

SUMMER 2016 // LIPSCOMB NOW:

INTERSECTIONS


OF FAITH & CULTURE



PURSUING RESILIENCY

*Understanding and responding to
the challenges of suicide.*

A RESOURCE FOR CHURCH LEADERS

A close-up photograph of the Osman Fountain. The image shows a concrete ledge with water cascading over it. Above the ledge, a stone inscription is visible, which reads "Whoever believes and is baptized will be saved". The water is captured in motion, creating a blurred effect as it flows. The background is dark and out of focus.

"Whoever believes and is baptized will be saved"

The Osman Fountain, located in the heart of campus, is named in honor of 18-year-old Ty Osman who perished in a roadside accident. The fountain includes a baptistery, made possible by Raymond and Libby Jones, that is the site of frequent baptisms.

INTERSECTIONS

OF FAITH & CULTURE

Volume 4 Number 1

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Lipscomb holds the 24-hour First Day We Pray event each year on the first day of school.

Addressing the raw moments of life

People often ask me what is the most difficult aspect of my job as president of a university. I quickly respond, “the death of a student, especially when that grief is magnified with a suicide.” Only once in my tenure have I had to walk this path. It is a horrific event for students and their families and a challenging event to process throughout the community.

The situation is never just three days to a funeral then the grief is behind us. Rather, it is an event that impacts the entire academic year and calls us to respond in comforting and meaningful ways

months after the event. For many it is the first death of a peer. Beyond comforting, they often need reassurance that their shock and grief are normal and healthy reactions. Some will experience emotional and even physical pain, which can be troubling for them. We must be sensitive to the unique needs of each bereaved student.

Just as family members ask why or if they could have done something to prevent a suicide, so does the extended community that surrounds the one who died. Whether it is church members, classmates, teammates or neighbors, the complexity of the emotions felt by those who are left searching for answers is often difficult to manage.

We were somewhat reluctant to devote an issue on this topic, which is filled with tragedy and most often not spoken about. On the other hand, if our mission is to be intentionally, courageously and graciously Christian, then we are called to address these very real, raw moments of life. That includes when life is abruptly taken.

We offer this issue of *Intersections* as something we hope will be informational, particularly transparent, relevant and ultimately a call for all of us to be of greater assistance to those in need. May these articles and resources provide you with knowledge, understanding and keen awareness needed to make a difference with those who may be in distress.

L. Randolph Lowry
President
Lipscomb University



P.S. If you find this publication helpful, please do two things: email comments and suggestions to jenna.schrader@lipscomb.edu and pass it on to a ministry friend!

Do I make a difference?

Melissa Trevathan, MRE
 Founder and Executive Director of
 Daystar Counseling Ministries



Daystar offers counseling to kids and families in the Middle Tennessee area, both individual and group counseling for children, adolescents, families and young adults. Currently, Daystar serves approximately 1,300 families, holds 16 weekly groups and holds a summer residential camp and a day camp. Trevathan conducts assessments, oversees groups, leads retreats, teaches adult classes and holds private counseling sessions.

Intersections: *What got you into counseling adolescents?*

Trevathan: I started Daystar Counseling Ministries in 1985, but my work with kids began when I was 16 years old. At that time, my own church in Murray (Kentucky) was without a youth director. I, with all of the boldness and naiveté of a 16-year-old, went to our head minister and told him we needed someone, and until we found the right person, I'd be happy to step in. I've been working with kids ever since.

Between that time and 1985, I served as the youth director at four churches, a retreat leader and the head of spiritual life at Brentwood Academy. By the mid-1980s, I was increasingly convinced that kids needed a safe place to talk. Counseling, as we think of it now, was just beginning. And so, with the help of a board of directors, a friend named Nita Andrews and two groups of high school kids, I started Daystar Counseling Ministries. Since that time, we've grown into a staff of 20 and are currently serving over 1,300 families in Middle Tennessee and beyond in what one child called "a little yellow house that helps people."

Teenagers today still need to talk, maybe even more so. Adolescence is a pivotal time in their development. It is important that every teen has an opportunity to learn to express their thoughts

and feelings and to be challenged as they learn to make choices that reflect who God has created them to be.

Intersections: *I hear your dog joins you in counseling sessions?*

Trevathan: In the past 30 years, I have had the blessing of seeking and finding a staff of trained and compassionate counselors who, each in their own unique giftedness, help to continue to create a safe place at Daystar. Several of the most important staff members at Daystar are our dogs. Mine is Blueberry Pancake, an Old English Sheepdog who helps herd—or counsel—the kids I see. She's what you might call over-loved and under-paid.

Intersections: *How have you seen the attitudes and actions of teens change over the past few years?*

Trevathan: My fellow counselors and I all feel passionately that teenagers are facing more struggles—even just through the changes in technology alone—and are less equipped to deal with what's going on inside of and around them. Adolescence is a time in their life where much is changing physically, emotionally and socially. They're trying to develop a sense of their identities and separate from their parents, today under the watchful (and often critical) eyes of their 1,000+ "friends" on social media. We need to give them better tools—in all of these areas—to process all of the changes taking place.

Just in the past few months, I have been writing a new book, along with Sissy Goff and David Thomas (both directors of counseling at Daystar), about how things have changed in the lives of children and teens in recent years. It's based on social, emotional and spiritual milestones that we believe all





kids need to reach in their development and many are tragically missing those milestones today. We also speak on these topics and have written about them in our other books and blog, raisingboysandgirls.com.

Intersections: *What do you attribute this to mostly?*

Trevathan: There is a sense among kids today of “I just can’t keep up.” They think: “My life doesn’t look as exciting, or fun, or busy, or happy as everyone else’s. I don’t have as many friends. I feel fear.” We say often that loneliness doesn’t show up on Instagram. All teenagers feel lonely, but they’re not talking about it to each other, unless we’re giving them opportunity to do so. And they’re sure not showing it on social media. Add to that peer pressure, family struggles, bullying, entitlement, the increase in anxiety and depression, and they’re dealing with entirely too much.

Intersections: *It seems more young people are contemplating what life would be like for others if they were dead. What is going on in their brains?*

Trevathan: Many kids make statements like “things would be easier if I weren’t here.” What they’re often asking is some version of “Do I matter?” “Do I make a difference to anyone else?” There is a continuum that is very wide leading up to suicide. The problem is that we just don’t often know what’s truly going on inside a young person’s mind. Plus, a part of the adolescent brain dictates a profound impulsivity. So, if you ever wonder if your child could be depressed or contemplating death or suicide, you want to take them to a professional who can help.

Intersections: *What triggers a young person to move from contemplating life without them in it to ending their own life?*

Trevathan: We want teenagers to ask questions like “Do I matter?” At the end of that question is hopefully where they find a sense of purpose...or at least the beginning of one. But we need to give them opportunities to walk that purpose out. One of the best elevators of self-esteem of kids of all ages is seeing that they make a difference... experiencing that by their own hands and hearts.

We need to empower kids by helping them discover for themselves what they think, connecting the dots rather than teaching to and talking at them so much. We need to ask them good questions, to respect their quests to figure out who they are and what they think, and we need to give them opportunities to give. Let your teenager pick what charity to volunteer at once a week. Help them find things they’re passionate about. Help them find their voice. It’s when a teenager doesn’t believe they matter, when they have an apathy about life and what means the most to them that we start to really worry.

Intersections: *What is it adolescents need to be able to overcome negative feelings and choose resiliency?*

Trevathan: In our new book, we talk a lot about the sense of entitlement kids feel today. Statistics say that anxious parents often raise anxious kids. It’s because we’re worried about the kids we love. We want to help. But, in essence, we end up helping too much. We become their answers, rather than helping them discover their own. They don’t develop grit, because we don’t give them

the opportunities to do so. Kids need to struggle. They need to fail. It's the path, for all of us to perseverance, character and, ultimately, hope.

Intersections: *What do parents need to know?*

Trevathan: Allow your kids to struggle. Don't rescue. Be there to listen, but not to fix the problem for them. They need your support in these years more than they need your answers. It's a time in their lives when they need to be developing their own strength, rather than just relying on yours.

Intersections: *What about youth ministers and church leaders?*

Trevathan: For those of us who love kids, we need to sit with them in the hard questions. We need to give them room and safe places to express all that is happening inside of them. And then, when needed, we need to direct them toward help. They don't talk if they don't believe we're really listening.

Intersections: *You've been at this now for 30 years. If you were going to boil down how an adult Christian leader could help a teen, what two or three things would you ask them to do that would pay the biggest dividend?*

Trevathan: I believe the two most important things we can do with teenagers are to listen and to learn to ask good questions. We want them to be in the

process of discovering the truth for themselves. And we can help facilitate the process or we can hinder it. And they really want us to enjoy them. Teenagers don't feel this much from the adults around them and they still long for it desperately, even though it may look different.

Intersections: *How could others from Middle Tennessee support your work?*

Trevathan: We always need volunteers for work days around our Daystar house and to help our development team. We're so honored when others want to offer hope to hurting kids and families.

ROLLER COASTER

DAVID'S WILD RIDE WITH GOD

Lipscomb University's Office of Church Services provides free online resources on the life of David at: lipscomb.edu/servingchurches

The 2016 Summer Celebration Online Resource Kit, *Roller Coaster: David's Wild Ride with God*, provides videos of the 10 keynote speakers, focusing on lessons from David's life, as well as the eight speakers in the Young Women Speakers Series exploring the cast of characters whose lives intersected with David's. Study guides and additional discussion questions guide you through the compelling life of David.

Speakers included in *Roller Coaster: David's Wild Ride with God* resources are:

Keynote Speakers

| | |
|-------------------|-----------------|
| Joseph Shulam | Josh Ross |
| Jonathan Storment | David Fleer |
| Phillip Brookman | Richard Barclay |
| Chris Smith | Alan Robertson |
| Ronnie Norman | Lynn Anderson |

Young Women Speakers

| | |
|------------------------|---------------------|
| Naomi Walters | Sarah Gaston Barton |
| Amy Bost Henegar | Heather Hodges |
| Amy McLaughlin-Sheasby | Lauren Calvin-Cooke |
| Mallory Wyckoff | |
| Emily Lavender | |

We are excited to offer this in-depth study and hope it can enhance your church's vision. For any questions regarding the two offerings, contact Scott Sager, vice president of church services at Lipscomb University, at scott.sager@lipscomb.edu.

Available at lipscomb.edu/servingchurches.

Startling Stats on Suicide

Every 15 minutes, someone in the United States takes his or her own life.

That's 35,000 suicides every year in this country—and likely more, since many suicides are disguised as accidents. Although studies have been inconclusive, it seems suicide occurs among Christians at essentially the same rate as non-Christians. Suicide is the 10th leading cause of death in the United States.

Suicide is an issue that we often avoid talking about in the church. These statistics make clear the breadth of the suicide epidemic today and that it can no longer be whispered about behind closed doors. Check out the “startling statistics” in this issue of *Intersections* and use them to start talking with your friends, family and faith communities about how we can be light in someone's time of darkness.

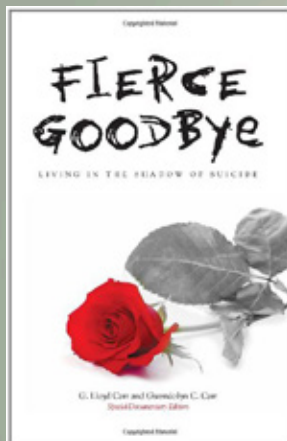


Andrea Mills LPC-MHSP

Program Director, Campus Suicide Prevention Grant

*Assistant Director, Counseling Center
Lipscomb University*

INTERSECTIONS *Recommends...*



Fierce Goodbye

G. Lloyd and Gwendolyn C. Carr (2004)

Many believers struggle to understand what the Bible says on the topic of suicide...or, what it does not say. G. Lloyd Carr, now professor emeritus of biblical and theological studies at Gordon College, began to ask these questions after his beloved daughter-in-law died by suicide. He embarked on a thorough canvassing of the Scriptures and church history on this topic, which helped him on his grief journey.

His poet wife, Gwendolyn C. Carr, found solace in writing out her responses and thoughts in moving, sensitive poetry. Their combined efforts in this book meld the pain and poignancy of the devastating experience of a family member's suicide with expertise from their respective professions. *Fierce Goodbye* is first and foremost a deeply personal account of a family dealing with suicide, yet it also offers solid guidance for those who worry about the eternal fate of a loved one.

Chapter six, titled “The Way It Is: A Look at Some Bible Stories,” provides a crucial, biblical perspective for dealing with the question of suicide and redemption. The authors highlight well-known Old Testament characters, such as Samson (Judges 16:23-31) and King Saul (1 Sam. 31:4-6) to the lesser-known characters (Abimelech, Ahithophel and Zimri), who all took their own lives. Then the authors remind us of the one recorded New Testament suicide, Judas Iscariot, who betrayed Jesus (Matt. 27:3-10, Acts 1:18-19) and then took his own life.

Chapters 13 and 14 provide the reader an understanding that although the departed loved one had a deep faith, it does not immunize against such personal tragedy and pain. This book has also been made into a documentary, which aired on the Hallmark Channel in 2004. It highlights different families dealing with suicide, biblical scholars and theologians, and experts in the mental health field.

Visit www.fiercegoodbye.com to learn more about the video and study guide.

- Jenna L. Schrader

Preventing Suicide on College Campuses

The Garrett Lee Smith Campus Suicide Prevention Program

By: **Jennifer Cappella MPH** and
Rosalyn Blogier LCSW-C

The risk for suicide among college students is a major public health issue that affects institutions of higher education across the nation. Research indicates that the base rate for suicide among college students is believed to be in the neighborhood of seven or eight suicides per 100,000 students.¹ Young adults ages 18 to 25 are far more likely to have seriously considered suicide in the past year than adults aged 26 to 49 and those aged 50 and older.²

College students face tremendous stress—navigating the transition from adolescence to adulthood; experiencing new relationships; dealing with academic challenges; living away from home for the first

time; and managing the new freedom to make choices independently, whether positive or negative. These are perennial issues, but rising rates of stress among college students and other young adults appear to be part of a larger phenomenon.

Today's financial pressures on many students are more acute than ever. In addition to the question of how students and their families can pay for college, increasingly uncertain career prospects add to the strain. All of this is taking place at an age when mental illnesses often surface for the first time; and at a time when alcohol and other drug use is associated with managing anxiety during adolescence and the college years.

According to the most recent health assessment by the American College Health Association in 2014, any time in the past 12 months:

63.9% of college students felt very sad

34.5% felt so depressed that it was difficult to function

56.9% felt overwhelming anxiety

85.6% felt overwhelmed by all they had to do

58.8% felt very lonely.³

The 2014 National Survey on Drug Use and Health revealed that:

7.5 % (639,000) college students had serious thoughts of suicide;

2.1 % (185,000) made suicide plans

1.0 % (85,000) attempted suicide in the past year.⁴

Suicide Contagion

Understandably suicidal ideation and behaviors have a palpable impact on the individual and their family and friends. However, colleges must deal with even more widespread psychological impacts of suicides such as suicide contagion on other members of the campus community. Roommates, peers, faculty and staff also feel profound grief over student suicides and suicidal behavior. There is also evidence that suicide contagion and clusters are more likely among young people and in contained or bounded communities such as college campuses.^{5,6}

Suicide contagion is defined as the process by which knowledge of a suicide facilitates the occurrence of a subsequent suicide.⁷ Completed suicides on college campuses, particularly clusters

(when multiple suicides occur within close proximity), also often catch the attention of the media, compounding the complexity of the already sensitive situation.

The GLS Act

The federal government and the Substance Abuse and Mental Health Services Administration recognize the need to focus on the behavioral health of college students. As a response to concerns about youth mental health, the Garrett Lee Smith Memorial Act was signed into law.

The act was sponsored by then-senator Gordon Smith of Oregon in memory of his son who died by suicide at college. The GLS Act authorizes funding that enables colleges and universities to enhance support for students with mental and behavioral health problems. This support helps to identify students who are risk for suicide and suicide attempts; increase protective factors that promote mental health; reduce risk factors for suicide; and reduce suicides and suicide attempts.

Funding authorized under the GLS Act also goes to states and tribes to enhance suicide prevention efforts for youth ages 10-24. Additionally, the GLS Act authorized the creation of the Suicide Prevention Resource Center, a resource center that offers technical assistance, training and resources on suicide and suicide prevention to anyone, nationwide.

To date, SAMHSA has awarded 212 GLS Campus Suicide Prevention grants to 197 institutions of higher education. Lipscomb University was awarded a GLS grant in 2015, and has joined this national network of colleges in building multifaceted approaches to campus suicide prevention designed to extend beyond the campus counseling center and local community mental health center. These approaches include educating the campus community on identifying signs of depression and suicidal ideation; creating linkages to mental health services; and encouraging students to seek the help.

Startling Stats on Suicide

*Worldwide, 800,000 people die by suicide a year.
That is one person every 40 seconds.*

Prevention

Their comprehensive approach includes consistent and coordinated activities in all social spheres in which the students live, study, work and play. The GLS Campus Suicide Prevention program enables campuses to:



Train students and campus personnel to recognize signs of suicide, respond effectively, and make appropriate referrals for students including veterans, who are in crisis or at risk for suicide;



Create mechanisms linking the institution with community-based mental health providers;



Conduct seminars for students and campus personnel on topics such as preventing suicide, identifying risk and protective factors, promoting help-seeking and reducing the stigma of seeking mental health care;



Operate local hotlines and promote the National Suicide Prevention Lifeline (1-800-273-8255);



Make print, electronic and other information and materials available on campus to increase awareness of mental and other behavioral health issues; and



Provide educational materials for families of students about mental health and other behavioral issues.

The impact of this program is notable. Suicide prevention programs have become part of a larger, integrated wellness approach on campuses. In many cases, GLS campuses work closely with violence and substance use prevention programs to engage their campuses in a public health model of promoting mental health and well-being.

Reaching out...

If you or anyone you know is feeling suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). You will be connected to a trained counselor at a crisis center in your area, 24 hours a day, seven days a week.

To learn more about the GLS Campus Suicide Prevention Program and other funding opportunities from SAMHSA, visit the SAMHSA website at www.samhsa.gov.

Resources:

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org/

Substance Abuse and Mental Health Services Administration
www.samhsa.gov/

Preventing Suicide: A Toolkit for High School Personnel
store.samhsa.gov/product/SMA12-4669

Suicide Prevention Resource Center
www.sprc.org/

The Jed Foundation
www.jedfoundation.org/

With GLS grant funding, more than 270,000 students, faculty, staff and families have been trained as gatekeepers to identify signs of suicidality; and more than three-quarters of those trained said they planned to identify students at risk and more than two-thirds would make referrals for mental health services.

GLS campuses have found that, after implementing their GLS grant outreach efforts and awareness activities, students are more likely to utilize the resources of the counseling center and other avenues of support.⁸ Culturally sensitive programming and materials have augmented the reach of the suicide prevention and mental health promotion activities on GLS campuses to special populations such as the LGBTQ community, to veterans and their families, and to professional/graduate students; and international students, for example.

The transition to college can be taxing for many young adults leading to stress, anxiety and depression. It is SAMHSA's mission through the GLS Campus Suicide Prevention grant, to ensure that those students who are experiencing these feelings, or whose depression has left them feeling hopeless or suicidal, receive help in returning to a healthy state of mind so they can thrive.

QPR: A compassionate tool for churches

The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief or bereavement, who can tolerate not knowing... not healing, not curing... that is a friend who cares.

— **Henri J. M. Nouwen**

Church is divinely designed to be a community of believers who “are together and have all things in common... sharing with all, as anyone might have need” (taken from Acts 2). We often think of the tangible things that we have to share—money to help meet basic needs, a bake sale to benefit the youth group’s upcoming mission trip, a coat drive in the winter for the local homeless—but often, in whatever form, on a daily basis, what the church shares is simply hope.

“I don’t want to live.”

“There is nothing left for me.”

“I just want to go to sleep and not wake up.”

How does the church handle this most basic need—the will to live? From clergy to layperson, it can feel like a daunting, impossible task to sit with this person. There is a simple tool which can assist churches in feeling more equipped to deal with the “S-word”—suicide. Often this is a word we shy away from in church communities, believing that if we don’t speak it, it won’t occur.

The tool is QPR, which stands for “Question, Persuade, Refer.” QPR is a simple, effective tool for church communities to use when a person is showing some behavioral cues that may suggest suicidal thoughts are in play. Some of these behaviors include: isolation, speaking of hopelessness, giving away prized possessions and a history of prior suicide attempts or entertaining ideas of suicide. QPR can shed light on what to look for in order to enable churches to provide appropriate support.

QUESTION refers to simply asking a person if they are having suicidal thoughts. QPR can assist with working through the stigma of this, and can also address questions of appropriateness. “What if I plant the thought of suicide in their heads?” Research shows that if a person is suicidal, they will be relieved to hear someone ask them this intimidating, intimate question. In short, it begins a conversation with the person which will relieve some emotional pressure.

PERSUADE discusses the process of persuading a person with suicidal ideation to live. This feels like a tall order, and QPR provides a format which can be tailored to provide support to the hurting person.

REFER assists the person experiencing suicidal thoughts in finding appropriate mental health and social support resources. The layperson and the clergy should be equipped and connected in the community in order to send the person with suicidal ideation to the appropriate resources.



Lacey Rudisell
Program Coordinator,
Campus Suicide Prevention Grant
Lipscomb University



But this does not mean that the church then abandons those they refer to mental health assistance. Again, the church is charged with providing hope, community and support for those in need.

The church can be a welcoming place for the hurting person and can provide the “friend who cares” that Nouwen speaks of while ensuring that appropriate and effective mental health care can assist with issues that the church may not feel able to handle. Supporting the will to live can feel like a heavy burden.

QPR can assist churches by providing a format to be able to help those who are hurting in an effective and empowering way.

QPR is a short training that teaches anyone how to prevent suicide. Contact Lipscomb University’s Office of Church Services at 615.966.5156 if you are interested in bringing a Christian-based QPR training to your church. QPR also offers an online version of the training on their website www.qprinstitute.com.

Startling Stats on Suicide

Who Is At Risk?

- The rate of suicide is highest in middle to retirement age. White males accounted for 7 of 10 suicides in 2014
- Suicide is the third leading cause of death in high school and college age in the U.S. (ages 15-24). It is the second leading cause of death in this age group globally.
- Youth who identify as LGBT are twice as likely to have attempted suicide.
- Active military who are currently deployed have a 41 percent increased risk and veterans or active military who are not currently deployed have a 61 percent increased risk for suicide.
- Everyone. For every suicide that is reported there are 25 attempts. If you do not struggle with suicidal thoughts, you know someone who does.

War's *Invisible* Wounds

*Midway on our life's journey, I found myself
In dark woods, the right road was lost. To tell
About those woods is hard – so tangled and rough*

*And savage that thinking of it now, I feel
The old fear stirring: death is hardly more bitter.
And yet, to treat the good I found there as well*

I'll tell what I saw....

**From: The Inferno of Dante,
Robert Pinsky, trans.**

Exposure to combat trauma is one of the most common predictors of depression in a person's life. No doubt this is the foundational cause of the statistic that post-deployed veterans account for 14 percent of the total number of individuals experiencing depression and the resulting alarming rate of suicide among veterans.

The Tennessean, a Nashville newspaper, reported on April 3, 2016, that the Pentagon stated that 265 active-duty service members killed themselves in 2015, continuing a trend of unusually high suicide rates among U.S. military men and women.

In a class at Lipscomb University, "Faith and Culture: God's Word for Warriors," a veteran reported in a required paper:

"I was always the one to help others out of their struggles. But, I had no help in my struggle with depression and thoughts of suicide. The people who should have known me best didn't, and they suffered for my lack of control. I was depressed and didn't realize the actions I was taking, nor did I care. I was numb. My friends didn't see it."

What this reveals is the importance of family, friends and loved ones in becoming involved in the lives of veterans and to be aware of their moods, upswings and especially when veterans start to withdraw and become isolated. Many veterans turn to close friends and family to share what they are experiencing. What better source of help is there than that offered by someone who has been there? Group sessions with veterans are very effective in offering support and understanding. In fact, studies reveal that one of the most important discoveries in the history of suicide prevention is intervention made by non-professionals or peer-counseling.

Whenever we are involved with those around us who may be facing troubling situations, we must be able to recognize and evaluate some of the clues which the suicidal person offers. These range from verbal clues, to behavioral clues, to situational clues.

Tom Seals
*Associate Professor and
Campus Chaplain to Veterans
Lipscomb University*



Gary Collins has written a valuable book that promotes such awareness: *How to Be a People Helper*.¹

The onset of major depression may not be obvious but there are symptoms that can be recognized, such as:

- persistently sad or irritable mood;
- pronounced changes in sleep, eating habits and energy;
- difficulty in thinking, concentrating and remembering;
- feeling tired and without energy almost every day;
- an increase in use of alcohol, caffeine or drugs;
- lack of interest in or pleasure from activities previously enjoyed
- feelings of guilt, worthlessness, hopelessness and emptiness;
- recurrent thoughts of death or suicide; and
- persistent physical symptoms that do not respond to treatment.

One of the problems encountered in suicide prevention is that only 53 percent of service members seek help from providers, and of those who sought care, roughly half received only minimally adequate treatment. If such individuals go untreated, there is a cascading set of consequences, such as drug use, marital problems, and unemployment—factors that only increase depression.

In fiscal year 2009, U.S. armed forces posted suicide rates that outnumbered combat-related deaths for the first time in recorded history. The sad fact is that only about half of our veterans report depression and hopelessness, key warning signs which often lead to suicide.

Why is this? Many are worried about the side effects of medication or believe that family or friends can provide more help than a mental health professional. Even more reported that seeking care might harm their military career or cause their peers to lose confidence in their abilities.

Terri Tanielian, a researcher at RAND Corporation, a nonprofit research organization, reported that we “need to remove the institutional barriers that discourage soldiers from seeking care. Just because someone is getting mental health care does not mean that they are not able to do their job. Seeking mental health treatment should be seen as a sign of strength and interest in getting better, not a weakness.”²

I must add this: one of the weak links in the efforts to reach out to veterans by the Veterans Administration, the U.S. government and many health-related institutions, in my judgment, is the lack of a spiritual element in the recovery process. In my book, *God’s Word for Warriors: Returning Home Following Deployment*,³ I write:

“In seeking to assist our veterans in reconnecting with their culture...[we] begin with the principle that the first reconnection must contain a spiritual or faith component...to establish a growing and deepening relationship with God, family and fellow-believers. The end goal will be to bring a wholeness of life to each veteran—spiritually, socially and physically—a life that our Lord desires for all (John 10:10).”

I close these thoughts with the following poignant statement from a veteran with whom I have developed a deep relationship and appreciation for and who was in one of the veterans-only classes I teach at Lipscomb University.

Startling Stats on Suicide

Those Left Behind

Questions that friends or family of those who die by suicide may wonder:

- Why did this happen?
- Could I have done something to prevent this?
- Where was God?
- Will I see my loved one again in heaven someday?

Emotions often experienced after a loved one attempts or completes suicide:

- Anger
- Sadness
- Confusion
- Despair
- Helplessness
- Feelings of suicidality

The greatest gift we can give someone that is asking questions is to listen and love them with a non-judgmental spirit.

Be present. Don’t let fear keep you from showing up in those difficult moments.

Be safe. When someone is grieving, offering answers is not the most important task. Allowing them to talk about what they are feeling, without trying to talk them out of their feelings, provides a safe place for them to open up.

Be consistent. Let them know they are not alone in this journey.

In short, be the hands and feet of Jesus. He is strong enough to sit with us in our pain.



This statement concerns past feelings concerning suicide as a way to free one from pain and suffering:

“I don’t want to die. I don’t want to kill myself. I am not selfish nor was I trying to be selfish. I was just dying inside. I could see the ripples at the top of the water but I couldn’t swim up; something was pulling me down. I was drowning.”

“Not killing myself did not take away how serious I was and how serious I still get at times. I don’t want to lose this battle. I would have rather died downrange than come back and die at my own hand. I tried to reach out and talk about this to a couple of people, and they couldn’t handle it, and I understand. This is scary and I was honestly scared and now I am just worried.”

“I need to figure out these triggers. I need to stop these thoughts when they start, before the fog. I need someone to hear me and feel what I am trying to get out. I am not good at explaining my feelings. I am awkward, anti-social with people I don’t know and alone. When I want to talk about this, it is me trying to process my feelings...So, please remember if this ever happens to me, I wasn’t trying to be selfish.”

Seals’ new book shares ‘God’s Words for Warriors,’ supports veterans at Lipscomb

When Tom Seals, associate professor of Bible at Lipscomb, stands in front of his Faith and Culture: God’s Words for Warriors class each semester, he sees in the faces of the men and women who have seen unspeakable atrocities and been a part of harrowing combat missions a reflection of his 17-year-old self.

Seals joined the U.S. Marine Corps at age 17. He served three years in the Marines and finished the final five years of his commitment working for a government agency that sent him around the world on a number of classified missions.

It was an experience that left a profound mark on Seals’ soul and shaped the way he viewed the world and others.

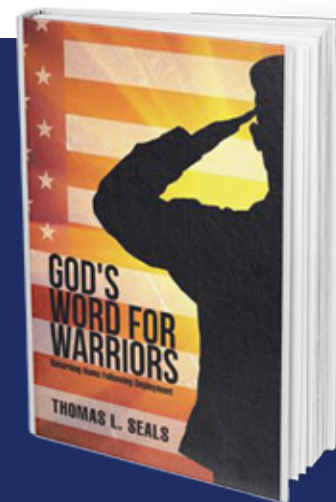
His Faith and Culture class has become a safe place for student veterans at Lipscomb to explore their military

experiences and how they have shaped their outlook on relationships, faith and life in general in the days and months that have followed after they return home.

Seals has used his experiences in this class as the basis of a new book he released this spring—*God’s Words for Warriors: Returning Home Following Deployment*. The book includes material he developed for his course reworked into a study guide format. It is designed to be used by universities, church groups or others who want to offer a study targeting the needs of veterans.

All of the proceeds from the sale of *God’s Words for Warriors* go to support the Endowed Chair for Veteran Chaplaincy/ Bible at Lipscomb University.

“My mission is to raise enough money so we can fully endow a chair in chaplaincy in



the College of Bible & Ministry targeted for training chaplains,” he says. “The need for chaplains in the military is great. My hope is that through this we can fund a professor, ideally a retired chaplain, who can work with our veterans and teach courses such as this.”

God’s Words for Warriors: Returning Home Following Deployment is available at www.amazon.com. For more information about Lipscomb University’s veteran services program, visit veterans.lipscomb.edu.

get help x
how do i kill myself |

the search.
— find your way here —



Suicide is a “permanent solution to a temporary problem” that is growing more and more common in the U.S., especially among young people. Lipscomb University wants to help you be a part of changing that by offering a training program that can be hosted by your congregation that addresses suicide prevention. This one-day program is geared to equip attendees with basic skills and insights needed to help guide a struggling individual to a better end. For more information, contact Scott Sager, vice president for church services at Lipscomb, for more information: scott.sager@Lipsomb.edu. Or go to qprinstitute.com for an online version of the training.

HERE ARE SOME ADDITIONAL RESOURCES FOR SUICIDE PREVENTION:

- National Suicide Prevention Line: 1-800-273-TALK (8255)
- Crisis Text Line: TEXT "Start" to 741-741
- Suicide Prevention Resource Center (sprc.org) for toolkits and resources
- As always, please call 911 for emergency assistance

Building a launching pad

We would all agree that our children live in a difficult and stress-filled world. We parents want to protect them from harm but also want to help them learn how to handle life. In other words, we want them to be resilient so they can deal with the difficulties they will face that are inherent in life.

Children are born with different temperaments. Some babies are more easy-going than others. They smile and laugh quickly. These children are developing an optimistic attitude—a key factor in resilience. They will have some strong advantages in life. Yet, researchers also have found that optimism and resiliency can be both caught and taught. Parents can help inoculate their children against depression and suicidal thinking, at least to some degree. We don't have perfect control over our children's destinies, but we can help build a launching pad for a good trajectory.

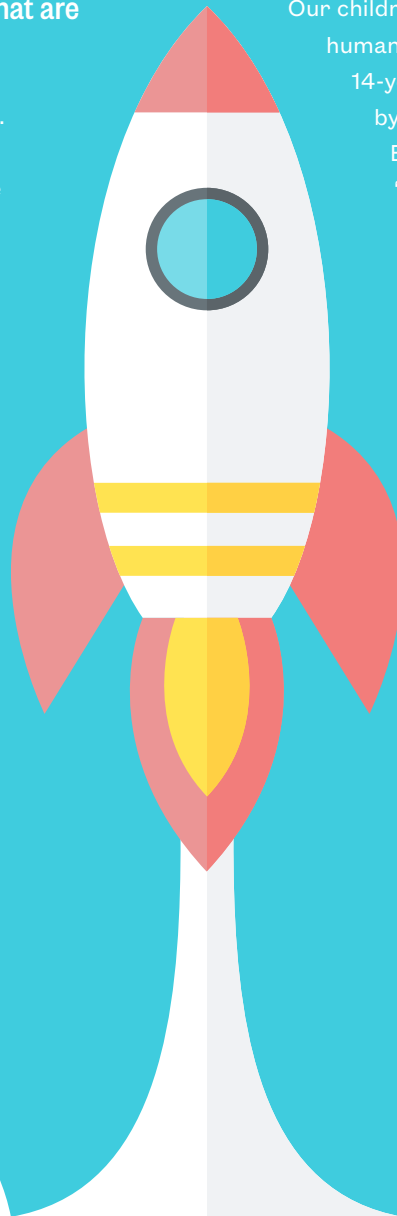
Knowing that parents have a powerful influence is encouraging, yet that also means they need to be countercultural.

American society reinforces some values that are not aligned with emotional health—individualism over community, success at any price, “body beautiful” over reality, perfection in performance. Both research and human experience teach us, however, that human connection is the main factor in happiness.

Our children's social media world can also work against human connection. I heard one parent say that his 14-year-old son's happiness seems to be dictated by how many “likes” he gets on Facebook each day. Even though teens may have many “friends” and “followers,” face-to-face interactions bring the most satisfaction in life.

So what can parents do to build the launching pad for resilience in their children's lives?

It is all about relationships. We must be emotionally nurturing to our children and love them unconditionally. Some parents put too much pressure on their children to be close to perfect in performance (every parent knows their child won't be absolutely perfect). Grades, athletic performance and extracurricular achievements become too important for some parents.



We start trying to build our child's resume when they are in the first grade! What they really need is to feel loved by the most important people in their lives regardless of their performance.

Self-esteem is a predictor of happiness. We are not talking about an entitled child whose every wish becomes a parent's command. We are talking about a child who feels cherished in spite of imperfections in looks, brains, athletic performance or talent. Children see themselves through their parents' eyes. When they see their great value reflected in how their parents interact with them, it can build that solid launching pad for their future no matter what ill wind may blow.

Failure is permissible (and needed). Our children need to learn how to bounce back from mistakes and failures. Better now than later! When they mess up, how their parents treat them becomes crucial for how they will learn to respond. Yelling, reproach, shame—when these are present, children learn to hide and cover up and feel badly about themselves. Of course, parents need to correct and discipline, but the respectful attitude underlying the correction is all important.

Helicopter vs. launching pad. Many parents are too involved in their children's lives and micromanage them (such parents are often called "helicopter parents"). They want to try to prevent failure or rescue their children from any negative consequences. "Enmeshed" is the more technical word for this type of family. A seventh-grade teacher told me of a time when a mother came to her classroom to sit in her child's seat because the girl was running late doing her hair and the mother didn't want her daughter to be counted tardy. She honestly thought the teacher would find this acceptable. A "launching pad" parent teaches children how to handle life's rough patches and does not rush to rescue them from hard lessons that children need to learn.

Create a shared belief system. What does a parent do when under stress? Children learn by watching. If a parent handles life calmly as they communicate trust in a loving God, this is a powerful communication to a child. Researchers say that if parents look for a meaning out of adversity, maintain a positive outlook and hold on to their spiritual view of life, then a solid foundation of faith is being built for their children. If the attitude is "God is here. It will be okay," then children are given a precious gift. This gift is the moral compass that can guide them through life.

Let your child feel safe in talking to you about anything. Sex, drugs, disbelief, hurts, anything at all. I once talked with a college student who was suicidal. He was tempted to jump

off the roof of his seven-story dorm. He had experienced a relationship break-up and also doubted his belief in God. He said he couldn't talk to his parents about any of this because of his fear of their disappointment in him. We parents need to be able to listen patiently and nonjudgmentally so our children can have a safe outlet to express any pain or questioning thoughts.

The prodigal son's father must have done a lot right with his boy. He built a solid launching pad so that the young man came back after hitting bottom. The son had a failed trajectory for a while. The young man was not rescued by his father. The dad was prayerful and patient and had an attitude of acceptance. This approach actually frees our children to come back to what they know is best for them. The prodigal son showed the resilience we want our children to develop.

Frank Scott
Director, Counseling Center
Adjunct Professor
Lipscomb University



Startling Stats on Suicide

Know the resources

Suicide hotlines:

- suicidepreventionlifeline.org
- (800) 273-TALK (8255)
- 800-SUICIDE (800-784-2433)

Suicide prevention and awareness sites:

- American Foundation for Suicide Prevention
- SAVE (Suicide Awareness Voices of Education)
- Alliance of Hope for Suicide Survivors
- Survivors of Suicide
- NAMI (National Alliance on Mental Illness)

Dreading the late-night call

Prevent teen suicide in the local church
with proactive programs

JP Conway

Minister

Acklen Avenue Church of Christ

Nashville, Tenn.



You will get the call. Many of you already have. Sadly, I have received the call more than once. It's not a matter of if. It's a matter of when.

You will get the dreaded late night phone call. It takes your breath away. Denial sweeps over you. This can't be happening. This must be a dream, but it's far too real. Someone in your church has died by suicide.

Local churches must regularly talk about suicide. Specifically, suicide prevention must be a regular topic among teen ministries. The U.S. Center for Disease Control and Prevention reports that suicide is the third-leading cause of death for young people ages 15-24, surpassed only by homicides and accidents. The CDC reports that one in five teens seriously contemplates suicide every year. They also report that approximately 1,700 teenagers die annually by suicide.

Years ago, I assembled a group of student leaders to discuss our teen ministry. They consisted of mostly juniors and seniors. "What are some essential topics for us to discuss this year?" One 16 year-old, Gavin, insisted, "We have to talk about suicide."

Admittedly, this caught me off guard. To be sure, I'd ministered to teens contemplating suicide. I frequently searched for signs and warnings, as did the other adults in our ministry. But up until this point, I had never discussed suicide in a systemic, proactive way. Gavin understood what I had sadly missed up until that point. When a suicide happens, it's in many ways too late. We must be more proactive. In my ministry and research, I've seen four ways churches can be proactive about suicide prevention.

Plan regular suicide prevention programs

Every 18-24 months, churches should plan a teen suicide prevention program. In the time between the seminar or extended teachings, the topic should be appropriately mentioned from time to time in classes and devotionals. Effective seminars include a level of expertise as well as opportunities for safe discussion.

The best program I've experienced took place over back-to-back Sunday nights. This allowed the teens to hear, discuss and reflect, and then discuss some more a week later. Likely, your local suicide prevention chapter has available resources.

They may even provide a recommended speaker, or you could bring in a local school guidance counselor or therapist. In my ministries, I've used videos as well as speakers from inside and outside our congregation.

Once an expert or trained volunteer has done the presentation, teens will need familiar faces to process. Regular adult volunteers in your teen ministry should receive training weeks or even months in advance. This training should include early detection of warning signs, and teens with warning signs should be referred to mental health professionals.

Be prepared that other related issues will surface. These topics include depression, eating disorders, substance abuse, physical/emotional abuse, cutting, eating disorders, gun safety, family problems, bullying, relationship/academic stress and processing sexuality. Suicide rates can rise in connection to many of these issues. In addition to suicide prevention, a healthy proactive church will systematically plan to address these related topics.

Practice intergenerational ministry

Age segregation represents one of the great scandals of our time. Both the culture at-large and the local church too often segregate teenagers into their own silos. The stereotype of a youth minister playing games alone with 20 teens has been proven ineffective, even spiritually harmful.

To thrive and successfully enter adulthood, teens must be surrounded with healthy adult role models. The church represents the best hope for this, since it exists as one of the last bastions of intergenerational life in contemporary society. Adults must adjust their expectations of youth ministry. The goal is not for teens to "want to go to church" or to "have lots of friends in church." The goal is for teens to be shaped into the image of Christ by godly mentors and peers, through the power of the Spirit.

In relation to suicide prevention, intergenerational relationships prove key. Time with adults gives students a long-term perspective. As adults give their testimonies, teens gain access into the inevitable ups and downs of life. As they listen to adults, they can gain freedom from the idolization of adolescence. The mantra "this is the best time of your life" has burdened and defeated too many teens. Extended, long-term relationships with safe adults allow teens to endure moments of despair with hope. As a teen, I did not understand a verse

like this: *“Weeping may stay for the night, but joy comes in the morning,”* Psalm 30:5. But, the stories of adults gave me hope. They told me things would get better, and they were right.

Practice deliberate listening

Effective teen ministry does not simply surround teens with healthy, spiritual adults. Effective ministry elevates the practice of deliberate listening. In classes and small groups, as well as all the “random” moments of camp, retreats and mission trips, adults must deliberately listen. We must talk less and listen more.

Most teens have been told in church, “We will love you no matter what.” But our actions, especially our compassionate listening, prove that in a way that a cliché does not. Deliberate listening observes more than words. It notices nonverbal cues and patterns of interaction in a teen. Deliberate listening does not try to fix but rather tries to understand. Deliberate listening points both the speaker and hearer toward Jesus.

Once regular adult volunteers and small group leaders have been trained in suicide prevention, they will notice warning signs through listening. Often, this listening will include avenues of communication preferred by the teenager. Caring adults must appropriately use the tools of social media to listen. In my experience, I have observed more suicide warnings through Facebook or texting than face-to-face conversation.

All warnings, no matter how minor, must be followed up. Posts such as “sometimes I wish I’d never been born” or “everyone would be better off without me” must be taken seriously. The American Psychological Association includes the following as warning signs: talking about dying, recent loss, changes in personality, changes in behavior, changes in sleep patterns, change in eating habits, fear of losing control, low self-esteem and no hope for the future.

You probably recognize that all teens experience at least some of those, probably frequently. That’s the point. Caring Christian adults must regularly listen and check on teens.

Teach Biblical beliefs on suicide in advance

In the midst of a death by suicide, it’s difficult to talk about Biblical beliefs on suicide. The congregation rightly focuses on a certain individual and their family. It’s not the time to talk about more objective doctrine. Honestly, I’ve sat through more than one awkward funeral where the speaker valiantly but desperately tried to address theological quandaries related to suicide.

Therefore, it’s vital to proactively address the theological questions that surface around suicide before a crisis. Is it a sin? Is it an unforgivable sin? Does someone automatically go to hell if they take their own life? Does someone automatically go to heaven if they take their own life? Can we hold someone responsible for something they did “while not in their right mind”?

These represent important questions, and I have been asked all of them more than once. A wise congregation tackles these questions in a Biblical, open manner when families can consider them without overly personalizing them.

But tragically, despite efforts at prevention, a suicide will most likely happen among your congregation. At times, the church cannot escape reacting and responding to a suicide. In my experience, I’ve seen at least two helpful things churches can do:

Set aside safe space and ample time to process

Suicides can often trigger suicide warnings or even attempts among others. Beyond the expected wave of sadness, suicides can cause past experiences of trauma to surface. After a suicide, teens may tell you crucial secrets they have never mentioned before. Because of this, healthy churches should surround teens with safe space and ample time.

It’s likely other classes or events should be cancelled. Preferably, trained counselors would be made available alongside regular, trusted adults. Open the church building or a familiar home for people to stop by, grieve and process. Churches should maintain relationships with therapists, guidance counselors and suicide prevention centers, so they can be involved in times of crisis.

Keep the focus on grieving, listening and embracing the love of Jesus

“Why?” That’s the question that always comes up after a suicide. The human heart longs for answers. While some answers may offer peace and comfort, many questions are unanswerable. Admittedly, some may even disagree about the answers. For these reasons and more, churches should focus on grieving, listening and embracing the love of Jesus.

Resist the urge to fix or explain. The funeral is not the time to explain suicide. The next Sunday morning class is not the time to explain suicide. Rather, churches practice healthy community life when they offer time and space for grieving and listening. In times of tragedy, the church should continually proclaim and rely on the steadfast, unconditional love of Jesus.

Every 18 to 24 months, churches should plan a teen suicide prevention program.

What does this look like in practice? I will offer a simple story. Years ago, I led a Sunday night small group program that pointedly focused on some hard issues and difficult topics. The ensuing small group discussions went deeper than normal, and many teens went home in a reflective mood. Late that night, one teen posted a borderline suicide threat on social media.

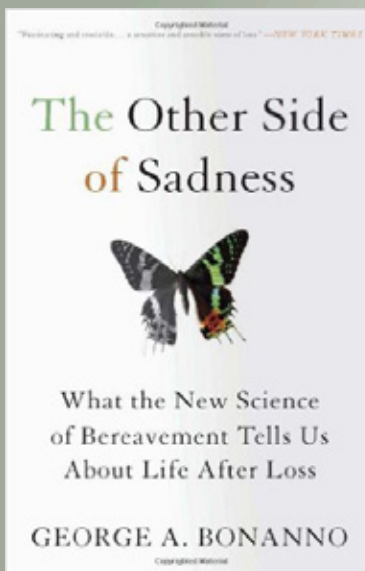
To an untrained eye, it might have seemed like nothing. To one not committed to deliberate listening, it would not have been noticed. However, caring adults in our church saw, listened and acted. While

I did not see the comment, I received two phone calls by 9 a.m. the next morning. Fortunately, I knew a teacher at the young man's school who was a part of our church. More than that, he frequently worked in the teen ministry. Quickly, I notified him.

During a study hall that day, he took that young man to McDonald's for a heart-to-heart conversation. Based on his training, he measured the threat and fortunately, it was not severe. Flowing out of a healthy conversation with the student, parents and the guidance counselor at the school were notified. Within hours, a multifaceted web of spiritual support surrounded this young man.

Suicide looms as a major risk for teenagers. Our culture rightly wrestles with how to respond. In my humble opinion, the most effective form of teen suicide prevention is a proactive, healthy local church. May we be the body of Christ.

INTERSECTIONS *Recommends...*



The Other Side of Sadness

George A. Bonanno (2009)

George A. Bonanno claims in *The Other Side of Sadness* that the five stages of grief (denial, anger, bargaining, depression and acceptance) are not, in fact, the only key factors we move through when we lose a loved one. Through his work as a clinical psychologist and professor at Columbia University, he introduces a new dynamic: Resilience.

He gives center stage to studies showing that most people are not as emotionally fragile as previous studies have alluded. In fact, most of us are tougher than we are given credit for. But, this ability to bounce back from a loss doesn't work for everyone, all the time. About 10 to 15 percent of people who experience a serious loss can experience clinical depression or other long-lasting emotional problems as a result of it. That group of seriously troubled people may get the most benefit from professional support. The rest of us typically do fine if left to ourselves, with support from our friends and family.

Instead of reflexively considering every loss as a treatable medical condition, it makes more sense to provide assessment services to help identify when things are getting out of hand, offering supportive services when the road is unusually rocky.

Bonanno has a compassionate tone in this book and shows great perceptiveness to the range of emotions during periods of loss. His final chapter titled "Thriving in the Face of Adversity," recognizes the universal nature of the human condition and gives hope by saying that, "We dread these events, but when they happen we have no choice but to deal with them as best we can. Fortunately, most of us deal with them remarkably well."

- Jenna L. Schrader

The Opposite of Suicide



What is the opposite of suicide?

Is it not dying of suicide? Not acting on suicidal thoughts? Not thinking about suicide?

How we answer depends on what we think suicide is like.

If suicide is like a virus, then not dying, or not acting on, or not thinking about suicide makes sense as its opposite. It's like having a cold—the opposite of having a cold is not having a cold—the absence of the rhino virus in our bodies. If this is what suicide is like, then the opposite of suicide is just the absence of suicidal thoughts or actions.

But what if suicide is different than that, and more like thirst? The opposite of thirst is not the absence of anything (that's the problem), but the presence of water in our bodies. The opposite of suicide then would be the presence of something else, something more.

How we define suicide is a big deal because how we think about suicide, and particularly what we see as its opposite, shapes how we ultimately respond to suicide.

I've worked in mental health for the past eight years and have spent a lot of time trying to ensure that people do not kill themselves or can progress to where they are not thinking of killing themselves. It's a good and vital goal, but an inherently negative goal—an effort to get something not to happen. In opportunities to talk with a lot of people contemplating suicide, I found that for some, living (that is not acting on suicidal thoughts at the moment) was not seen as the opposite of suicide, just a delay of it. To help those people, the goal had to start at—but be more than just—the absence of suicidal thoughts or behavior. Successful help had to provide the presence of something else, something more.

I think it's like this: I once counseled a youth in foster care who was repeatedly running away from home. Running away put him in danger and so the first focus was to keep him safe by stopping the behavior of running away—locking doors, monitoring, etc. But to really help this young man, the goal was not just to stop him from running away, but to grow reasons for him to want to

stay. The opposite of running away was not stopping him from running away, but a reason to stay.

That story is not unlike that of people who are contemplating suicide, of running out on life. To help, the first focus must be on keeping people safe—screening for suicide, assessments, intervening with safety plans, and in emergency situations monitoring and even locking doors—these measures save lives. But to really help people from not running out on life, the goal can't stop there. It's not just about stopping people from running, it's about helping them grow a reason for staying.

So what's the reason to stay?

To answer this well, it's helpful to start with the question of why people die by suicide. In broad brush strokes, people die by suicide when they are in horrific pain and see no hope of that pain ending. The pain and hopelessness are deeper than any connection they have to life—there's no person or reason strong enough to keep them going.¹

To go a bit deeper, Dr. Thomas Joiner, a leading suicide researcher, offers a well validated theory of what kinds of pain push people towards suicide.² He found people think about suicide when there are three kinds of psychological pain present:

Adam Graham

Chair, Davidson County Suicide Prevention Task Force
 Supervisor of Emergency Psychiatric Diversion Services
 Mental Health Cooperative, Nashville



1. Thwarted belonging: when one feels like they do not belong anywhere or with anyone.
2. Perceived burdensomeness: when one believes he is a burden to friends, family and society.
3. Hopelessness about belonging and burdensomeness: when one believes he will always not belong and be a burden.

When we think about suicide in this way, we do start to see what the opposite of suicide, or the reason to stay, could be:

1. Belonging: acceptance, *love* and relationship,
2. Lightening the burdens of others: *helping* others and *giving* to them.
3. *Hope* borne of belonging and receiving help.

Relationships, giving and hope. Love, work and hope. However you want to say it, they are big themes that echo throughout major psychological theory.

Erik Erikson, the developmental psychologist, offered that life consisted of eight developmental tasks. The three tasks of adulthood were:

- Intimacy vs. isolation: *belonging* vs. thwarted belonging
- Generativity vs. stagnation (meaning whether one finds purpose in giving to others vocationally, in family, etc.): *giving/helping* others vs. perceived burdensomeness
- Integrity vs. despair (meaning the last stage of reflecting on one's life and previous tasks): *hope*.

Abraham Maslow, one of the founders of humanistic psychology, offered his hierarchy of needs that, when fulfilled, enable one to live fully. After basic physiological and safety needs he said we need:

- Love/Acceptance (*belonging*)
- Self-esteem: a healthy evaluation of ourselves based on acceptance of others and our contributions to others (*giving/helping* others).
- Self-Actualization: to fully live into, to bring into reality, our dreams, the best of ourselves.
- Self-Transcendence: (This final stage, which Maslow wrote three years before his death, was suppressed for a variety of reasons. In it he offered the ultimate need to be a part of something bigger than one's self.) a community, a cause (to *give* to and *help* others).

Perhaps more than anywhere else, these themes resonate in the work of Viktor Frankl, a survivor of the Nazi concentration camps and a founder of existential psychology. Frankl lost everything during his three years in the camps, yet his time was spent not only surviving, but helping his fellow inmates survive both the external threat of the Nazis and the internal threat of suicide. In his work *Man's Search for Meaning*, Frankl tells his story and his conclusion: that man's primary motivation to live is for meaning. "He who has a why to live, can bear with almost any how."

Meaning and purpose in life provides the reason to stay. It is what makes life worth living, the water for which we thirst. Frankl unpacks what the search for meaning looks like throughout his book, but this quote, spoken from the depth of Dachau, captures the heart of it:

“What was really needed was a fundamental change in our attitude toward life. We had to learn ourselves, and furthermore, we had to teach the despairing men that it did not really matter what we expected from life, but rather what life expected from us. We needed to stop asking about the meaning of life, and instead to think of ourselves as those who were being questioned by life—daily and hourly. Our answer must consist, not in talk and meditation, but in right action and right conduct. Life ultimately means taking the responsibility to find the right answer to its problems and to fulfill the tasks which it constantly sets for each individual.”

From here Frankl unpacks three ways we can discover this meaning:

- By creating a work or doing a deed (work)—*giving*
- By experiencing something or encountering someone (love)—*belonging*
- By the attitude we take toward unavoidable suffering. That is, approaching suffering with courage, knowing that it can deepen us as a person, deepen our capacity to work and love in a way that nothing else can.

And so from my time with people considering and recovering from a suicidal crisis, from the countless hours of research conversation and reflection of some of the best psychological minds of the past 100 years, I believe that the opposite of suicide is not just the absence of suicidal thought or behavior, but the presence of a life filled with meaning; a life that is worth living, even in the midst of horrific pain. This life full of meaning is one of:

Belonging: being known and loved by others. Being accepted; experiencing intimacy, connection and belonging with either a partner, family, friends, a neighborhood, a faith community or a community around a cause.

Giving: doing something that matters. A good work, helping others, giving to the next generation, being a part of something bigger than yourself—a cause that makes the world better, making something beautiful for the world.

So what do we do? We, as a mental health care system, as friends and family, must continue to work to stop people from running out on life, must work to stop suicide. But we cannot stop there. We must also help people see and grow a reason to stay, to experience and live into a life of meaning, a life of love and generosity. Viktor Frankl put it this way:

“...even if each and every case of suicide had not been undertaken out of a feeling of meaninglessness, it may well be that an individual’s impulse to take his own life would have been overcome had he been aware of some meaning and purpose worth living for.”

What could it look like to have this conversation where we work? What could it look like to ask how we can help people considering suicide see and grow a reason to live? All big change begins as a conversation. We need to think and talk about what the opposite of suicide is and how we can help others find it. Our culture is thirsting for it.

Startling Stats on Suicide

What Can You Do Now?

- Ask questions. Talk to friends or family when you notice changes. Ninety percent of suicides can be linked back to a mental health issue or substance abuse. Don’t be afraid to ask someone if they are having thoughts of ending their life.
- Get trained. QPR (Question, Persuade, Refer) is a short training that teaches anyone to know how to prevent suicide. Contact Scott Sager at Lipscomb University if you are interested in bringing a QPR training to your church. QPR also offers an online version of the training on their website.
- Talk with the families. Do you know someone who lost a family member to suicide? Don’t avoid them, talk to them. The rate of suicide is higher for those who have had a family member die by suicide.
- Talk in the church. If you don’t have all the answers, that’s ok. The church must begin to lift the veil of silence around this issue. Isolation and shame are prevalent in those who feel suicidal and in the families who have lost someone to suicide. The church can change this by making suicide and mental health topics that are embraced.

One church surviving a suicide

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The call came on Friday evening after Thanksgiving. It was one of those moments that you remember where you were, even years later. While standing in the living room of my friend's house in Cincinnati, I heard the news that a young woman in our congregation had taken her life. Wife, mother of three, daughter, sister, friend. She was gone.

.....



The Immediate

When I arrived at the family's home 12 hours later, the house was filled with friends, most of them from church. People were bringing in food, washing dishes, cleaning up, playing with the children. It was both awful and holy at the same time. The church was doing what it is good at—weeping with those who weep and simply being there in a time of great need.

The loving response is to take care of immediate needs, from who will watch the children to making plans for the funeral and coordinating food. For our church it was all hands on deck for a week, as we navigated a visitation that numbered more than 1,000 and the funeral service that followed the next day. Especially in the case of a sudden and unexpected death, the family is in shock. They need others to come alongside and take care of a myriad of things.

The next day, on Sunday, we addressed the tragedy in the morning assemblies. To go on as if nothing had happened would have been thoughtless. This death impacted a majority of our church of 1,000+. We had to respond in a pastoral way and provide opportunity to grieve. In effect we said, "This is horrible. This is extremely painful. But with the Lord's help, we will get through this together." I made no effort, however, to explain that which cannot be explained.

The funeral was three days later. During the service I took care to address two issues. First, I clearly established that our sister was with the Lord. Second, I spoke directly to the family and assured them that this tragedy was not their fault. Suicide and the resulting tidal wave of remorse and guilt that sweeps over those who are left behind are devastating. The family needed someone to say out loud, in the sanctuary, in the presence of hundreds, "This was not your fault."

Did this immediately absolve everyone of guilt feelings? Of course not. But it still needed to be said.

(One aside. Do be sure to tape the service and provide numerous copies for the family. They will appreciate this thoughtful gesture as they are not in a place to remember the events and sweet words spoken.)

The Next Few Weeks

As the days and then weeks passed, we were particularly sensitive to the privacy of the family. We went out of our way to not talk about private matters. For perhaps the first time, I heard the question, "How did she take her life?" as intrusive and inappropriate. Why do we say such things? The only answer I can come up with is, we just aren't thinking.

We did a lot of listening during those first few months. Numerous people needed to talk. They wanted to talk about their friend, talk about their anger with God, talk about their sadness, talk about what they were going to tell their children. They needed to talk, and we listened. The Sunday School class where the young family attended received special attention. This group spent most of the next months in a daze, and caring shepherds were there the entire time.

The young woman's parents later said they loved those who dared to talk about her in their presence. So many were afraid to bring her up, lest they caused pain. They appreciated the brave ones who were not hesitant. Her mom said years later, "Don't be afraid of making me cry. I cry all the time anyway. I love it when people remember my daughter."

The family appreciated those who continued to remember them. Food arrived at their house for almost a year. Cards received months and even years later brought a certain measure of solace—a reminder that their wife and daughter had not been forgotten.

During the first few months we also developed a tenderness and sweetness with each other. The events were so sad, so devastating, that we gave everyone a wide berth and a lot of slack. No one had to be told to be kind, to be patient, to be nice. We just were.

.....

We long for what is gone and cannot be regained. We long for a brighter future and a better place. And when the church is what it is supposed to be, this longing is shared.

.....

The First Year

Because I had undergone something similar years before at another church, I knew we were in for a rough patch as a congregation. When a church suffers a traumatic loss like this, it is inevitable that you lose the wind in your sails. That special event that is usually great is now just okay. It is difficult to generate enthusiasm for many activities. More than one person is thinking, “What’s the point? Who cares whether we have VBS this year?”

It is hard to define this malaise, but you know it when you are in it.

Actually that is not true at all. It is easy to define. It is called grief. The congregation is grieving, collectively and individually. So you lower your expectations about what constitutes success. Just moving on or showing up may be all you can hope for. The greater the impact of the trauma, the longer it takes to recover. For most of us at church, it was a year before a feeling of normalcy returned.

And yet, even as I say this, I well remember a staff member weeping two years after the death. She talked about going to counseling and how hard the month of November remained for her. Time heals wounds, but the timing will be different for everyone. We all lost the same person, but we each experience grief and healing in our own way.

Long term

Anyone who has suffered a significant loss has had the experience of realizing that life goes on for others. While you may be stuck in grief and sadness, others around you are moving on. You think, “Don’t they understand? I’m dying here, and all they talk about is sports and shopping. Do they even see me?”

When we suffer a loss, you and I promise ourselves that we will be more attentive to the grief that others experience. We vow to remember to call on anniversaries and ask how things are going. We will check up on people. We will be attentive.

After a few years, some of us in leadership forgot those good intentions. We neglected to display the appropriate amount of attentiveness and tenderness and presence. We had stopped intentionally communicating our concern. In a meeting the parents honestly described their hurt. It was hard to hear because it was true.

What was good about that evening was that we were told the truth. We acknowledged our failure and asked for forgiveness.

Now

We weathered the storm of the awful initial days, survived the first year of sadness and eventually reached a place of...

That’s the thing. What word do you use to describe now? Happy? No, happy is the wrong word, even though we laugh once again. Normal? Many things have returned to normal, but that is not the right word either. Sad? Yes, sometimes sad. Just last week I saw the young woman’s daughter, who looks just like her, walking through the church building laughing and playing, and tears welled up in my eyes. But, we are not sad all the time either.

Longing. That is the word. Longing. Henri Nouwen writes:

“Our life is a short time in expectation, a time in which sadness and joy kiss each other at every moment. There is a quality of sadness that pervades all the moments of our life. It seems that there is no such thing as a clear-cut joy, but that even in the most happy moment of our existence we sense a tinge of sadness. But this intimate experience in which every bit of life is touched by a bit of death can point us beyond the limits of our existence. It can do so by making us look forward in expectation to the day when our hearts will be filled with perfect joy, a joy that no one shall take away from us.”

We long for what is gone and cannot be regained. We long for a brighter future and a better place. We long for all things to be made new. And when church is what it is supposed to be, this longing is shared.

We may walk with a limp, those of us who accompanied this family through the valley of the shadow of death, but we at least walk together. We are church.

Chris Smith
Preaching Minister
Harpeth Hills Church of Christ



Suicide is a public health issue

Statewide prevention network offers resources for churches and faith groups

Of all the ways to lose a friend or loved one, suicide may be the most catastrophic experience of all. In addition to the usual feelings of grief and loss that accompany any death, suicide comes with guilt over not having done enough to save the one who is lost, as well as shame resulting from the societal and religious stigma attached to suicide and mental illness—the primary risk factor for suicide.

Admittedly, faith can be a major protective element for suicidal Christians. They have the promise of hope for a better future and a source of strength in times of trouble. Theoretically, they also have access to a whole community who can support them in their hour of need. Research shows that people with a strong religious faith have stronger moral objections to suicide¹, which may keep them from attempting it themselves or spur them to get help for others. Also, religious belief has been proven to convey a

greater sense of hope and belongingness that helps them maintain purpose when everything seems lost.²

However, too often people struggling with depression and mental illness who come to the church get the same old lines:

“Your faith isn’t strong enough.”

“All you need to do is pray about it.”

“If you kill yourself, neither God nor your church will forgive you.”

And when a suicide does occur, too often members of the clergy do not know how to respond. Alternately, they may have a response, but it’s the last thing the family needs. The church may assign blame or refuse to acknowledge what happened. The church

ends up hurting when it should be healing. These kinds of responses do not serve the church, do not serve believers and do not serve God.

The Tennessee Suicide Prevention Network takes a strong interest in how faith communities deal with the problem of suicide. TSPN is the statewide public-private organization responsible for implementing the Tennessee Strategy for Suicide Prevention, as defined by the National Strategy for Suicide Prevention set forth by the Office of the U.S. Surgeon General. TSPN brings together counselors, mental health professionals, physicians, clergy, journalists, social workers and law enforcement personnel, as well as survivors of suicide and suicide attempts, in the statewide effort to eliminate the stigma of suicide and educate communities about the warning signs of suicide, with the ultimate intention of reducing suicide rates in Tennessee.

TSPN primarily takes a public health approach to suicide, taking it out of its historical concept as a mortal sin, or an abstract social ill that only affects certain types of people, and reframing it as a public health problem that is currently the tenth-leading cause of death in the United States—second-leading among young people aged 15-24. In any given year, 40,000 people in the United States die by suicide...about 950 in Tennessee³. Tennessee's suicide rate (14.4 per 100,000 in 2014) typically runs higher than the national average (13.4 per 100,000)⁴. It is not caused by a constitutional or spiritual weakness; it is caused by a complicated set of personal factors which almost always involves some form of mental illness.

Even so, TSPN realizes how important religious faith is as a protective factor—especially in a state known as “the buckle of the Bible Belt.” Towards that end, TSPN regularly sets up awareness projects in conjunction with local churches, such as exhibits at health fairs and suicide prevention training sessions for church groups. (TSPN offers a variety of training courses, all of which are free to the general public.) TSPN provides churches and other community groups with free resource guides with information about local mental health and crisis intervention agencies. It also maintains a network of volunteers (most of them professionals in the mental health and social work fields)

who can provide debriefing and counseling services to churches affected by a recent suicide death.

TSPN has a long history of staging conferences for the faith-based community or helping churches and other groups set up their own. TSPN is a perennial member of the biannual Suicide and the Black Church Conference held in Memphis, Tennessee, which routinely draws hundreds in clergy and laypeople from across the country. TSPN volunteers frequently set up smaller conferences for regional audiences, often featuring panels of clergy from a variety of denominations and faith traditions. They discuss what their churches and key religious texts say about the problem of suicide, talk about their experiences in helping troubled and/or suicidal people, and what leaders of faith-based communities can do to improve clerical and community response to people on the verge of suicide.

TSPN offers a half-page insert, custom made for insertion into church bulletins and other programs. It is available on the TSPN website for free printing and download (bit.ly/1QUddYh). You may also be interested in “The Role of Faith Community Leaders in Preventing Suicide,” a document developed by the Suicide Prevention Resource Center which details why and how clergy and other faith leaders should respond to a person in crisis. This document is available at the SPRC website at www.sprc.org/sites/sprc.org/files/FaithCommunityLeaders.pdf.

Christians who work with people at risk for suicide are perhaps the most literal fulfillment of Jesus's admonition to Peter to “take care of my sheep.” (John 21:16). They work to make sure no one is alone and stranded. And anyone, not just someone with a divinity degree or standing in the church, can fill this role. We encourage you to join TSPN in its own mission which, while not expressly religious, is in keeping with the ideals of comforting the lost and afflicted.

Scott Ridgeway

Executive Director

Tennessee Suicide Prevention Network

www.tspn.org



Startling Stats on Suicide

The Holiday Myth

Contrary to many myths, suicide rates are highest in the spring. April to June are the months with the highest rates in the U.S. Suicide rates actually drop around the holidays (October to December).

A Sermon on Resiliency

“Do yourself no harm!
We are all still here.”

Ruins from the ancient prison of Paul in Philippi.

We called it “The Trip of a Lifetime”—and it lived up to the billing!

For 51 of us from Lipscomb University’s Lifelong Learning program, our recent visit to Turkey, Greece and Italy called the “Footsteps of Paul and John Tour” was simply remarkable. From Istanbul we traveled to all seven churches of Asia mentioned in Revelation as well as Colossae, Hierapolis, Patmos, Crete, Athens, Corinth, Thessalonica, Berea and much more.

The day we spent on the ruins of Philippi was a personal highlight as I am an archaeology junkie and there was a special place I wanted to visit: I wanted to go to prison.

The ruins of Philippi are well off the beaten path; maybe one in 20 tour groups make the drive across Greece to visit the earliest places Paul traveled in Europe. But it was in Philippi that Paul baptized Lydia—Europe’s first convert. So we went down and found the place where historians believed she was baptized. Being a singing group, we broke out in “I Went Down to the River to Pray,” before heading on into the city. Like Paul, we entered by following the Ignatian Way through the city gate, past the beautiful theater and gymnasium and on to the agora,

the marketplace—where Paul worked with his hands and also preached. We walked along a street lined with temples to Athena, Apollo and other Greek gods and fountains honoring the various Caesars.

Coming to the political buildings, my daughter stood where the proconsul of the city would have stood, and posed for a picture. Then we found the spot for which I had been waiting. We found the prison—the cell where Paul and Silas would have been singing at midnight. Remember why they were in prison? It all began with a very special slave girl...

This young slave was possessed with an evil spirit of divination that made her quite the fortune-teller—and made her owners rich. One day the possessed girl became obsessed, following Paul around Philippi like a roving reporter at a golf tournament giving her own play-by-play commentary. She was amazed at what God was doing through Paul and his friends, and began announcing to everyone, “These men are servants of the Most High God, who are telling you the way to be saved.” But she was not the spokesperson Paul had in mind; a demon-possessed slave girl is not going to make someone want to embrace Jesus.

When Paul had enough, he turned one day and shouted, “In the name of Jesus the Messiah, I command you to come out of her!” And the evil spirit left her. But no good deed goes unpunished!

The owners of the slave-girl-set-free were hardly ready to celebrate the exorcism. No, this spiritual cleansing hit them deep in the pocketbook. They lost their cash cow, and future return-on-investment had suddenly dwindled to nothing. So they seized Paul and Silas, took them to the stairs of the proconsul and accused them of throwing the city into an uproar by advocating customs Romans could not accept. Mob rule kicked in, and the next thing Silas and Paul knew, they were being beaten with 39 lashes and thrown into the inner cell of the prison—with their feet in stocks.

A few hours later it’s midnight, and with their backs all bloodied and their feet in chains, now Paul and Silas are lifting their voices to the heavens in praise to their God. The other prisoners were listening as the duet brought the psalms of David to life behind bars. The kind of joy that stares death in the face and gives a prisoner a song is infectious. Others longed for the non-circumstantial joy of Paul and Silas. Even with feet in chains harbored deep in a prison cell, they were the two people freest in the entire city.

Then God shook things up. Literally.

A violent earthquake shook the foundations of the prison and the cell doors flew open. Chains broke loose from the walls and the once impossible pathway to escape was now an eight-lane highway inviting everyone to easy freedom.

The jailer in charge awoke in the midst of the turbulence and realized the prisoners now had free run of the joint. At that moment a sense of chaos, a sense of panic, a sense of failure and a sense of abandonment combined to overwhelm him. His only thought was to choose a permanent solution to his crisis—suicide. The jailer raised his sword to run himself through...

And like the jailer, many young people today view suicide as the only solution to the overwhelming feelings rushing upon them. Their worlds have been shaken to the foundation, and things once certain and concrete are now cracking under a tremor they weren’t prepared to handle. These feeling of uncertainty and fragmentation lead to a sense of panic. Then an immediate and permanent solution to overcome the overwhelming pressure is desired. They too want to escape.

Perhaps they’ve never failed before—no prisoner has ever escaped; no failing grade has ever been made; no major accomplishment has ever *not* been won. In a world of helicopter parents and participation trophies, they realize for the first time that “sometimes life isn’t fair and sometimes we fail.” This truth has never even been considered

before. When the earthquake comes, the foundations shake, the moorings come unhinged and the world goes dark—feelings of isolation and abandonment seem overwhelming.

King Saul felt it, and begged his life be taken. Jonah felt it, and longed to die in the depths. Elijah felt it, and wondered why God had left him all alone. The Philippian jailer felt it too, and grabbed his sword to run himself through.

But what Paul shouted then from the deep recesses of the prison is what everyone considering taking his or her own life today needs to hear: “Do yourself no harm! We are all still here.”

- If we see anyone we even think might be having thoughts of ending their life—we speak up. We *question*, asking about how they are feeling, how they are coping and how they are viewing the world. It’s no time to be silent!
- If we fear anyone is contemplating suicide, we *persuade* by reminding them they are not alone. They are valuable, and we will stick with them until God changes their perspective. One of the most powerful forms of persuasion is a refusal to leave them alone.
- Because the situation is often beyond our capacity to assist alone, we *refer*. We help them discover the resources available to see the world differently and respond with joy and hope.

In Philippi, Paul referred the jailer to the best resource available to any of us. He introduced him to Jesus. Jesus gave him a sense of hope, a sense of family, a greater compassion for others and a deeper purpose in life. Jesus was the answer the jailer needed and Paul took him down to the river to be immersed with Christ.

But before the jailer could ever meet Jesus, someone had to shout!

So clear your throat, crank up the volume and let the young people you know hear these words loud and clear:

“Do yourself no harm! We are all still here.”

Scott Sager
Vice President for Church Services
Lipscomb University





Last year, Lipscomb University incorporated role playing into its training of resident assistants to deal with a variety of emotional struggles among students. RAs also undergo Question, Persuade, Refer. training each year.

from Darkness *to* Hope

*How Lipscomb University
responds to mental health crises*

On a busy college campus, circumstances surrounding mental health often present themselves unannounced and occur outside the normal Monday through Friday academic day. Our residence life team provides support to the campus community 24 hours a day, seven days a week, and is a resource to students who find themselves confronted by a mental health emergency.

In the midst of a student's most difficult moment, the Lipscomb University residence life team's prayer and goal is to change a student's trajectory from one of darkness to one of hope, value and purpose. An interruption to our day or a late-night phone call regarding a student contemplating the idea of ending his or her life is not an inconvenience but rather an opportunity to be Jesus for an individual who has hit rock bottom.

Psalm 23 is an accurate depiction of the role our residence life professionals accept in these difficult moments. In responding to a student's mental health crisis, the staff is called to lead students towards God and his green pastures and quiet waters so their soul can be restored by him. We believe that these dark and challenging moments are when students may be the most open to hearing about the love and grace of Jesus Christ our Lord.

Specifically, here are the steps that the residence life team takes when presented with the opportunity to walk with a student facing a mental health crisis:

1. **We will respond immediately.** Lipscomb has six full-time residence life professionals who live on-campus and 42 resident assistants who live on the halls with our boarding students. All of the directors and assistants are certified in QPR training (Question – Persuade – Refer) which equips each of them to respond to individuals experiencing suicide ideation, planning to hurt themselves or who actually have a plan to end their life.
2. **We will ask the tough questions.** Part of the QPR training teaches that asking an individual about suicide does not increase risk. We will ask students experiencing a mental health crisis if they have plans to hurt themselves and do our best to discover the circumstances that led to their current mental state.
3. **We will consult experts and refer to professionals.** Once a residence hall director determines that a student is a threat to himself or others, we call upon professionals in the field of mental health. The role of the team is to be a first responder in a crisis situation. However, we are not experts in the field of mental health. Therefore, we primarily serve in an administrative and pastoral role to assist in the development and communication of a plan for each student in a crisis situation.

Frank Scott, director of Lipscomb's Counseling Center, and Andrea Mills, assistant director of the center, frequently provide after-hours consultation to the residence life professionals in determining a plan for the immediate safety of the student. Additionally, Lipscomb uses Mobile Health Crisis for an on-site assessment of students who have a plan for hurting themselves.

4. **We will follow up and plan for the future success of the student.** We recognize that a student's mental health will not be resolved in one single moment of intervention. Therefore, we do our best to develop a relationship with the student to assist them in successfully navigating the rest of his or her college experience in a healthy manner.

Lipscomb has used these steps to lead to the successful navigation of some very difficult situations. One student recently shared her incredible testimony in regards to the support she received from Lipscomb University:

"I have struggled with depression my entire life, and my sophomore year at Lipscomb was the hardest period of time that I've had to deal with it. But if I was not at Lipscomb, I think I would be in a totally different place than I am right now. I believe God put me at Lipscomb and put certain

people in my life to help me get through my darkest moments. Lipscomb contributed in two major ways: through the residence hall director of Johnson Hall, Caroline Gallagher, and my best friends that I made on-campus through Greek life and my Cozumel mission trip experience.

"Caroline walked with me through my darkest moments when I didn't want to get help. She pushed me to get the help that I needed from the free counseling services on campus, and even though I did not want to go at first, it ended up being such a huge blessing. Caroline also checked on me often and while she played an administrative role when she needed to, she did it with love and never made me doubt her intentions to truly help me get better. I know she prayed for me, and I know she supported me through it all.

"The best friends that I made on campus were such a significant factor as well. They encouraged me spiritually even when I did not want to hear it. They made sure that I knew that I wasn't in this alone. Yes, it was hard for me to accept the encouragement at times because of how Satan continued to use my depression to attack me, but when I look back, I can see how faithful God was in providing exactly what I needed to get me to the place that I am today. He used Lipscomb as an avenue to do that. Today depression is still a struggle, but with Caroline's help, the support of the university's counseling center, my best friends, family and overall God, I am defeating depression and handling its challenges much better. I am more joyful with this life and confident in who I am!"

The young lady who provided this testimony was a vital student leader on Lipscomb's campus and most of her peers had no idea that she struggled with depression, but during her sophomore year she reached her lowest point. Her depression caused her to step away from her student leadership responsibilities to focus on her personal health. During this time, Lipscomb continued to support her. As a result of her courage, her determination and the support she received, she overcame adversity and returned to influencing her peers by being elected to another respected leadership position during her senior year and achieved her goal of graduating from Lipscomb University.

May God continue to rescue those who call upon His name in their personal suffering, and "surely goodness and love will follow them all the days of their life, and they will dwell in the house of the Lord forever" (Psalm 23:6).

Sam Parnell

*Associate Dean of Student Life
Lipscomb University*



Stepping back from the edge

Family therapy may be
the key to health for many
contemplating suicide

“I should be down there,” Tyler* thought to himself as he stared over the edge of a steep cliff into the churning waters of the river below.

His losses were piling up: relationship troubles, accumulating debt and insecurity about his living situation. The stressors in his life left him feeling like he was teetering on the brink of insanity. With increasing social isolation and persistent thoughts about how there was no way out of his situation, darker thoughts of his own death frequently came to mind. Sometimes these thoughts of death were of how he could take his own life.

When Tyler was with other people, he tried hard to portray that everything was fine. He forced smiles, tried having fun (but was not having fun), and made sure never to talk about his own feelings. He tried hard, but it wasn’t working anymore. When people began asking how he was doing, he maintained his rigid boundary of silence about his situation and shut people out. Soon he wasn’t with people all that often anymore. Tyler spiraled into a dark place and most people had no idea. His stress pile-up was rapidly converting into suicidal ideation.

More than 100 people a day in the United States die from suicide and at any given time one in 20 people have some level of suicidal ideation. So, it’s possible you know Tyler. He might be your co-worker, brother, friend, husband, son, father, uncle or nephew. He might be your next door neighbor. It’s possible at this time in your life that you are Tyler. Everyone knows someone like Tyler and yet few of us have any idea how dark our Tyler’s world has become.

You are an important person in Tyler’s life, but you might not know how to help him. That’s understandable. Your job with Tyler is simply to be in relationship with him and to help usher him to professional help. But how?

Ask. The first thing to do when you notice Tyler hasn’t been himself lately is to ask about whether he has ideas of hurting himself. Research shows this is



Chris Gonzalez
*Assistant Professor of Psychology
Director of the Marriage and
Family Therapy Program
Lipscomb University*

the best way to learn about suicidal ideation. Research also shows that asking about self-harm does not plant the idea of suicide into someone's head. It is a safe question: it cannot do harm, but it sure can do a lot of good.

Connect. The second thing to do is to connect Tyler to a mental health professional such as a family therapist. It is good to have a few therapists or agencies in mind to mention to Tyler for referral. You might even be willing to attend an initial intake session with Tyler to make the transition to treatment smooth.

Persist. After Tyler is getting professional help, continue being a trusted person in Tyler's life. Part of Tyler's recovery from the challenges that have led him to suicidal ideation include you being part of his social support system.

Lifting Tyler from the realm of suicidal ideation to a healthier state will be the result of intentional efforts by a team of caring people and professionals in relationship with Tyler. A family therapist is an excellent choice to provide mental health and relational care for Tyler. Family therapists are mental health professionals who are trained to assess suicide risk, provide healing talk therapy and develop personalized and meaningful interventions taking into consideration Tyler's social context and relationship realities.

When Tyler meets the family therapist, he can expect to be treated with a combination of compassion and kindness as well as professionalism and confidentiality. Tyler can expect high quality care that takes into consideration his thoughts, feelings and behaviors as well as the context within which he finds himself. Family therapists look to individual factors contributing to the suicidal ideation as well as

contextual factors that may contribute to, help maintain or be impacted by his suicidal ideation. In developing an individualized treatment plan for Tyler, a family therapist will collaborate with Tyler to include all the necessary people relevant to Tyler's healing. Family, friends, co-workers, church members or anyone else close to Tyler could be involved in treatment.

Suicidal ideation is often a deeply private and lonely experience while at the same time it is also a social reality. Every suicide is a rupture to the fragile lining of society. There is no inconsequential loss of life. Tyler's life matters to more than just himself. Your relationship with Tyler might be one tight knot in the rope he is hanging on to. You might be one step of many to a healing trajectory in his life. Being prepared to attend to Tyler's pain, inquire about self-harm, transition him to professional care and continue your positive and supportive relationship with him, might save his life.

Chris Gonzalez serves as the program director of the Lipscomb Marriage and Family Therapy master's program and oversees the Lipscomb Family Therapy Center, located adjacent to campus. The center offers private and effective therapy services to help clients overcome a wide range of personal and relational issues. If you refer someone to the center through various local organizations such as Agape, Tennessee Prison Outreach Ministries, the Lipscomb Alumni Association, The Well or others, they will receive services at a discounted sliding-scale rate.

Go to lipscomb.edu/familytherapycenter for more details and to see all the center's partnering organizations.

**Tyler is not an actual person, but represents a plausible situation of someone who has suicidal ideation.*

**“For when I am weak,
then I am strong.”**

2 Corinthians 12:10

Serving the Nashville community with compassionate therapy services.

Seeking help does not imply weakness. It shows strength and a personal commitment to becoming a stronger person. The Lipscomb Family Therapy Center serves the mental health and relationship care needs of individuals, couples and families in the community. We provide confidential, compassionate and comprehensive therapy services on a variety of issues in a comfortable and private setting.

Service provided
Monday-Saturday,
3839 Granny White Pike
Nashville, TN 37204

615-966-5300
familytherapycenter@lipscomb.edu
familytherapycenter.lipscomb.edu

The Lipscomb Family Therapy Center



The Final Word

“No man is an island,
Entire of itself,
Every man is a piece of the continent,
A part of the main.
If a clod be washed away by the sea,
Europe is the less.
As well as if a promontory were.
As well as if a manor of thy friend’s
Or of thine own were:
Any man’s death diminishes me,
Because I am involved in mankind,
And therefore never send to know for whom
the bell tolls;
It tolls for thee.

--John Donne

Any death, especially a suicide, diminishes the rest of us. As the Body of Christ, we struggle forward when a limb is severed prematurely—and we grieve. In his parable about the wheat and tares, Jesus reminds us that below the surface of life the roots of our lives are woven together and interconnected. When a life is snatched from the ground we all feel the pain and are impacted deeply.

This issue of *Intersections* was developed in partnership with many thoughtful and trained caregivers to educate, equip and engage parents, teachers and church leaders to boldly step into challenging situations and speak life to those looking for a lifeline. We hope and pray this

issue not only saves lives, but helps those saved then speak truth to others coming behind.

Let’s start with us. Let’s commit to an authenticity that is honest about our feelings, available to listen, assertive in asking tough questions, consistent in being present and honest enough to refer and report when situations become more than we can handle alone. God wants to use us to save a life and offer hope and healing to another in a dark place.

We also realize that suicide is often a mental illness, and even after we give all we can, some will choose suicide as a way to escape their depression. Through that heartache, we who remain behind will remind each other that “God is still for us.” We will remember that suicide is not the unforgivable sin and that the “blood of Jesus continually cleanses” all who have walked with him. We will point to Samson who, after committing suicide, is listed in Hebrews 11’s “Great Roll Call of Faith.” And we will be present to love and listen to one another.

Over the last few years at Lipscomb I have been deeply impacted and closely involved in two suicides. Both times, Rhonda and Randy Lowry were even more deeply engaged. Yes, he is my boss, and I respect him in that role,



but, more importantly, President Lowry has been an elder in the church and responds to corporate tragedy by convening people to love, listen and relate to one another. He focuses upon the larger group affected by the tragedy and strives to be present to walk us through.

At the same time, Rhonda is often the one most present for the immediate family in crisis. She shows up. And showing up is often the most powerful message of all. She prays, listens, reflects and responds. Mostly she is consistently present to be Christ for the family. The university and its students are fortunate for that wise leadership; we hope for you the same wisdom to walk through challenges ahead.

Paul’s words to the Philippian jailer are our words at Lipscomb for each of you, “We’re still here.” And if we can be of service in any way, please contact us.

In friendship,

A handwritten signature in black ink that reads "Scott Sager".

Scott Sager

Vice President for Church Services

 @wscott_sager

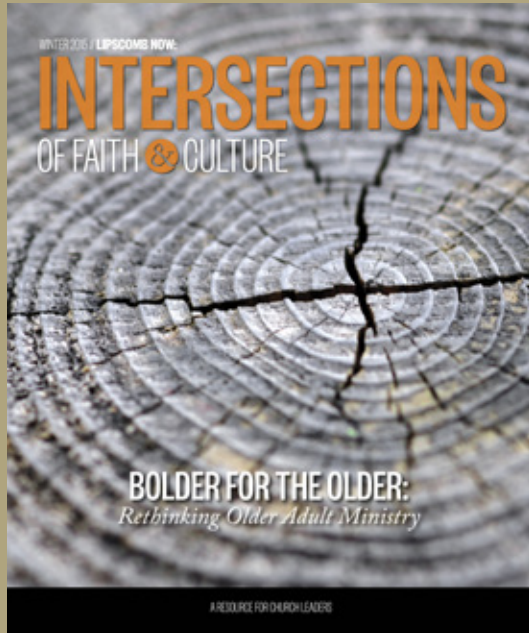
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