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THE PASTOR'S ROLE AND SUICIDE BEREAVED

A Research Paper Presented to the Faculty
of Concordia Seminary, St. Louis, Missouri,
Department of Practical Theology
in partial fulfillment of the
requirements for the degree
of Master of Divinity

by

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Research Paper

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CHAPTER I

INTRODUCTION

Part of the daily task of a pastor is to deal with grief and with the counseling of the bereaved. In this task, the pastor is trying to help the bereaved work through the feelings of loss, grief, depression, etc. He offers support which the bereaved need to survive the initial shock, to wade through the funeral and finally to span the months and years to come. It is a well known fact that ministers are not certain within themselves if they have dealt with the situation in the best way. The anxiety of this uncertainty is especially common when the pastor is faced with the emotional dynamics of death by suicide. The purpose of this study is to become aware of the dynamics of suicide upon the bereaved and the pastor's role in working with the bereaved.

This study will limit itself to the aftermath of suicide. Many aspects of suicide will not be dealt with. For example, it will not deal with the reasons why people kill themselves. These reasons would be included in studies of suicidology, the rational suicide, religion and suicide, philosophy and suicide, and the prevention of suicide. Nor is this paper a definitive study of the aftermath of suicide. Research in this part of the suicide event has only begun

in the last few years. The newness of data on this subject is seen in the fact that until 1972 there was not one book published which dealt with this subject. Several short articles had been written, but no books. In this year, three books have been published which deal with the subject. Paul Pretzel wrote Understanding and Counseling the Suicidal Person. In this book, he has one chapter which is entitled "The Aftermath of Suicide." Howard W. Stone wrote the book, Suicide and Grief. This book deals entirely with the aftermath of suicide. It is the result of study which Stone did with the help of the Suicide Prevention center in Los Angeles. The third book was written by Albert C. Cain, Survivor of Suicide. This book is not used in this study because the book was first published in September of 1972 and was unavailable for the deadline of this paper.

Chapter II will take a look at the grief reactions which have been found to be common among the suicide bereaved.

In Chapter III, the dynamics of suicide are considered as they relate to the different types of people who are effected by the death. The first person considered is the spouse who loses the loved one by suicide. The reactions of parents to the suicide of one of their children will be looked at secondly. The chapter will end with a look at the effect of suicide upon the child.

Chapter IV will consider the role of the pastor as he helps the bereaved. It is divided into four parts: (a) the

pastor's attitude toward suicide; (b) the initial visit; (c) the funeral; and (d) the follow-up.

Chapter V will consider some areas which could become the basis for further research.

CHAPTER II

GRIEF REACTION

In order for the pastor to deal responsibly with the suicide bereaved, he must understand somewhat the dynamics of the grief reaction. The grief reaction is the emotional response that follows the death of a loved one or an important person in the life of the bereaved. It involves the feelings which are at the center of one's relationship with life. Then, besides facing the reality that someday he, himself, must die, there is a tearing effect upon the individual because he is now cut off from any hopes, dreams, and aspirations which the deceased represented for the bereaved.¹ During the mourning period, the grief reaction is the work which the bereaved does to "disengage himself from the demanding relationship that has existed and to reinvest his emotional capital in new and productive directions for the health and welfare of his future life in society."²

This chapter will look at the two classifications of the grief reaction: normal and abnormal. The grief reaction which the bereaved will have depends on the type of individual the person is. Grief, however, is not choosy with whom it deals, as Bowlby reminds us:

(grief) is no respecter of persons. Whether the bereaved is young or old, rich or poor, to lose another with whom his feelings are closely linked is to suffer

emotional disruption. Not only is the external pattern of his life abruptly changed, but he finds himself at the mercy of conflicting impulses of great intensity--to remember, to forget; to blame, to forgive; to seek companionship, to avoid company. No wonder this is an experience which can endanger physical and mental health, both in the short-term and the long....³

Normal Grief Reaction

The normal grief reaction is a healthy response to the loss of a loved one. It involves the individual's adequately resolving the different dynamics of grief without becoming "stuck" in any one of them. There is no definite time period for the occurrence of the grief response. Studies have shown that the grief response for a normal death usually lasts two to three months. Responses to suicide, generally, last about six months. These are not binding time periods, for suicide bereaved have been found to be going through the grief process two years after the death.

The grief dynamics to which the bereaved is responding can be broken down into seven basic divisions: "(1) shock; (2) catharsis; (3) depression; (4) guilt; (5) preoccupation with the loss; (6) anger; and (7) reality."⁴

Shock

The initial reaction upon notification of the suicide may be a period of speechlessness. It is as if the person has been struck by a thunderbolt. There may be an initial attempt to deny the event. The bereaved keeps going over and over in his mind the event and the questions: "How can this be?" "Why did it happen?" "Why did God allow this to

happen?" "How will I ever be able to get on without him/her?"⁵

Some of the symptomatic reactions with the grief reaction are confusion, disorganization, apprehension, and poorly focused fear. These symptomatic reactions tend to be temporary and are generally worked through as the bereaved faces reality and deals with it, even though the process of doing so may be painful.⁶ Some bereaved will take the suicide very personally as a rejection of themselves. In such a situation it will be more difficult to help the bereaved overcome his initial shock.

Catharsis

This is the first positive step in the grief reaction. After the shock is overcome, the bereaved will start to release the emotions which are tied up within him. The bereaved is now starting to face the stark reality of the loss. During this period, the bereaved will probably talk about all the little things, the big things, and the intimate things which he shared with the deceased. This catharsis may involve a rehearsal of the last days and hours right up to the time of the loss. Through this process of ventilation the bereaved is able to begin to accept the loss.

Suicide makes the catharsis period more difficult for the bereaved.

Generally, what the bereaved desire at this early period of time is the opportunity to talk to people on their own terms. In other words, if they feel like it they can seek out the opportunity to talk with someone, and if they want to be alone and "face these ghosts" they can do that. What is not helpful in my opinion is for the survivors to go to either extreme for very long periods--to talk to no one, or never to

be alone to face their feelings. The minister needs to watch for either of these extremes--they can be warning flags of future problems.⁷

The survivor has to deal with the questions such as "will I or will I not tell others the truth?" and "If I will tell others, will I only tell a few close relatives or friends, or will I tell the whole world?" Answers to these and similar questions will affect the way in which the suicide bereaved will deal with the catharsis of the grief reaction.

Depression

Jackson has defined depression as "a loss of self-esteem, with aggressive feelings toward the incorporated object."⁸ Depression, generally, does not establish itself until after the funeral is over. After the funeral, friends and relatives stop talking about the deceased and go on with life as usual. Life for the bereaved can not go on as usual due to the emptiness he now feels in his life. This emptiness can lead to periods of depression when the bereaved loses his "self-esteem." A typical feeling for the bereaved to have is hopelessness. There is just no reason for going on. This hopelessness may be over-emphasized by the bereaved as people no longer visit him. The bereaved may distort this return to routine life by friends and relatives as a rejection of himself. This causes further feelings of hopelessness, helplessness and worthlessness.

Typical reactions of depression during these periods are expressions of anxiety and angry outbursts against the

deceased or against others. Other displays of depression are "observed as a feeling of inadequacy and hopelessness, with a lowering of psychophysical activity and a tendency to become disorganized in function."⁹ These periods of depression can become the incubation period for later expression of guilt and angry feelings about the deceased.

Mingled in with the aforementioned symptoms of depression are a marked inability to sleep and a state of apathy within the individual's life.¹⁰ Some of the physical symptoms of depression are: nervousness, headaches, fatigue, psychosomatic illness such as colitus, etc.

Studies of both suicide and non-suicide depression indicate that the bouts of depression generally last about six months. It is during this period that the pastor in counseling with the suicide survivor should be on the alert for suicide signs among the bereaved.

The depression following the suicide can be so intense that the survivor feels there is no way for him to handle it, and he may become suicidal himself.¹¹

Guilt

Any time there is a death the bereaved generally go through a period when they feel some guilt concerning the bereaved. It may be, "I should have stayed home!" "Did I do all I could?" "I should have gotten mother to the doctor sooner." "If I had gotten Dr. so and so, things would have been different." Guilt feelings can also be expressed over the remembrance of an argument over which the bereaved was unable to make amends with the deceased.

When we are stricken by the loss of someone whom we have held dear, the last few weeks or months of the relationship together seem to pass in quick and rapid succession through our minds. The recent past undergoes a keen scrutiny. Trivial incidents of seeming, or actual, neglect, petty quarrels, and misunderstandings which might have occurred are apt to be exaggerated and magnified out of due proportion. The bereaved will tend to think of all the things which might have been done before or during the last illness, or of the different ways in which they might have acted or spoken if only they could have been made aware of what was to happen later.¹²

The guilt reaction is the divider between suicide and non-suicide bereaved. Normal grief reactions last only up to three months after the death. The suicide bereaved have been found to be deeply involved in the grief process up to two years after the suicide. This prolonged grief reaction reinforces the attitude of the men who have studied suicide, so that they can say, "Suicide works."

Let me explain what I mean by saying "suicide works." The statistical tests which discovered a greater amount of guilt among suicide survivors indicate that it does indeed work. That is, the individual who commits suicide is often angry and disappointed and uses suicide as a way to hurt the people around him. It is an angry, desperate gesture. Sometimes it is a type of mental blackmail in which the unconscious desire is to punish a disappointing individual or ... an attempt to hurt someone else through the fantasy that killing oneself is effective retaliation. The suicidal death is successful in making the surviving spouse feel guilty.¹³

The guilt reaction may take several different forms as it presents itself from within the individual. Some bereaved people dump on themselves the blame for their failure to act, to help the deceased before the death. This expression of guilt happens especially in the cases in which the bereaved knew that the deceased was suicidal or had actually been trying to help the deceased. Another reaction to the guilt

feelings may be "overcompensating for the guilt by either portraying the deceased as perfect, or working hard for the betterment of mankind--especially for man's better emotional health--etc."¹⁴

Stone in his study of the bereaved found that the suicide bereaved generally were not honest with friends and associates about the causes of death. The dishonesty was often connected with guilt feelings over the death or the fear of a taboo or stigma which society would attach with the suicide death. Two types of guilt-grief reactions come out of this dishonesty. First, the social stigma causes the bereaved to feel guilty for having such an event happen in their lives. So they try to prevent the guilt by keeping the truth pent up inside them. The result is the second guilt reaction. The bereaved now feel guilty for carrying the whole burden of the death in the form of a secret. The alternative to dishonesty as a secret is to lie about the cause of death. This takes the form of saying that some unknown murderer came in and did it. Or, "he was mentally ill." Or, "he was an alcoholic." All of these excuses only cover up the truth. When the bereaved do this, they generally feel an intensification of the guilt.

In dealing with the guilt of the bereaved the best method is to encourage the bereaved to talk about the deceased. This catharsis technique relieves the emotional build up which the bereaved is feeling inside. If the bereaved is dealing with the guilt of not helping enough, simple statements of support may best help during this period.

The pastor might honestly affirm: "From my observations, everybody did what he could." In this form of creative

assertion, the pastor is reinforcing the positive values of the individual without reinforcing the guilt or making the guilty feel guiltier.¹⁵

Preoccupation with the Loss

Most death survivors experience a preoccupation with the loss of a loved one. This preoccupation expresses itself in its effect upon the functioning of the bereaved. For a period everything will be moving along just fine, then the deceased will become so preoccupied with the loss that they will not be able to accomplish anything. They become caught up in a fantasy world about the deceased.

This preoccupation with the loss is expressed in three ways: (a) long moments of loneliness; (b) preoccupation with the image of the deceased; (c) identification with the deceased. The loneliness is a common reaction due to the finalized type of separation which takes place with the death of a loved one. Preoccupation with the image is seen in the fantasy of the bereaved as they imagine that they have seen the deceased alive again. Often, there is a feeling that the deceased is present. Other common features of this type of preoccupation are hearing the voice of the deceased or, while dreaming, seeing the deceased.

Identification with the deceased is described in two ways. First, there is what Jackson calls an "object-loss identification."¹⁶ That is, the bereaved will use the mannerism or voice patterns of the deceased. Or the bereaved may acquire the symptoms of the illness (be it physical or psychological) which the deceased had. Secondly, the bereaved

may through identification substitute someone else for the deceased. The grief in this situation is externalized and transferred to someone else. The pastor has to be on guard against becoming an object of substitution.

Preoccupation with the loss is a normal reaction to the death of a loved one. It is when the pastor notices that this preoccupation is interfering with the normal grief process that he should try to encourage the bereaved to discontinue its use.

Anger

The expression of anger is generally seen as a good sign in the grief process. Frequently, what is happening is that the individual is beginning to come out of his depression and to express himself openly again.¹⁷ This anger may be loaded with hostile feelings. Hostile expression of anger is generally a lashing out toward the deceased for the feelings he has caused the bereaved. Anger may be addressed at the deceased or at some other individual who is handy.

People grieving the death of someone close focus their anger on different people and objects, such as doctors or nurses who attended the deceased, the ambulance driver, the police or suicide, etc. Friends and relatives who are close to the person either before or after the death frequently have some anger leveled at them also.¹⁸

Adapting to Reality

As the grief process takes its full swing, the bereaved becomes aware of the futility of continuing his withdrawal from reality. When this decision is reached a change takes

place in the bereaved as he faces the reality of the loss of the loved one. He now lives on--facing life, hopefully, as a stronger and deeper person, better able to help others through the same experience.

Abnormal Grief Reaction

Most of the people with whom the pastor works during their journey through the grief process will return to a healthy emotional state within a few months after the death. The pastor, however, should be alert for any bereaved person who is not adjusting to the loss. Abnormal grief tends to occur when there has been a delay or postponement of the grief at the time of the death.

There are several different signals which the bereaved may present which should alert the pastor to a malfunction in the grief system. The list of signs given here is a combination of lists by Lindemann and Stone.¹⁹ The signs are (1) Overactivity which seems to indicate that the loss may not have occurred.²⁰ The activities of the bereaved might be of an expansive and adventurous nature and bearing semblance to the activities formerly carried out by the deceased. The opposite of this is underactivity. The bereaved approaches life with apathy, retardation or lack of speech, and minimal interpersonal contacts. (2) There may be a loss of pattern of social relationships. The bereaved feels irritable, does not want to be bothered, avoids former activities, and is afraid he might antagonize his friends by his lack of interest and his critical attitudes. Or, the

bereaved cannot initiate any activity; he is full of eagerness to be active, but throughout the day he will not start any activity unless "primed" by someone else. (3) Unresolved anger may be expressed through hostility toward people. This becomes an abnormal reaction when the hostility is not released with the cathartic expression. (4) Actions which are detrimental to his social and economic existence should be watched for. This is expressed through foolish economic dealing or a series of "stupid acts" which cause a loss of friends and professional standing. (5) The bereaved may take on the symptoms of the illness of the deceased. (6) The bereaved may react by requiring medical disease, especially of psychosomatic nature such as spastic or ulcerative colitis, asthma, rheumatoid arthritis, etc. (7) Severe guilt which causes the person to constantly blame and punish himself physically or mentally. (8) Agitated depression shows itself through expression of tension, agitation, insomnia, feelings of worthlessness, bitter self-accusations, and obvious need for punishment.

Conclusion

This chapter has looked at the dynamics of the grief reaction. The grief reaction starts with the shock of the event and ends with adapting to reality. The course of events which happen between these two points will probably never be the same for any two bereaved people. Some people may seem to skip over stages. Others will go through a stage and then return to it at a later time in their grief process.

There is a thin line of difference between normal and abnormal grief. The pastor who is aware of the dynamics of the grief reactions will be able in his ministry to bring the fullest amount of God's love and care to the bereaved.

FOOTNOTES - CHAPTER II

¹C. Bachmann, Ministering to the Grief Sufferer (Englewood-Cliffs, New Jersey: Prentice-Hall, 1964), p. 13.

²Edgar Newman Jackson, Understanding Grief: Its Roots, Dynamics, and Treatment (New York: Abingdon Press, 1957), p. 18.

³Norman Autton, The Pastoral Care of the Bereaved (London: S.P.C.K., 1967), pp. 40-41. Autton quoted from Peter Marris, Widows and their Families (Routledge and Kegan Paul, 1958), Foreword by Dr. John Bowlby, p. ix.

⁴Howard W. Stone, Suicide and Grief (Philadelphia: Fortress Press, 1972), p. 27.

⁵C. Bachmann, p. 16.

⁶Jackson, p. 19.

⁷Stone, p. 30.

⁸Jackson, p. 20.

⁹Ibid., p. 19.

¹⁰Autton, p. 150.

¹¹Paul W. Pretzel, Understanding and Counseling the Suicidal Person (New York: Abingdon, 1972), p. 143.

¹²Autton, p. 45.

¹³Stone, p. 35.

¹⁴Ibid., p. 37.

¹⁵Bachmann, p. 19.

¹⁶Jackson, p. 369.

¹⁷Stone, p. 41.

¹⁸Ibid., p. 41.

¹⁹Erich Lindemann, "Symptomatology and Management of Acute Grief," Pastoral Psychology, XIV:36 (September, 1963) pp. 13-14.

²⁰Stone, p. 97.

CHAPTER III

THE EFFECTS OF SUICIDE UPON THE SURVIVORS

Suicide is a death which leaves a tremendous burden upon those people who have to live afterwards. Each of the bereaved must struggle with his own personal feelings about suicide. Besides this inner struggle, the bereaved must deal with his relationship with relatives, friends and society. This chapter will look at the general types of reactions which studies have indicated the suicidal bereaved have. The chapter is broken into three divisions. First, it will deal with the suicide victim and the spouse. Secondly, it will look at the suicide of a child and the effects it has upon the parents. Finally, it will explore the response of children to the suicide of one of their parents.

Spouse

One of the most devastating things which an individual has to bear is the loss of a spouse. This loss generally causes a change in the life of the bereaved because that loved one with whom they had shared the daily routine of life is no longer there to share life with them. If the spouse has to raise young children, he/she now has an extra burden besides the loss to bear. The bereaved now has to

take on the responsibility of a dual role in the family's life, becoming housekeeper, mother, and provider, father. The burden of the dual role is intensified by the suicide death. Often times, the survivor was not aware of the greatness of this burden until some time after the death. Stone discovered in his research that people found this adjustment more difficult than the bereaved had anticipated.¹

The uneasy feelings of society about suicide do not help at this time either. Most members of society, possibly because of their own fears and anxieties about suicide, appear at this crucial moment in the life of the bereaved to withdraw their support from the mourner. Friends and relatives who normally are a real source of comfort to the mourner find it difficult to talk about the deceased and are not able to help the mourner work through the loss.

The awareness that friends, relatives and society are having trouble with the suicide can have a negative effect upon the bereaved. The bereaved will withdraw from society feeling rejected. Generally, this withdrawing from society happens because of the way the bereaved has distorted the actual feelings of friends, relatives and society.

As a person withdraws, there is a tendency for the suicidal survivor to change his group of friends. This change of friends is not always a negative grief reaction. Stone lists four possible reasons why people would change their group of friends.

The change of friends seems to occur because (1) the individual is now single and most couples like to do things with other couples; (2) the single individual

is suspected of seeking out other husbands or wives; (3) some friends were more attracted to the deceased spouse and not the survivor; and consequently fell away; and (4) in an effort to meet other people to date, the survivor spends more and more time with new groups of people and has less time for old friends.²

The fourth point is important for the pastor to keep in mind as he counsels with the suicide bereaved. In the study which Stone did, he studied the growth of those who married and those who did not marry. He found that those people who had been married for a number of years had difficulty in relating to the opposite sex. This type of experience was especially true among men, because within our society the male is supposed to be the aggressor in the courting and sexual practices. Among the middle aged, middle class men whom Stone interviewed, the big fear was impotence. "The men who were successfully able to relate interpersonally and/or sexually with a woman they cared about sensed a massive boost in their self-esteem and their feelings of manliness."³

The fear of losing another spouse and then going through another grief period kept some people from remarrying. Stone comes to the general conclusion that those who did remarry have adapted better to the loss of a loved one. There are two possible explanations for the remarrying of the bereaved.

This remarriage may imply either that those who married again have done a good job of accepting the death of their former spouse and thus feel free to marry again, or it may mean that the process of remarrying and employing another person furthers the acceptance of the loss."⁴

Stone finds that both of these are true.

As one loses a spouse through suicide, the growth process will depend a lot on how the bereaved perceives other people's reactions to the suicide news. A reaction which is receptive means a positive emotional growth. A reaction which is perceived as non-receptive may result in a slow, negative, or abnormal emotional growth within the bereaved.

Adults

Most studies about child suicide indicate that the parents have a difficult time dealing with the death. When the child takes his own life the typical reaction of the parents is to deny the whole event. Often times the suicide of a child is simply beyond the coping ability of the parents. Herzog and Resnik found that all parents expressed some form of denial.

The typical response by the parent was, "I was shocked ...it just didn't seem real that he was dead." Some parents would "see" the deceased come into the living room in the evening; others would "talk" with the deceased. The parents even denied the suicidal means. It was an accident--she fell, he slipped. Or he was just cleaning the gun. ⁴

The investigation of Herzog and Resnik concluded that the denial of the death by suicide was generally an attempt by the parents to extricate themselves from what they called "a dishonor" which suicide brought upon their name. At the time of death, the bereaved parents are found to respond with overwhelming hostility and denial, followed by guilt and depression. The hostility may be expressed upon society in the form of the medical examiner, policemen, hospital

attendant, nurse, physicians, or pastors. Through projecting their hostility on others, the parents for the moment are externalizing their own feelings of guilt.

The parents of children who have committed suicide are often plagued by deep, unresolved guilt and prolonged periods of depression.⁵ This depression along with social isolation, withdrawal, self-accusation, insomnia and sadness are common among the bereaved suicide parents for as long as eighteen months after the death. Characteristic of these parents was also their inability to share their loss with family and friends. At times, the parents were not even able to relate to each other about the death.

When the question of having other children was raised, the parents generally did not want to have any more.

The parents of adolescent suicides were quite emphatic about not wanting another child. Although they tried, none could hide their guilt. It seemed as though the parents of the suicide group were constantly saying to themselves, "We have failed with one child. We don't want anyone to blame us for failing with another."⁶

Most studies seem to indicate that adults have the most difficulty adjusting to a suicide, whether it be a child suicide or, as will be seen, an adult suicide. The following two comments by Herzog and Resnik give a little more understanding to this problem. *a*

One half of all parents...made themselves available for an interview. Two thirds of the six fathers refused the interview outright. No mother refused directly; it was always refused by the male (father or son). This suggests that the husband may not rise to the occasion and cope more effectively with this sudden family tragedy. It was always the father who threatened the interviewer with lawsuits and slander.⁷

Relationship with siblings was impossible to evaluate as the parents resisted all access to them! This is quite important as we know siblings feel equally at loss as do their parents in coping with a suicide in the family.⁸

Children

Death for a child is a mysterious event of life. In their own simplistic way of thinking, children only see the event as a time when mommy or daddy are no longer around. They do not understand what has happened or why it has happened. The trauma of the deceased parent often starts when the bereaved parent fails to give the concern, understanding and time which the child needs. The surviving parent, being caught up in this tragic moment in his life or out of anxiety and other feelings, does not attempt to communicate the meaning or an explanation of the event to the child. A common reaction in the situation of suicide is not to tell the child that it was a suicide. The bereaved parent uses little "white" lies to hide behind instead of telling the truth. The attitude of the parents generally is that they are shielding their child from all the bad experiences of death. "...It is considered kinder that they should be spared all emotional upset and be shielded from the family grief."⁹ Autton makes two important points about the reactions of children to half-truths.

If children are fed on half-truths much harm will ensue in later life. They can stand "tragedy, sorrow, and tears much better than they can stand lies, deceit, and evasions." They can face "tears but not treachery, sorrow but not deceit."¹⁰

"Pretend" stories will always do a great deal of harm in the long run. A child is never indifferent and the wound goes very deep.¹¹

The attitude of adults towards children is important in how the child reacts to the death (in this situation suicide), deals with it, and finally grows out of the event. Adults, especially pastors, need to be aware of this dynamic. One thing that happens when adults come to console the family in these troubled times is that they console only the parent and frequently give only limited attention to the children. The comfort which they do give to the child is generally in the form of speaking down to the child, instead of dealing with the child's feelings about the death.

The child faces many of the same psychological stresses and burdens which are faced by the surviving parent.

Their surviving parent's shock, grief, preoccupied withdrawal, guilt and blaming; their own heightened separation problems and deep sense of loss; misconceptions and fears of death; irrational guilts; anger over desertion; distorted intertwining of the bereavement reactions of the child and surviving parent; realignments of family dynamics necessitated by the loss; stressful changes made in basic living arrangements; revival or heightening of intrapsychic conflicts and the related problems of the one-parent family.¹²

Studies by Cain and Fast have indicated that despite the many individual reactions of children to suicide there are two common reactions: (1) guilt and (2) difficulty in communicating with the surviving parent.

Guilt for the bereaved suicide child is as great, if not greater, than for the bereaved adult. If the child is not able to deal constructively with this guilt, the result is

depression, masochistic character formation, guilt-laden obsessive ideation, character formations based on rebellion against an externalized superego, rampant self-destructiveness, and reaction-formulated suffocating passivity, inhibition, undoing, and ultragoodness.¹³

The cause of a child's guilt comes in many different ways. The intensity of the guilt may result from the child's immature understanding of what death is. A child in a moment of anger with his mother may scream out at her saying, "I wish you were dead." Or, he may say to himself, "I wish you were dead." In the child's own mind, he is actually saying, "Why don't you get lost for a few hours." Death for the child is only a temporary thing. The crisis arises for the child when he realizes that mother will not be back in a few hours, to cook supper. As the time lapse lengthens, and the child thinks about his wishes, the guilt intensifies because he believes he is the one responsible for mother's killing herself. e

Another way this death wish of a child intensifies the guilt for the child is when he feels satisfied at the "vanishing of his parent who may be a rival for him."¹⁴ The child will at first feel happy that the competition is gone. Later on the guilt sets in for feeling happy when everyone else is sad.

Children also feel responsible for the death of their parents. Cain and Fast found in their studies that external events before the suicide fit into the explanation of the child's guilt. Some of these events that they found were: Start

suicides occurring in the context of family battles focused upon a child, with the child acutely aware of this background to the suicide; suicides directly "precipitated" by the child, most typically by his misbehavior; suicides in which the child was given the responsibility of watching over the potential suicide and stopping any suicide attempt; instances where a child was aware of a parent's preparations

for the suicidal act but told no one; suicides where the body had been found by the child, and indeed cases where the surviving parent obviously knew of the forthcoming suicide, made no effort to stop it, but sent the child to "check if mom's all right," and grotesque instances in which suicidal parents had their child unwittingly assist them in the suicide.¹⁵

Two more examples of why children feel guilty for the death of their deceased parent are:

Where the parent had been severely disturbed especially in borderline or highly agitated conditions, often the child had been warned by his parent or the family physician that he was "upsetting Mom," that he was "driving her crazy," that he must be very quiet and not argue or upset her "even if she does do funny things sometimes."¹⁶

Where the parent's suicide was the outgrowth of a long-standing depressive character structure or condition, the depressive parent often had long exercised his expertise at making his children (as well as his spouse) feel guilty about and partially responsible for his sadness and despair - all the more so, than for his suicide.¹⁷

The result of such events is that the child feels guilty for the events which do take place.

Common among the guilt feelings of children was the idea that they could have prevented the event if only they had not been away at camp. If only they had come home sooner from the play-grounds or from a friend's house. "If only the report card had not been bad." "If only they had not had another fight with the boy next door." "Others fiercely condemned themselves for not having told someone about previous suicidal attempts or preparation for the suicide."¹⁸

Children of suicide have difficulty communicating with the bereaved parent. Often the real cause of this communication gap is the parent. In the parent's attempt to protect

the child or in not facing reality, the parent will communicate to the child that he is not to know that the death was a suicide. Cain and Fast reported cases in which the child actually knew everything about the suicide and yet the parent told the child that the deceased died because he was sick or it was an accident. Parents did this because of their own inability to deal with their feelings about suicide and because the parent thought that the child knew nothing about the suicide.

The result of knowing about the suicide becomes dangerous for the child when the adult denies the truth. The child is receiving all sorts of messages which say he should not know and he should not tell anyone about the truth. Cain and Fast indicate that the following happens when the child knows but should not know:

his own projective distortions spring to the fore; he vacillates between grossly contradictory alternative beliefs and fantasies about his parent's death with specific constellations of defenses often forming around each of these fantasies.¹⁹

The danger of knowing has also been found to play a major role in learning disabilities and conditions of pseudo-stupidity which emerged after the suicide.

With others, following the suicide there was a sudden onset and maintenance of various inhibitions of speech: stammers, stutters, transient elective mutism and a general reticence to speak.²⁰

In dealing with the children of a suicide the pastor should take the time to give them the careful attention the children need. Like an adult, the child has feelings which need to be shared. An empathic and listening pastor can

help the child work through his grief reaction and the trauma of the suicide.

FOOTNOTES - CHAPTER III

¹Howard W. Stone, Suicide and Grief (Philadelphia: Fortress Press, 1972) p. 55.

²Ibid., p. 59.

³Ibid., p. 57.

⁴Alfred Herzog and H. L. P. Resnik, "A Clinical Study of Parental Response to Adolescent Death by Suicide with Recommendations for Approaching the Survivors," Fourth International Conference for Suicide Prevention, Edited by Norman L. Farberow. (Los Angeles, California: Delmar Publishing Company, Inc., 1967), p. 384.

⁵Paul W. Pretzel, Understanding and Counseling the Suicidal Person (New York: Abingdon, 1972), p. 155.

⁶Herzog, p. 385.

⁷Ibid., p. 383.

⁸Ibid., p. 383.

⁹Norman Autton, The Pastoral Care of the Bereaved (London: S.P.C.K., 1967), p. 23.

¹⁰Ibid., p. 24.

¹¹Ibid., p. 31.

¹²Albert C. Cain and Irene Fast, "Children's Disturbed Reactions to Parent Suicide," American Journal of Orthopsychiatry, XXXVI:5 (1966), p. 874.

¹³Ibid., p. 876.

¹⁴Ibid., p. 877.

¹⁵Ibid., p. 874.

¹⁶Ibid., p. 876.

¹⁷Ibid., p. 876.

¹⁸Ibid., p. 877.

¹⁹Albert C. Cain and Irene Fast, "A Clinical Study of Some Aspects of the Psychological Importance of Parent Suicide Upon Children," American Journal of Orthopsychiatry, XXXV:2 (1965), p. 319.

²⁰Albert C. Cain and Irene Fast, "Children's Disturbed Reactions to Parent Suicide," p. 879.

CHAPTER IV

THE PASTOR'S ROLE AND SUICIDE BEREAVED

Surveys have shown that the person people most often contact when in emotional trouble is the pastor. Some of the reasons for this are:

First, he is available. The parishioner knows where he lives, and can usually reach him without an appointment, before the sudden impulse passes. The minister is trusted. He represents a benevolent authority in the community, and is often a personal friend of the troubled person as well. He is considered wise (and he should be); well-educated (and he usually is); and the representative of a God of love and mercy....The minister is the only resource many people know for consultation in their troubles.¹

This section of the paper will deal with the pastor and his role in helping the suicide bereaved. It is divided into four parts: (a) the pastor's attitude toward the suicide; (b) the initial visit; (c) the funeral; and (d) the follow-up.

Pastor's Attitude

The pastor brings more than just a human being to listen to the bereaved. The pastor is able to involve himself and the church immediately in helping the bereaved to deal with their grief. The contact which is established by the pastor can be continued after the death for as long as the bereaved need help. The value of the initial help and of follow-up help depends a lot on the attitude of the pastor towards suicide. The reason is that

until the minister is willing to be aware of and deal with his feelings about death and suicide, he will tend to tip the balance toward either sympathy or non-involvement.²

If the pastor knew about the suicidal tendencies of the deceased and had been working with the deceased, he should be aware of his own feelings. "For he may condemn himself for not either detecting the signs of suicide or preventing the incident once the signs were picked up."³ Jackson writes the following about pastors' examining themselves when they hear the news.

In preparing himself, it is important for the pastor to reexamine the grief experiences that have been encountered in his own life, the better to understand the movement of his own emotions. Too often a pastor may read into grief conditions the emotional reactions that are rooted in his own experience. While his own experience may be of use in establishing an empathic relationship, it is also possible that unresolved emotional factors may limit his effectiveness and project into other situations feelings that are not legitimately there.⁴

Two examples of situations which may handicap the pastor in his ministry if he is unaware of his feelings follow. First, some pastors have trouble dealing with such things as the bitchiness in bereaved women, or strong expression of anger in men. If the pastor is not aware of these feelings, he might tend to become overly-sympathetic with the women, or he might become totally turned off and non-involved with the men. Such a reaction either way could have disastrous consequences in counseling with the bereaved and can also give the pastor himself trouble emotionally.⁵

Secondly, it is common among bereaved persons to lash out at the world and other people for what has happened. The

bereaved may also be angry with God. Therefore, he may lash out verbally against God or the person who represents God, the pastor. If the pastor is offended, as the pastor who sees himself as a "nice-guy" might be, then he may without realizing it withdraw support from the bereaved when the bereaved needs it most. Or, if the pastor feels he must defend God, a barrier will develop between the bereaved and the pastor. The bereaved will see the pastor "as a person who just does not understand what it means to have someone close die."⁶

In light of the deeper understanding of suicide which has taken place in the present age, the pastor needs to look at the church's past views and compare them with what is happening. Steward Hiltner has stated how the convictions of the pastor will determine the nature of his work with the bereaved.

If the pastor believes that suicide is the unpardonable sin, that it does consign the person to hell, or that it is the result of a hereditary taint in the blood stream, [it is a far stretch of the imagination that he can keep this from the person to whom he is ministering whether he says so or not. To the contrary, if he feels that suicide is the type of thing that could happen to anybody, given sufficient taxation of his frustration to leverage, if he has acquainted himself with the scientific literature concerning the structure and function of depression; [and if he has read the Bible with intelligence and without superstition, he will have a much mellowed and discriminating kind of tenderness to impart to the suffering family regardless of how incompletely he may answer their questions.⁷

The Initial Visit

Grief is one of the most deeply disturbing emotional states a human may endure. To relieve the pain, to

ease the misery, is a responsibility and privilege not to be taken lightly.⁸

The parish pastor who does not take lightly his responsibility will grow in competence in dealing with the crisis of death each time he works with a grieving person. As he grows in competence he will better be able to develop within his mind a clear understanding of what he wants to do in assisting the mourning person. He tries to anticipate somewhat the situation he might find when he arrives upon the scene. This process involves reviewing mentally everything that he knows about the deceased and the family of the deceased.

The relationship which the pastor develops with the bereaved will effect the type of care the pastor gives. The warmth of the pastor's concern and the depth of his acceptance will help the bereaved to express his emotional feelings and help him to start to gain insight to the grief process which is taking place. The developing of this caring relationship may mean just standing or sitting quietly near the bereaved. By being present, the pastor is saying that he does understand and that he is there to give support.

The pastor will be dealing with a crisis situation. His initial contact with the bereaved is crucial. This is a time when the bereaved needs someone who in a quiet, calm and stable way will let him know he cares and is there to help in any way he is able. In the first visit a basic relationship is established which can be the doorway for future visits by the pastor which will enable him to help

the bereaved during the entire grief period. Beside his pastoral/theological concern, the pastor also meets the bereaved as a resource person, making suggestions, and discussing alternatives for immediate action without delay.⁹

In order to deal with the crisis, the pastor has to understand the dynamics of it. Stone gives the following definition for a crisis.

Crisis. This term indicates an individual's internal reaction to a perceived external hazard (e.g. death of a loved one, divorce, loss of job, etc.)¹⁰

There are three dynamics involved in a crisis. First, there is the initial event (stimulus) of the crisis event. In this situation the suicide is the stimulus. The second aspect is the perception of the event from each individual's perspective. Since every person is different, each will bring different past events to bear on his reaction to the death. Some past events which color the perception of the event are previous experiences with the deceased, the depth of the relationship and the personal dynamics of the bereaved. The third part of the crisis involves the personal resources and coping abilities of the bereaved.

Here all external and internal resources (e.g. abilities to face and cope with crisis, and friends, relatives, institutions or organizations which an individual might draw upon for help in his grief) are used in coping with the survivor's perception of the event.¹¹

All of these things lead to and govern the crisis.

It is during this initial crisis period that the bereaved is establishing the type of life style which will follow in the months and years following the loss. In the

early weeks the pastor can best use his tools to help the bereaved develop a positive life style for the future.

Part of the pastor's task becomes that of finding out what the bereaved's feelings are about the suicide and to become aware of how the bereaved is reacting to this traumatic experience. Often the bereaved will have feelings of rejection, anger, and frustration. As these feelings are spoken or acted out, the pastor should not hinder the catharsis by changing the subject or preaching a sermon to the bereaved. He should encourage the bereaved to express his feelings. With this encouragement, the bereaved can feel free to discuss his grief, his resentments and his doubts. As he feels free to express himself, he will be freed from the bondage of the death, and will find new patterns of interpersonal relationship.¹²

The listening process which the pastor uses will effect his pastoral relationship. There are basically three ways in which the pastor can listen: (a) non-involvement; (b) sympathy; (c) empathy. Non-involvement listening means that the pastor will come and listen to the bereaved. But he does not give of himself to the bereaved. Actually, he retreats when the bereaved presents feelings. The bereaved does not receive any support or other aid from the non-involved listener.

Sympathy is the other side of non-involvement. The pastor will listen and feel the deep troubling sorrow of the bereaved. The danger in sympathetic listening is that

in feeling all the feelings of the bereaved, the pastor is not able to separate his feelings from the bereaved. This may result in ministering to one's own feelings instead of to the real feelings of the bereaved.¹³

Empathy is the listening technique which is between sympathy and non-involvement. "Empathy involves the minister sensing the feelings of the bereaved - and yet realizing that there is a distinction between himself and the bereaved."¹⁴ The pastor is giving while being aware of what is happening. Empathy gives him the opportunity to be with the bereaved on a feeling level and yet to intellectually stand outside of the bereavement and decide what the best course of action would be to help the bereaved. Through empathy, the pastor is able to help the bereaved with the bondage of the grief he is feeling. Also, the pastor is able to be on the lookout for any grief "booby traps" which may later cause problems.

As the pastor sits with the bereaved, the question comes up, what should I say. In his desire to help, he may start talking about the Christian life of hope. By doing this the pastor may be sincerely trying to present God's view of the situation, but he is missing the opportunity to share in a personal way the love of God for the bereaved. Sharing the love of God means meeting the human needs which are being presented at that moment. These needs are met as the pastor goes down with the bereaved into the valley of the shadow by encouraging the bereaved to deal with the sorrow.¹⁵

The Funeral

The funeral of a suicide is a difficult time for everyone who is involved. It becomes that time when for at least a brief moment people deal with their feelings about the suicide.

The pastor who is called upon to officiate at the funeral of a person who has committed suicide and to minister to the bereaved family has both an unique opportunity and a difficult task.¹⁶

He is coping with two gripping problems. First, he now repeats the examination of his own feelings and attitudes about suicide. Secondly, he has to deal with the feelings of the survivors and possibly even the feelings of the entire community.

The difficulty centers around what the pastor will say in his funeral message. Many times this problem centers around the fact "that many clergymen have not sufficiently worked through their own thoughts and feelings about suicide." There is uncertainty in their minds about what suicide theologically represents. Does it represent a sin, a sickness, or a free choice?

If it is a sin, most clergymen feel it is not necessarily unforgivable, and the question of implementing forgiveness and compassion becomes an important issue. If it is a sickness, then the responsibility seems to fall hard upon the entire community which may have failed to diagnose the sickness in time and to respond with redeeming Christian love.... If suicide represents a free choice, then the question of the limit to free choice that Christianity can endorse becomes a serious question, and the obligation upon us all to be our brother's keeper comes into direct clash with the person's desire not to be kept.¹⁷

Due to this confusion the pastor is uncertain if his attitude should be one of condemnation, forgiveness, regret or respect.

The ritual of the funeral is an important step in the grief process of the bereaved. Through the funeral the bereaved can receive aid to work through his grief so that he can come out of the grief process emotionally sound. At the funeral the bereaved is given a chance to deal realistically and in a final way with the death. There is an opportunity to mourn (publicly) one last time. In the funeral the bereaved need to receive a vision of God which will be a comfort and help to the mourners in their suffering. Through the Christian faith the bereaved find a foundation upon which to mourn. Faith is not a substitute for mourning. This faith also becomes the basis for helping the bereaved to affirm the basic assumptions about life which are shattered by the death of one so close.¹⁸ In the process of the funeral, the feelings of the bereaved must be received and accepted, rather than covered up by a superficial aestheticism.¹⁹

The primary responsibility of the pastor at the funeral is to deal with the feelings of the bereaved. It may be difficult for the bereaved to deal with their feelings at this time. Encouragement should be given to the bereaved to deal with the suicide as openly as possible. A general, but good, rule of thumb is that if openness about the suicide can be obtained, the period of adaptive grief will be easier.

The bereaved are dealing with several questions at the time of the funeral. They may be struggling with the question

of whether a person who commits suicide can ever go to heaven. Or, what will friends, relatives and society say about the suicide? What sort of stigma will be attached to the death? If the bereaved feel a lot of stigma or imagine it, they may want to try to keep the truth a secret. Keeping it a secret hinders communication with the family, friends, and relatives. (This is especially true in relating to children as was mentioned in Chapter III.) Keeping it a secret also makes it hard for those people who know, but are not to know, to help the bereaved.

Stone suggests four ways of handling the suicide funeral. Each of these ways takes into consideration the amount of openness which the bereaved has.

(1) When the cause of death has not yet been determined at the time of the funeral (some people may suspect suicide, but no one knows), it is best to handle the funeral as if you were officiating at the service of one who died suddenly of, perhaps, a heart attack.

(2) Often only a close family member, such as the widow, knows it was a suicide. The cause is covered up ("accident" or "heart attack"), probably with the cooperation of the physician. If you have been told the real cause of death, the way you choose to handle this situation must be decided contextually. Openness is very important, and I think the healthiest thing the survivor can do is to make a clean breast of it, to let friends and relatives know the truth. This is much easier than carrying around a terrible secret. However, this may be idealistic in some situations and a second choice is to let the survivor share the secret with you, and all his feelings about it.

(3) When the close family and a few friends know it was a suicide but others in the community do not, the minister should again urge the survivors to be honest with the fact that it was a suicide.... If they agree, then I believe the suicide should be mentioned somewhere within the funeral service - not to make an issue of it but to deal with the feelings that the survivors have about it.

(4) The situation in which everybody knows it was a suicide is generally easiest to handle. However, it will still be important to check out the feelings of the close survivors about mentioning the suicide in the service.²⁰

As the pastor writes his message, he should remember that this is not the time or place to condemn the bereaved for the behavior of their lives, nor is it the time for a display of the pastor's ability to read at a marathon.²¹

The funeral service is not the time to answer all the questions of the survivor or to act as an apologist for the suicide victim, though the minister cannot pretend that these questions and feelings do not exist.²²

The message is important in dealing with those people who are working through their feelings. Some things which are valuable in the sermon are

The importance of spiritual values, the problem of suffering, the resources for creative living in spite of difficulty, and the importance and validity of the emotional life.²³

The message which the pastor speaks is heard not only by the bereaved. If there is a large group (100 - 150) attending the funeral of the suicide, there may be some people listening to the pastor who have had serious suicidal thoughts and may even be actively contemplating suicide at this time. The ears of these people will be especially attentive to the words of the pastor, wondering what he has to say about suicide. These people are emotionally high and may be about to take some sort of action. The action they take may possibly be decided by the attitude of the pastor as they perceive it. "If they perceive him as being a sensitive, accepting person, who offers alternatives other than death

to perplexing problems, they may well be encouraged to approach him for help."²⁴

The Follow-up

With the funeral over, the pastor has passed through two difficult stages of the pastoral ministry to the bereaved. They are difficult because of the crisis situation which the event of suicide causes. Yet, the pastor's responsibility has not ended with the funeral. This third stage of the pastoral ministry might actually be the most difficult for pastors to do. For, after the immediate crisis--the death, the period between the death and funeral, and the funeral--is over, it is easy to get caught up in the daily routine of the parish ministry. It is the getting caught in this routine that may cause the pastor to neglect the importance of a complete ministry to the bereaved.

During the crisis period, the bereaved has had many people around him. The pastor, as he helped the bereaved, may have been responsible for the help which these friends and relatives were to the bereaved. For part of his ministry was to encourage friends and relatives to help the bereaved, by helping them deal with their fright and anxiety about the death.

When the funeral is over, the crisis period for the friends and relatives is generally ended. They tend to return to their normal routine of life. The bereaved is left alone with his feelings of grief to deal with. It is part of the pastor's task, since he is the one who has engaged in the

pastoral relationship, to help the bereaved work through this grief period and to make the necessary adjustments so that the individual can continue to properly function in relationship to himself and with others.²⁵ It is in this period that the bereaved is fighting "for recovery of a balance and new patterns of relationship, and when all the ambivalences have to be faced."²⁶ The minister can express his concern

without giving "sympathy," by helping the individual to begin facing reality and his present responsibilities, and to solve his immediate and short-range problems. Discussing alternatives (without making the decisions) and gently nudging the bereaved into action may be necessary.²⁷

The pastor in his follow-up visits should listen carefully to what the survivor says. The survivor may present himself as completely recovered, with no problems. At times, this is just an attempt to cover up the truth that the survivor is filled with fears and frustrations which long to be expressed. The pastor should encourage the expression of these fears and frustrations.

The worst thing a counselor can do is to listen passively to these feelings. If the survivor is not stimulated to express his hostility in anger and seek new structure and meaning in his life, he will only feel worse. He will feel more helpless because, although he related his feelings and may have felt a little better at first, nothing has changed and he feels even more depressed as a result.²⁸

One way of dealing with these feelings is to encourage the bereaved to talk about them. It will be helpful if the bereaved can share their feelings--especially the guilt feelings --with others. The sharing of their feelings with others has

two actions which can be helpful for the bereaved. First, if there are a lot of guilt feelings, there is a need for confession. When the pastor hears the confession, he is able to offer forgiveness to the bereaved. This type of forgiveness can be extremely crucial in expressing the love of God to the bereaved. Out of this love can result a new life for the bereaved. Secondly, there is the necessity of acceptance by others. If the pastor or a group of people will listen to the feelings of the bereaved without condemning him, then a positive growth will take place within the bereaved.

The pastoral follow-up is important for the normal grief process. The bereaved will receive the necessary support during this period to return to a healthy and productive life in the community of God and society. During the follow-up, the pastor should watch for signs of abnormal grief. When the pastor observes these signs he should attempt to get the bereaved into counseling immediately. He may do the counseling himself if he feels that he can adequately deal with the situation. If the bereaved continues to drift into the abnormal grief reactions and the pastor does not feel he is qualified to counsel the bereaved effectively, he should seek consultation or transfer the bereaved to a skilled and highly trained pastoral counselor or a psycho-therapist. "If the individual is suffering seriously from one or more of the warning signs--especially if he is exhibiting any behavior which appears psychotic--the minister should immediately seek psychiatric help."29

FOOTNOTES - CHAPTER IV

¹Russel R. Bletzer, "The Minister as Counselor," Pastoral Psychology, 8:72 (March, 1957), 30.

²Howard W. Stone, Suicide and Grief (Philadelphia: Fortress Press, 1972), p. 67.

³Wayne A. Oates, "The Funeral of a Suicide," Pastoral Psychology, 4:39 (December, 1953), 14.

⁴Edgar Newman Jackson, Understanding Grief: Its Roots, Dynamics, and Treatment (New York: Abingdon Press, 1957), p. 209.

⁵Stone, p. 66.

⁶Norman Autton, The Pastoral Care of the Bereaved (London: S.P.C.K., 1967), p. 64.

⁷Oates, pp. 16-17.

⁸Jackson, p. 144.

⁹Stone, p. 71.

¹⁰Stone, p. 128.

¹¹Ibid., p. 67.

¹²Bachmann, p. 24.

¹³Stone, p. 66.

¹⁴Ibid., p. 67.

¹⁵Autton, p. 66.

¹⁶Oates, p. 14.

¹⁷Paul W. Pretzel, Understanding and Counseling the Suicidal Person (New York: Abingdon, 1972), p. 161.

¹⁸Stone, p. 79.

¹⁹Jackson, p. 223.

²⁰Stone, pp. 85-86.

²¹Jackson, p. 221.

²²Stone, p. 77.

²³Jackson, p. 220.

²⁴Pretzel, p. 164.

²⁵Jackson, p. 149.

²⁶C. Backmann, Ministering to the Grief Sufferer
(Englewood-Cliffs, N.J.: Prentice-Hall, 1964), p. 26.

²⁷Stone, p. 72.

²⁸Ibid., p. 88.

²⁹Ibid., p. 98.

CHAPTER V

FURTHER STUDY

The pastor can play an important role in the life of the suicide bereaved if he is aware of the dynamics which are going on. Since each individual will react to the suicide in a different way, the message of love and concern which the pastor brings to the spouse, the parent, or the child will help them live through the grief period. A successful trip through the grief period will mean a growth which will result in a more mature individual both spiritually and emotionally to meet the events of the future.

This study, like the books by Cain, Stone and Pretzel mentioned in the introduction, is only the beginning of study in this area. Further research in relation to suicide could be done to better equip the parish pastor to work with this type of situation. Study of the type of counseling which the pastor could use with the bereaved, especially the abnormal grief reactor, is needed. Stone mentions three methods of counseling with the grief sufferer: authoritarian, non-directive, and the "ABC" method (a crisis method). Along the line of counseling, studies are needed which will explain for the pastor the procedures for referral of the bereaved to another professional. Who should the pastor refer to? What relationship does the pastor

maintain after the referral? These are only a couple of questions which could be considered.

Chapter IV mentions the difficulty the pastor has because he has not thought through his attitude about suicide. Studies which compare the church's attitude toward suicide and the modern psychological approach would help the pastor in his struggle to become aware of his own attitudes. In the same line, religious ideation of people and how it effects their dealing with suicide is needed. These types of studies would help the pastor in better helping those who lose a loved one by suicide.

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