

Book Review

Preventing Suicide, A Handbook for Pastors, Chaplains and Pastoral Counselors, by Karen Mason, Downers Grove, IL: InterVarsity Press, 2014, 232 pp. ISBN: 978-0-8308-4117-2. \$12.95.

Preventing Suicide is a very useful book on a difficult topic. It is a comprehensive look at the subject of suicide, but it is not complicated. The book is written from a special point of view. The author focuses on religious workers who have to minister to those who are suicidal and those who may have a loved one or friend who has committed suicide. The overall message of the book is that suicide can be prevented.

The book consists of nine chapters preceded by acknowledgements and an introduction and followed by a conclusion and endnotes.

In the introduction, Mason lists and discusses six different depictions of suicide. They are: suicide as duty, suicide when honor is at stake, suicide as political protest, suicide as a rational choice, suicide as destiny for artists, and suicide as joining “star-cross’d lovers.” She admits to the challenges in her own mind that existed as a result of these different depictions and how they influenced her attitudes. The consequences of suicide as hell and as haunting added to the challenge.

Mason argues that faith is an important part of suicide prevention. Ministers can play an active role in its prevention. She suggests some areas to focus on: teaching a theology of life and death, including moral objections to suicide, teaching people how to manage suffering, directly engaging the subject of suicide, teaching how to build a life worth living, offering community where relationship skills are formed, and partnering with others in preventing suicide.

The author gives a definition of suicide that includes three important elements (1) a self-inflicted act; (2) the result of the act is death; and (3) the *intent to die*. She then proceeds to clarify what “intent to die” means.

Mason allows that theology and psychology may work together to help individuals who are suicidal. The word of God and knowledge of man are both needed to provide the best help to the suicidal person.

In chapter one, the author examines the question, “Who dies by suicide?” She gives many statistics that show the prevalence of suicide and the demographics of suicide. Suicide rates vary by age, gender, and race. For instance, 45 to 54 year-olds have the highest suicide rates followed by those 85-plus. Almost four times more men than women die by suicide each year. White individuals make up the majority of suicide victims and suicide attempts. Mason gives a profile of those who are at the highest risk for suicide. She evaluates the mental health factors and the biological factors. She attempts to help identify those most at risk in order to help professionals who work to prevent suicide. On page 36, she gives a list of twelve psychosocial problems that contribute to suicide risk. She also includes a list of nine factors that are preventative.

The author, in chapter two, shatters some of the myths of suicide. Mason examines ten myths: (1) Real Christians do not experience suicidal thoughts; (2) Prayer is all a Christian needs; (3) People who are suicidal are just trying to get attention; (4) People who kill themselves are just being selfish; (5) People who kill themselves are angry and vengeful; (6) Depressed people should “buck up”; (7) People who are suicidal don’t tell anyone; (8) Talking about suicide

may give the person the idea to complete suicide; (9) If someone wants to kill himself, there is nothing I can do; and (10) Most suicides occur over the holidays.

Chapter three explores Christian theology and suicide. Mason points out that one's theological perspective drives the approach one will take to dealing with suicide. She looks at four views that suicide is sin; four views that suicide is not a sin, four views that suicide is forgivable and one view that suicide is an unforgivable sin. This is a brief history of the theological positions that have been taken on the topic of suicide. Each person who enters into the role of helping those who are suicidal or families of individuals who have committed suicide needs to define his/her theological position on suicide.

Various suicidal theories are investigated in chapter four. "A suicide theory is an informed guess about why people kill themselves" (p. 70). The author explores historical theories dealing with the problem of melancholy or depression, social forces and displaced hostility. She also looks at contemporary theories developed by Edwin Shneidman (1918-2009) who focused on pain as the cause of suicide and Mark Williams (1952-) who sees suicide as a cry of pain resulting from feeling trapped. Cognitive behavioral approaches are considered by the author which connect one's thinking with feelings and actions. Aaron Beck (1921--) represents this view and believes that suicidal people have two basic ideas that organize all incoming information: hopelessness and unbearability (p. 74). Wenzel, Brown and Beck outline a ten-session cognitive therapy intervention that is aimed at reducing suicidal acts. They recommend among other things to: write down reasons to live; create a hope kit and create small cards with ideas to do or statements to tell oneself in a crisis. The therapy has been demonstrated to reduce suicide reattempt rates by 50 percent (p. 75). Marsha Linehan (1943--) has developed a suicide treatment plan called dialectical behavior therapy (DBT). She believes that the best suicide prevention is "a life worth living." DBT has proven to reduce suicide attempts by half (p. 76). Thomas Joiner (1965--) has developed the interpersonal-psychological theory of suicide behavior which currently dominates the theoretical landscape. This theory proposes that an individual will not die by suicide unless he or she has both the desire to die and the ability to do so (p. 76). The author concludes the chapter by investigating a bio-psycho-social-spiritual approach. The other theories leave out the spiritual dimension. Religiosity is a known protective factor against suicide and should be utilized in its treatment. Developing a theology of life, death and suffering can aid individuals in suicide prevention.

In Chapter five, Mason reveals six steps for assessing suicide risk and possible interventions. The steps involved in recognizing suicide risk are: (1) Spot warning signs. Some signs to watch for include: talking about or writing about death, dying or suicide; threatening to kill oneself; a worsening mental health problem such as depression, especially when accompanied by agitation; dramatic brightening of mood after a period of depression; seeking access to means, such as hoarding pills; reckless behavior, such as increased substance use; decreased hygiene, such as not showering, social withdrawal, and preparatory behavior, such as giving away prized possessions (p. 84); (2) Assess for suicidal thinking. Be direct and ask if the person has thought about taking his/her own life; (3) Assess where an individual is on a suicide continuum. A suicidal person is on a continuum from slightly suicidal to somewhat suicidal to very suicidal. Mason follows this description with a series of questions that should be asked to make the assessment (p. 87); (4) assign a level of risk—low, medium or high; (5) take action for each risk level and (6) provide pastoral care.

Chapter six focuses on helping a survivor of attempted suicide. Once again, Mason outlines several steps that can be taken to help a survivor. First, the caregiver must recognize

his/her own feelings regarding the suicide attempt. Caregivers can feel guilt, anxiety, feelings of being overwhelmed, or anger and outrage. Second, the caregiver must respond to the feelings of the person who attempted suicide. Third, the caregiver must determine whether this was a suicide attempt. A suicide attempt involves a high medical lethality with nonfatal injury with clear intent to die (p. 113). A suicide attempt also involves low medical lethality with nonfatal injury, with clear intent to die. When there is no intent to die, a suicide attempt did not occur. Fourth, the caregiver must take the attempt seriously. Fifth, the caregiver must understand the seriousness of the attempt. Mason supplies a good check list for determining the degree of intent and so the level of risk of suicide (p. 116). Sixth, the caregiver must consider hospitalization for an individual with a high level of suicide risk. The seventh step includes on-going pastoral care.

Mason takes a look at helping the helpers in chapter seven. She states that one way to care is to listen to and process the emotions of the family and community members (p.127). Families experience a full range of emotions including: guilt, fear, powerlessness and hostility. Also, Mason mentions following through with treatment, securing education about the warning signs to help with future risk, and developing a hope kit. The hope kit gives reasons to live. Pictures of children or relatives, a journal to write in, hope cards with helpful thoughts or quotations on them, and emergency telephone numbers are just a few items to include in the kit. Mason mentions being an advocate for the family and reducing interpersonal conflict as ways of helping a family. Those who work with suicidal individuals or their families need a self-care plan. This plan is described in detail by Mason who also gives warning signs of burn-out (p. 134).

Chapter eight deals with helping suicide survivors. Suicide has some unique attributes: shock, fear, police investigations and social stigma. Professionals will have to guide survivors through each of these experiences. Dealing with how others respond to a suicide may be difficult. Some respond with silence and avoidance. Silence denies a person's life. Yet, many do not know what to say. Some survivors accept blame and become distraught. Others experience survivor guilt and wonder why they are living and their loved one is dead. Suicidal death often intensifies previous relational problems including marital problems. Survivors also experience conflicting emotions. The person who died was a beloved family member, but has now become a self-murderer. This conflict of emotions is not easy to resolve. Mason devotes a special section to survivors who may also be Christians. She reveals some of the statements that Christians make that are not helpful in times of suicide (pp. 149-151). If you do not know what to say, don't say anything at all. Just let those suffering the loss know that you love them and will be there for them.

The final chapter, chapter nine, focuses on helping the faith community. Caregivers in the faith community must speak openly and honestly about suicide. No lying or avoidance of the subject. Do not reveal any matters related confidentially. But, acknowledge the loss with compassion. Mason states, "being open about suicide must be balanced by the pastoral caregiver's awareness of the risk of contagion and suicide clusters" (p. 158). Clusters are believed to occur because of a trend toward imitation called suicide contagion (p. 159). We must be honest about suicide without glorifying it. Avoid detailed descriptions of the suicide including the method and location. Avoid oversimplifying the cause of the suicide. Avoid stating that the deceased is now at peace from their problems. Mason also gives a list of response protocols for notifying the faith community of a death by suicide. These include: verifying the information before disseminating it; informing the leaders of the faith community first; setting up a system so that each member of the faith community will hear about the suicide

from a trusted person; making a brief statement about the suicide to the faith community without details of the method or location; and sending a letter to the members of the faith community to alert families to be sensitive to potential reactions to the suicide, including suicide warning signs (p. 164). Mason mentions several of the effects of a suicide in the faith community. She includes the shattering of illusions (something like this could not happen to us); shunning of family members due to critical and judgmental attitudes; and leaving the faith community where survivors need space to grieve and desire to begin anew. Mason closes this chapter with an emphasis on the need for training the faith community in suicide prevention.

The conclusion of the book instructs pastoral workers regarding what they can do to prevent suicide. It provides a summary of the material presented in the book. Pastoral workers can develop a theology of life and death and suffering and suicide. They must engage suicide openly and honestly. They must teach how to build lives worth living. They need to build a sense of community and belonging. Finally, they must partner with other professionals.

At the end of each chapter, the author provides discussion questions and gives other resources specifically relating to the subject matter in the chapter. The book concludes with endnotes on each chapter.

Preventing Suicide is a book that provides any ministry worker with the basic information regarding suicide and its prevention. The book should be read several times and a suicide prevention strategy developed in each faith community so that the number of suicides can be reduced and a more effective ministry to the families who survive a suicidal death can be executed.