the coming of love into the world,
On the expression of that love in families,
On having many friends and people who love us
For the giving and receiving of gifts:
Some of us are not surrounded by love,
Some of us have no families, or we are part of families
Which are less than expressions of loving relationship
Some of us are carried into painful awareness of loss,
Of the absence of people we have loved,
Of loneliness, of betrayals of love,
Of cynicism as we survey the activities around us.
Sometimes we would rather that Christmas was past,
But even if we try to pretend that we can avoid its claims upon us,
We dread the day, we look with relief to its ending.
Some of us remember others for whom Christmas is an ordeal rather than a joy.
On this day, we will dare to stay with our real feelings about the journey towards Christmas.
On this day, we will grieve for ourselves or for others
Who do not look towards Christmas with hopeful anticipation. We are not alone!

A Final prayer

Gentle God, thank you for your constant love.
Help us to remember that you long to comfort and hold us.
Help us to listen for your voice in the words of friends, family and strangers.
Help us to learn to redefine ourselves as we seek to respond in positive ways to changes.
Thank you for the life you have given us, and the assurance that we are your people.
Help us to learn to redefine ourselves as we seek to respond in positive ways to changes.
Thank you for the life you have given us, and the assurance that we are your people.
May the candles we have lit today be symbolic of the light of your constant love.
In Jesus' Name. Amen.

Or

Compassionate God, there are those among us who are grieving over what might have been. A death or loss has changed our experience of Christmas. And so, we offer to You the pain in our hearts, the traumas that some of us cannot put into words. Help us, Loving Lord, to believe and know that You hear, understand, and keep loving us. Amen

Symbols

Water This is a bowl of salt water. It symbolizes the tears of the world and our tears as we approach Christmas. Let us enter this honest place of grieving in our hearts. Let us think of ourselves and others. We recognize the significance of the pain in some lives at this time and invite loving thoughts and prayers to surround them.

Candles We invite you to come forward to light a candle in memory of a loved one, or for a circumstance or event that makes this season difficult for you. If you would like to seek healing for your pain, your illness, your distress, your estranged relationship, for anything your soul is struggling with, a minister will offer healing prayers with you during this time as well.

Hymns / Songs

- Comfort, Comfort
- I Heard the Voice of Jesus Say
- For You, Deep Stillness
- I Cannot Tell
- I'm Spending Christmas with Jesus Christ this Year. (Wanda Bencke)

Mandy Herriman / Gill Rookyard

Kingsley/ Woodvale Anglican Church

(With some material taken from Dorothy Rae McMahon)





Further Reading

Resources for Clergy

Clark, D. (Ed.). (1993). Clergy response to suicidal persons and their family members. Chicago: Exploration Press.

Dunne, E. J., McIntosh, J. L., & Dunne-Maxim, K. (Eds.). (1987). Suicide and its aftermath: Understanding and counselling the survivors. New York: W. W. Norton & Co.

Quinnett, P. G. (2000). Counselling suicidal people: A therapy of hope. Spokane, WA: QPR Institute. Retrieved from www.qprinstitute.com/bookstore.html

Suicide Prevention Resource Centre. (2004). After a suicide: Recommendations for religious services and other public memorial observances. Newton, MA: Education Development Centre, Inc. Retrieved from www.sprc.org/library/aftersuicide.pdf

National Suicide Prevention Resource Centre & Litts, D 2004
hhd.org/resources/publications/after-suicide-recommendations-religious-services-and-other-public-memorial-ob

Books

Bereavement through suicide

After Suicide: Help for the Bereaved Dr Sheila Clark (1995) Melbourne, Australia: Hill of Content

Suicide Survivors' Handbook: A Guide For The Bereaved And Those Who Wish To Help Them Trudy Carlson (2000) Minneapolis: Benline Press.

Picking up life's pieces...after a suicide. A Hope and Help Handbook. Eric Trezise and Rodney Lynn (1997) NSW, Australia: TEAKL Education

No Time For Goodbyes Janice Harris Lord (1988) NSW, Australia

Suicide Survivors: A guide for those left behind Adina Wroblewski (1991) Minneapolis: Afterwords

Coping with Grief Mal McKissock (2000) Also available from ABC bookshops

Living with grief after sudden loss: Suicide, homicide, accident, heart attack, stroke Kenneth JD (1996) Washington USA: Hospice Foundation of America

Books for parents and those helping children

The suicidal child Pfeffer, Cynthia (1986) New York: Guildford Press

Supporting children after suicide: Information for parents and other caregivers Kerrie Noonan and Alana Douglas (2001) NSW, Australia. Available from the Liverpool Community Health Service (NSW). Telephone 02 9828 4844.

Help me say goodbye Janis Silverman (1999) Minneapolis: Fairview Press Available through publisher's US website www.press.fairview.org as well as online bookstores in Australia.

Bereaved Children and Teens: a Support Guide for Parents and Professionals Earl A. Grollman (1993) Boston: Beacon

Grief in children - A handbook for adults Dyregrov A (1991) Jessica Kingsley Publisher

How do we tell the children? Schaefer D, Lyons C (1993) New York: Newmarket Press

Helping children cope with grief Wells R (1998) London: Sheldon Press

Websites and internet resources

The following websites also provide useful information and points of contact to receive further support. All sites are Australian based unless indicated.

Suicide prevention websites

mcsp.org.au The Ministerial Council on Suicide Prevention's site includes information and resources concerning suicide prevention.

www.livingisforeveryone.com.au The Living Is For Everyone (LIFE) website is a suicide and self-harm prevention resource providing the best available evidence and resources, including a series of fact sheets on suicide and suicide prevention.

www.lifeline.org.au/find_help/suicide_prevention Lifeline operates a telephone counselling service nationally, accessible 24-hours a day, seven days a week. Lifeline also facilitates a number of training programs in suicide prevention and operates a self-help information line from 9am-5pm Monday-Friday.

www.save.org This is a US based website. The aim of SAVE is to educate about suicide prevention and to speak for suicide survivors. This site contains useful information on grief and bereavement that is specific to suicide.

suicidology.org/ US based website of the American Association of Suicidology.

www.rcpsych.au.uk/mentalhealthinformation/mentalhealthproblems/bereavement.aspx This is a UK based website.

Bereavement after suicide

www.lifeline.org.au/find_help/suicide_prevention/suicide_prevention_links_and_resources/9 Lifeline Australia provides information, resources and links to support services.

www.jss.org.au/content/view/95/128/ Jesuit Social Services Support After Suicide website provides information, counselling and support to children, young people and adults bereaved by suicide.

www.sane.org SANE Australia provides fact sheets and podcasts to help people who have had someone close to them suicide. Care and Support Pack for Families and Friends Bereaved by Suicide

www.health.nsw.gov.au/pubs/2007/care_support_pack.html The NSW Health Department offers this downloadable resource in three separate brochures: - After a suicide death: information for families and friends - At the time: when someone you know has died by suicide - Coping with grief after a suicide death Sudden loss support kit.

www.dhhs.tas.gov.au/_data/assets/pdf_file/0011/31106/SLT_Booklet_web.pdf A downloadable booklet for people who are bereaved by suicide and sudden death produced by the Tasmanian Department of Health and Human Services. Help is at hand: a resource for people bereaved by suicide and other sudden, traumatic death

www.readthesigns.com.au/_data/assets/pdf_file/0019/30772/SOS_Final_Oct_06_reprint.pdf A downloadable PDF resource for survivors of suicide, produced by Lifeline Australia.

For children and young people

www.reachout.com.au Reach Out! Is an Australian web-based service that inspires young people to help themselves through tough times by providing support information and referrals.

www.childhoodgrief.org.au The National Centre for Childhood Grief provides support to children who are grieving a death as they learn to live with its impact on their lives.

For people who have lost children

www.thecompassionatefriends.org.au The Compassionate Friends assist families in the positive resolution of grief following the death of a child and to provide information to help others be supportive. They provide support groups for parents, grandparents and siblings.

www.opendoors.com.au/ExperiencesC.htm This site contains personal stories and helpful information about experiences of grief.