

# Suicide: Help for Before and After



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## When You Get the Call

*What to do when someone is threatening suicide.*

by James D. Berkley

Suicide intervention is a life-and-death crisis. Bobble it, and we may not get a second chance.

Before he became a pastor, a man we'll call Terry was at work one day when he received a phone call. The caller, Howard, was the 34-year-old son of a fellow worker. Terry knew of Howard's continuing problem with drug abuse, and he remembered that Howard had been hospitalized a while back for psychiatric problems. Howard got right to the point: "Look, I called so you can help my mom. You'll need to talk with her soon, because she's going to find me dead."

What's Terry to do?

### Saving a life

It's remarkable that even most of the suicidal don't want to die. That's why the calls. They're using their next-to-last trick from a bag that's nearly empty. Our task: keeping a precious life intact.

**Engagement.** The initial moments of the conversation are terribly important. If the caller is absolutely serious about suicide, he controls the interaction. He can hang up abruptly, parcel out or withhold information, get angry and accusing, tantalize, manipulate, or string you along. He can even carry out his intent while you listen.

That's why engaging the caller in conversation is so crucial. Gary Gulbranson, pastor of Glen Ellyn (Illinois) Bible Church, offers advice for this tricky task: "Let the situation play you; don't dominate it. The person calling for help has likely been pushed around by life, pushed to the point of feeling out of control. A suicide attempt is one way to be in charge. When they make that last call, they need to play out their frustrations." So at the beginning of the conversation, Gary doesn't attempt to interrupt them or ask too many questions or argue with their logic. He first listens actively and absorbs their story. That begins to build a bond; the caller feels in some kind of control.

In *Crisis Counseling*, Norm Wright suggests positive statements to build up the caller, such as "You did the right thing by calling," or "I'm glad you called." This can get the caller thinking, *For once I did something right*. It's a small step, but it can both keep the person on the line and begin to rebuild a fractured spirit. The suicidal person is convinced that life is worthless, that probably no one really understands or cares. When into that misperception a warm and caring voice says, "I care!" another door is cracked open.



Pastors have a distinct advantage here because Christianity, above all religions, values the individual. Without fingers crossed behind our backs, we can tell *anyone*, “You’re a precious child of God, the pinnacle of God’s creation.”

***Inquiry.*** Once the person appears willing to talk, several items of information will prove greatly helpful. The trick is to charm this information from someone often unwilling to part with it.

If medical necessity doesn’t dictate haste, spacing out the questions amid casual conversation is often the best tactic. That way the caller doesn’t become edgy from getting the third degree. As much as possible, it’s good to ask the questions somewhat offhandedly without giving the feeling you are intent on solving the puzzle so the police can break down the door. What information people won’t give directly, they may let slip inadvertently: “You sound a little sleepy. Are you on any medication?”

The most vital information is the seriousness and extent of the suicide threat. Some helpers fear bringing up the word *suicide* when a caller makes vague references about life not being worth living. They don’t want to plant the idea. But crisis hotline trainers say that is not the case; the idea will already be there, but the caller may not bring it up for fear of the reaction.

Naming the dragon may well be the first step toward slaying it. Straightforward questions often work best: “Have you ever felt like taking your life?” “When you say you want to ‘end it all,’ do you mean you’re thinking of suicide?” The fact that they can talk to you about suicide without your going to pieces lends an air of stability to their tumbling world.

“Have you already done anything to hurt yourself?” is another logical question. Here specifics are important: What kind of pills, and how many? How long ago? How much blood have you lost? Can you smell gas in the room? These facts ought to be jotted down. They become crucial in short order.

If the person hasn’t yet done anything rash, questions center on intentions: If you were to take your life, how would you do it? Have you made any plans? If the answer is to use a gun, even more specific questions follow: Do you have a gun with you? What kind is it? Is it loaded? Do you know how to use it? (This information is also vital for the safety of police officers who may be summoned.) The idea is to find out what steps have been taken to carry out the suicide plan. While pointing out loopholes in a plan wouldn’t be advisable, merely talking about the plan doesn’t further its course.

The name, phone number, and location of the person calling need to be determined as quickly as possible. But the sense that the helper is after such information may spook some callers. They want to remain anonymous and untraceable.

Some helpers give their name at the beginning of a conversation, and then turn the question naturally to the caller: “And what’s your name?” If it is given, it’s a good idea to write it down. If the person balks, counselors can say, “It would be easier if I had a name to call you. Could you give me your first name? I’d feel better if you would.”



Discovering the location of the caller is especially important if the person is in danger. If direct questions don't work, indirect ones may shake out bits of information, such as the general area of town, or if the person is at home or in a public place, has people around or not, is nearby or far away. All are facts that may come in handy should direct intervention prove necessary.

Another bit of information you'll want to note is the resources at the caller's disposal. Is anyone nearby who could offer assistance? Is the person emotionally close to family and friends, or is he or she psychologically alone? Are other people contributing factors? Is the person a Christian? What self-understanding is evident? Can the person think straight, or have emotions limited the natural coping mechanisms? Callers often will let facts slip as the trust level builds throughout a conversation.

**Appraisal.** Gathering the information is more than a stalling tactic. This information determines the action to take.

One of the first considerations is: How urgent is this? A suicide in progress is greatly urgent. A vague reference to "ending it all someday" probably isn't as urgent, although it is serious. Other factors pointing toward urgency include: a valid, specific, and lethal suicide plan; means readily available; agitated depression; a lack of a support system; a history of suicide attempts; and, surprisingly, a sudden turn for the better after a period of melancholy.

Another consideration: What has led to this point? Why is ending it all the only apparent solution? The helper often can identify several options far less drastic than suicide. But because of the accumulation of crises or the fog of depression or the immediacy of upset, the caller has been unable to chart those escape routes.

What is the person's understanding of suicide? As strange as it may sound, some people don't really understand the finality of suicide. Teenagers may see it mainly as a way "to show them" or to get attention. They don't think beyond the climactic moment to the fact they won't be there to savor it.

It's good gently to probe for the theological understanding of suicide, as well. Do they consider it wrong? What do they think will happen to them after death? Have they even considered the morality of it all? Deeply held moral beliefs, or even fears, may be allies in the push toward life.

**Action.** The person has called; the suicide attempt is transpiring or at least imminent; the facts are in. That means it's time to act. What can you do?

A drastic strategy: Determine where the person is and get help to him or her immediately and in whatever form necessary, including getting the police involved. This is the course to take when a suicide is in progress or when a lethal and workable plan is likely to be put in effect.

Most of the social rules go out the window at a time like this. The helper may worry about breaking confidence or losing the person's trust by initiating precipitous measures the caller has told the helper not to try. (It's a good idea not to promise complete



confidentiality from the start. Promise instead: “I won’t do anything to harm you.” Many callers will accept that in place of a promise not to tell anyone.) But even if one has promised not to call the police, strict honesty will mean little at the person’s funeral. As Gary Gulbranson put it, “You can worry about putting the emotional pieces back together later; you’ve got to get help now to save a life!”

It’s a good pre-emptive strategy to work out a distress signal to bring a secretary or your spouse into the room where you take such calls. Then a hastily jotted note can send them to another phone to have the call traced or to dispatch an emergency team. The universal distress signal—three raps on the wall or loud thumps or buzzes on the intercom—is one way to summon help for you, the helper.

A pretty good strategy: Keep the person talking. As long as the caller stays on the line and talks, chances are the suicide won’t take place (unless the attempt has been made and is now taking effect).

Talk is an antidote, healing in itself. Just the fact of another human dropping everything to listen—really *listen*—can dissipate noxious emotions. So talk away. It’s a good first strategy.

A better strategy: Obtain some kind of commitment from the caller. After a long, wrenching conversation, it’s not uncommon for the caller to feel somewhat indebted to the helper. Or maybe there’s a prior attachment that made the person call in the first place. Either of these debts can be used by the helper.

Charles Lake, pastor of Community Church of Greenwood, Indiana, advises, “Make a pact with them and hold them to it. I tell them, ‘You know, after all we’ve been through together, don’t you think you owe it to me to at least give me a call before you do anything drastic? Promise me you’ll do that one little thing for me.’ And they do it. The very fact they feel obligated to call me before they pull the trigger keeps them from following through with their plans. They either call, giving me another chance to stay their course, or they put the gun down. It’s an odd sense of duty, but it seems to work.”

An even better strategy: Work out a plan. The suicidal person has been working on a suicide plan; now’s the time to advance a life plan. It can begin with eliminating tools that would make a distinct suicide plan feasible. That may mean getting someone else to keep the firing mechanism for a gun, purging the house of lethal medications, or disposing of a hose that would attach to the automobile exhaust.

But a life plan goes farther. It helps the caller begin to walk toward life and health. The first steps may be tiny, such as trusting the helper enough to divulge one’s name, or scheduling an appointment together in person and promising to keep it. It may encompass a contract to call each other daily or more often if necessary. It may start with a promise to make an appointment with a physician. Sometimes it will involve a step toward Christian faith, such as reading a Christian book or meeting together to discuss being born again. The life plan eventually ought to get more complex, branching into a complete therapeutic program involving health, psychological, and Christian professionals.



An overriding strategy: Prayer. Most people can pray and listen at the same time. Bringing the power of God into the situation is absolutely necessary. It's not right to think, *All I can do is pray*. In reality, it's a case of *the best I can do is pray, and that's a lot!*

**Aftercare.** Eventually the crisis fades, but people who have once threatened or attempted suicide are at risk to repeat. Many live in a state of low-grade crisis. They need extended care.

Often such care needs to come from mental health professionals. An acutely suicidal person presents high counseling risks. Many times clinical depression is present, and that needs the expert care of physicians able to administer antidepressant medications. (The *physiological* basis of many depressions has been getting much research lately, and several effective prescription medications work to restore depressed people to normal lives. Getting a depressed person to a medical specialist in depression can be one of the most effective ways to help that person.)

Other deep-seated emotional problems also need extended counseling, and most pastors don't hesitate to refer suicidal counselees to competent psychological or psychiatric care. But they then supplement the secular care with the rich resources of the church.

A congregation can provide what family or neighborhood haven't: love and esteem. A church is a place to belong, to be valued, to contribute. Along with medical and psychological care, a suicidal person needs the loving social and spiritual care of a church family. Crisis intervention is complete when the family of faith wraps loving arms of support around a nearly lost member.

## **All the right moves**

We left Terry on the phone with Howard, who had made a clear reference to intended suicide. Terry knew the call could terminate suddenly at any point, so he took care to engage Howard in conversation by being warmly diplomatic and not letting his alarm show. He barely knew Howard, so he had little relationship to draw from. He used active listening to gather information.

Howard was, at first, highly agitated: "I don't know why I'm talking to you. I ought to be just doing it. But I wanted you to be able to help my mom. She's going to be really upset, and she'll need your help. Promise me you'll come over here with her after it's all over. Man, will she be freaked out! But that doesn't make any difference to me. I've made up my mind. This is it, baby!"

Terry let him rant. He could hear the rage and confusion crest and subside in Howard's voice. Obviously Howard was ambivalent about living. If he really wanted to die, he wouldn't be spending this time venting his double mindedness and perhaps foiling his plot. Yet the frustration and helplessness were nearly enough to push him over the edge.



“Howard,” Terry said with calm warmth, “you sound upset, but I think I can help you. We need to get together and talk this through. How about if I come over to talk? I’d like to help you.”

“You’re not coming over here! No way. Don’t you try. I’m warning you.”

“Howard, I wouldn’t do *anything* to hurt you. Can you trust me? I want to help.”

“Well I just don’t want anybody meddling. I only wanted to take care of Mom. She’s going to be hurt by this, but it’s *my* decision.”

“What is this decision you’re talking about? Are you considering suicide? Is that what you’re telling me?”

“You’re darn right I’m talking suicide. I’ve had it with life, and I don’t have to take it any more. I’m checking out of this hole.”

Terry needed some vital information quickly, so he took a direct approach. “Howard, what are your plans for ‘checking out’?”

“They aren’t plans anymore. I’ve already done it. I took a bunch of pills, and I’m sitting here holding a big, black gun. As soon as we’re done—I’m done!”

“Wait a minute, Howard!” Terry warned. “Do you know how final that is? Your life is precious. People care about you. Your mother cares. *I* care! Let’s talk about what you’re doing.” Terry was trying to buy time. He had to keep Howard talking.

While talking with Howard, Terry had gotten the attention of his secretary. When she came over to his desk, Terry scribbled a note asking her to get Howard’s mother, Nora. When Nora arrived at his desk, Terry filled her in on the conversation by scratching out notes. Then he wrote, where is Howard? Nora assumed he’d be at his apartment. How far from here? About fifteen minutes, Nora thought, and she started to go. Careful, he’s got a gun! Terry wrote. As Nora rushed out, Terry asked his secretary to call the police and have them meet Nora outside the apartment.

By allowing Howard to vent his anger and by deftly manipulating the conversation to keep him talking, Terry provided Howard a way to do what he really wanted to do that day: get help. Howard calmed down considerably and became less belligerent as time went on. He got a little maudlin. Terry kept him talking. Then, abruptly, Howard said, “Hey, I’ve got to go.”

Terry couldn’t let that happen, so he played on Howard’s common courtesy. “You can’t just hang up on me. That would be rude. I’d like to hear more of what you have to say. I’ve got all day.”

“No, I’ve got to go. You’ve been great, but I’m going to hang up now.”

“Okay, but would you promise me one thing? Would you give me your word of honor that you won’t use that gun without first calling me back? I want you to promise me just that one little thing. You owe it to me to at least offer that courtesy.”



Howard said he wouldn't "do anything else stupid" without first calling back. Then he hung up.

At this point, Terry could concentrate on what had been a third activity behind the phone conversation and urgent notes: prayer.

Nora reached Howard's apartment and found him quietly sitting on the couch. The gun was on a table across the room—loaded and lethal, but unused. Howard told Nora what pills he had taken, and she scooped up the nearly empty baggies as she and paramedics hustled him to the hospital to have his stomach pumped. Terry went to the hospital to offer emotional support to Nora and to begin to minister to Howard.

In the weeks that followed, Terry helped get Howard into a halfway house. Howard got off of drugs and started rebuilding his life. He found a job, began working, and re-entered normal life. Terry met with him several times but realized before long that Howard was out of danger.

### **A sadder task**

Not all suicides can be stopped; indeed, not all suicidal people give an indication of their intentions or the opportunity to hinder them. The crisis, then, is for those around them.

The day one pastor we'll call Chad candidated for a new pastorate, a young man slipped out of the worship service about the time Chad got up to preach. The 21-year-old was from a family active in the church. He'd been president of the local Young Life club when he was in high school.

But on this day he went home, wrote several notes, attached a hose to the car's exhaust and ran it into the car in the closed garage, started the ignition, and calmly asphyxiated himself. His parents, on returning from the happy occasion of calling a new pastor, found their son dead in the car.

Chad first heard about it when the church received a phone call from the parents. Since he was the only pastor the church then had, Chad rushed to the people's home, praying for calmness in his spirit and the ability to comfort the family he hardly knew.

At the home, Chad passed the emergency crew ready to wheel the dead boy off to the hospital and met with both parents, deeply in shock. Chad could do nothing about their son's death, so he resolved to provide a loving, helping presence in their time of need.

Before other questions could be asked, somebody had to go to the hospital with the body. Chad accompanied the father and lent support and suggestions as he filled out forms and decided about the disposition of the body and other legal matters.

Back at the home, a woman from the church had arrived. She made it her role simply to sit beside the weeping mother with her arm around her shoulder. A communication far beyond words took place in that simple act. The woman didn't cry. She was just there, caring and mostly silent.



Later Chad counseled with the parents, who naturally were ruminating about why their son would kill himself. “I tried to help them recognize that although their son had made a bad choice, that one choice shouldn’t completely define his whole life,” Chad recounts. “In the flow of life, we all make many bad choices. His life was made up of many accomplishments and pleasures and good memories as well. I wanted the parents not to dwell on the one fatal mistake he had made.”

Those who remain often face problems of guilt, anger, and dreadful loss. They wonder if they might have done anything to prevent the suicide, and often mentally rehearse their actions leading up to the suicide, looking for clues. A sense of rage often accompanies grief: “How could he do this to us! If he weren’t dead, I swear I’d kill him myself!” And loved ones face the grief of loss compounded by the circumstances.

The survivors need to talk about their reactions to the suicide. Many acquaintances avoid the subject, if not the survivors, themselves. Pastors offer a tremendous service merely by listening compassionately and validating the survivors’ grief.

That’s what Chad did for the young man’s family. Five years later, healing for that family is still continuing.

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*Called into Crisis, James D. Berkley, Editor, Chapter 10 (Waco, TX: LEADERSHIP/Word)*



QUICKSCAN

## **Suicide**

### **Immediate concerns**

1. If there is any indication of a suicide attempt in process or imminent, call in the police, paramedics, or mental health team, or intervene yourself.
2. Try to determine where the person is as quickly as possible.
3. A suicidal person may be dangerous to others; find out what weapons or other dangers (gas, carbon monoxide) may be present.

### **Keep in mind**

1. Your primary goal is to keep someone alive. Only later have you the leisure to work on bettering the person's motivation or theology.
2. The person contacted you for a reason. Diplomacy and warmth may maintain that contact; hope and caring may forestall a suicide attempt.
3. Any threat of suicide ought to be taken seriously.
4. You didn't cause the person's problems, and you may not be able to fix them. Your responsibility is to try to help; you cannot be held responsible to succeed. The person may die.

### **Things to do or say**

1. Keep the person talking. It's hard for him or her to talk to you and follow through on suicide plans.
2. Show love, compassion, concern, respect; absorb anger, accusations, bitterness, manipulation.
3. Defuse the suicide plan if possible. Have the person flush drugs down the toilet, unload or dismantle a firearm, seek company, promise to call you before doing anything rash, etc.
4. Offer better options than suicide. You can probably see many where the caller sees none.
5. Remember to pray the person to safety, too.

### **Things *not* to do or say**

1. Do not make light of the situation. This threat could be a final try for help, even if it appears far-fetched.
2. Do not load on guilt over thoughts of suicide. Most suicidal people carry a heavy load already.
3. Do not leave the person alone. A relative, friend, neighbor, or fellow church member needs to remain with him or her.
4. Do not allow your anxiety to show. The caller needs a calm, controlled, capable presence to counter his or her emotional imbalance.

—James D. Berkley



## **Saving Suicidal Teenagers**

*Warning signals from the young and vulnerable.*

by Jolene L. Roehlkepartain

Pam was a straight-A student, president of the church youth group, and a top competitor in state track.

Just a year before graduation, however, her parents found her dead in the car, the exhaust pipe stuffed with rags.

Pam's bewildering actions illustrate a raging American epidemic: suicide. The problem is increasing especially among teenagers. For those fifteen to nineteen years old, suicide is the second leading cause of death; since 1955, it has increased 300 percent. Even more alarming is the number of children younger than fifteen who kill themselves. In 1950, forty committed suicide; in 1985, three hundred did.

One week after delivering a sermon on hope in a world of growing despair, Herbert W. Chilstrom, bishop of the Minnesota Synod for the Lutheran Church in America, found a family member had lost all hope. His son Andrew, eighteen, shot himself to death.

Suicide grimly reminds us all is not well in the world, and this is where a pastor has much to offer—hope and meaning for those who feel life has none.

Yet suicide is rarely addressed; it's a topic none of us likes to talk about. Even in schools, the problem is not often discussed, except in those that have experienced cluster suicides (where one suicide triggers three or four more), like the ones in Plano, Texas; Westchester County, New York; and New Trier High School near Chicago.

As a result, when a parishioner commits suicide, pastors and congregations alike may not know how to respond to the family and friends of the victim. And when a teenager from the church is contemplating suicide, we may not recognize the signals or know how to offer help.

The first step toward helping people of course, is spending time with them and beginning to understand them. When trying to reach teens, Friday night basketball games may seem trivial to us, but they're important to young people. They need to talk about their hair, their grades, and their weight, because these issues matter to them.

I wanted to minister to potential suicides, and in the suicide counseling courses I took, we spent weeks learning how to listen and developing the skills to be more sensitive. We learned that four out of five people thinking about suicide will drop hints that they need and want help. Based on information from the Suicide Prevention and Crisis Center of San Mateo County, California, and the Boston-based Samaritans, a national suicide-prevention group, here are some of those warning signals.



## Warning signals

Each symptom alone is only a sign of stress and may not mean the teenager is on the verge of committing suicide. But each should be taken seriously. While teenagers frequently change their moods and activity levels, those contemplating suicide become depressed for long periods, and more of these symptoms become apparent.

- Change in personality—the youth becomes withdrawn, sad, irritable, or apathetic.
- Irrational outbursts—the teenager suddenly becomes quick—tempered, cries easily, or becomes easily upset by trivial occurrences.
- Decline in performance—grades drop, the teen no longer wants to compete.
- Change in eating or sleeping habits—the teenager begins sleeping or eating markedly more or less.
- Talk about suicide—the youth will say he or she feels worthless, that no one cares. He or she may even talk about death.
- Lack of interest in activities or hobbies previously enjoyed.
- Difficulty in communicating, even small talk.
- Isolation, a loss of friends.
- Obsessive worry about money, illness, or grades.
- Giving away favorite, treasured items.
- Alcohol or drug abuse—the teen will begin using these substances, or the addiction will grow worse.
- Nagging lack of optimism—suicidal teenagers feel out of control and are usually extremely negative about life in general.
- Lack of hope—the youth feels he or she has no future and no longer looks forward to events.
- Recent loss—the teen has lost a job, a friend, self—confidence, or has suffered loss through death, divorce, or separation.
- Enormous sense of unhappiness or depression.
- Rigid thinking, tunnel vision—suicidal teenagers often view life as an either/or situation.

If a young person's warning signals go unheeded, he or she may resort to drastic measures in order to get attention. In fact, some 90 percent of teenage suicides take place at home between 3 P.M. and midnight—the time and place a suicide attempt would most easily be discovered.



## **Counseling the suicidal person**

Getting suicidal young people to share their feelings is vital. The specific problem that triggered the depression and suicidal thoughts is often buried beneath the terrible feelings the adolescent is experiencing.

When a teen's concerns or problems are determined, they should never be dismissed, no matter how trivial they seem. One C + in gym class may not seem like much to an adult, but teenagers have committed suicide because of it. One boy shot himself after failing to make the soccer team.

A common temptation is to argue with the suicide contemplator and to find holes in his or her logic, but that rarely proves helpful. As a hot-line counselor, I've found callers contemplating suicide can be difficult to talk to when they're angry. One caller yelled, "What are you going to do about it?" after telling me he wanted to commit suicide. I was tempted to tell him to grow up, but instead I replied, "What would you want me to do about it?"

The key is to focus on the teenager's feelings and not let him or her divert you from the issue. A frequent counterproductive diversion is debating the rightness of the act. The youth is usually overwhelmed with feelings of guilt, helplessness, and rejection; arguments only add to the load.

Discussing a teen's past can open the doors for healing. At some time, he or she could cope. Discuss those times. Is this the first time he's felt like a failure? Probably not. And if not, how did he cope before? A girl who didn't make the cheerleading squad, for instance, may think her world has come to an end. Ask her about other times when she didn't win. How did she feel when she didn't make the swim team three years ago? Encourage her to view the cheerleading situation in the same way.

If a teenager is extremely depressed but has not expressed any suicidal thoughts, ask directly if he or she is considering suicide. Talking about suicide will not plant any new ideas; instead, it will help him or her express those fearful thoughts. The youth may respond that she doesn't feel like living anymore and that everyone would be better off without her.

This kind of talk about death or threats of suicide should be taken seriously. If a teenager admits having suicidal thoughts, press for specifics. How often has he or she thought about it? How would he or she do it? Where? Most suicidal teens feel no one cares, and asking these questions shows that you do. It also, in a gentle way, forces them to think through the implications of the decision.

The specific plans are usually violent. According to the American Association of Suicidology in Denver, 62 percent of fifteen- to twenty-four-year-olds who commit suicide shoot themselves. If the teenager does have a specific plan for carrying out suicide, he or she should not be left alone. A specific plan indicates the youth has already made the decision to commit suicide.



Paradoxically, when a teenager seems to be doing better, the danger of suicide may be greater. Severely depressed teens don't have the ability to do everyday tasks, let alone kill themselves. But as the depression lifts, so does the inability to act on earlier suicide plans.

Counseling suicidal youth, as this illustrates, is complex, and prevention and treatment require long-term commitments. It would be easy for a pastor helping suicidal young people to become a full-time crisis counselor. So in many cases, pastors will want to take advantage of people who are trained solely to deal with crises like suicide, such as hospital psychiatrists and crisis counselors. The pastor's role often centers, then, on listening well and knowing what resources are available when additional help is needed.

The American Association of Suicidology cites approximately two hundred suicide-prevention centers throughout the United States. The Yellow Pages list available local centers under "Suicide Prevention Services" or "Crisis Intervention Services." If such services are not available in your community, national suicide-prevention associations can offer guidance and support. Also, many continuing education programs now offer courses in suicidal and crisis counseling.

### **Educating the congregation and community**

One of the most helpful things pastors can do is to educate the congregation and community concerning the issue. Programs on suicide have been incorporated by some churches into their regular educational offerings. Steve Swanson, a ninth-grade confirmation teacher in Northfield, Minnesota, asked his students to list topics to discuss. To his surprise, five of the nine students wanted to discuss suicide. By giving teenagers instruction in dealing with pressures, success and failure, self-esteem, and communication, churches can help prevent suicides.

William Wendt, an Episcopal priest in Washington, D.C., saw the issues of suicide and death were not being addressed in local schools, so he established the St. Francis Center. Center staff members teach courses in junior and senior high schools and offer workshops and group counseling to the bereaved.

After a young college man committed suicide, the Conference of Churches in Glastonbury, Connecticut, created a series of programs aimed at prevention. One program involved the play, "Quiet Cries," in which three people contemplate suicide for various reasons. The play is open-ended, and afterward the audience discusses it. About two hundred teenagers and adults came, and during the following two weeks, more people began opening up and sharing their feelings.

St. Columban's Church in Birmingham, Michigan, set up a program called "Touched by Suicide" for those who have been affected by suicide. The group, led by Father Jack Trese, deals with the problems all those touched by suicide face.



Sadly, St. Columban's program, like the one in Connecticut, did not get started until a suicide had occurred. How much more effective is the program that begins before a church member commits suicide.

### **Don't give up**

No matter how hard we try, however, there will be times when we won't be able to save someone. Pam was only one person I knew who committed suicide. Two years later, a friend's brother shot himself, and last year my cousin tried taking her life.

"Nothing is perfect and works all the time," says Bruce Benson, a Lutheran pastor at St. Olaf College who officiated at the funeral of a student who committed suicide. "But that doesn't mean we give up. Open-heart surgery works most of the time, but it doesn't work all the time. That doesn't mean we stop doing open-heart surgery."

Addressing the problem of suicide and helping suicidal teenagers can be exhausting and time consuming. Yet, by learning to listen for warning clues and addressing the underlying problems, we can touch young lives—before it's too late.

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"Saving the Suicidal," LEADERSHIP, Winter 1997, Vol. XVIII, No. 4, Page 53



## After a Suicide

*What is the best way to serve those left behind?*

by Randy Christian

Perhaps this hasn't happened to you, but it has certainly happened to others.

The secretary hands you a note. *Emergency*, it says. *Call home.*

Your throat is dry as you punch the buttons on the phone in your office. When your spouse answers after a single ring, the hello seems scared, forlorn, raw from crying.

Two minutes later you hang up the phone. Your hand is trembling. Your throat feels swollen. All you can do is stare at the wall. You've just learned that your son, age 17, has been killed in a car accident.

*A mistake*, you think at first. *I saw him just a few hours ago. He can't be dead.*

You feel dizzy as you tell the others that you have to leave. You offer no explanations, and quizzical looks follow you as you hurry out. It is all you can do to get into your car, turn the key, and drive home.

Somewhere in your numbness, guilt and anger flash. *I shouldn't have let him drive. His friends shouldn't have asked him to come. He shouldn't have gone. God shouldn't have let it happen!*

By the time you reach the hospital, you have felt more emotions than you ever thought possible, from guilt to helplessness to rage to grief. And there is the numbness, a feeling that makes you feel dead yourself—but does not stop the pain.

In the hospital chapel, you ask questions of a doctor and a policeman: "Was ... was it quick? How did it happen?"

Though you didn't think it possible, you're thrown into deeper darkness by their answers. The police officer says quietly, "Your son drove his car into a concrete abutment. He left a note with a friend. It was suicide."

You sit, disbelieving, as it slowly sinks in. Your son didn't just die; he *decided* to die. It is the ultimate rejection: For some reason he felt it was better not to live than to live with you.

Finally the tears come. You sob with guilt for allowing your son's death to happen, even though you don't know how you could have prevented it. You feel guilty on his behalf, somehow, for this self-murder.

During the sleepless night that follows, your sense of rejection sours into bitterness. *How could he have done this to me?* Your grief turns to shame as you think of explaining



this to relatives, friends, the congregation. As this shame takes hold, you begin to feel a loneliness so intense you doubt anyone could penetrate it.

This exercise in imagination only hints at the emotional whirlpool that swirls around those bereaved by suicide. The grief felt by someone who has lost a loved one to suicide is usually more terrible than most of us can imagine.

When suicide strikes, the survivors often find that few friends are able or willing to help. Often a pastor is called to the suicide scene, home, or hospital to comfort the survivors.

When I first faced suicide bereavement, I was a police chaplain, called to assist a family whose son had shot himself in the head with a shotgun. I had no idea what to do, what to say, or what in the long run would be healthy for the family.

My role is to remind the bereaved that God is the only rightful Judge, and that the basis of his judgment is our relationship with Christ.

—Randy Christian

Since then I've had opportunities to serve many families who were bereaved by suicide. Those experiences, along with the insights of others I've worked with in this ministry, have helped me train pastors, police officers, police chaplains, and counselors. I've found that we can have a tremendous ministry to those left behind by suicide, even in the midst of their shock and sorrow.

### **Being honest with painful facts**

The first and perhaps most important insight I've gained is the need to be honest. This starts with speaking plainly to the survivors, saying "suicide" instead of euphemisms like "the unfortunate incident."

This isn't easy. The awkwardness of grief tempts us to hide from the truth. Those bereaved by suicide are tempted to avoid the painful fact that a loved one took his or her life. But hiding from that fact only makes it harder to recover from the grief.

Clara tried to hide. When she was a young woman, her husband died in a tragic "accident." She lived in a small town where everyone knew she and Jim had been having marital problems and that Jim had been deeply depressed.

Clara suspected Jim's death was suicide when the police explained the circumstances. She heard the cruel gossip of those who picked up rumors concerning the coroner's findings. She knew that many in town were saying Jim had killed himself—and that the coroner, an old family friend, was trying to ease Clara's pain by ruling it an accidental death. In fact, the rumors were true.

Years later, when her son was old enough to question his father's death, Clara was forced to face the reality: Jim had committed suicide. The shock and shame were too much for her; admitting the years of deception and accepting the suicide of her husband nearly crippled her emotionally. Clara's friends had done her no favor by helping her hide from the truth.



No one is comfortable with the reality of suicide. No one should expect to be comfortable talking about it or even thinking about it. But I've found that grieving can't be completed, and healing can't come, if dishonesty takes over.

Honesty, of course, doesn't mean emotional brutality or insensitivity. The facts can be faced gently and lovingly. We don't have to pretend we aren't afraid, awkward, or hurting. In fact, when we show these feelings, we assure the bereaved that it's all right for them to feel and express these emotions.

### **Accepting "outrageous" feelings**

We must not short-circuit survivors' feelings, no matter how objectionable. Hearing and accepting feelings is an important part of this ministry, but it can be tough—as it was when I went to see Mark's family.

Mark had shot himself. Now his family was so intensely angry at him that some members actually wished he were alive again just so they could kill him!

My first reaction was to try to calm them down. "You don't really mean that, do you?" I asked.

The answer from Mark's sister was cold and clear: "You bet I do!" As I looked into the eyes of that suffering woman, I knew she was serious.

But somehow when she voiced these feelings, she was released from their power. Eventually she was able to let go of her hate and to deal with the loss she felt. Had I successfully stifled her comment, this might not have happened.

I learned a valuable lesson: Everyone has a right—even a need—to feel and express such feelings. Mark's sister could no more stop her rage than I could stop a cloud from passing over my head. She needed to face that rage, and when she did, she eventually was able to control it.

We need to be ready to hear and accept a wide range of emotions. Some survivors feel intense anger and hatred; others experience remorse or guilt. Still others may feel a sense of relief or even peace and happiness.

The question is not whether people should have these feelings. The feelings are there. The question is this: What feelings are there, and what is the healthiest way to express them?

When I feel survivors' emotions are too extreme or not deep enough, I force myself to listen, to hear out people without cutting them short. This frees people to experience grief in their own way and sets an example for other family members. It says, "I'm open to listening to any feelings you might have, and you need to do the same for each other."



## **Leaving judgment to a higher court**

I remember John, who seemed to be handling his mother's suicide as well as could be expected. But every night he would wake up, tormented by the thought his mother was in hell because of what she had done.

Had God condemned her for killing herself? Theologians have long debated the question of a suicide's eternal destination, but I could find no justification for John's fear in Scripture. I encouraged him to trust God, the only one who could judge his mother. John began to do so. As he did, his focus changed from what his mother had done to what God had done for both of them.

Leaving judgment to God is especially important for church leaders, who are often seen by the bereaved as God's bodily representatives. By refusing to pass judgment on the one who committed suicide—even when the bereaved want such a judgment—we encourage the survivors to leave judgment in God's hands.

This does not mean offering false hope. Many grieving relatives have approached me, asking of a loved one, "Is she with God?"

Hard as it is, the only right answer for me is, "I don't know."

Judgment is no more my right when I want to pardon than when I want to condemn. My role is to remind the bereaved that God is the only rightful Judge, and that the basis of his judgment is our relationship with Christ.

## **Replacing rejection with acceptance**

Life may be filled with rejections—an unkind word, failure to listen, walking out in the middle of a conversation—but none compares with the rejection felt by many survivors. To them the person who committed suicide has said, "I don't want to be around you—ever."

A friend, a police chaplain, was able to help in such a case. He met with a young woman whose husband had killed himself while arguing with her. Just before the husband pulled the trigger of his revolver, he shouted, "I'll show you!"

The young wife was devastated. She felt that her husband, who a few years earlier had committed himself to spending his life with her, had chosen to end his life to get out of that commitment. She had been rejected in such a final and horrible way that she believed she was the most worthless person alive.

My friend sat with her for hours. He called her the next day. He stopped in to see her occasionally after that. By his words *and* actions he was saying, "God accepts you." Had he not been there, she might not have believed this message.

Offering this type of acceptance can be time-consuming, and the bereaved can become too dependent on the helping person's presence. To avoid these problems, the primary helper can, without breaking contact with the person, introduce others who also will care. This shows the bereaved that others also accept her.



## Remembering the power of presence

The temptation is to think we must have exactly the right words for the bereaved. It helps to realize the value of simply being there.

On one of the first suicide calls I received, I was asked to sit with the family members in their dining room while the police and coroner worked on the other side of the house to examine the scene and remove the body. It was a small house; we could hear virtually every word, every sound.

I asked family members whether they would prefer to leave the house while the coroner finished his work. They declined and sat silently. For ten minutes I tried to start conversations that might have some meaning to the survivors, but in vain. So I asked whether it would be all right if I just sat with them. They agreed.

For more than an hour and a half, we sat. Occasionally someone would shift his or her weight, and our eyes would meet as if we were all having some kind of visual conference. I have never been more uncomfortable than I was in that dining room, but I felt the family needed someone.

When the coroner and police had gone, I stayed for another hour. By the time I left, I doubt if we had spoken for even fifteen minutes.

The next day I was asked to conduct the funeral because the family had no church home. During the months that followed, I had sporadic contact with them. All that time I felt defeated. *I don't have what they need*, I thought. *If only someone else had been available to them.*

Nearly a year after the suicide, a friend mentioned seeing one of the family members. "I don't know what you did," he told me, "but they sure are grateful to you."

All I had done was commit myself to being with them. Had I continued my drive toward conversation that day, I don't believe the result would have been so positive. Those family members needed someone who would simply be with them and hurt with them. Now I purposely allow a period of silence at such times; survivors usually comment on that when they talk to me later.

The amount of time spent "being there" depends on the helper's schedule, of course. I've found that one to three hours in the beginning is usually sufficient—and needed—to show the family I care. During that time I don't leave family members alone unless they ask me to. I know they don't want me there forever, but they want to sense I'm committed to them.

## Pointing to forgiveness

When I spend time with survivors, I find that two kinds of forgiveness may be needed. The first involves the survivor who hungers to be forgiven, who feels somehow

Sometimes the "if onlys" have enough legitimacy to cause great pain.

—Randy Christian



responsible for the suicide. “If only I had watched him more closely,” this person mourns. “If only I had been more loving, or let her see her boyfriend, or ...”

Sometimes the “if onlys” have enough legitimacy to cause great pain. For example, Janet’s family knew she was considering suicide. They kept watch, driving past her home every fifteen minutes or so to check on her. On one of those drive-bys, they saw her car running in the driveway and investigated. There was Janet, sitting in the car with the windows rolled up—except where a vacuum hose from the exhaust pipe was pouring fumes through a back window.

They had arrived early enough; Janet was not injured. Removing the hose, they moved the young woman into her house and discussed what to do. Should they call the police or take Janet to the emergency room? Janet assured them she would not try anything else that night; she only wanted to get some sleep. Finally the family took Janet’s car keys and the vacuum hose and left.

But Janet had a duplicate set of keys and another hose. The next morning, neighbors found her in the car. Dead.

The members of Janet’s family knew they had made a bad decision. They kept bringing this up when I met with them, and it would have been dishonest of me to deny it. But I could show them that they could be forgiven for their error.

My first step was to show that *I* could forgive them. They needed to see in my actions that Christ was willing to forgive them, too. Then they needed to understand how to forgive themselves. Over the next several months I kept reassuring them that forgiveness was available; in time they accepted it.

Theological discourses are not the cure for people like those in Janet’s family. But a simple sharing of Christ’s love for us and his willingness to forgive our sins is always appropriate. I try to explain the concrete, practical side of forgiveness. “I know you don’t *feel* forgiven right now,” I might say, “and you probably shouldn’t expect to. Forgiveness is more of an action than a feeling. It’s deciding not to make a person pay for what he or she has done. That’s what God does for us in Christ—not making us pay for our sin. If God forgives you, then you can forgive yourself, too.”

When a survivor feels unforgiven, it may help to explain that he feels angry with himself for not preventing the suicide. The anger is rooted in hurt, and he will probably feel angry with himself as long as he feels the hurt. But he doesn’t have to act on the anger by refusing to accept forgiveness.

“Think about what you’re doing to yourself,” I might say. “You don’t have to keep punishing yourself, constantly reminding yourself of what you did, depriving yourself of the help you could be getting from others. You can decide, step by step, to accept God’s forgiveness, forgive yourself, learn from your mistake, and maybe help someone else.” Once this is accomplished, the survivor is free to move ahead in the grieving process.

A second kind of forgiveness is the ability to forgive the person who committed suicide.



This was the case with a boy named Jack. Only 13 years old, he had experienced the ultimate rejection from his father, who had killed himself. He needed help to forgive the father who had left him.

No matter how many explanations Jack heard about his father's mental state, no matter how many times he was told about the pressures his father had felt, it didn't help. Jack couldn't change his anger and resentment.

The first step in helping Jack was to let him see others forgiving his father—not condoning the man's action, but showing a willingness to forgive. Then it was important to help Jack see that refusing to forgive was not hurting his father, it was hurting himself.

It took a long time for Jack to accept his father's imperfection, but eventually the boy was able to forgive and proceed with his grief.

### **When the next call comes**

There are no sure-fire formulas for helping those left behind by suicide. There may be times when we feel out of our league and need to refer. But that need not keep us from answering the next call from a stunned survivor.

Standing with those who have experienced the pain of suicide is a special opportunity to serve. As helpers, we become special to the survivors because we are there. To them we represent God, and they usually take seriously our ambassadorship. That does not require perfect performance on our part. It does give us a chance to model the compassion and forgiveness offered by the One who sent us.

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## Ministering to the Survivors

*How does a church leader answer the questions raised by a suicide?*

Forum hosted by Clayton Bell

Last year more people died by suicide than homicide.

Experts estimate half a million people attempt suicide each year; 50,000 succeed.

Among 15-24 year olds, suicide is the number two cause of death, second only to accidents.

The suicide rate among teenagers and young adults is double today what it was ten years ago.

The implications of these statistics for local church leaders are obvious: more often than they would like, they'll be faced with the task of ministering to a family who is victim to suicide.

The late B. Clayton Bell, pastor of Highland Park Presbyterian Church in Dallas, invited a psychologist, a theologian, and a pastor to discuss the issues suicide raises. In the forum were Clarence Bass, professor of systematic theology at Bethel Theological Seminary in St. Paul, Minnesota; Gary Collins, professor of psychology and pastoral counseling at Trinity Evangelical Divinity School in Deerfield, Illinois; and Reginald King, coordinator of Baptist Student Unions in Dallas.

**LEADERSHIP:** Is suicide a sin? If so, what does the pastor say about that to the family and friends of someone who commits suicide?

**Clarence Bass:** I don't think it is a sin in certain cases, and I'm sure it's not an unforgivable sin.

Pastors must have a theology of grace that relies entirely on the obedience of Christ rather than our own. Otherwise, they may well approach the survivors of a suicide victim with a condemning spirit, and deepen their grief.

**B. Clayton Bell:** I disagree. In the Westminster Confession, sin is defined as "any want of conformity unto or transgression of the law of God." For me the law of God means his perfect will, and I can't believe that the deliberate taking of one's own life is what God wants for anyone.

But in dealing with the family, I agree that the grace of God must be emphasized. I make it a point to raise this question at the funeral and answer it by saying that we're not saved by our own faithfulness: we're saved by our Lord's faithfulness.

**Clarence:** The Bible records several suicides without passing any judgment whatever. Saul falls on his sword, or in the 2 Samuel account asks a soldier to perform a mercy killing. Ahithophel puts his house in order, then goes out and hangs himself.



There's no negative connotation in the biblical account.

There's Judas, of course. But he has been despised mostly for his betrayal of the Lord, not the way in which he died.

**LEADERSHIP:** Aren't you bending over backward out of compassion? Saul had completely deserted the Lord by the time of his death. And David executed the soldier who helped Saul. Ahithophel committed high treason, abandoning David and helping his son Absalom usurp the throne. Judas ... well, it's not exactly a roll call of the saints.

**Clarence:** Well said. But let's look at a specific case in our own time. My wife has an uncle who committed suicide back in the late fifties. Just a couple of weeks ago, I was visiting my mother-in-law (his sister), and for the first time in several years his death came up. She shook her head and lamented his being in hell.

I protested that he was a church member and a sincere one, a real believer. "Oh," she said, "but he committed suicide; his soul is eternally damned for that act alone."

**Reginald King:** That's the real issue, whether suicide is unforgivable. It goes back to Thomas Aquinas, who insisted that for a sin to be forgiven, it had to be confessed. Murder was a mortal sin, but the murderer could confess afterwards. The self-murderer, however, can't ask for forgiveness—he doesn't give God the chance to loan him some grace from heaven's bank, a kind of celestial Fort Knox.

This view has permeated our society. Many of our ministers are afraid even to address the subject. And as a result, I would guess that 99 percent of our parishioners would agree with your mother-in-law. If we don't announce Christ's forgiveness to the survivors of a suicide quite clearly, then we run the risk of them carrying this awful notion for the next twenty years.

**LEADERSHIP:** Doesn't the traditional abhorrence of suicide also rest on the grounds that our lives are not our own? Aren't we stewards of our lives before God? The person who takes his life seems to deny God's sovereignty. His action says that he owns his life, and therefore he can take it, doesn't it?

**Clayton:** That is the traditional view. But having said that, we have to ask the question of what led the person to take his life. Was it the conscious act of a sane person? Or was it the desperate act of an unbalanced person?

Suicide may be the action of someone suffering from a type of illness. If so, this leads us to a very charitable evaluation of the person and his reasons for committing suicide.

**Gary Collins:** Right. I've said nothing during this theological debate, because for me it's not purely a theological matter. Certain writers say that if you're depressed, it's your own fault and you'd better get right with the Lord. Some of our churches have let that view color our actions and theology.

I think we have to counteract that. We have to make it dear that depression sometimes comes because of our failings, but sometimes it comes purely as a result of physiological processes.

**LEADERSHIP:** Can you then classify suicides according to the circumstances of the person's history? Are some suicides rational and others irrational?



**Gary:** Whether or not it's a rational act is complicated, At the time it's attempted suicide may seem the most logical thing to do. The stress builds up, depression takes over, and the difficulties become too intense. The person may well think that it would be better for everyone if he or she were dead, or some may perform the act out of revenge, seeking to hurt or get even with those who have hurt them.

The analysis of suicide notes by prevention centers shows that often the person provides family and friends with clues about what he or she intends to do, hoping they will change the situation that is causing so much pain or that they will stop the person from going through with the threat. (By the way, often these clues are very subtle and recognized by the survivors only in retrospect. This increases their guilt feelings immensely; they wonder why they were so blind to what the person was saying.)

**Clarence:** I have a sister-in-law who committed suicide. When I used to go out to California, I would stay with my brother and her. They let me have their car to drive around. The last time before her death, I noted a quart jar filled with water in their station wagon. I asked what it was doing there. "Well, that's for her to take her pills," my brother said. "She has to take a pill when she panics, because otherwise she might have an accident."

I thought it unusual that she would panic driving around doing the family shopping. I kept my eyes open. Later I opened the medicine cabinet to find forty or fifty bottles of prescriptions from seven or eight different doctors. I cautioned my brother that he really ought to watch his wife.

Within less than a month, I got a call that she had taken her own life. Even with these many signs, my brother hadn't seen it coming, and he experienced the most terrible anguish and guilt.

**LEADERSHIP:** Would you say that the majority of those who commit suicide are mentally ill?

**Gary:** Surely they are under a terrific amount of stress. But on the other hand, they usually do not exhibit the symptoms of psychotics, who usually don't commit suicide—they're just too depressed.

In fact, there's some evidence that a person is inclined to take his own life when he is coming out of a major depression. Suicide victims often become brighter just before the act; it's almost as if they have made a decision to act. This is often misread. Families will say they thought John was really doing well, because of Christmas or his birthday, when really he was happy because he had made his decision.

**LEADERSHIP:** Are people ever pushed toward suicide by others?

**Clarence:** On one occasion when I held an interim pastorate, I worked with a family in which the mother was quite literally being driven crazy. The father, a minister in a parachurch organization, was carrying on an adulterous affair. A daughter became pregnant out of wedlock, and one of the sons was taking drugs. The mother was distraught to say the least, and I counseled with her hour upon hour.

The last time I went to the house, she had taken out all the family pictures from



photographic albums as well as shoe boxes—hundreds of them. She had placed them on the coffee table, the piano, the end tables, and other pieces of furniture in the living room. At the time, I thought she was just rearranging or sorting them.

But after I left, she went into the garage, closed the door, turned on the car, and committed suicide. Then I understood that she was saying volumes to her family. She was saying that the people in the photographs, caught in all those sunny poses, were responsible for her actions.

**Reg:** Even so, each person is finally responsible for his or her decision. And that's probably the first thing to say to the survivors in a case like this: however much they contributed to the action, it was in the end her decision.

**Gary:** Some counseling theories today imply that counseling is concise and easy. But the case you relate, Clarence, shows how complicated it can be. Systems theory doesn't apply exactly to that case, although the mother was certainly the victim of several kinds of betrayal.

Here's a classic example of systems theory. A family in a church we attended had a father who drank. As long as he drank, the family functioned beautifully; everyone rallied around to keep the family together despite the father's problems.

Periodically the father would go on the wagon. He would come back home and want to reassert his leadership in the family. Within a few days, the mother would become extremely depressed, sometimes to the point of hospitalization. Eventually, her severe depression would drive the husband back to drinking. Then she would recover, and the family would come back together to support the father.

These sorts of mutually dependent problems are cases in which systems theory applies directly. If this father, say, committed suicide, systems theory would hold that someone else in the family would have to take his place by exhibiting some kind of problem in order for the family to remain intact.

But every death in a family does require its members go through a period of readjustment. The counselor should be aware of this and watch to see if the family remains essentially healthy.

But we have to be careful not to jump to the conclusion that every suicide or even the majority of them are the result of family problems. Very often a person who commits suicide comes from a stable, healthy family.

**Clayton:** But you would admit that some survivors not only feel guilty but are guilty. I think where real guilt exists, it's helpful to gather the family together and just say, "Each of you has been a part of this loved one's life. Some of you have told me of things you have done that might have contributed to the tragedy. Now is the time to bring all of those uneasy memories out into the open."

After they have spoken, the minister can lead in a prayer of confession. Claiming the promise that if we confess our sins He is faithful and just to forgive our sins and to cleanse us from all unrighteousness, the pastor can make a statement of absolution, declaring the survivors forgiven on the basis of Jesus Christ and His shed blood.



**Gary:** Of course confession can be important in counseling. One secular psychologist has written about the worth of confession and particularly about confessing not only to God but to significant others. What someone who is grieving really wants to do is confess to the person who has died, and obviously he can't. But, says this secular writer, significant others can take the place of the person who has died. This is true especially when confession is followed up by—and he uses the word—penance. Some of us don't use that term for theological reasons, but he claims that actually doing something to make restitution often helps a person feel forgiven.

That's the important thing to note: we know God forgives when we ask him, but we often don't feel forgiven. Confessing to significant others and performing acts of restitution may greatly help suicide survivors.

**LEADERSHIP:** Are there questions and emotions common to all survivors? What can the pastor expect?

**Reg:** The key word is expect. The pastor should address several questions and emotions whether the survivors articulate them or not: the question of whether suicide is an unforgivable sin, and the feelings of guilt (real or imagined). Whether stated or unstated, these two problems are always there.

**Clayton:** Anger would be a third. One writer said that suicide is the ultimate expression of hostility; many people who commit suicide are angry with somebody and perform the deed as a way of seeking revenge. So the survivors always ask, "How could he have done this to me?" They feel it's totally unfair that the suicide has caused such indescribable anguish. Much of this anger surfaces later in the course of grieving.

**Gary:** The survivors also feel lonely, which is common to other grieving situations as well.

Really, suicide survivors experience what anybody faces in a time of grief: they don't have totally different feelings than other people who have experienced a death in the family. It's just that with suicide, the guilt and anger are accentuated, and the readjustments of the family will be more difficult.

**Clarence:** Except that the embarrassment they feel distinguishes them, wouldn't you say? This usually comes out in connection with the funeral; many times survivors don't want one at all. But they don't get through the process of grief that way, and the pastor should counsel the family that a funeral or memorial service is not, in any sense, their show. It's an opportunity for the people of God to minister to the family; and the pastor, as the community's representative, ought to push for that opportunity.

**LEADERSHIP:** What's the most important thing a pastor should do right at the beginning of his or her relationship with the survivors?

**Reg:** I've talked with many ministers about this, and their experience and mine constantly reaffirm that the most important thing is just to be there. Nothing helps more than the minister's presence.



**Clayton:** That's true in my experience. It's amazing how one's presence or even an arm around a shoulder communicates far more than can be said in words. I know there's a danger in physical contact between the minister and his parishioners; especially in these emotional situations, the pastor can be tabbed as a substitute husband. Still, being with the survivor in this way can be very helpful.

**Gary:** I agree. And I think we should be candid enough in such situations to express our own grief and feelings of confusion and hurt. Sometimes as pastors and seminary professors, we play this I've-got-everything-together game, and our people think they must do the same. We need to be open human beings, too: we don't rejoice all the time.

Jesus didn't go to the grave of Lazarus and say, "Isn't this wonderful." He knew Lazarus was going to be raised from the dead, but he still wept. He also struggled in the Garden of Gethsemane with his own fear of suffering.

**Clarence:** There is a time for ministerial honesty, but in grief situations, I think a person doesn't want us to be weak, Gary. At times we are called to proclaim the sovereignty of God when we have not a clue as to his purposes. We ought to try to project a certain calm and serenity to suicide survivors in our initial contacts.

**LEADERSHIP:** Have you been in situations where what we might call the tyranny of "victorious living" has caused the suicide survivor to maintain a facade of false spirituality? To pretend that even though this tragedy has happened, he is a Christian and therefore all's right with the world?

**Clayton:** I remember such a case, although not in connection with a suicide. The father of a very well-known Christian family died, and they utterly refused to grieve. Three months later, the daughter was with a friend of mine who asked how she was doing. "Oh," she said, "I'm doing fine."

"Well, don't you hurt?" he asked.

And she said, "God is victorious."

"Come on, that was your daddy who died," he said.

She suddenly dissolved in tears and finally started to grieve.

The story illustrates that it's important to ask questions and get people to start talking about the person who has died. If they are putting up a facade, the questions can be more probing with the intent of touching the person's emotions—for example, questions about their life together, family times, what his or her habits were, hobbies, and what they enjoyed doing together. Of course, this has to be done with tact, but the person has to begin to express feelings or they will overwhelm him.

**Reg:** One of the difficulties many Christians have in grief is that they haven't followed the example of the Old Testament prophets in their prayer lives. The prophets brought to God all of their anger and pain as well as their hosannas. Many Christians think they can't pray if they can't praise God. We have to give them permission to take everything to the Lord in prayer.



**Clarence:** That's why I think the funeral is so important for suicide survivors. There has to be a time when the death of their loved one can be publicly lamented. The very action of closing the casket or lowering it into the earth facilitates the catharsis of all that emotion.

**Clayton:** Also, the public discussion of the person's suicide rids the family of much embarrassment and shame. Whenever the family will allow the minister to mention the facts, he should. In looking over my notes for eulogies at the memorial services of suicides, I find I've generally said something like this: "We're all here because we want to support the family, but we're also here because every one of us needs to hear again the good news of Jesus Christ. We have questions: How could he have done this? Is there anything that any of us could have done to prevent this? And what is his eternal destiny?" And then I've proceeded to answer these questions through the use of Scripture and have reassured the family and their friends that the victory of Christ and his salvation comes from him and not our faithfulness.

**LEADERSHIP:** What are common mistakes people make in dealing with suicide survivors?

**Reg:** Scripture says to weep with those who weep. That's a cardinal rule of pastoral care. In order to do this, the pastor must pray for a sanctified imagination that will allow him to put himself in the other person's shoes and feel what he or she feels. Basic empathy is all-important. You don't cheer up a grieving person by making light of the situation.

**Gary:** One of the things we don't do is tell people to change their feelings. We don't say, "Well, stop feeling bad about it, don't feel guilty; you have no reason to be upset about this." People usually can't change their feelings at will.

**Clayton:** And it's important for the minister to remember that he is not the Comforter: God the Holy Spirit is. It took a great load off me in the early days of my ministry when I realized that Clayton can't make people feel good about tragedy. The best I can do is be God's servant walking alongside those who are grieving. This enables me to maintain a slight distance, recognizing that their pain isn't totally mine. I need to make that distinction in order to avoid being dragged down emotionally crisis after crisis.

**Gary:** I was reading 2 Corinthians 7, where Paul writes to the church, "God, who comforts the downcast, comforted us by the coming of Titus, and not only by his coming but also by the comfort you had given him." The body had supported Titus, and Titus in turn supported Paul, and Paul saw all of that support and comfort as coming from God. I think very often when we cast our burdens on the Lord expecting him to sustain us, he sustains us through the body and the Tituses who are brought into our lives.

**Reg:** Many of the mistakes pastors make are due to lack of spiritual and emotional preparation. Pastors are often called on short notice into crisis situations. If you've had to leave your daughter's sixth grade play in which she has the lead role, you must overcome resentment before walking into the situation. Taking whatever time may be



available, even if it's only a few moments, to pray and understand how you feel about counseling in this situation can be very helpful. You must say, "Lord, let me be your representative as I go in this house. I don't know what to say or how to say it, but let me feel now your comfort. Give me the words to say."

**LEADERSHIP:** What are some long-range steps the minister can take to help survivors?

**Clarence:** That's a good question. Immediately after a suicide, people are in such shock that they haven't even started the real grieving process. The pastor should be aware that when the community has generally forgotten about the survivor's sorrow, the pain is still there.

**Gary:** I've advised my students to be aware of significant dates and holidays. The anniversary of the suicide's death can be a difficult time, and a call by the pastor on this date or just before it is a good idea.

I've also told people to read C. S. Lewis's *A Grief Observed* in order to understand how the process of grieving works itself out in someone's life.

**Reg:** We need to have preventative as well as long-range care. I think the pastor should preach about suicide. He probably has a number of people in his congregation at their wit's end. We need to say to them, "If you are going through personal struggles, there are people in the body of Christ who can help."

**Clayton:** And that doesn't have to be a euphemism for the pastor. We have just started in our church a course called the Stephen series on lay ministry. Our first class is about to graduate, and I'm excited by the prospect of getting groups of trained people involved in counseling and visiting our people. It's an important ministry.

**Gary:** For suicide survivors, widow-to-widow programs have been established, based on the model of Alcoholics Anonymous. The remarkable thing about these programs is that those who become counselors get as much or more benefit out of going through difficult times as the recipients do.

**Clayton:** About preaching on suicide: How do you deal with it publicly without heaping guilt on survivors sitting out there? It's double jeopardy, because if you soft-pedal the issue of guilt, you risk increasing the chances that a parishioner will see suicide as an attractive option.

**Gary:** The literature on suicide, which is quite extensive, is consistent in saying if you bring up the issue, you are not therefore triggering the act. Counseling literature recommends discussing suicide with seriously depressed patients, even if they haven't mentioned it; they are probably thinking about it, and if you let them talk about it, they are less likely to try it.

Pastors would have to soft-pedal a lot of things if they didn't want to hurt anybody. But we can be gracious in how we say things, and that can remove a lot of the sting.

**LEADERSHIP:** Is there a way to neutralize the people in a church who condemn those who commit suicide and even let that be known to the survivors?



**Clarence:** Much of the spirit or personality of a church is a reflection of the pastor's character. If the pastor is not inclined to be critical or condemning but speaks the word of (Nod's forgiveness, the members will generally take the same attitude.

**Gary:** This whole matter of character is vital to understanding what makes someone an effective counselor.

After I finished my degree, I went off to work in a counseling center full of knowledge about the right techniques. But I found counseling tremendously difficult.

Then I met Paul Tournier, who, without any formal training in counseling, truly ministered to troubled clients and did so directly because of his deep personal relationship with Jesus Christ. My whole attitude changed. I found that to be an effective people helper, I had to grow as a man of God. The fruits of the Spirit—love, peace, joy, longsuffering, meekness, gentleness—are more important in helping others to be healed than knowing the best personality theories and all about counseling techniques. We must not forget that our goal is to seek to be an instrument through whom the Holy Spirit touches other people's lives.

The literature even supports this perception; it says that one of the most important bases of good counseling is the personality of the counselor.

**Clarence:** I support that wholeheartedly. In the concrete situation of being a pastor, insight into human nature can be every bit as important as a right understanding of doctrine.

*At the time of this forum,  
—The late B. Clayton Bell was pastor of Highland  
Park Presbyterian Church in Dallas*

*—Clarence Bass was professor of systematic theology at  
Bethel Theological Seminary in St. Paul, Minnesota*

*—Gary Collins was professor of psychology and pastoral counseling at  
Trinity Evangelical Divinity School in Deerfield, Illinois*

*—Reginald King was coordinator of Baptist Student Unions in Dallas.*

"Suicide: Ministering to the Survivors," LEADERSHIP, Summer 1982, Vol. III, No. 3, Page 111.



## Man of Sorrows

*His firstborn son had broken his heart. Had he also broken his ministry?*

A true account by Harold Fickett

*Names have been changed throughout.*

Before the fall of 1972, whenever the Rev. Don Treadwell drove by a hitchhiker whose lank hair fell to the shoulder straps of his backpack, he would count his blessings and take satisfaction in the way his three kids were turning out.

That Thanksgiving, Don, Jr., the eldest, staged a sudden rebellion.

Fifteen years of age, the boy stood six foot three. He had his mother's looks—honey blond hair, full lips—and her intelligence and sensitive temperament as well. The argument occurred Wednesday at the dinner table. Don, Jr., wanted to stay out late with his friends, older boys with cars who occupied themselves God knew how. His father didn't like to pry, and at the same time his fears that these kids weren't doing his son any good had been growing.

He insisted that Donny be home early—the family had the Thanksgiving service to attend the next day. Donny launched into an attack on the hypocrisy of the church members. Of course Donny was getting old enough to have his own views, his father said, but as long as he was part of this family, he would do as his father said. At that point the boy left the house and did not come back for two weeks.

The outside world became a kind of neutral zone, the family a nation at civil war. For the next three years Donny ran away periodically following major battles.

Don was shocked to learn that his son suffered no loss of comfort when he took off. Evidently there was a kind of underground network in the suburb where they lived: houses where kids could spend a week or a month. The police said they knew the houses existed and were sure drugs set them up and maintained them. The drugs—his father had already suspected his son of using them—added to Don's anxieties, and at the same time the information made him more reluctant to call the police when his son left, because he didn't want him arrested.

Two things worried Don the most. Donny talked of a messianic figure who would come and destroy them, of the evil implicit in this figure's power. The boy nevertheless looked forward to its advent. For a time his father and mother wondered if Donny were demon-possessed.

The boy also talked of committing suicide. But not during the fights he had with his parents. When he mentioned suicide, his tone was like that of a newscaster reporting the day's quotient of mayhem: objective and distanced. Don didn't know how seriously to take him.



It was terribly difficult for Don to discern any reason for the boy's rebellion. During this three-year period, his behavior fluctuated between extremes; he was totally rebellious one minute and oddly compliant and sensitive the next.

But Don did start to see the pain the boy was in. One day Donny confessed to his dad that he had no idea what caused the fractious incidents, why he hated his parents so much at times. The father well remembered that look of pure hatred that had drawn the life out of his soul more than once. Now in his son's eyes was a look of complete helplessness. Don grasped at that moment what torment his son was in.

Don prayed that God would deliver his son. He knew the power of prayer, had seen people healed by it, spouses reconciled and families reunited. He gave weekend seminars, in fact, on prayer and family life. But now he wasn't the expert, the professional Christian; he was only a father crying out in agony to God. Never before had he prayed with so much zeal and divine jealousy.

In 1975 the whole family took a long vacation together. The relationship between the Treadwells and their eldest son was in the best shape it had been for some time. The vacation gave them a chance to talk about what Donny, now eighteen, might want to do with his immediate future and beyond. The family sang in the car together, something they hadn't done since the kids were very little.

At the end of the trip, the Treadwells visited Don's parents at their home in Pensacola. Several hours after their arrival, Don noticed that Donny had been missing for some time from the living room, where everyone was talking. He went to look for him and found him in the kitchen.

Donny began cursing his father and shoving him, challenging him to fight. He threw a roundhouse and caught his father flush on the cheek. The next moment Donny tackled him, and Don found himself in an undignified tussle on the floor. But with the help of the grandfather and the other grandson, they subdued Donny and got him in the car and over to the hospital. By the time they arrived, he was in convulsions.

The hospital determined that Donny had taken a combination of Valium, Seconal, and a type of car lubrication fluid. They saved his life by pumping his stomach and using other emergency procedures. A two-week period of psychiatric testing and observation followed.

After this time, the psychiatrist in charge explained to the Treadwells that Donny was suffering from a "mood disorder." Formerly he would have been diagnosed as a manic-depressive, but now the term "bipolar affective disorder" was coming into use. Donny's recurrent periods of severe depression and his antichrist pronouncements were symptoms of an imbalance in the brain's chemicals responsible for transmitting signals from one nerve ending to another. His tendency toward such imbalances might be hereditary. Each discrete instance of depression in these patients, the doctor added, was usually provoked by a great deal of mental stress.



He prescribed three drugs, each addressing one aspect of Donny's illness: Lithium, which prolongs the length between bouts of depression and tends to smooth out unduly high or manic moods; Stelazine, an antipsychotic that would free Donny from his messianic thinking; and Elavil, an antidepressant. The doctor also required that Donny begin a weekly program of psychotherapy with a psychiatrist back home, who would monitor the dosage of these drugs and discuss with him the sources of stress in his life.

During the next couple of months, Donny's treatment proved effective. He felt like his old self again. But this proved to be another sort of problem. Like many people who suffer from mood disorders, Donny didn't like to think of himself as having a chronic medical problem; he left the house every day with his medication, but his mother began to find the pills in his pockets when she did the laundry. Soon Donny took off and started living again with his street friends.

The Treadwells contacted Donny's psychiatrist and asked him if there was any real cause for concern. The counselor, citing the requirements of confidentiality and legal precedents, would not speak to them directly or make even broad comments about Donny's condition. His parents found this immensely frustrating. As a clergyman, Don understood the psychiatrist's predicament, but as a father he did not.

Two days before the Thanksgiving holidays of 1975, the Treadwells asked their son to come with them to his maternal grandparents' house in Tallahassee. He refused. He assured them, however, that he would be all right and even offered to drop back home and make sure all was in order during the long holiday weekend.

Back from their Thanksgiving trip on Sunday night, the Treadwells pulled into the driveway of their home about ten o'clock. Several cars were parked along the street, and Don thought one of the neighbors must be having a party. But as they approached their front door, they heard voices inside the house. When they entered, they found three church couples in the living room.

Don, his flight bag still hanging from his left shoulder, greeted his unexpected guests. Lou Whitaker, a stout man with the face of a choir boy, stepped toward him and turned his face down, preparing to whisper his message.

"Pastor," he said, in a barely audible voice, "your son—the police found him this weekend. He's dead."

Don sucked in a long breath, blinked, then stared at the man's plaid shirt for several seconds. He must not react yet—not with a roomful of people watching.

"Faye," he finally said to his wife, "take the kids into the kitchen. I'll be with you in a moment."

He turned his attention back to Lou. "How?"

"The police found him in your garage. He'd turned on the motor. Your neighbors noticed the fumes and called for help. I heard about it on my CB and called the Mitchells and the Bakers. We're here to do whatever you need."



“You heard it on your CB?”

“Just the call and the address. Thought I’d get myself over here if you needed me.”

“I appreciate it. Did he leave a note?”

Lou asked Ted Mitchell for the note. All it said was “I’m in the garage,” and Donny had signed his name.

The pastor slowly sat down with the sense that he had been waiting for this tragedy for a long time now. And yet at the same time, he was absolutely surprised. He had the look of a soldier seeing his wound for the first time after the explosion of a mortar shell.

For the next few days, friends answered the phone and fixed the meals; someone was always in the house with them. Don found himself surprised that he should appreciate their efforts as he did. He had always thought that, being a private person who enjoyed solitude more than social gatherings, he would want to be alone if tragedy ever struck. But he didn’t. He felt powerless to act, to carry on the routine tasks of living. And he was glad his friends took care of the necessities.

With everyone around him so concerned and worried about his wife, the children, and him, Don came to an almost giddy sense of his own courage. The worst had happened, and he was surviving. He was bearing up well.

Faye and Don decided to have a graveside service for their son. They invited only a few friends, although the manner of Donny’s death was common knowledge, and they made no effort to hide the fact at the funeral or later. They simply felt that a larger gathering would make their grief that much harder to bear, whereas they knew the value of relying on close friends.

But once Don had buried his son, his ability to cope deteriorated. He went out to do some Christmas shopping and wandered into a huge department store at one end of an indoor mall. Teen-aged girls hovered at the perfume counters picking up little spray bottles and sniffing their wrists. Women held up dresses to their necks and close at the waist with one forearm before triple mirrors. Young men wandered after their wives through the mockup kitchens on the third floor. Don forgot what he was after, in what pocket he had his shopping list. Right then he didn’t care. None of these people knew about what had happened, and he had to get back where someone did. The tide had shifted, and he was far out from his atoll of security. He ran for his car.

Spring was worse. By that time, when boys and girls his son’s age were going about in T-shirts and cutoffs, loping along the sidewalks with their hands not clasped but stitched together at the last knuckle and fingertips, by that time Don’s mistakes with his son were a cancer within him. Why hadn’t he taken Donny’s rebellion more seriously, stopped everything, and just paid attention to his son? Why hadn’t he insisted that the psychiatrist talk to Faye and him, or found a psychiatrist who would, or talked more to Donny himself? Why hadn’t he locked him up in a mental hospital and kept him alive? Although he had admonished his wife never to use the word, he considered himself a failure.



More than anything he wanted just one more day with Donny. One more day, Lord!  
One more day!

He missed him: the life Donny could have had, his future wife and children. He missed the easy reminiscences his son and he might have shared many years hence. Until his wife confessed to him that she did the same thing, he was too embarrassed to admit he followed boys in cars for block after block if they bore some resemblance to Donny.

One night a fellow minister called him and told him that his son, who had also been a prodigal, had returned home. The caller's son had repented and was planning on going back to college.

Don managed to remain civil on the phone, but when the conversation ended, he wandered out to the garage and began smashing a ball-peen hammer into one wall again and again. When he had finished creating a hole as big as a watermelon, he knew he wasn't angry at his colleague. Not exactly. Not really. He was angry at God.

*Why does the Lord deliver others but not me?* The pain had finally taken the shape of that one ineluctable question.

At his usual prayers each morning, Don requested that God protect his other children. He thought of Donny, and the prayer fell to earth, the ashes of an unacceptable sacrifice. For many months thereafter he couldn't pray, not in private, not from the heart. He still believed every iota of doctrine he had ever affirmed in the past. He simply couldn't pray.

Don felt that his life was never going to be the same after this, that it had been indelibly stained, all homely and marvelous pleasures obscured by his son's death.

Several people were callous enough to ask him if he thought his son was in hell. He could have told them about hell; it was the very feeling that he would despair eternally that made his grief overwhelming. How could he take hope when the sky and prairie, his church, his home, when everything was imbued with sadness? In a demonic parody of God's leading, his grief became the fire of his days and the cloud of his nights.

Fortunately, the members of Don's congregation did not condemn him and thereby crush him. They were truly the body of Christ. Someone would drop by the pastor's house and talk about the tragedy, and quite specifically about Donny. Don was once again glad of these visits. He didn't want people to forget Donny, and he didn't want them to think badly of him. The friends who reminisced with Don about the good times with his son kept him from turning further inward, stopped him from taking more steps of self-recrimination into the land of despair.

His wife always seemed to be courageous or cheerful when he needed her to be. The Treadwells' marriage proved strong enough to withstand the differing tempos of grieving and blame absolving. In the blackest days of that spring and summer, Don was sometimes, in his thoughts and emotions, lost to Faye, and she to him. But both were



patient. And gradually, they reestablished the equilibrium of marriage, Don now helping Faye when she was down.

They depended upon two other lines of emotional supply in their effort to adjust. Rick and Sandy, their two remaining children, bore up well under the stress; their vitality and personal achievements, at school and in the church, helped their parents to realize that Donny's emotional and physiological problems were not caused by whatever mistakes they had made. Here the second source of comfort, the prior diagnosis of Donny's illness, proved crucial. As parents they were not perfect, had not been what Donny needed, given his special circumstances. But Donny had reacted to imagined pressures or failures as much or more than real ones. The Treadwells were not doing anything substantially different with their other children—except appreciating their presence somewhat more—and they were turning out fine.

Don and Faye dreaded the approach of Donny's birthday. Don canceled a meeting at an out-of-town church to stay with his wife; still, he thought the day would be terribly difficult for both of them. They woke up that day, and the world seemed somehow bright; they were more aware of the beauty of each individual thing, the apples filling the centerpiece on the kitchen table, the bittersweet taste of that morning's coffee. They actually enjoyed the day in this manner, noting the many good things in their lives.

That night they dropped by the church. Don found a woman, Mrs. Dunsmore, in the sanctuary. She greeted him and asked in a shy voice whether that day meant anything in particular to them. He did not tell her right away but "tested the spirits." She said that ever since that morning, her heart had been kindled to pray for them. Before she even got out of bed, she thought of the pastor and his family and that they needed prayer.

Don then explained to her what the day had meant. In his own mind he thought of Spurgeon's remark: "When you can't trace the Lord's hand, you can trust his heart."

Yet at times the grief came upon him with renewed strength. One night, while he was on the road, he entered his hotel room, and, like Martin Luther, he could almost see the devil sitting on the bed. He lay down, nearly crushed by spiritual oppression. He was praying again now, not so much for one particular grace or another but only for Christ's presence. So he prayed that night. And the Lord came, touched him in the way one feels caressed by a sudden gust of wind. His weighty sadness was taken up, lifted, removed from him.

He had always concentrated on the great unanswered questions of life and theology; but now, having asked them not as an academic exercise but in the groans of his distracted spirit, he knew that the only answers came in the Lord's very presence.

Soon he found that he was at ease with his people in times of crisis as he had never been before. On Christmas Eve, the father of a family in the congregation was killed driving home from work. As Don spoke words of comfort to the family, he knew that formerly he would have had a nagging doubt in the back of his mind, to the effect that these words were easy for him to say—he hadn't been through it. But now he had.



Similarly, one weekend he was speaking at a church in another town. After his address on Saturday night, the wife of the local pastor came up. She was a tall redhead with a redhead's freckles. She would have had a redhead's girlishness as well but for the deep blue circles under her eyes and the tremor in her right hand.

"I want to talk with you about my son," she said.

He asked why.

"Well, he's been rebellious now for some time. My husband and I don't know what to do with him, but it's not exactly what to do with him I want to talk about."

"Do you know about my son?" Don asked.

"Yes, that's why I want to speak with you."

"You know what happened, don't you?"

"Yes."

"But wouldn't you rather talk to someone who handled things better?"

"My biggest fear," she said, "is that he will commit suicide. Seeing you, it's done me so much good. You got through it. You still have your faith. I can't put this very well, but, seeing you, I'm less afraid. I didn't think I could bear it. But hearing you tonight convinced me that even if the worst comes, the Lord will be there. You didn't speak about your son directly, but I just knew that your soul must contain a love that comes only through suffering. So if we could talk about it some more later on, it would mean everything to me."

The next evening, Don stood before the congregation again, and thought of the pastor's wife and all the people before him with similar stories. They had heard many accounts of miraculous deliverances. But deep within their hearts was the knowledge that for every person miraculously healed, there are many more who are not, and that in all likelihood they would be among those to whom God would grant what he had come to understand as the "fellowship of suffering." Who preached to them? Who could tell them they had nothing to fear?

His own death, he believed, would not be as hard as the death of his son. Yet, although he had walked through the valley of the shadow of death, he had met with nothing that was not the occasion of God's love. His life was richer for what he had been through. Who could tell them that God would meet them at every turning, and they need not be afraid? He could.

*—Harold Fickett is an author from Newburyport, Massachusetts.*

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