

VOLUME 9 NUMBER 2

Fall 2012

*An Inter-Lutheran Journal  
for Practitioners and  
Teachers of Pastoral Care  
and Counseling*



# CARING CONNECTIONS

# C O N T E N T S

## **Pastoral Care and Suicide**

**3     The Purpose of Caring Connections**

**4     Editorial**

*Kevin Massey and Chuck Weinrich*

**6     In the Presence of a Suicide: Pastoral Responses**

*Bruce Hartung*

**9     Go in Peace ... Thanks be to God!**

*Frederick Niedner*

**13    Suicide in the Military**

*Eric Erkinnen*

**15    Self-Inflicted Harm Among Military Veterans:  
Our Militarized Society's Cry for Help**

*Amy Blumenshine*

**13    When a Pastoral Colleague Commits Suicide**

*Kevin Parviz*

**21    The Suicide Within Each of Us — Peaches' Story**

*Erv Brese*

**23    Lutheran Suicide Prevention 2012**

*Elsie and Gerry Weyrauch*

**28    Resources, Announcements, Events**

*Book Reviews by Kevin Massey and Chuck Weinrich*

**29    How to Subscribe**

# THE PURPOSE OF *CARING CONNECTIONS*

*Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

*Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

Credits: pg. 6, 9, 19, 21, 23 and cover photo, stock.xchng; 13, S. Braswell; 15, Vivek Chugh

**Editorial Office:** Editor, *Caring Connections*, Division for Ministry, Evangelical Lutheran Church in America, 8765 West Higgins Road, Chicago, IL 60631, email: [kevinamassey@yahoo.com](mailto:kevinamassey@yahoo.com) or [cweinrich@cfl.rr.com](mailto:cweinrich@cfl.rr.com)

**Permissions:** Requests for permission to copy or reprint should be directed to the editor at [cweinrich@cfl.rr.com](mailto:cweinrich@cfl.rr.com)

**Electronic Subscriptions:** Please visit [www.caringconnectionsonline.org](http://www.caringconnectionsonline.org) and click on “Click here for free subscription” to receive automatic notification of new issues.

**News, Announcements, Events:** E-mail items to Judith Simonson at [jsimonson@pennswoods.net](mailto:jsimonson@pennswoods.net) or John Fale at [John.Fale@lcms.org](mailto:John.Fale@lcms.org)

*Caring Connections* Copyright © 2012 Lutheran Services in America. ISSN 1559-8195. All rights reserved. Printed in U.S.A.

## **Editor**

Charles Weinrich

## **Editorial Board**

Heather Bumstead

Bryn Carlson

John Fale

Joel Hempel

Lee Joesten

Brian McCaffrey

David McCurdy

Jim McDaniels

Jeff McPike

Bruce Pederson

Judith Simonson

## **News editors**

Judith Simonson (ELCA)

John Fale (LCMS)

## **Designer**

Chrissy Thomas

# Editorial

The white country church stands proud amid the fields. It is seen from miles away, its steeple lifting high the cross for over a hundred years. Nestled near her are some of its members resting from their labors in the church's own cemetery. They lie in an iron-fenced enclosure safely next to their church, in neat rows just as they once sat inside in worship. A newcomer may notice however that a couple of headstones lie outside the enclosure. These members were not allowed to rest with the others because they took their own lives. In life they were counted among the congregants, but in death the pastors didn't allow such ones to be so counted. It was the custom of the day.

This issue of *Caring Connections*, "Pastoral Care and Suicide," explores a topic that was once considered taboo. How does the church minister to families of persons who have committed suicide? How does the church treat persons who have attempted and/or committed suicide? The writers for this issue have explored these and other questions with sensitivity and grace.

Bruce Hartung addresses the thorny issue of how to minister to a family whose loved one has committed suicide, giving helpful suggestions for a pastor, chaplain or other caregiver faced with such a delicate task.

Fred Niedner shares a sermon he delivered at Valparaiso University in the Spring of 2010, at the memorial service for a university chaplain who had committed suicide, giving us one example of how to face the challenge of doing so in a straightforward and profoundly Biblical manner.

Suicide is a particular issue in the military, and Eric Erkinen, a retired military chaplain, writes a thoughtful article addressing this concern, and suggests ways in which chaplains, clergy and congregations can be helpful to those struggling with thoughts of suicide or grieving the loss of someone who has died through suicide.

Amy Blumenshine continues the focus on the military, noting the pressures undergone by the personnel and their families, and identifying resources for helping them.

Kevin Parviz has written a reflection on the challenges he experienced in working with a pastoral colleague who eventually took his own life.

Erv Brese shares "The Suicide Within Each of Us — Peaches' Story," recounting his work with a woman who struggled with suicide.

Elsie and Gerry Weyrauch contribute a detailed and passionate discourse addressing why Lutherans should be involved in suicide prevention, and how the issue can be worked on in local contexts as well as within national church structures.

I have included a review I wrote on a book by Amy Blumenshine and some of her colleagues, *Welcome Them Home — Help Them Heal*, focusing on helpful interventions for returning military people, and highlighting points that might encourage readers to obtain a copy for themselves.

Finally, Chuck Weinrich has added some comments about Bruce Hartung's book, *Holding Up the Prophet's Hand*, which supports congregations' and colleagues' efforts to encourage pastoral caregivers who are experiencing problems in ministry and the stress that accompanies them.

We hope you will find these articles to be stimulating and filled with resources useful in your particular ministries. We welcome your responses to the articles, adding thoughts or experiences of your own. Send your comments to Chuck Weinrich at [cweinrich@cfl.rr.com](mailto:cweinrich@cfl.rr.com).

This issue of *Caring Connections* will be my last as co-editor with Chuck Weinrich. I have taken a new role at Advocate Lutheran General Hospital in Park Ridge, Ill., beginning earlier this year. These duties, and a research project we have been awarded at Lutheran General, compel me to let something go, and I've grudgingly concluded that it has to be *Caring Connections*. It has been an honor to work on *Caring Connections*, and a great privilege to work with the editorial board. Chuck Weinrich will continue as editor of *Caring Connections*, and the editorial board is working to find a new co-editor in the near future. Thank you all for your support of the journal, and I will remain a great fan and an avid reader!

---

It was Volume 2, # 2 — the Fall, 2005 — issue of *Caring Connections* that first showed the creative hand of Kevin Massey as editor. Now, 22 issues later, as Kevin has written above, he is stepping out of this work to focus his energy and enthusiasm on the special project he has described. The editorial board and I thank God, Kevin, for your presence and investment over these past seven years, and we pray God's blessings on your new ventures.

## Call for Articles

*Caring Connections* seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editor, Rev. Chuck Weinrich.

Specifically, we invite articles for upcoming issues on the following themes.

Winter, 2012/2013 "Hope, Resilience, and Moral Injury"

Spring, 2013 "Sexual and Other Improprieties in the Ministry"

Have you dealt with any of these issues? Please consider writing an article for us. We sincerely want to hear from you!

As in most other experiences of loss, I am feeling bereft. I have lost a valued colleague whom, even though I am many years older than he, I have regarded as an older brother. Kevin took me under his wing and taught me the ropes, always letting me know that he was available for consultation when I needed it. Now, however, I am on my own (Thank God for the editorial board!), at least for a while.

Here's the pitch: I would like to continue being a *co*-editor of *Caring Connections*, so that means I need someone to work with me. It would be great if this person were from the ELCA, so we would represent both denominations. Might that be you, dear reader? Would you like to have a hand in putting together a thoughtful, creative journal for Lutheran (mostly) folk engaged in various specialized (and general) aspects of ministry? Please contact me, or any member of the editorial board.

Now, it also turns out that the Fall, 2005 issue of *Caring Connections* was the first to be formatted by Chrissy Thomas (then Woelzlein), and her skills in working with the computer programs to develop a superb, professional-looking journal have been evident ever since. We owe a great debt of gratitude to you, Chrissy, for all you have done for us! We also thank God for the Lutheran Church—Missouri Synod for covering the expense of Chrissy's services for all those years.

However, because of restructuring within Synodical offices, we will need to find another designer willing to step in and continue the quality e-magazine that Chrissy's skills have given us these past seven years. Might one of you readers be willing to take on this responsibility? Or perhaps you know someone who could do this. It needs to be stated that, since there is no subscription fee for *Caring Connections*, we have a budget of \$00.00. As a result both positions are voluntary — or need to be underwritten by an employer.

Please contact me, or a member of the editorial board, with your questions, suggestions or even your name and stated willingness to take of the responsibilities required for one of these two positions ... Chuck Weinrich, at [cweinrich@cfl.rr.com](mailto:cweinrich@cfl.rr.com).

On a happier note, I want to make sure you readers get the word about ZION XV, a conference specially geared

for Lutherans in specialized ministries.

I am on the planning committee for this gathering, scheduled for:

October 24 to 27, 2013, at  
Lutheridge Conference Center  
near Asheville, N.C.

I want to let people know that things are shaping up for Zion XV. The main theme for the conference will be something like "Caring in Community," celebrating the gift of mutual support in our ministries, and developing ways to move beyond "Peer Review" to an intentional commitment to care for one another. The folks in North Carolina will share the process they have developed to make this "Caring in Community" happen.

There will be more details coming, of course, but I wanted to encourage you to put these dates on your calendars already. I was at Lutheridge back in May, and I'm very pleased with what the conference center — and, indeed, the whole area — is like. You might want to plan some vacation days there in addition to the dates for the conference. It will be beautiful, with fall colors in the mountains being at their prime.

We will have more details in ensuing issues of *Caring Connections*.

# In the Presence of a Suicide: Pastoral Responses

It is the hope of the resurrection of the dead in Christ that offers us all courage to face the reality of a suicide, rather than to hide our faces from it and from those that are affected by it.

At a time of the suicide of family member, friend or coworker, those who remain, beset by feelings, concerns and questions, often turn to the Church and its ministers. When they do so, the responses of the Church and its ministers are not always the most helpful. It is to this question that Peter Preus, himself a survivor of his wife's suicide in 1994, turns in his very helpful book, *And She Was A Christian: Why Do Believers Commit Suicide?* Certainly this is a book to be read by all who minister to the survivors and by those who are left to grieve. Two citations from Preus' book set the stage for this brief article.

“Another question, which often confronts family members following a suicide, is whether the pastor will conduct a funeral for their loved one. As in former centuries, pastors have shown a reluctance to minister to the grieving in any beneficial way. The mind-set reads something like this: ‘We can't say that suicides go to heaven or that suicide is a forgivable sin. By doing so, we might give somebody who's entertaining the thought of taking his life the excuse he's looking for.’ So there evidently is little or nothing we can say either privately or publically that will console the grieving survivors. We must simply keep quiet about the matter. The church is engaged in a conspiracy of silence, and it is our apparent duty to prolong the silence.” (Peter Preus, *And She Was a Christian: Why Do Believers Commit Suicide?*. Milwaukee, Wisconsin: Northwestern Publishing House, 2011, p. v).

Clearly, in the church of Jesus Christ, we are not to be silent about this.

“If you are not a suicide survivor, please be mindful that you can be most supportive by not drawing immediate conclusions as to why this person made such a bad and tragic decision. Rather than seeking grounds for judging, please resolve to be encouraging with your words. Tell the surviving families how Scripture offers comfort regarding the salvation of known believers. Irrespective of the hurtful choices God's people make when affected by depression and mental illness, God still saves by grace. In every case, he promises to



those whom he has kept in the faith, the glories of heaven with our gracious and ever-living Savior.” (Preus, pp.18-19).

Clearly, in the church of Jesus Christ, we finally rely on Christ and Christ's promises.

But if we are not to be silent, how shall we speak? If we are not to be dismissive, how shall we truly be present? If

*“Irrespective of the hurtful choices God's people make when affected by depression and mental illness, God still saves by grace.”*

we are not to be frightened into stunned silence, how are we to calm our anxiety so that we accompany those who remain following a suicide?

When I was asked to write this article, I knew that I would need some help in doing so. I put a notice in the Concordia Seminary, Saint Louis, *Daily Announcements*, asking if people who had experienced the suicide of a family member, friend or coworker would be open to coming together to talk about this with each other and with me, with special emphasis on the role of the pastor and other members of the Christian community. In short, I wanted to learn what were their experiences of pastoral responses at the time(s) of the suicide(s).

Twelve people volunteered to participate. Seven were able to attend one of two meetings where this was discussed. Their transparency and willingness to share of their experience was and is courageous, and it is to each of them that this article is dedicated and indebted.

The participants were: Timothy Eden, Mark Kempff, Patti Martinal, Linda Nehring, Jill Oswald, Kelly Rasmussen and William Wrede.

Here are some principles that emerged from our discussions:

*Talking is necessary, as it helps the survivors process the suicide. To address this directly takes courage all around. A pastor needs to be prepared to face this directly.*

One of the pastor's tasks is to encourage conversation that is direct, specific and connected to feelings. This is easier said than done, and was not consistent in the experience of the discussants. Some experienced a "let's get on with life" attitude from their pastor, dismissing the emotional and spiritual effects of the suicide on the survivors. Some experienced a one- or two-line response with neither an effort at follow-up nor of an offer to have further conversation. Some experienced basically a silence.

Needed was a readiness on the part of the pastor to facilitate significant and serious conversation about both the thoughts and feelings of the survivor. There was a clear recognition that some pastors were simply not emotionally or spiritually equipped to do so.

As in so many things, the pastor has self-work to do as a minister of the Gospel. Suicide steps us all into the darkness. This darkness is a scary place. The pastor may flee it and therefore not address it in the pastor's own self and, therefore, not in the experience of others. This is one of the basic motivators of denial. The pastor's own attention to these spiritual dimensions of the self is critical in order to be able to face such experiential and existential struggles directly.

*Recognize that as there are many types of people and differing situations as well. There are no cookie-cutter responses that people have. To respond to differences means that the pastor will need to understand and be open to the diversity of responses and needs, and will not have a one-size-fits-all approach. Included in avoiding the one-size-fits-all approach is the assumption by the pastor that certain questions are being asked by the survivors even if they are not being articulated. Avoid answering pastor-generated questions, as well as fixing pastor-articulated problems.*

If it is true, as Bonhoeffer points out in *Life Together*, that our first duty is to listen, then the pastor's first duty, as the table of conversation is set, is to be a listener and encourage others to listen, recognizing the individual differences and nuances in both each person and in the circumstances of the suicide.

Shared grief opens all kinds of doors. Our discussants told stories of their family gathering, with conversation facilitated by family members as well as by pastors. There is a kind of naturalness to this, in which people had the opportunity to share as much or as little as they wished.

*The pastor's own attention to these spiritual dimensions of the self is critical in order to be able to face such experiential and existential struggles directly.*

Important for the pastor was to be in the midst of this sharing, to facilitate some of the conversation when necessary, and to encourage expression, while at the same time discouraging judgment.

Several discussants reported pastoral responses in which the pastor assumed that certain questions needed answers, even if the questions were not articulated by the survivor. For instance, one respondent spoke of a pastor who lectured on the "good" that would eventually come out of the suicide after framing the question, "will good come out of this?" At the time, no one but the pastor was asking the question, but in having the conversation with himself this pastor seemed to be thinking he was offering pastoral care.

Again and again the theme was repeated by our discussants: "we need to be able to talk about it, but in our own way and time." The pastor's task is not to "fix" others, nor to create a rationalization/explanation, nor even to "make sense" of what happened. Rather, the pastor's task, beyond listening and facilitating expression of thoughts and feelings, is finally to, as in all things, throw ourselves on the mercy and love of Christ. This moves us to the next principle.

*Avoid clichés. The presence of Christ in the midst of grief and suffering, and the hope of the resurrection of the dead because of the resurrection of Christ is the core and central faith-reality, not other rationalizations and pious dismissals.*

Examples of clichés heard include: "God knows best," "It was in God's timing," "He's in a better place," and "Things may be horrible now but everything will eventually be OK." These clichés simply are seen by those who are grieving for what they are: expressions of the pastor's discomfort and unwillingness to genuinely engage in deeper levels of conversation concerning the suicide. These are all forms, to use John Gottman's formulation

(see *The Relationship Cure*), of dismissing the emotional and spiritual bids of the other person.

What is central, however, is the hope of the Christian in Christ — Christ’s love, compassion and redemption. This is an opportunity to “proclaim Christ and all He has done for us,” not in general terms only, but also in the specifics of the suicide. Finally, we are thrown to the foot of the cross and trust, empowered by God’s Holy Spirit, in God’s graciousness and goodness in Christ.

Rolf Preus’ sermon at the funeral of Jean Preus is included in *But She Was A Christian*. In it he said, “I know that Jean’s illness and Christ’s promise appear to conflict with each other. ... And so we try to figure it all out. Let me suggest that we stop trying to do that. We don’t have to. And we don’t need to justify Jean anymore than we need to justify ourselves. We know Jesus, by whose blood we are justified, and she knew him too, and knows him today, and will know him in joyous bliss throughout eternity. She knows the One who bore what she could not bear and who faced what she could not face.” (Preus, p. 181). “Or, as Jesus said ... ‘Neither shall anyone snatch them out of My hand.’” (Preus, p. 182).

It is the hope of the resurrection of the dead in Christ that offers us all courage to face the reality of a suicide, rather than to hide our faces from it and from those that are affected by it. Empowered by the spirit of God, we can be silent no more, we can turn away no more, we can condemn no more. And it is in the nature of the community of the followers of Christ that this hope converts to real presence together and conversation engaged.

---

*Bruce M. Hartung, Ph.D., is a Professor of Practical Theology and Director of the M.Div. and Alternate Route (non-degree) residential programs leading to ordained ministry at Concordia Seminary, Saint Louis, Mo. He can be reached at hartungb@csl.edu.*

# Go in Peace ... Thanks be to God!

Sermon at the memorial service for the Rev. Darlene Grega  
Chapel of the Resurrection, Valparaiso University, April 17, 2010

## Revelation 5:11-14

*Then I looked, and I heard the voice of many angels surrounding the throne and the living creatures and the elders; they numbered myriads of myriads and thousands of thousands, singing with full voice, "Worthy is the Lamb that was slaughtered to receive power and wealth and wisdom and might and honor and glory and blessing!" Then I heard every creature in heaven and on earth and under the earth and in the sea, and all that is in them, singing, "To the one seated on the throne and to the Lamb be blessing and honor and glory and might forever and ever!" And the four living creatures said, "Amen!" And the elders fell down and worshiped.*

## John 21:1-19

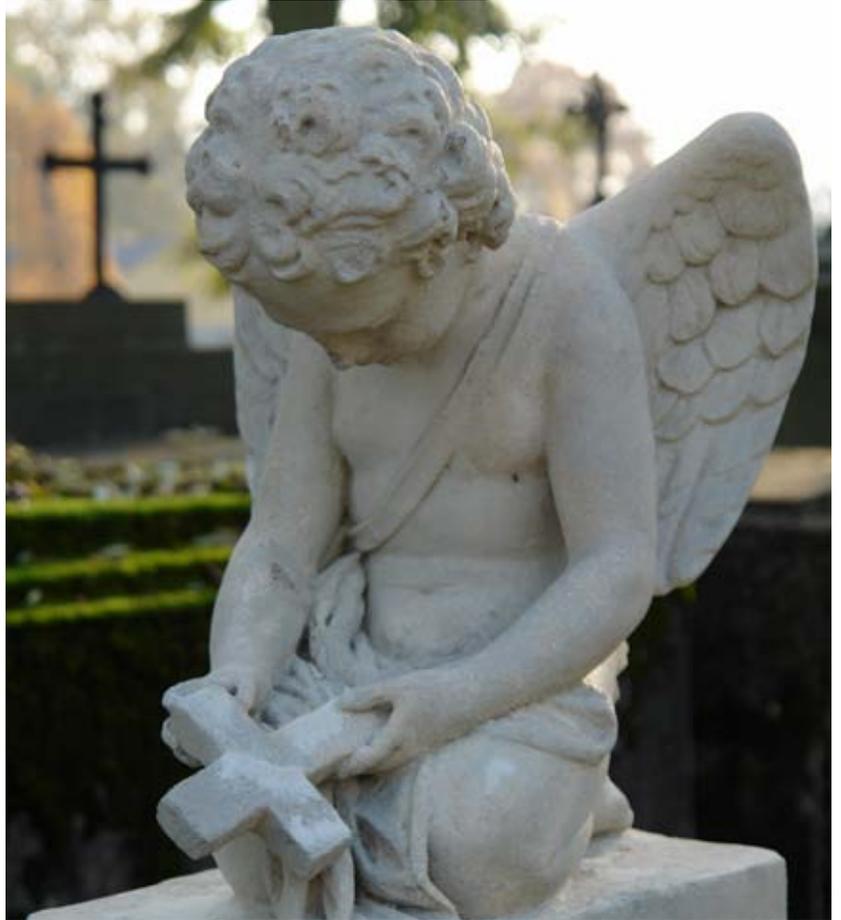
*After these things Jesus showed himself again to the disciples by the Sea of Tiberias; and he showed himself in this way. Gathered there together were Simon Peter, Thomas called the Twin, Nathanael of Cana in Galilee, the sons of Zebedee, and two others of his disciples. Simon Peter said to them, "I am going fishing." They said to him, "We will go with you." They went out and got into the boat, but that night they caught nothing.*

*Just after daybreak, Jesus stood on the beach; but the disciples did not know that it was Jesus. Jesus said to them, "Children, you have no fish, have you?" They answered him, "No." He said to them, "Cast the net to the right side of the boat, and you will find some." So they cast it, and now they were not able to haul it in because there were so many fish.*

*That disciple whom Jesus loved said to Peter, "It is the Lord!" When Simon Peter heard that it was the Lord, he put on some clothes, for he was naked, and jumped into the sea. But the other disciples came in the boat, dragging the net full of fish, for they were not far from the land, only about a hundred yards off. When they had gone ashore, they saw a charcoal fire there, with fish on it, and bread. Jesus said to them, "Bring some of the fish that you have just caught." So Simon Peter went aboard and hauled the net ashore, full of large fish, a hundred fifty-three of them; and though there were so many, the net was not torn.*

*Jesus said to them, "Come and have breakfast." Now none of the disciples dared to ask him, "Who are you?" because they knew it was the Lord. Jesus came and took the bread and gave it to them, and did the same with the fish. This was now the third time that Jesus appeared to the disciples after he was raised from the dead.*

I believe I have heard the word "bewildered" more often in the last ten days than in the previous ten years



combined. It's the perfect word for where we've been as a community since April 7<sup>th</sup>. We've been thrust into the wild, the wilderness. Our thoughts, if not our bodies, have wandered about lost. We would give anything to go back, to have things again the way they were on Easter

*We've been thrust into the wild, the wilderness.  
Our thoughts, if not our bodies, have  
wandered about lost.*

Sunday, but we cannot. We've struggled to go forward, one footstep at a time. Even to do that, we have needed every liturgy, every Bible reading, every prayer, every song and hymn, every homily, every greeting of peace that has happened among us. Thank goodness we had

practiced these things ahead of time, so they were ready for us during this time.

Some of you here today gathered for Pastor Darlene's funeral in Cleveland on Tuesday, so you have passed some different markers in the wilderness than the rest of us have seen. None of us, however, has remained in precisely the same place of stunned silence as when we first heard the news, but we're still bewildered. So once more today, we gather to sing, to remember, to give thanks, to comfort one another with holy words and promises, and to take our turn at handing a beloved sister back to the God who gave her to us as a companion on our pilgrimage through life.

Because Darlene's life intersected with each of ours at a different time or in a somewhat different way, each of us brings with us today a different offering, a unique set of memories, stories, and thankfulness to throw up before God in gratitude. I met Darlene here, on this campus, when she was a deaconess student and I was the youngster in the theology department. I got out my old grade book last week and I found her — in Jesus and the Gospels, spring semester of 1976. She got an "A." I looked at the rest of the names, most of which I remember. One name near the end of the alphabet stopped me in my tracks. Darlene isn't the first person in that class roster whom I have helped to bury. Three years ago I did a funeral for one of the others, a man who had stayed around here after graduating and lived out his life in Valparaiso, and who had no church or pastor to bury him. His old theology teacher would do.

As I pondered his story for a moment, juxtaposed now with Darlene's, I learned something important. I instinctively remembered Roger and all that his life had meant without being tempted to filter it all through the tiny prism of the way he had died. And I recognized that I have habitually done just that when recalling the stories of those who have taken their own lives. Perhaps we try so hard to figure out how it happened, and what may have led to this tragic outcome, that we somehow shape our whole remembrance into a story that points to this one, last, fearful thing — suicide.

One thing we're surely here to do today, I believe, is to put the lie to that way of storytelling. If there is a single point of reference through which to filter everything in Darlene's story, it would not be at the end, but at the beginning, in the waters of her baptism, on the day her parents took her to be buried with Christ by baptism into his death, so that from that day on, and forevermore, she could live the new life of Christ Jesus himself.

And live that life she did. I can't tell you any childhood stories, or high school stories, but Darlene's mom is here today, and she remembers. At least one high school classmate is here today, and maybe later, around those tables in the narthex, Keith will tell a story or two. There are Lutheran deaconesses here today who remember and give thanks for a bright, energetic friend and college classmate. She was like some of you current students, the

ones we still call "chapel rats." On a Facebook tribute page, a fellow deaconess remembers how, during their student years, she would always make sure to walk to class with Darlene on days when they had an exam. Along the way, she would ask, "Darlene, what do you think were the most important points in this unit?" Darlene would list some things, and sure enough, those were always on the test. "I'm not sure I'd have made it without her," said the classmate.

Back when Huegli Hall was Deaconess Hall and it was full of deaconess students, residents celebrated a distinctively Lutheran kind of Halloween. Since Halloween and Reformation Day coincide, deaconess students sometimes dressed up as Reformation-era characters in

*If there is a single point of reference through which to filter everything in Darlene's story, it would not be at the end, but at the beginning, in the waters of her baptism . . .*

full costume. Martin and Katie Luther would come to the party, along with Philip Melancthon and sometimes Pope Leo X. I have no photograph to prove this, but I hold in my mind a picture of Darlene dressed up as John Tetzel and selling indulgences just inside the entryway.

On Easter Sunday this year, Darlene gleefully reminded my older son how she babysat him once upon a time. She loved children, and she loved young people, so she went into campus ministry and she longed to be a mom. After so much trying, God answered her prayers, and Nathan was born — her gift from God, her great joy.

And eventually [fast forward!] she came here, to be one of our pastors. It was less than two years ago, but half the students on this campus have no memory of this place without her, until now. I have heard multiple times in these past days how Darlene knew students' names and remembered details of their lives, sometimes after meeting them only once. She had the gift of knowing and remembering, of making lasting connections after even brief encounters. In this, she was following her calling as Christ's servant in the ministry of gathering, including and holding others close.

And now friends, I'm going to start using some of our Bible stories to help us understand what we have witnessed in the life of our sister, beginning with the gospel lesson in John 21 that I read a few minutes ago. "Go back out again," Jesus told the tired fishermen who'd worked all night and had nothing to show for it. Go back out into the deep, and let down the nets. That is the mission of those who listen to Christ and follow along as he leads, for it's down in the depths where God always goes seeking and finding, so that's where God sends us.

I'm not sticking with one text today, so I'll tell you Matthew's gospel has another way to teach about going

into the deep. In that gospel, Jesus tells Peter, the fisherman who has just confessed him the Christ, the son of the living God, “Yes, dear friend, you got it. Indeed, just seeing that is a gift. And here’s another gift — I give you the power to forgive sins. Now, here’s what you do with this gift. Go straight to hell, Peter. I’m telling you, they can’t keep you out. The gates of hell cannot stand up to your assault!”

So Peter, and Darlene like him, went straight to hell, to where God is not ... into the circles where some say God would never go, where Jesus would never be found. Darlene preached and presided here in this big, beautiful place, and I think she even enjoyed it sometimes. But her love, her ministry, and her heart were mostly in the circles and communities, and among the loners and lost sheep, who don’t very often find their way into this place. Dressed in the Christ-clothes of her baptism, she embodied Christ in places where children of God without such clothes to wear dwelt in isolation, exile or in places we care so little about that we don’t see them, or even have names for them. She was Christ for them, God’s agent. Like Christ himself, and by his grace, Darlene unhelled hell. And some of you know the stories.

But sadly, those weren’t the only visits Darlene made to hell. There were days and nights she sometimes hinted at when the darkness threatened to envelop her despite the light of the Christ-clothes she wore, and despite all the good things in her life. And finally, last week, there was that last brush with the abyss. And we’ve been heartbroken ever since.

As Pastor Wetzstein reminded us so clearly and carefully in this place last Sunday, Darlene joined us at the great Last Supper on Maundy Thursday, went with us to Gethsemane and later to the cross on Good Friday. On Easter Sunday she celebrated the Eucharist here and she led us in proclaiming the mystery of our faith: “Christ has died. Christ has risen. Christ will come again.”

Only three days later, she slipped into the darkness from which we cannot bring her back. What can this mean? How do we hold these things together and not let darkness and death be the victors in this story? How can this happen to people who help the rest of us hang on?

This kind of darkness is no stranger in the church, among God’s people, nor has it ever been. Martin Luther, all too familiar himself with dark nights of the soul, wrote often, and with obvious compassion, about something similar that happened in his day. It seems that a certain Bishop Krause, advisor to a Cardinal in Halle, someone much loved and trusted among Luther’s friends and colleagues, took his own life in 1527 after being reprimanded by church authorities for having done things in sympathy with the reformers. That he took his life on All Saints Day seems to have compounded the community’s grief. Later, one of Bishop Krause’s confessors revealed that the broken pastor had come to think that even Christ himself had nothing to say of him but judgment and criticism. When Luther preached about this,

he said, “This is the tragedy of our human condition, that we fall so far we can no longer see or hear the true God, and we imagine the condemning God is the only God. And then, the God we imagine becomes the God we get.”

But this is not the true and only God, Luther continued. In Jesus Christ, the true God breaks into even that despair. In the one who cries out, ‘My God, my God, why have you abandoned me?’, God joins those whom darkness swallows, and as Luther so often preached, in so doing Christ unhelled hell forever. There is no place that any one of us could ever end up, no depth to which we might ever sink, but that even there, he is Lord for us. Even there, he says, “Come with me.”

*This kind of darkness is no stranger  
in the church, among God’s people,  
nor has it ever been.*

That, dear friends, is the promise of your baptism, the promise of the God revealed to us on the cross outside Jerusalem. It’s been put so many ways over the centuries, beginning with Paul’s saying that nothing can separate us from the love of God in Christ Jesus our Lord. I find myself saying it over and over like I said it here on Easter Sunday, “I believe that I cannot believe. My own reason and strength always fail me. But the Holy Spirit never, ever gives up. I may lose my grip. No, I *will* lose my grip. But God never lets go.” That is the gospel.

With that promise we comfort ourselves in the face of our sister’s death. She lost her grip, but the God who in Christ ceaselessly roams hell looking for lost ones did not. When Darlene fell, his ruined, crucified hands were there to catch her. And he said, “Dear sister, come with me.” No matter the time or circumstances of your death, he’ll be there again — waiting, and ready.

In the mean time, we have work to do. Here in space and time, we had our last meal, our last breakfast on the seashore, with Christ and his servant Darlene back on Easter Sunday. Now there’s work to do. “Go back out, and cast the nets again,” says Jesus. And so we shall. We’ll go out together, never alone, and we go out with a remarkable promise. The truth is, I think, that we don’t so much go out as the fishermen and fisherwomen and fisherchildren, but we go as the net. We go as a community of crucified people hanging onto each other for dear life as God hauls us as a group through the deep. By the way, did you ever look closely at a net, and notice that it’s nothing more than a countless host of crosses, all tied together? That’s who we are, all of us together, forever connected. That’s what our lives look like as we’re hauled through the deep with the promise that the net will not break, no matter what.

Yes, we have work to do. Let me tell you one more story from the time of Darlene's ministry among us. Many of you know it, or versions of it, because she loved to tell it and told it often. During the first-ever Sunday Eucharist of her ministry here, as she helped to distribute communion at one of the railings up there in the chancel, Darlene felt a button or snap give way, and her skirt fell to the floor around her feet and beneath her alb just as she gave the cup to a woman who knelt there. When the woman had sipped from the cup and returned it to Darlene's hands, the woman whispered, "What do I do now?" What Darlene didn't know was that this woman had never worshiped here before and simply didn't know what to do next — stand up, stay kneeling, leave this way, that way? But for the moment Darlene was only thinking about her skirt now circling her feet, so she whispered to the woman, "Pick up my skirt."

This did not compute. The woman looked blankly at Darlene as if she had spoken in tongues, got up, and left the railing. With that, Darlene made eye-contact with the next person in line, who was by chance Thanne Wangerin, who'd been at that railing countless times and knew exactly what to do. Darlene stepped out of her circled skirt. Thanne sipped from the cup, scooped the skirt up under her arm, and went on her way rejoicing.

I know there's another whole sermon lingering in that story, because that, friends, from this vantage point, is a moment straight out of another gospel, Mark's gospel, the gospel with the story of the guy who loses his clothes in Gethsemane but shows up later, at the empty tomb, in, yes, a white alb, to witness to Christ's resurrection. I'll not preach that second sermon. Instead, we're going to live it.

We've picked up the grave-clothes our sister left behind, and like her, we all have our Christ clothes to wear while we greet and comfort one another as we stand here at the empty tomb to share the promise of Christ's resurrection, and ours. And then, we're off. Off to where?

As usual, at the end of this service, we'll hear the familiar line, "Go in peace. Serve the Lord," and we'll all respond, "Thanks be to God." Just for today, I invite you to imagine it this way, "Go in peace, but go straight to hell. They can't keep you out."

We'll say together, "Thanks be to God," and we'll go on our way, rejoicing through our tears.

---

*Frederick A. Niedner is a professor of Theology and former Chair of the Theology Department at Valparaiso University. His ongoing work in biblical theology focuses primarily on enmity and polarization in the biblical world and the ways in which biblical texts have been employed to perpetuate those same things in our world. His studies also probe biblical themes of reconciliation and forgiveness.*

*He has served many adjunct roles at Valparaiso University's Chapel of the Resurrection and contributes regularly to publications that offer text studies and other resources for preaching in the church.*

# Suicide in the Military

Many — if not most — military men and women who have returned from a combat zone have experienced trauma, and suffer from post-traumatic stress.

## Indicators

Former Defense Secretary Donald Rumsfeld once said,

“Reports that say that something hasn’t happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns — the ones we don’t know we don’t know.”

A great quote! To be sure there are many things we don’t know. However, every one of us can certainly pay attention to things around us, particularly when we or someone we care about are at risk. Military leaders consistently encourage something called “situational awareness.” Simply put, “Pay attention to stuff going on around you!” It would be silly to, for example, grab your golf clubs and head to the course after noticing a gigantic thunder storm approaching. Normally, clouds, thunder, lightning and hail are clear indicators that golf is out of the question. Situational awareness demands that occasionally we take a different course of action.

Chaplains in the military are keenly aware of the stresses our military men and women face daily, whether deployed to a combat zone or not. Every chaplain receives training in suicide awareness and prevention through a program called Applied Suicide Intervention Skills Training (ASIST). Besides family history, psychological issues, and medical factors, there are often behavioral signs that may help us recognize “at risk” people. Some common signs or indicators you may be aware of are: lethargy, risky behavior, agitation, statements of worthlessness, talk of hopelessness, unusual focus on death, insomnia, alcohol/drug abuse, recent significant loss, depression, and isolation from others. When these or similar indicators are present in a person, he or she may be at risk to harm themselves.

Many — if not most — military men and women who have returned from a combat zone have experienced trauma, and suffer from post-traumatic stress. Depending on the individual’s history, internal and external resources, and support systems, we can expect a wide range of effects to post-combat stress. Some will recover and reintegrate quickly and well. Others may require counseling and special care, long or short term. Still others may develop severe disorders and require medication.

Consider the following example. A 20-year career chaplain is nearing the end of a yearlong tour in Iraq.



Five days before returning to his wife and family, he is calmly enjoying coffee with a fellow chaplain at Camp Victory’s “Green Bean” coffee shop. As they chat, the late afternoon stillness is shattered by an exploding barrage of Katyusha rockets landing 100 meters from where they sit. After the third rocket hits, the two chaplains dash towards the billows of thick black smoke to assist any casualties. This is a trained response. No thoughts of fear or danger.

*Besides family history, psychological issues, and medical factors, there are often behavioral signs that may help us recognize “at risk” people.*

Now fast forward. Back safely in Germany, the chaplain completes his two weeks R&R (rest and recuperation) and reintegrates back to a work routine. All seems fairly normal until his 4:00 a.m. sleep is interrupted by a sudden and earth-shattering explosion in the stairwell next to his bedroom. As he begins to dive for cover on the floor, he wakes to discover his wife calmly sleeping next to him. The barrage and explosions were a dream, nothing more.

The chaplain’s experience was the cumulative effect of

pushing down the angst, the fear and the stress of a close encounter with death and the exposure to its aftermath in caring for injured and dying. This example would be labeled as mild to moderate. Some of our dedicated military are experiencing far worse. The Soldiers, Sailors, Airmen and Marines who return from combat WILL experience Post-Traumatic Stress (PTS). How severe that stress is will depend largely on the intensity, duration and frequency of exposure to “bad things” happening in a combat zone. The severity of stress will also depend on what emotional, psychological and spiritual resources that individual might possess. In my experience with post-traumatic stress, I have found that three anchors in life are crucial to reducing the effects of PTS. Those anchors are **family, friends and faith**. In other words, strong family bonds, caring support of close friends, and a resilient faith will reduce the effects of PTS. Common sense.

There is no guarantee that a combat veteran, even with all three anchors, will quickly and easily return to “normal.” Nor can one predict that someone with few or inadequate support systems will have severe problems. What matters most is that people demonstrate care to returning veterans. Pastors and congregations often ask, “What can we do?” I offer the following suggestions to those who wish to help.

### Awareness

The military community is a unique culture. Most who serve in our military quickly develop bonds that last their entire lives. This is particularly true of combat veterans. The veteran may be reluctant to share his or her struggles with someone outside the “Band of Brothers (and Sisters).” Veterans will easily gather at the local VFW because the folks there understand. Again, this is common sense. If pastors and congregational members wish to connect with veterans, their best avenue will be through members who are veterans. Another awareness piece is that back to “normal” does not mean back to the way things were before. Exposure to combat, trauma and loss will often cause permanent change in a person. That means that he or she will adjust to a new “normal.” The new normal may cause behavioral and lifestyle changes. These changes can be negative or positive. For example, one might become more isolated and angry, or reflective and caring.

### Care

God’s people care and they demonstrate that through loving-kindness. Note, I did not say “pity.” Veterans have a deep sense of mission and duty. Our military is a volunteer force. When a Soldier, Sailor, Airman, Marine or Coast Guardsman is injured physically, emotionally or spiritually, they look for healing so they can continue to serve. A hard lesson was learned after the Vietnam War. Many veterans of Vietnam still bear the hurts and scars of combat compounded by, whether real or perceived, a

non-supportive population. Care does not mean simply thanking veterans for serving. Care means providing for, or helping them find resources to return to productivity. Most people find satisfaction and meaning in serving and doing for others. A military member finds great satisfaction in serving our nation. The sooner they can get back to doing it, the better.

### Train

As more and more veterans return from deployments, communities need resources to meet the myriad of needs they present. Jobs, reintegration back to home and family, PTSD and healing are just a few. The Lutheran Church—Missouri Synod, for example, under the leadership of Chaplain Mike Moreno, provides training for districts, circuits, pastors and congregations in ministry to the veterans. Operation Barnabas is specifically designed to give the tools and resources to our members for meeting the needs of our veterans. This program connects our veterans to people, face to face. While many offer web-based support, Operation Barnabas seeks to make a difference in our communities through personal contact and local support. One congregation in Florida is providing a weeklong stay in a house they own, while contracting local professional caregivers to assist in reconnecting returning veterans to family and community. That is outreach. That is caring. So we begin with **Awareness**, find ways to **Care**, and **Train** for the mission. **ACT**.

---

*Chaplain (LTC) Eric Erkkinen serves as associate director of The Lutheran Church—Missouri Synod’s Ministry to the Armed Forces (MAF). In this role, Eric administers clinical and budgetary matters for MAF, edits the “Ministry-by-Mail” program, oversees the LCMS seminaries’ chaplain candidate program and maintains chaplain rosters and records.*

*In the past, Eric served as a parish pastor, National Guard chaplain and active duty Army chaplain for many years. He provided critical chaplain support at the Pentagon during post-9/11 search and recovery operations and served in Iraq during Operation Enduring Freedom. Eric has received numerous awards over the years of his service to the LCMS and the men and women of the Armed Forces, including the LCMS’ Bronze St. Martin of Tour Medal. Eric and his wife, Linda, have three married adult children: Aaron, Joel, and Leah.*

# Self-Inflicted Harm Among Military Veterans: Our Militarized Society's Cry for Help

In recent years, the military has written a number of reports expressing alarm at the high and growing rate of suicide and other non-combat deaths among those currently on active duty.

Chaplains, you are uniquely situated to notice a silent tsunami<sup>1</sup> that is hitting our country: the suffering of our military veterans and their families. As a tragic by-product of this service-related invisible suffering, many veterans will be harming themselves and others in a variety of ways, including suicide.

*Jeremy enlisted after high school and was deployed to Iraq. He was in the area of several bomb blasts, but considered himself lucky to be uninjured. He'd seen some horrible things. He did not know that he had mild traumatic brain injury (mTBI). The return to civilian life was rocky. He had trouble sleeping, drank too much, and he never felt "alive." He was prescribed medication from the VA for his body aches. He loved riding the motorcycle that he'd purchased conveniently from his base in Iraq. With mTBI impairing both his balance and his risk assessment, he crashed, nearly injuring others. He wakes up in your hospital, facing grave injuries.*

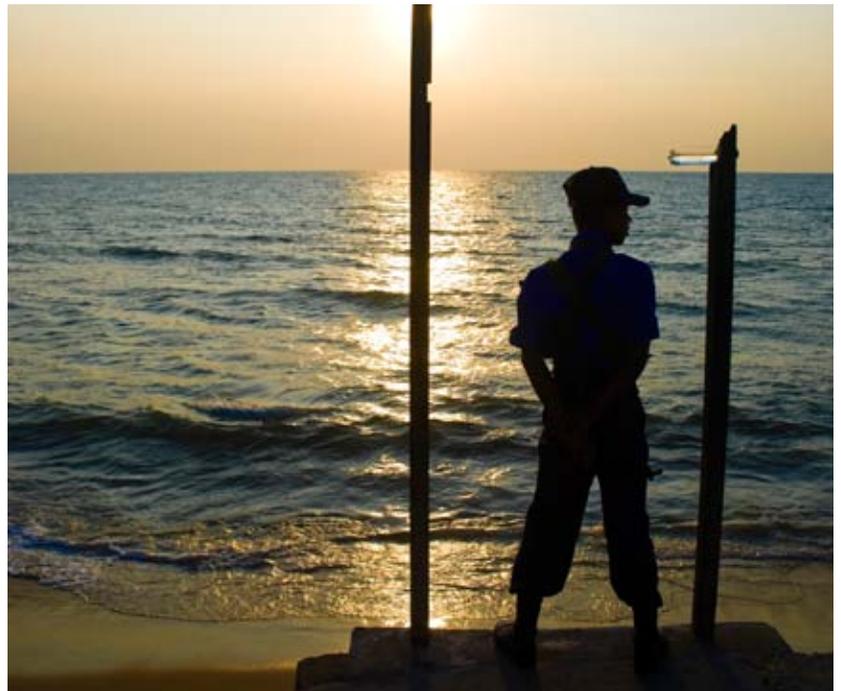
Such stories rarely reach the notice of national media. Events occur disproportionately in the small towns of National Guard vets and the out-of-the-limelight areas where hurting vets go to hide.

While outside the scope of this article on self-inflicted harm, we at the Coming Home Collaborative are among those who have come to believe that moral injury is at the root of much of the suffering. The gifts that chaplains and congregations uniquely offer are greatly significant in making a difference in otherwise diminished lives.

Rarely has there been such need for the chaplains' calling of cultivating the soul and of transforming hurt to compassion. We encourage you to ask about military experience (even basic training can leave injuries), and "deepen the diagnosis"<sup>2</sup> beyond the presenting problem to the underlying moral and spiritual wounds.

## The Problem Context

The human being is awesomely made. We have the capacity to adapt to any number of very challenging cir-



cumstances. People have learned to live in extremes of cold, in desert climates, and even underground. We human beings can adapt also to the extremes of making war. We have within us the potential for great courage, incredible feats and amazing cleverness. War can also trigger great cruelty and other shadow capacities within us that usually are cloaked.

*Rarely has there been such need for the chaplains' calling of cultivating the soul and of transforming hurt to compassion.*

The high and climbing rates of military and veteran suicide, however, may be the proverbial "canary in the coal mine," alerting us of our human limits. Something is wrong. This experiment of how much our beautiful

1 Term used by Chaplain John Morris

2 Term used by Dr. Valerie Yancey

sons and daughters who enter the military can take is not going well.<sup>3</sup>

This article seeks to provide an overview of the crisis of suicide among our militarized society and calls on the church to pay attention to this otherwise invisible suffering. We call on representatives of the church not to fill the massive gaps unmet by billions of dollars of federal spending (VA budget alone is \$140B for 2012), but to be authentically Church in our response.

### Suicide, Equivocal Deaths, and Early Deaths

At least 6,500 veterans are known to commit suicide a year. Of the subset of veterans who are receiving VA services, more than 10,000 attempt suicide each year. We believe that these numbers do not accurately reflect the large numbers of vets who are engaged in self-destructive behavior in various ways. We include consideration of equivocal deaths where the intent was unknown: was the drug overdose, gun discharge, or driving fatality intentional? And these statistics, which mostly are composed of pre-9/11 era vets, are likely to get worse as more recent war veterans are mixed in. We're already seeing very disturbing trends of early deaths.

A study of California public health records showed that three times as many under the age of 35 California veterans died, by all causes, than were killed in combat between 2005-2008. A staggering half of injured post-9/11 vets say they have felt they "didn't care about anything." The VA tracks only veterans who are receiving benefits. Of those nationally, 4,194 died after leaving military service, half within the first two years. Only 1,200 of those were receiving disability compensation for a mental health condition. The most common mental condition for which the deceased had been receiving compensation was PTSD (which recent news reports suggest has been intentionally under-diagnosed).

### Lifelong Disabilities

Those who were recently recruited into the American military ("the cream of the crop"<sup>4</sup> of our youth, as MN National Guard Chaplain John Morris has pointed out), and who then served at war, are likely to come home with lifelong disabilities. While these mostly young peo-

ple are awesomely made and incredibly resilient, many of their service-related maladies only manifest or get worse with time.

Many of the typical maladies impair relationships or lead to substance abuse, which brings on additional suffering. Hearing impairment and chronic musculoskeletal pain diminish quality of life. The Rand Institute reports that 20% have post-traumatic stress disorder (PTSD) and 20% have TBI (This should not be understood as 40% of the troops because many individuals suffer from

*Positive relationships with others are often cited as what is most important in life.*

both maladies). Even more will have depression or anxiety that gravely interferes with their lives. Many will need medications that will cause them additional problems ranging from erectile dysfunction to addiction.

### Moral Injury

We at the Coming Home Collaborative are among those who argue that there is also invisible moral and spiritual wounding that impairs health and well-being. Since 2010, the term moral injury is being used by a small but growing group of VA psychologists, chaplains, and theologians to describe lasting injury after "perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations."<sup>5</sup>

### Coping Across the Life Cycle

All of these maladies mentioned (and there are many more) increase the risk of the individual for self-destruction over the course of his/her lifetime.

For instance, good attachment is one of the best antidotes to trauma. Positive relationships with others are often cited as what is most important in life. Unfortunately, as psychiatrist Matthew Friedman notes: "What the research has shown us is that while people with PTSD are quite capable of experiencing negative emotions, they can't experience positive emotions of joy or love or enjoyment of pleasure. It is devastating to marriages and relationships."<sup>6</sup>

Research seems to indicate that the early death risk is highest for the young and in the early aftermath of being in the military. Self-infliction of harm may show in self-destructive coping behavior for decades. We are decades from seeing all the deaths and suffering caused by the military response to 9/11.

Of course, it's hard to know why someone commits

3 As VA Sec. Eric Shinseki noted at a recent Senate hearing, "Veterans are a disproportionate share of the nation's homeless, jobless, mental health and depressed patients, substance abusers, and suicides. He further commented: "And so the issue is, "What happened here? Something happened."

4 A large percentage of US youth are ineligible due to obesity, medical histories (including depression and alcohol/drug abuse), education problems, crime history, or gang tattoos. The recruit population is substantially healthier at outset than their civilian cohort. It is inaccurate to compare military member statistics to the general population unless this factor is taken into account.

5 Clinical Psychology Review, December 2009

6 <http://psychnews.psychiatryonline.org/newsarticle.aspx?articleid=1096604>

suicide or dies by self-inflicted means, but when an 80-year-old WWII vet chooses to shoot himself at his flagpole, there is some indication that his military experience may be a factor. Current statistics suggest that being a veteran nearly doubles one's suicide risk.<sup>7</sup> Veteran suicide rates are higher than civilian through all age groups except the elderly (especially considering that recruits are a healthier subset). Male vets 17-24 years old are four times more likely to commit suicide than their civilian cohort. One study of male vets seeking medical help at the VA showed that 22% had considered suicide in the prior two weeks.

Vets experience many barriers against talking about or making meaning of what they have experienced. Some have signed non-disclosure contracts or secrecy agreements with clear threats of punishment if they talk about what they do. Many believe that seeking counseling will destroy their careers. Many fear rejection. Many do not have words for what they've experienced.

### Causes of Self-Destruction

Why do at least 6500 veterans a year take their own lives?<sup>8</sup> There is no single cause of veteran suicides, even as there is no stereotype that fits the 23 million people who have been or are currently in the military. It is crucially important that, as we discuss the real and significant problems of veterans and active duty personnel, we remember that not all in that group carry those problems. We do harm if we treat a human as a stereotype instead of tuning into the uniqueness of this person as a child of God. Nevertheless, some generalizations can crack open communication and understanding.

People who commit suicide are severely troubled. Their troubles can be at both conscious and unconscious levels. People tend to cope with their troubles in ways that can bring additional problems. Some self-isolate. Some "self-medicate" with mood-altering substances. Others distract themselves with drama and adrenaline triggers like pornography, gambling, and other risk-taking behaviors.

Indeed, the Army links suicide in the ranks to high-risk behaviors (such as thrill-seeking, criminality, and drug and alcohol abuse), which may or may not have been in response to service-related causes (like PTSD). The Army noted in 2010 that those who volunteer for the military during a period of war might be more likely to engage in high-risk behaviors than those who don't enlist.

In recent years, the military has written a number of reports expressing alarm at the high and growing rate of suicide and other non-combat deaths among those currently on active duty. More Army personnel die by their

own actions than in combat. Again, people's conditions in the military vary greatly.

### Creating a High Risk Population

The military's own standards require troops to observe strict ethical behavior and to refrain from destruction. That 2010 report, however, excoriates military leadership for failing to maintain such standards. The report concludes: "We are creating and sustaining a high risk population that is a subset of the Army population."

*We do harm if we treat a human as a stereotype instead of tuning into the uniqueness of this person as a child of God.*

I note that the report shifted among differing perspectives, which suggests it might have been written by a committee. On the one hand, it seemed to blame the sufferers for their problems. That is hard to accept for many, including the women veterans suffering from Military Sexual Trauma (20-40%).<sup>9</sup> On the other hand, the report notes that military life can be very stressful:

"At 24 years of age, the typical soldier has moved from home, family and friends; and has resided in two other states, has traveled the world, been promoted four times, bought a car and wrecked it, married and had children; has had relationship and financial problems; seen death; is responsible for dozens of Soldiers, maintains millions of dollars worth of equipment and gets paid less than \$40,000 per year."

The report also states that 1/3 of the force are taking prescription drugs, and 14% of them are on some form of opiates. Says the report, "Anecdotal information suggests that the force is becoming increasingly dependent on both legal and illegal drugs."

### Dismissed into Communities

A more recent report, *Army 2020: Generating Health and Discipline in the Force Ahead of the Strategic Reset*, recommends that those who won't get help for their problems or whose problems continue despite treatment be separated from the military. The report notes:

"The Army is approaching the strategic reset and has an opportunity to select and retain professional Soldiers to fill its ranks ahead of the Force reduction and other imposed constraints. Stated another way, the Army has an opportunity to de-select and separate those Soldiers who do not meet the professional standards of conduct required of an all-volunteer Force."

7 And the military recruits started out much healthier than the general population, as noted earlier.

8 This annual number has risen since I started writing about military suicide in 2006. *Army Health Promotion, Risk Reduction, Suicide Prevention, 2010*

9 This significant problem merits further discussion, see [http://www.mpls-synod.org/files/programs/vets/vets\\_interacts/2012\\_may.pdf](http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_may.pdf)  
[http://www.mpls-synod.org/files/programs/vets/vets\\_interacts/2012\\_jun.pdf](http://www.mpls-synod.org/files/programs/vets/vets_interacts/2012_jun.pdf)

This 2012 report thoroughly discusses how some behavioral problems and misconduct issues are a result of military experiences, and recommends a combination of discipline and treatment. However, if the soldiers cannot fix their problem or will not seek help for it, they will be among the first to be downsized as the Army “resets.”<sup>10</sup> Those who do not seek help for their problems (called “high risk” by the report) may be given a dishonorable discharge, which makes them ineligible for most veteran’s benefits, including medical care.

In recent years, many military members coped with civilian adjustment problems by returning to combat. With the downsizing of the combat operations, this will no longer be possible. While the military is a high-stress setting, it is also one of the most supervised (except for hospitals and prisons). Will those struggling with invisible wounds find what they need in the civilian world?

### Concerns About Seeding Self-Destruction

While it is not surprising that the Army intends to retain only those most fit for their purposes, we can expect some negative consequences in our communities. According to the Iraq Mental Health Advisory team report, behavioral health well-being does not return to baseline until 24-36 months after a deployment.<sup>11</sup> At the tip of the iceberg of suffering will be the increase in early deaths.

The primary coping mechanism used in the aftermath of war trauma (“stuffing it” or compartmentalizing) requires energy that tends to fail. Even those who are high-functioning, like Senator Max Cleland, can break down. Especially as individuals retire, long-suppressed demons tend to emerge.

How much can even the “cream of the crop” of awesomely resilient humans endure? Will pastoral care providers be prepared? What is the role of our church in relation to this self-destruction? How can we help our society heed the “canary” that is dying? And what are the implications as we reflect that, unlike a tsunami, this wave of destruction, the poison that starts by killing the canary, is entirely human-caused?

As Jesus noted, “What king before making war, does not first count the cost of doing so and consider alternatives?”

### Further Resources

I will be addressing some of these questions in part two of this article, which will be published in the next *Caring Connections* journal on Moral Injury. In closing, I offer these brief recommendations:

Our book, *Welcome Them Home — Help Them Heal. Pastoral care and ministry with service members return-*

<sup>10</sup> This policy is likely to discourage help-seeking for those who hope to have a career in the military, or with employers who require security clearances. The current best treatments for PTSD have a success rate of less than 50%.

<sup>11</sup> 2009

*ing from war* is reviewed in this journal. We wrote this primer to help fill the gap in the pastoral care knowledge base, and it includes detailed guidance, including cautions against triggering trauma.

For an article related to parishioner suicide, noting how recommendations have changed in recent years, see “The Suicidal Client/Parishioner: A Guide for Clergy, Pastoral Counselors, and Psychologists Who Advise Them” (Visit [www.listentovets.org](http://www.listentovets.org) and [download the PDF](#)).

Relative to suicide warning signs specific to veterans, see Warning Signs at [www.cbsnews.com](http://www.cbsnews.com).

### In a nutshell, pay attention.

Don’t get put off by the camouflage of the military persona, the flashes of rage or vulgar/shocking language. Be persistently gentle as you coax the soul to safety. “How was your getting used to being home?” “I’d like to hear how sleeping has been going for you” (check if there are nightmares.) Look into their experiences of the transcendent. Many people in the extremities of war have non-normal experiences, “stuff that didn’t make sense, or that made you wonder if you were crazy.”

The bottom line, according to veteran and theologian Dr. John Zemler, who maintains a blog, *PTSDSpirituality.com*, vets “need to hear that there is something bigger than ourselves and that we have inherent value.”

And as you listen, witness, and weep<sup>12</sup> in response to the suffering of veterans; don’t keep it to yourselves. We need to lift up these stories. We need to be sure our society knows about these tragic “deaths of the canaries.” We welcome your stories, observing confidentiality concerns, at [Buddy@ListenToVets.org](mailto:Buddy@ListenToVets.org).

---

*Amy Blumenshine, MSW and Lutheran (ELCA) Diaconal Minister, convenes the Coming Home Collaborative and the bi-monthly veterans ministry roundtable lunches. Amy is a co-author of the book, Welcome Them Home – Help Them Heal: Pastoral care and ministry with service members returning from war.*

<sup>12</sup> Phrase used by Dr. Stephen Muse

# When a Pastoral Colleague Commits Suicide

We sin; we seek forgiveness. We fail, we grieve, we move on. We trust God, and try desperately to not sit in His place.

While a seminarian, I was told that I would be a very frustrated pastor. The campus counselor responsible for identifying issues in seminarians that we had to work on was concerned that I had an overly “helping” personality that would become frustrated at people who really didn’t want to be helped. I didn’t give it a lot of thought frankly, but grudgingly, many years later, I have to admit that he was right. One of the most frustrating things in my ministry is my inability to move people “out of the pew.” I was taught that in my ministry I would preach the Word, rightly distinguishing between Law and Gospel, and administer the sacraments. In faithfully doing so, the Holy Spirit would sanctify and mature those in my care. I confess that I spent some time in my ministry a little ticked at the Holy Spirit, because He didn’t move fast enough for me as, year after year, people pretty much didn’t want to be helped. In pastoral care and counseling, the results I hope for are rarely the results achieved. And there is nothing more frustrating, and tragic, than a person in your care that commits suicide.

I grew up in a Jewish home, and suicide for Jews is unthinkable. Jews don’t really have the concept of a mortal (or unforgivable) sin, but when a Jew commits suicide he/she is not entitled to a Jewish burial or mourning rites. Having become a Jewish believer in Jesus, I have observed that for some in the faith, suicide is an unforgivable sin, with the logic that one who commits suicide is unable to repent and seek absolution for it. And for most Christians, in my observation, suicide is an uncomfortable thing that we just don’t talk about.

I have had the uncomfortable experience of counseling at least three people who were “suicidal.” I understand that a death by suicide is the result of an illness, as much as a heart attack is a consequence of an illness. But that understanding is best left to comfort those the dead leave behind. It seems irresponsible to tell a person struggling with mental illness and suicidal tendencies, that God would not condemn them, thereby giving them “permission” to kill themselves. Sometimes, the fear of God’s wrath is the only thing keeping them alive. This leaves the pastor in a very uncomfortable place. That place is where I have lived for the last few years.

He was a second-career pastor with a young family. He had gained a reputation for loving the Lord and serving him with great zeal in evangelism, being bold to take the gospel into street preaching, college campuses



and foreign countries. His first call was to plant a new church. Something happened during his ministry that he chose to leave pastoral ministry and become a full-time evangelist. Someone who did not know him well would say that he was seeking to serve the Lord according to his “gifting,” and certainly that would be partially true. But somewhere in his ministry he was hurt. This was evidenced by his refusal to preach in church and in his inability to talk about it. And his family, a wife and three young children, were very quiet and reserved.

*I understand that a death by suicide is the result of an illness, as much as a heart attack is a consequence of an illness.*

When he came to my acquaintance, he wanted to be a full-time evangelist, someone that would serve our ministry very well. He was creative, gifted for evangelism, able to integrate new technology into his ministry, and loved the Lord. His wife loved him and was supportive of their moving to a new city to begin a new ministry, and his young children seemed generally well disposed to such a move.

One of the challenges of ministry is faithfully serving, trusting God to provide for your needs. Our church body does not support those in full-time evangelism, and our ministry is required to raise our own support. That can be very difficult at times, but my friend was willing to learn and showed some creativity in developing his base of support. So we called him into service with our ministry and I became his supervisor, pastor and friend. Though we did not work closely together, as we were both traveling a lot, my great sorrow is that I did not know him well before I put him in such a challenging place.

The hurt that he had experienced in his former ministry put him in a place where he refused to do the things necessary to raise his support. For a time he survived on some large donors that he had cultivated (some his own family and friends), but he would not go and preach in churches to raise awareness, to touch hearts, and to bring people along with him. To that end, he struggled in providing for his family, and apparently foresaw a time coming where he would not be able to provide. This culminated in a late night phone call from his wife, and a trip to the hospital where he was recovering from an attempt on his own life.

It was in the aftermath of this attempted suicide that his “secret” started to come out. He suffered from bipolar disorder, and it was this that apparently caused him to leave his secular career and enter the ministry. According to some in his family, he literally could no longer do his job. Certainly, working with him, I had discovered that he was unable to focus well on finishing tasks, and working with him was like nailing down the proverbial “Jello.” But he had gotten very good at showing the world the manic side of his mood swings that exhibited themselves in such great zeal and creativity, and spending the depression in secret, and at home. No one guessed that this talented pastor was wrestling with his own demons. And the sad truth is that his family, who witnessed his depressions, was caught in the same social convention that says, “Trust God and let’s not talk about it.”

During the next year, he was under the care of a psychologist and a psychiatrist, and he and I met regularly for prayer and counsel. I thought we had developed some coping techniques to deal with his suicidal thoughts, we tried to deal with his need to provide for his family, and he contemplated looking for more steady work. But it was ultimately his fear of failure and his inability to work that resulted in his suicide a little less than a year after his initial, unsuccessful attempt.

Today, I still wrestle with a lot of guilt. I know, intellectually, that I was not the only one responsible for his care, that he was taking his medication, that he was seeing his counselor regularly, and that frankly there is only so much we can do. But I can’t help rehashing the “could’ve and the would’ve.” Had I but known about his condition, I would never have supported him being called into such a difficult ministry. Then I wouldn’t have

had to deal with any of this either, and would never have gotten involved! And I struggle with the knowledge that someone so gifted by God could just give up the way he did. Not to mention that I’m tempted to be ticked off again with the Holy Spirit.

Ultimately, it does all come down to the reality that God has called us to simply do our best, working with the gifts and the skills that we acquire and are given by the Holy Spirit. We sin; we seek forgiveness. We fail, we grieve, we move on. We trust God, and try desperately to not sit in His place. The devil’s first temptation was that we “can be like God.” No matter how hard we try, it’s clear that we can’t. Thank God for his forgiveness in Christ Jesus. “For I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed to us” (Romans 8:18), and I look forward to seeing my friend in the resurrection.

---

*Kevin Parviz is a Jewish believer in Jesus who, through a fascinating faith journey, came to Concordia Seminary and, after ordination in 1998, developed and became pastor of Congregation Chai v’ Shalom in St. Louis. He also serves in several positions, including in the Missouri District of the LCMS as Missionary-at-Large to the Jewish people. Author of a variety of articles and contributor to several periodicals, he and his wife, Colleen, have four children and one granddaughter.*

# The Suicide Within Each of Us — Peaches' Story

Most adult people have at least thought of what it would be like to take actions that leading to one's own death.

All living beings have death within themselves since their birth into a fallen world (Genesis 2:15-17). The dying process is always in motion. Our eyes can see it happen to others; our ears hear it; even our heart knows of its reality. Yet death can be denied, repressed or acknowledged. Most adult people have at least thought of what it would be like to take actions that leading to one's own death. Our society calls that irrational thinking and unacceptable behavior, even illegal. Yet we all perform risky behaviors that put us close to death; and some with tragic results. In subtle, even hidden, ways we promote our own dying.

Most people who take their own lives never use the word "suicide." That's for others, for clinicians and observers to use. However, whether conscious of it or not, there is a death-wish inside people, for a variety of reasons — some positive and some negative, but all affecting everyone else connected to them in the most profound of ways, evoking intense feelings of anger, guilt and sometimes even relief or glee.

Is this a hoped-for retreat to the time before a person was born, fulfilling a wish to never have been born? Is it always an attempt to alleviate the intense pain with which a person lives? Do people fulfill the wishes of others who wish them dead?

## Peaches' Story

Early in her life Peaches (not her real name) came to the conclusion she should never have been born. She saw that her parents were ambitious for a house, cars and the pleasures of life. She concluded she was a "mistake," being born later in her parents' life together. They had told Peaches some fish threw her up on the bank of the Mississippi, near where they lived. In their times of excessive drinking, her parents insisted Peaches serve them their favorite drinks. In contrast, her much older brother, Sam, was called upon to do no such thing. He was treated like a prince.

The family needed someone to blame for all their troubles. Peaches seemed bred for the job. She managed to get through some schooling and meet other girls whose homes were far more supportive to their children. She envied them. Then Peaches' mother died when she was only 12. It sent her into even deeper sadness and confusion about life. She had terrifying memories of her Dad's hot alcoholic breath breathing down on her in the dark



after she had gone to bed. She lived with intense fears, mostly unnamed. Peaches left home as soon as she could.

As an adult, Peaches' attempt to cut her wrists resulted in a trip to the ER, where the doctor on duty insisted that she see a counselor. Peaches' husband had gotten into heavy drinking. He decided they needed a divorce if she was going to take her own life anyway. He didn't want to stay connected to her, since she displayed suicidal tendencies. Besides, he had found himself another partner.

*Early in her life Peaches came to the conclusion she should never have been born.*

Peaches trusted her counselor enough to unravel her life story. She concluded that she wanted to end her life because she was a "total loser," that she was no good to anyone else and certainly not to herself. The counselor raised the question of where God was in all this. She had been a church-attending person, even though her family was not. A church was just a block from her home as a child. The nuns there had befriended her. She once en-

terained thoughts of seeing if she could fit into church life somewhere, but that thought somehow disappeared when she married. She talked about doubting that God had any use for her, but noted that only her faith had seen her through the worst of times in the past. Peaches seemed to identify with a suffering Jesus who was, in her eyes, in His heavenly Father's tormenting and torturing hands.

There were days when she spent an hour with the counselor in near silence; other times in tears. Once she brought in a paper bag. Inside it was a ceramic doll and a hammer. She took out the hammer and put back the doll. Peaches spent the hour smashing that doll inside the bag and sobbing as she did. At the end of the hour she regained her composure with a smile as she returned the hammer to the bag and left. During her next counseling hour she explained what she had done. With anger in her eyes, Peaches related that the doll had been given to her by her mother, who told her she would be a real doll someday. By smashing it, Peaches announced that she would never be that doll. In later reflection she shared that it was probably better to smash the doll than to take her own life.

Peaches related other painful stories about her childhood life, many accompanied by tears and clinched fists punching the sofa on which she sat. As the stories unraveled, Peaches feared leaving counseling. The counselor assured her that she could return at anytime, but she had found a job working in a dress store. She thought she could handle it, but wondered if her abiding depression would ever lift. Reluctantly she told her counselor goodbye, acknowledging that she wouldn't be alive if he hadn't been there for her. He had been her father/mother-figure, and had given her a new picture of a more loving heavenly Father as well.

One day in the store Peaches broke out sobbing when somebody told her how beautiful she looked in one of the store's dresses. Afterwards her store manager asked her about it. Peaches shared that no one had ever complimented her on her appearance. The store manager recommended she see a counselor. Peaches just nodded. She had wanted to go back and talk to her counselor, but was afraid the counselor wouldn't be there anymore. When she returned home, she called to find he was away on vacation, but would return in two weeks. She felt panic inside, but she managed to schedule an appointment.

Peaches looked over at the empty bathtub and saw her razor there. However, she sank to her knees and prayed for help. She knew help was coming. Most people in her life had let her down, but God would not. He would provide others to walk with her in her down times. He could be trusted. She went to church to pray. Peaches would let the One who brought her into this world decide when it was time for her to leave it. She was ready for a further journey into life.

+ + +

While other people have a different story to tell, there is a place in every story where grief can be most overpowering. Not everyone can find a supportive listener like Peaches did. But all have a God who cares about them enough to have put them into this world. He came here Himself. Through His passion and resurrection He gives us confidence that He is now preparing a place for them to come to Him at the time of their death.

---

*Erv is a retired Lutheran pastor, and lives in Niagara Falls, New York. He graduated summa cum laude from Concordia Jr. College in Fort Wayne, Ind., and he received his Master of Divinity and two Sacred Theological Masters (one in the New Testament and one in Pastoral Counseling) from Concordia Seminary in St. Louis, Mo. In 1980 he received a Doctor of Ministry in Pastoral Counseling from the Eden Theological Seminary in St. Louis. He is professor emeritus of pastoral care at Concordia Seminary in St. Catherines, Ontario, and is a certified member of the American Association of Pastoral Counselors, and a past member of the American Association of Marriage and Family Therapists. He is an award-winning home brewer, and a certified beer judge.*

*Erv has expertise in working with families, emotional systems, grieving, childhood concerns and family interactions. He is a married father of two and grandfather of two.*

# Lutheran Suicide Prevention 2012

While faith communities take on many difficult issues such as poverty and hunger, suicide prevention is a natural part of their life as a connected people.

## Introduction

**1. Lutherans concerned about suicidal behavior, and its roots of mental illness, drug abuse and alcoholism, are strongly encouraged to coalesce around and seize a unique opportunity.**

Faith communities, and the entire country, desperately need an example of “collaborative leadership” that works to reduce the tremendous and tragic impact of suicidal behavior. Concerned Lutherans can meet this need through example — not just words. By taking the initiative to reduce the impact of suicide, and its co-occurring mental illness, drug abuse and alcoholism, this small “grassroots” army has the potential to be very effective in preventing suicide.

In 1999, the Surgeon General used the acronym AIM to introduce a framework for the prevention of suicide. AIM is:

- A = Awareness/Activities. Raise awareness of suicide, mental illness, drug abuse and alcoholism. Use activities for impact and engagement.
- I = Identification/Involvement. Identify those impacted by suicide, mental illness, drug abuse and alcoholism. Connect and involve them in driving the prevention programs, e.g. cancer victims drive cancer prevention.
- M = Measurement/Motivation. Measure longitudinally the magnitude of suicide, mental illness, drug abuse and alcoholism among church members. Motivate congregations, synods and districts, and church-wide offices (the three expressions of the church) to be actively engaged in any or all aspects of reducing the pain and suffering of suicide, mental illness, drug abuse and alcoholism.

This framework led to development of the *2001 National Strategy for Suicide Prevention*. AIM also captures a three-pronged action approach suitable for use by the small “grassroots” army of concerned, collaborative Lutherans. It guides their work to reduce the tragic impact of suicidal behavior and its root causes of mental illness, drug abuse and alcoholism.

Our Lutheran reformation heritage commends bold action to those of us who identify with the historic deeds of Martin Luther in 1517. When, in 2017, we celebrate the 500th birthday of Martin Luther’s historic reformation actions, let us also mark our faith community’s broad commitment to reduce the impact of suicide, and its root causes of mental illness, drug abuse and alcoholism. Let this work begin now, and let it begin with us!



## Background

**2. Lutherans should seriously consider suicide prevention because:**

- a. Theological wrestling with the question “Is suicide a sin?” continues today. Improved understanding of the functioning of the brain sheds new light on this question. Many are persuaded to draw an informed conclusion that, while suicide violates God’s commandment “You shall not kill,” the act of suicide is not an unforgivable sin.

*... let us also mark our faith community’s broad commitment to reduce the impact of suicide, and its root causes of mental illness, drug abuse and alcoholism.*

- b. The November 14, 1999, *ELCA Message on Suicide Prevention* provides guidance for all expressions of Lutheranism. It is a model policy statement for consideration by other faith communities as well.
- c. The 2011 ELCA Churchwide Assembly approved a motion to “seek ways to deal with this issue.”

- d. The ELCA is working on a social message on mental illness (a root component of suicide) with a targeted approval late in 2012.
- e. From 2005 through 2009, there was a 12.8% increase in completed suicides in the USA (32,637 to 36,909). At the same time, there was a greatly expanded effort in the USA to reduce suicide.
- f. In 2009 (the latest year for which statistics are currently available), suicide was the 10th leading cause of death in USA. For those in the 25–34 year old age group, it was the second leading cause of death. These statistics strongly suggest the validity of our claim that every year over 800 members of Lutheran congregations complete suicide. Now, consider this: There are only 17 states in the USA that have more than 800 completed suicides annually. If USA Lutherans comprised a “state”, they would rank 18th in a list of states in order of the most completed suicides. Doesn’t that support the notion that suicide is a public health problem on which all USA Lutherans should collaborate? In addition, this loss of human life leaves a minimum of 8,000 survivors of suicide each year. So, how are we helping these grieving Lutherans?
- g. Stigma severely inhibits open and honest discussion of suicide, and its roots of mental illness, drug abuse and alcoholism. Lutheran advocacy and pulpit messages can begin to reduce this stigma.
- h. Research indicates that congregants view clergy as an appropriate and safe resource for help with issues of suicidal ideation, mental illness, drug abuse and alcoholism. Appropriate training should be available for clergy who may feel inadequate.
- i. Lutherans in the USA have a rich history and tradition of working and advocating for social justice. The US Congress has recognized suicide as a “serious national public health problem.” Lutherans working to prevent suicide is a natural extension of our history and tradition.

### 3. Suicide shows no sign of declining, despite a decade of relatively explosive growth in prevention activity:

- a. In 2004, the Garrett Lee Smith Memorial Act authorized annual federal funding in excess of \$35 million to support state, tribal and college/university suicide prevention initiatives.
- b. Over the last five years, both the U. S. Department of Defense and the Veterans Administration significantly increased their broad scale initiatives to reduce rapidly escalating rates of suicide.
- c. National Action Alliance for Suicide Prevention, a public/private partnership with twelve task forces to advance implementation of the National Strategy for Suicide Prevention, was created in 2010.
- d. In recognition of the fact that suicide is consid-

ered a “rare” event (about 12 persons out of every 100,000 die by suicide annually), hundreds of thousands of “gatekeepers” (e.g., teachers, school bus drivers, etc.) have been trained to recognize warning signs of suicide and to take appropriate action.

- e. Programs have proliferated to train mental health and primary care professionals in recognizing and treating suicidal persons.

*Many congregations talk about suicide only when conducting a funeral for a person who has died by suicide.*

- f. Secondary school students and staff have been the targets of many varied programs to raise awareness, recognize suicidal behavior and take appropriate action.
- g. A number of promising suicide prevention programs have been recognized as “best practices.” A registry of these programs has been established. Yet, an evaluated, effective, suicide prevention program remains a highly elusive goal for the country!
- h. But, the people are still dying at increasing rates! How long will we accept this? Where are faith communities in this struggle?

### Faith Communities and Suicide Prevention

#### 4. Faith communities lead national/world efforts in addressing the “audible and visible” issues of hunger, poverty and disease. Yet, their effort is noticeably absent in confronting the “silent and invisible” issues of suicide, mental illness, drug abuse and alcoholism.

- a. A 2009 consensus statement from the 2008 federally convened *Interfaith Suicide Prevention Dialogue* of nine faith communities includes this statement:
 

“The time is right for the life-enhancing strengths that are the foundations of our most ancient faith traditions to find application in preventing suffering and loss from suicide.”

The same nine faith communities also identified six priority opportunities for interfaith initiatives (Appendix A). To date, these opportunities have still not been addressed.
- b. The November 14, 1999 *ELCA Message on Suicide Prevention* has been widely recognized as an exemplary faith community statement. Yet, action taken as a result of its finely crafted language is hard to identify.
- c. Many congregations talk about suicide only when conducting a funeral for a person who has died by suicide. Mental illness, drug abuse and alcoholism

are subjects usually confined to pastoral counseling sessions. These “silent and invisible” issues beg for recognition, action and resources.

- d. Business, environmental, health and social justice groups widely and effectively use the power of advocacy to promote their causes to federal and state legislatures, agencies and officials. The advocacy voices of faith communities have yet to speak out on the “silent and invisible” issues of suicide, mental illness, drug abuse and alcoholism. Advocacy collaboration by faith communities to create a “louder, more powerful voice” is a potentially powerful unexplored avenue to change.
- e. Individuals (particularly those who have lost a loved one to suicide) hold the key to promoting suicide prevention. These individuals are predominantly referred to as “survivors of suicide.” Their involvement in suicide prevention is generally a healing activity. Survivors of suicide have led past efforts in the USA that created the *National Strategy for Suicide Prevention* and produced the explosive growth of suicide prevention activity in the past decade. They *can* lead the suicide prevention efforts of faith communities. This will happen when pastors and church leadership collaborate with and support these survivors of suicide!

## Practical Faith Community Suicide Prevention Programs

### 5. Practical suicide prevention programs that *congregations* can use *now* to raise awareness, educate members and support community/regional/national suicide prevention efforts include:

- a. Add to the “Prayers of the Church” petitions for those who have died by suicide, those who survive the loss of a loved one to suicide, and those who struggle with suicidal ideation and self-destructive behavior.
- b. Create and keep current a local area resource guide for the pastor so he or she is aware of community resources for suicide prevention, mental illness, drug abuse and alcoholism.
- c. Encourage pastors to preach on suicide, mental illness, drug abuse and alcoholism at least once during a three-year cycle.
- d. Identify a contact person in each congregation “who speaks on behalf of suicide prevention.” The contact person would:
  - i. lead congregational suicide prevention efforts;
  - ii. collaborate with other faith communities, and local community/civic resources;
  - iii. educate the congregation on the suicide prevention efforts of both regional and national church offices; and
  - iv. promulgate notices of suicide prevention, mental health, drug abuse and alcoholism

treatment activities taking place in the local area.

- e. Periodically conduct a candlelight memorial service to remember families impacted by suicide, mental illness, drug abuse and alcoholism.
- f. Encourage congregational members and staff to sign advocacy petitions to advance suicide prevention, mental health, recovery from drug and alcohol addiction.

### *Add to the “Prayers of the Church” petitions for those who have died by suicide.*

- g. Provide and update educational materials on suicide prevention, mental illness, drug abuse and alcoholism for use in the congregation’s educational programs.

### 6. Practical suicide prevention programs that *district, regional and synodical offices* can use *now* to raise awareness, educate members and support community/regional/national suicide prevention efforts include:

- a. Use organizational resources such as conferences to inform, educate, motivate and engage parish pastors to provide congregational support for suicide prevention, mental illness, drug abuse and alcoholism.
- b. Use district, regional and synodical assemblies to present educational displays and workshops.
- c. Promote petitions encouraging continuing support of AIM programs for adoption by national church-wide assemblies.
- d. Use existing reporting mechanisms to track completed suicides, as well as congregational activities on suicide prevention, mental illness, drug abuse and alcoholism.
- e. Use regional, synodical and district publications to raise awareness and motivate action on AIM programs.
- f. Collaborate with other district, regional and synodical organizations of other faith communities to promote suicide prevention.

### 7. Practical suicide prevention programs that *church-wide offices* can use *now* to raise awareness, educate members and support community/regional/national suicide prevention efforts include:

- a. Include supportive articles and reports in church-wide publications.
- b. Churchwide leaders tell stories of personal involvement with suicide, mental illness, drug abuse and alcoholism (“The truth shall set you free” John 8:32).
- c. Collaborate with all national leaders in advanc-

- ing suicide prevention, mental wellness, recovery from drug abuse and alcoholism.
- d. Create an endowment fund to build future financial support for AIM programs, while giving survivors of suicide a place to make memorial contributions.
  - e. National leaders include in public speeches and homilies, the words suicide, mental illness, drug abuse and alcoholism.
  - f. To advance AIM, provide appropriate recognition of achievements and volunteer efforts.
  - g. Work with church affiliated colleges, universities and seminaries to implement suicide prevention, response and “postvention” programs.
  - h. Encourage church-wide advocacy offices to collaborate with counterparts, in other faith communities, in order to create a loud and effective voice for developing political will for suicide prevention.

2. **Encourage the many growing collaborative partnerships between mental health clinicians and clergy.** Clinicians typically are taught how to develop a therapeutic alliance devoid of judgment, how to understand why people sometimes see suicide as their only option, and how to talk effectively with someone who is suicidal. Clinicians could help clergy and others working in a faith-based community,

*... direct, visible collaborations between clergy and mental health professionals would be extremely beneficial because they would enhance and extend each other's credibility and accessibility to those they serve.*

## APPENDIX: Priority Opportunities for interfaith initiatives

*\*The Role of Faith Communities in Preventing Suicide, A Report of an Interfaith Suicide Prevention Dialogue, Suicide Prevention Resource Center, Substance Abuse and Mental Health Services Administration, 2009. Pages 33-34.*

**Although faith communities appear to have limited resources relevant to the complex issues of suicide, participants in this dialogue noted that a great deal of their normal work of connecting, affirming and nurturing connections among people are directly and powerfully related to the continuing life of those who may consider hurting themselves.** While faith communities take on many difficult issues such as poverty and hunger, suicide prevention is a natural part of their life as a connected people. Faith groups can enhance the effect of their naturally relevant activities by focusing on those suicide prevention initiatives likely to have the most benefit. To determine what those initiatives might be, participants broke into five working groups where they identified opportunities for activities. When the large group reassembled, participants prioritized the possible activities by voting. They developed the following list in priority order:

1. **Develop and disseminate accurate information to clergy and other leaders in faith communities that amplifies their existing wisdom with the intelligence of the public health approach via:**
  - a. written documents,
  - b. on-line courses,
  - c. gatekeeper training, and
  - a. presentations to be delivered at meetings of clergy, lay people in faith communities and mental health professionals.

such as parish nurses, to develop these skills. Without these skills, clergy (or anyone, for that matter) may become anxious when dealing with someone who is suicidal and may inadvertently sound judgmental or resort to messages that may not be helpful.

On the other hand, clergy could help mental health clinicians better understand the role of religion and spirituality in their clients' lives. Just as some clergy distrust mental health professionals as being “too secular,” some mental health professionals distrust organized religions and lack appreciation for the active, positive role of faith in many of their clients' lives. Some are outright hostile toward religion. A movement to integrate psychology and spirituality has begun, but it does not always involve clergy directly. Participants agreed that direct, visible collaborations between clergy and mental health professionals would be extremely beneficial because they would enhance and extend each other's credibility and accessibility to those they serve.

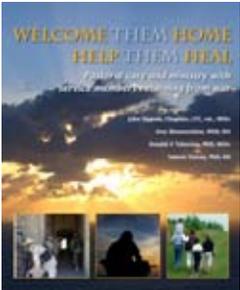
3. **Develop culturally acceptable language and culturally competent services.** We must find the appropriate words to use with different people and groups in order to break the silence about suicide and reduce the stigma while, at the same time, keeping intact the taboo against suicidal acts themselves. Many clergy need access to resources and advice on appropriate language for funerals of those who die by suicide. Tailor messages to specific communities. Use language to increase awareness by linking mental health to emotional fitness and by shifting from prevention of death to the promotion of life.
4. **Develop an initiative to prevent suicide among the clergy.**

5. **Help faith organizations develop “Hope for Tomorrow” days which acknowledge survivors and provide mental health promotion activities such as stress management and other activities such as depression screening.**
6. **Collect accurate information related to suicide prevention in faith communities.** A web-based survey of clergy suicide prevention experiences, comfort level in dealing with suicidal persons, and preferred way to receive additional training is available from the QPR Institute. (Paul Quinnett, Ph.D., President and CEO, QPR Institute, at 509-235-8823, email: pquinnett@mindspring.com.)

---

*Elsie and Gerald (Jerry) Weyrauch are the survivors of the 1987 suicide of their 34 year-old physician-daughter Terri Ann. They have four living children, and four grandchildren. They are the founders of the Suicide Prevention Advocacy Network USA (SPAN USA); Suicide Prevention Advocacy Network Georgia (SPAN GA) and the Evangelical Lutheran Church in America Suicide Prevention Ministry (ELCA SPM). They are members of the Lutheran Church of the Resurrection in Marietta, Ga.*

## Book Reviews



### *Welcome Them Home – Help Them Heal*

Book review by Kevin Massey

Some in ministry have thought about veterans' issues and PTSD and moral injury as specialist topics in pastoral care that aren't part of regular parish ministry. In fact, due to

the large numbers of those who have served in the collective War on Terror over the last ten years, and the intensity and duration of the combat experiences that these women and men experienced, ministry to veterans' needs will be the responsibility of every pastoral care provider for the next generation or longer. A careful preparation and understanding of these issues shall be mandatory for providing quality pastoral care in any ministry setting. I heartily commend *Welcome Them Home – Help Them Heal* as an important part of this preparation.

The authors themselves are a talented inter-disciplinary team including John Sippola, a former military chaplain and parish pastor; Amy Blumenshine, a diaconal minister and veterans' care organizer; Donald Tubesing, a retired pastor and counseling educator; and Valerie Yancey, a professor of nursing with specialties in palliative care, critical care, and stress management. They draw on years of personal experience and careful reflection to share this guidebook that highlights the special needs of veterans and their families.

The book's chapters cover the special challenges of the Iraq/Afghanistan wars; issues of veterans' re-entry into civilian life, physical, psychological, and spiritual wounds, and the church's role in caring for veterans' and their families. The manual is organized in a very accessible workbook format, with room for personal notes, and careful summaries of material. The margins of the book share quotes, stories, and examples that help concretize the material being shared. The writing style is open and inviting. One can read the book all the way through in a sitting, and also visit individual sections for needed information and guidance.

A careful important chapter helps one understand the whole person perspective to the wounds of war that veterans have suffered. Many of these wounds will be manifested over many years to come, and caregivers

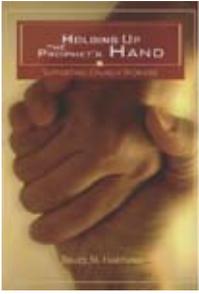
must learn to identify symptoms of physical, psychological, and spiritual suffering to care and advocate for the needs of veterans and their families. Caregiver alerts in the margins are very instructive of learning these needs. For example, exposure to toxins veterans experienced could present risk to veterans and their families for decades to come.

A chapter on the church's role details how an intentional use of the liturgical and national calendar in worship and ministry can surround returning veterans with support. For example, the authors instruct that veterans have their own personal memorial days; the day a buddy was killed or the day the unit suffered casualties. These days are milestones veterans will walk past every year for the rest of their lives. Pastoral caregivers are encouraged to be intentional about these days, to make space for memorialization, to learn them and perhaps make a phone call or send a note to connect.

The authors helpfully provide an appendix containing information about important organizations and programs that pastoral caregivers must learn to understand for referring veterans for additional complementary care. Other appendices offer numerous screening and assessment tools to assist caregivers in this ministry. I found the "Wounds of War Assessment," which the authors themselves devised, to be particularly useful for a caregiver to not only identify needs, but also design a care plan in response to them.

I encourage pastoral caregivers to put *Welcome Them Home – Help Them Heal* in their libraries and to make regular reference to it in their ministries. I encourage pastoral care educators to put *Welcome Them Home – Help Them Heal* in their curricula to prepare future pastoral caregivers in entering ministry in any setting.

I thank the authors for their service in ministry and for their diligence and thoughtfulness in offering this very helpful resource. *Welcome Them Home – Help Them Heal* can be ordered from the publisher at 800-247-6789 or Whole Person Associates, Inc. 210 W Michigan St, Duluth MN, 55802. The chapter on intentional use of the church and national calendars can be accessed freely at [www.mpls-synod.org/programs/vets/rituals](http://www.mpls-synod.org/programs/vets/rituals).



### ***Holding Up the Prophet's Hand*** Book review by Chuck Weinrich

Reflecting on some of the intervention strategies listed by the Weyrauchs in their article above, I was reminded of a recent book, written by Bruce Hartung and published by Concordia Publishing House, *Holding Up the Prophet's Hand*, an engaging and honest book that provides clear suggestions of ways to care for church workers. Here are some quotes that might invite you to consider getting a copy for yourself, your hospital library or your congregation: "We heard from a number of congregational leaders and Synodical district presidents telling us that this resource

was desperately needed," said CPH President and CEO Dr. Bruce G. Kintz. "Dr. Hartung has provided a very practical, down-to-earth, and indispensable book." Each chapter of *Holding Up the Prophet's Hand* includes anecdotal stories to bring to light common challenges and sources of tension. By discussing these important issues (such as job stress, finances, marriage, and housing), this book provides clear suggestions for helping our church workers, thus "holding up the prophet's hand." "God has put us together for mutual support," said Scot Kinman, editor of *Holding Up the Prophet's Hand*. "This book gives church workers and congregations a unique guide toward dealing with negative circumstances in a constructive manner."

---

## Events

### Inter-Lutheran

- Sept. 29-30, 2012 Training & Equipping Conference for Prison and Jail Ministry at Crowne Plaza Hotel in St. Louis, Missouri
- Oct. 24-27, 2013 Zion XV Conference at Lutheridge Lutheran Camp and Conference Center in Arden, North Carolina

---

## How to Subscribe

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: visit [www.caringconnectionsonline.org](http://www.caringconnectionsonline.org) and click on "Click here for free subscription" OR go to [www.lutheranservices.org](http://www.lutheranservices.org), select "Sign Up for Newsletters" (upper right), then select "Caring Connections" and register on that page. You will need to provide your name, your organization's name, your email address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.

*Caring Connections: An inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* welcomes your submissions of news germane to specialized ministries as well as announcements of forthcoming events. You may email news items and announcements to one of the *Caring Connections* news editors: John Fale at [John.Fale@lcms.org](mailto:John.Fale@lcms.org) or Judith Simonson at [jsimonson@pennswoods.net](mailto:jsimonson@pennswoods.net)