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TOWARDS AN UNDERSTANDING OF  
AND PASTORAL APPROACH TO THE POTENTIAL SUICIDE

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A Research Paper Presented to the Faculty  
of Concordia Seminary, St. Louis,  
Department of Practical Theology  
in partial fulfillment of the  
requirements of P-505

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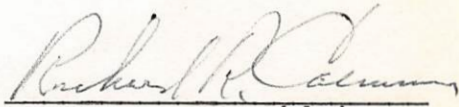
by

Allan H. Bruck

November 1966

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Approved by:

  
Advisor

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## CHAPTER I

### INTRODUCTION

In "A Review of Suicide Prevention Centers in the United States," Milo F. Benningfield states that

suicide is a growing menace, no respecter of persons, affecting communities, dissolving families, and destroying valuable and precious individuals. But suicide is a menace which can be successfully combatted and, hopefully, eradicated in the future.<sup>1</sup>

That suicide is such a destructive force in the lives of men is reason enough to undertake a serious study of this problem. For the pastor, however, there is a more impelling reason for such study: in his pastoral ministry, the clergyman will be confronted by the potential suicide and will be forced to influence his course of action, either for the better or for the worse. This paper would serve as an introduction to the problem of suicide, and, hopefully, as a motivation for further pastoral study.

This study is not to be understood as definitive in any way. Many important aspects of the problem of suicide will not be covered and other aspects will be given only brief attention. For example, the historical arguments against and in favor of suicide will not be treated.<sup>2</sup> The attention given to the sociological and psychological understandings of suicide is brief, taking only representative views from each discipline. The major attention

of this paper is directed to the recognition of indications of suicidal intent and to the pastoral counseling of the potential suicide.

The word "suicide" can be used with several meanings.

Earl A. Grollman states:

In addition to the actual suicidal act, there are also other methods by which human beings destroy themselves through various chronic and indirect forms to the postulate that their life be shortened and abbreviated.<sup>3</sup>

In Man Against Himself, Karl A. Menninger presents four meanings of the term suicide:

a) the ordinary accepted usage of the term, "the sudden, acute manifestations of self-destruction represented by the act of suicide"<sup>4</sup>;

b) chronic suicide, "those forms of self-destruction in which the individual commits slow suicide."<sup>5</sup> Menninger includes asceticism, alcoholic addiction, neurotic invalidism, "chronic bad luck," and forms of anti-social behavior in this category;

c) focal suicide, in which self-destructive activity is concentrated upon the body. Included in this category are "self-mutilation, malingering, compulsive polysurgery, certain unconsciously purposive accidents resulting in local injury, and sexual impotence"<sup>6</sup>;

d) self-destruction through physical disease.

It is the first and limited sense of the word in which "suicide" is used in this paper.

Chapter Two presents the problem of suicide as it

confronts us: statistics are used to emphasize the prevalence of suicide and potential suicide; the problem of the "taboo" surrounding suicide is presented; and, the need for pastoral understanding is discussed.

Chapter Three focuses upon understanding suicide. To this end, the sociological and psychological approaches to suicide, as typified by Durkheim and Menninger, will be presented; and, generalizations concerning the suicidal person made.

The Fourth Chapter serves to introduce the reader to the ways in which the potential suicide can be recognized. First, popular misconceptions are exposed; secondly, positive indications of suicidal inclinations are listed.

The pastoral approach to counseling the potential suicide is presented in Chapter Five. Using the Christian understanding of the value of life as the basis, the function of the pastor is discussed in both the indirect or general approach throughout his ministry and the direct approach when confronted by the potential suicide.

The Sixth Chapter serves as a summary of the paper.

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<sup>1</sup>Milo F. Benningfield, "A Review of Suicide Prevention Centers in the United States," Pastoral Psychology, XVI (January 1966), 44.

<sup>2</sup>An interesting treatment of this aspect is found in: Samuel E. Sproutt, The English Debate on Suicide from Donne to Hume (La Salle, Illinois: Open Court Publishing Company, 1961).

<sup>3</sup>Earl A. Grollman, "Pastoral Counseling of the Potential Suicidal Person," Pastoral Psychology, XVI (January 1966), 46.

<sup>4</sup>Karl A. Menninger, Man Against Himself (New York: Harcourt, Brace and Company, 1938), 77.

<sup>5</sup>Ibid.

<sup>6</sup>Ibid., 201.

## CHAPTER II

### THE PROBLEM OF SUICIDE AND ATTEMPTED SUICIDE

#### Statistics of Suicide and Attempted Suicide

Accurate figures of suicide and attempted suicide are difficult to ascertain because of the "taboo" associated with suicide.<sup>1</sup> However, various attempts have been made to arrive at a reasonably accurate number. Using statistics furnished by the United States Department of Health, Education and Welfare, The World Almanac 1966 reports that 20,588 deaths in the United States were officially listed as suicide in 1964.<sup>2</sup> It must be remembered that this figure is based on reported suicides and does not include deaths which were actually suicide but reported under other types of death. Even this conservative figure is more than twice that of reported homicides. Bennett writes

Many suicides are not reported or pass as accidental death. . . . Automobile accidents include a number of suicides or suicidal attempts. Families succeed in hiding a number of genuine suicides. . . . In many of the cases in which death occurs, weeks or months after suicidal attempt, the death is not recorded as suicide.<sup>3</sup>

Delmar Stalter writes that "'hidden suicides' may reach the startling estimate of 100,000."<sup>4</sup> To emphasize the seriousness of the situation, Seward Hiltner resorts to a comparison with a familiar subject to clergymen. Using the estimate



that suicide occurs in the United States every twenty-five minutes, he writes: "It may be a bit of news if one person killed himself just before your sermon began, and another, as you were closing."<sup>5</sup> Although this comparison may imply a false correlation between the pastor's sermon and the commission of suicide, it does effectively emphasize the severity of the suicide problem.

Determining accurate figures for actual suicide is difficult; determining accurate figures for attempted suicide is even more difficult, if not impossible. Attempts to do so have been made, however, and the results of these attempts show a wide divergence. Bonnell writes that

in addition to the successful suicides, there are at least twice and, according to some authorities, three times that number of attempted suicides . . . .<sup>6</sup>

Stalter increases this estimate when he writes that "attempted suicide, according to current estimates, is occurring every four minutes and possibly oftener."<sup>7</sup> This would total to over 131,000 attempted suicides per year in the United States. Menninger increases this figure: "Once every minute, or even more often, someone in the United States either kills himself or tries to kill himself with conscious intent."<sup>8</sup> Shneidman and Farberow estimate that in 1957 approximately 6,000 persons attempted suicide in Los Angeles County alone, and they consider this estimate to be an "undoubtedly conservative figure . . . ." <sup>9</sup>

Whether one accepts the conservative estimates or the

larger figures, he must realize that "suicide is a major mental health problem in our country"<sup>10</sup> and deserves more attention than has been given. Indeed, as Farberow, Shneidman, and Litman write,

Considering the magnitude and seriousness of suicide as a public health problem, it is remarkable how little organized work has been done to further the basic understanding and prevention of suicide.<sup>11</sup>

### The "Taboo" of Suicide

Much of the neglect in serious study of suicide can be traced to what Menninger refers to as "taboo":

There are certain subjects concerning which we speak often in jest, as if to forestall the necessity of ever discussing them seriously. Suicide is one of them. So great is the taboo on suicide that some people will not say the word, some newspapers will not print accounts of it, and even scientists have avoided it as a subject for research.<sup>12</sup>

He further writes,

There are novels, plays, and legends galore which involve suicide--suicide in fantasy. But there is a surprisingly small scientific literature dealing with it. This, I think, is only another evidence of the taboo which is associated with the subject--a taboo related to strongly repressed emotions. People do not like to think seriously and factually about suicide.<sup>13</sup>

Although more attention has been focused upon suicide since these words were written, this taboo still remains with us today to a large extent. Comparatively few scientific books have been written on the subject; this writer was unable to find one such book written from the pastoral viewpoint.

The families of a suicide show this influence of taboo. Wayne Oates writes, "I have served families who carefully concealed the cause of death with deceptions and deliberate camouflage."<sup>14</sup> People still treat the subject of suicide with jest or refuse to discuss "such a morbid subject." Pastors often approach suicide with the attitude of taboo, either refusing to take it seriously or expressing extreme abhorrence at the mere mention of the word. Grollman writes

many pastors regard suicide with the same feelings as they do alcoholism: with prejudice, arrogance, and even fanaticism, often based on misinformation. Their reaction may range from indifference and apathy: 'It's very clear to me; you're just making those threats to gain attention'--to the other end of the spectrum where the clergyman may exhort and sermonize: 'You can't do that! It's against God and the Faith!'<sup>15</sup>

Both types of reaction indicate the influence of taboo, wherein the pastor cannot face suicide seriously and factually.

### The Need for Serious Consideration of Suicide by the Pastor

The destructive menace presented by suicide, the prevalence of suicide in our culture, and previous neglect in this area leads to the conclusion that there is a serious need for thoughtful consideration of suicide today. This need is especially true in regard to the pastor, for in his parish ministry he will be confronted by the potential sui-

cide and will affect the course followed by the suicidal person, either positively or negatively. Edward V. Stein writes

The pastor plays a unique role as a preventing and helping agent in the matter of suicide. It has been well established that, in the United States, the pastor is the first one that most people go to for help in emotional crises.<sup>16</sup>

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<sup>1</sup>Infra, pp. 7-8.

<sup>2</sup>The World Almanac 1966 and Book of Facts. Edited by Luman H. Long (New York: New York World Telegram and The Sun, 1966), 299.

<sup>3</sup>A. E. Bennett, "Suggestions for Suicide Prevention," in Clues To Suicide, edited by Edwin S. Shneidman and Norman L. Farberow (New York: McGraw Hill Book Company, Inc., 1957), 187.

<sup>4</sup>Delmar Stalter, "We Can Do Something about Suicide," Christianity Today; V (July 18, 1960), 851.

<sup>5</sup>Seward Hiltner, "The Pastor and Suicide Prevention: An Editorial," Pastoral Psychology, XVI (January 1966), 28.

<sup>6</sup>John Sutherland Bonnell, "The Ultimate in Escape," Pastoral Psychology, IX (February 1958), 21.

<sup>7</sup>Stalter, p. 851.

<sup>8</sup>Karl A. Menninger, "Forward," in Clues to Suicide, p. vii.

<sup>9</sup>Edwin S. Shneidman and Norman L. Farberow, "Statistical Comparisons between Attempted and Committed Suicides," in The Cry for Help, edited by Edwin S. Shneidman and Norman L. Farberow (New York: McGraw-Hill Book Company, Inc., 1961), 24.

<sup>10</sup>Robert H. Felix, "Foreward," in The Cry for Help, p. ix.

<sup>11</sup>Edwin S. Shneidman, Norman L. Farberow, and Robert E. Litman, "The Suicide Prevention Center," in The Cry for Help, p. 6.

<sup>12</sup>Karl A. Menninger, Man Against Himself (New York:

Harcourt, Brace, and World, Inc., 1938), 13.

<sup>13</sup>Ibid., 13-14.

<sup>14</sup>Wayne E. Oates, "The Funeral of a Suicide," Pastoral Psychology, IV (December 1953), 16.

<sup>15</sup>Earl A. Grollman, "Pastoral Counseling of the Potential Suicidal Person," Pastoral Psychology, XVI (January 1966), 46.

<sup>16</sup>Edward V. Stein, "The Clergyman's Role with the Suicidal Person," The Journal of Pastoral Care, XIX (Summer 1965), 76.

## CHAPTER III

### A SOCIOLOGICAL AND A PSYCHOLOGICAL UNDERSTANDING OF SUICIDE

The following two sections are not to be regarded as a comprehensive treatment of the sociological approach and the psychological approach to understanding the suicide. Rather, two men have been selected from each school as examples of the understanding of suicide in their respective disciplines. Both Durkheim and Menninger are pioneers in the field of scientific study of suicide.

#### A Sociological Understanding of Suicide

Durkheim approaches suicide with the belief that the explanation of suicide must be found in social causes. He writes in Suicide

We have in fact shown [in previous discussion] that for each social group there is a specific tendency to suicide explained neither by the organic-psychic constitution of individuals nor the nature of the physical environment. Consequently, by elimination, it must necessarily depend upon social causes and be in itself a collective phenomenon.<sup>1</sup>

In this same book, Durkheim establishes three categories of suicide: egoistic, altruistic, and anomic suicide.

George Simpson describes the egoistic suicide:

From a study of religious affiliation, marriage and the family, and political and national

communities, Durkheim is led to the first of his three categories of suicide: namely, egoistic suicide, which results from lack of integration of the individual into society. The stronger the forces throwing the individual onto his own resources, the greater the suicide-rate in the society in which this occurs. . . .

Egoistic suicide is also to be seen, according to Durkheim, where there is slight integration of the individual into family life.<sup>2</sup>

In considering the second category of suicide, altruistic, Simpson writes

Having established the variation of the suicide-rate with the degree of integration of social groups, Durkheim is led to consider the fact of suicide in social groups where there is comparatively great integration of the individual, as in lower societies. Here where the individual's life is rigorously governed by custom and habit, suicide is what he calls altruistic; that is, it results from the individual's taking his own life because of higher commandments, either those of religious sacrifice or unthinking political allegiance.<sup>3</sup>

Concerning both of these categories, Simpson maintains that they

may be considered to be symptomatic of the way in which the individual is structured into the society; in the first case, inadequately; in the second case, over-adequately.<sup>3 4</sup>

The third form of suicide, anomic suicide,

results from lack of regulation of the individual by society. This he [Durkheim] calls anomic suicide, and is in a chronic state in the modern economy. The individual's needs and their satisfaction have been regulated by society; the common beliefs and practices he has learned make him the embodiment of what Durkheim calls the collective conscience. When this regulation of the individual is upset so that his horizon is broadened beyond what he can endure, or contrariwise contracted unduly, conditions for anomic suicide tend toward a maximum.<sup>5</sup>

Durkheim maintains that only after the three aetiological types of suicide have been established is it possible to describe the individual behavior-patterns of those exemplifying these types.<sup>6</sup>

This basic sociological analysis by Durkheim has been altered, modified, and revised by his successors. As an example of such modification, Barclay D. Johnson can be cited:

I have constructed a simpler formulation of Durkheim's theory, first by eliminating altruism and fatalism from the range of relevant phenomena, then by showing that egoism and anomie are identical. My final reformulation of the theory can be stated as follows: The more integrated (regulated) a society, group, or social condition is, the lower its suicide rate.<sup>7</sup>

Even though Johnson modifies Durkheim's theory, nevertheless he writes: "Durkheim's theory of suicide is among the few approximations to a scientific law that our discipline has found."<sup>8</sup> Leon Salzman, in a review of Durkheim's Suicide, A Study in Sociology, states that

Although his [Durkheim's] classification of suicide as either egoistic, altruistic, or anomic would be considered inadequate today, it does encompass the significant relationships of man to his society.<sup>9</sup>

Because Durkheim's theory "does encompass the significant relationships of man to his society," his work was chosen as a representative example of the sociological approach to the understanding of suicide.



## A Psychological Understanding of Suicide

Karl A. Menninger, as a representative of the psychological approach to the understanding of suicide, "is probably the best-known protagonist of Freud's proposal of a death instinct."<sup>10</sup> In treating this concept, Menninger writes;

According to this concept, there exists from the beginning in all of us strong propensities toward self-destruction and these come to fruition as actual suicide only in exceptional cases where many circumstances and factors combine to make it possible.<sup>11</sup>

In conflict with this death instinct there is a life-instinct, which is non-rational and beyond voluntary control. These two instincts

are in constant conflict and interaction just as are similar forces in physics, chemistry, and biology. To create and destroy, to build up and to tear down, these are the anabolism and (katabolism of the personality, no less than of the cells and the corpuscles--the two directions in which the same energies exert themselves.<sup>12</sup>

When

in those instances in which the self-destructive impulses [death instinct] too far precede or exceed the neutralizing constructive impulses [life instinct], the result is that dramatic example of immediate self-destruction known as suicide.<sup>13</sup>

Menninger points to three components in the suicidal act: the wish to kill, the wish to be killed, and the wish to die. Concerning the wish to kill he writes

The man who kills himself has, after all, killed something and to that extent, by prima facie evidence, must have been dominated by an impulse--in psychological terms, a wish--to kill.<sup>14</sup>

The wish to be killed is the obverse of the killing motive. Menninger states that "being killed is the extreme form of submission just as killing is the extreme form of aggression."<sup>15</sup> Concerning the third factor, Menninger believes

there is evidence that some of the original primary self-directed aggressiveness, the wish to die, joins hands with the more sophisticated motives and adds to the total vectorial force which impels the precipitate self-destruction.<sup>16</sup>

This understanding of suicide has also been modified, altered, and extended by more recent studies in the psychological aspects of suicide. However, it does serve its purpose in pointing to the main tenet of the psychological approach to suicide; namely, that the basis for such action on the part of the individual lies within the individual himself.

### Some Generalizations

#### Concerning the Approach to Suicide

Various approaches have been made to the study of suicide, within the disciplines of sociology and psychology and without. It is evident that no one factor, be it sociological or psychological, can be fixed as the cause of suicide. Rather, a combination of both the sociological and psychological aspects must be viewed as working together, along with cultural, ecologic, and many other factors.<sup>17</sup> As Seward Hiltner maintains, "the individual motives for suicide, attempted suicide, and suicide fantasy, are complex

and rarely obvious."<sup>18</sup> Perhaps the general thesis which Hiltner presents serves as an adequate generalization:

suicide is a discrepancy phenomenon--I am tempted to call it an 'extreme discrepancy disorder.' That is, suicide occurs when the discrepancy between what one suspects he (or his situation) is, and what he believes he (or his situation) must be, is felt as extreme and unbridgeable.<sup>19</sup>

This generalization includes psychological motivation (the "he" in the quotation) and also cultural, ecological, and sociological motivations (the "his situation" in the above quotation).

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<sup>1</sup>Emile Durkheim, Suicide, A Study in Sociology, translated by John A. Spaulding and George Simpson (New York: The Free Press, 1961), 145.

<sup>2</sup>George Simpson, "Editor's Introduction," in Suicide, A Study in Sociology, 14.

<sup>3</sup>Ibid., pp. 14-15.

<sup>4</sup>Ibid., p. 15.

<sup>5</sup>Ibid.

<sup>6</sup>Ibid.

<sup>7</sup>Barclay D. Johnson, "Durkheim's One Cause of Suicide," American Sociological Review, XX (December 1965), 886.

<sup>8</sup>Ibid.

<sup>9</sup>Leon Salzman, "A Review of Suicide, A Study in Sociology," Journal of Pastoral Care, VIII (Spring 1954), 44.

<sup>10</sup>Don D. Jackson, "Theories of Suicide," in Clues to Suicide, edited by Edwin S. Shneidman and Norman L. Farberow (New York: McGraw-Hill Book Company, Inc., 1957), 13.

<sup>11</sup>Karl A. Menninger, Man Against Himself (New York: Harcourt, Brace, and World, Inc., 1938), 6.

<sup>12</sup>Ibid.

<sup>13</sup>Ibid., p. 72.

<sup>14</sup>Ibid., p. 45.

<sup>15</sup>Ibid.

<sup>16</sup>Ibid., p. 72.

<sup>17</sup>Edwin S. Shneidman and Norman L. Farberow, editors, Clues to Suicide (New York: McGraw Hill Book Company, Inc., 1938), 3.

<sup>18</sup>Seward Hiltner, "Suicidal Reflections," Pastoral Psychology, IV (December 1953), 40.

<sup>19</sup>Ibid., p. 35.

## CHAPTER IV

### RECOGNIZING THE POTENTIAL SUICIDE

The ability to recognize the signs given by a suicidal person is as important as understanding the motivations underlying these signs. The biggest obstacles to such recognition are the many false ideas concerning suicide which many people hold. For that reason, the first section of this chapter serves to uncover the "myths" of suicide. In the second section, positive indications of suicidal intent are listed.

#### The Mythology of Suicide

Many commonly shared ideas concerning suicide, assumed to be "facts" by those who hold them, are, in reality, false. Farberow, Shneidman, and Litman write

Taken together, these misconceptions constitute the folklore or mythology of suicide, and it is especially important to dispel these because erroneous beliefs about suicide can have extremely serious consequences.<sup>1</sup>

Perhaps the most common myth is the idea that "the person who talks about suicide won't do it." Concerning this false idea, Herbert M. Hendin states

It might be well to begin by dealing with a few of the popular misconceptions that exist with regard to suicide. One of the oldest,

which is unfortunately dying too slow a death, is the notion that people who talk about suicide don't actually kill themselves--a kind of extension of the 'barking dog doesn't bite' idea into an area where it can be tragic in its results.<sup>2</sup>

In fact, when a person does talk about committing suicide, he is giving a good indication that he well might. Oates writes: "The most obvious sign of a possible suicide is the verbalized threat on the part of the person."<sup>3</sup> This is especially true "if the person also shows definite signs of depression along with these threats."<sup>4</sup>

A second popular but false idea is that "suicide happens without any warning." Farberow, Shneidman, and Litman write:

One of the most important results of our own studies and of others . . . is that the suicidal act generally does not occur suddenly without warning beforehand but rather that the suicidal person has given many clues, warnings, and indications of his intentions.<sup>5</sup>

They list several other false conceptions concerning suicide; included among these are

[3] Improvement after a suicidal crisis means that the suicide risk is over. Our investigations have shown that almost half the persons who were in a suicidal crisis and subsequently committed suicide did so within 90 days of having passed the emotional crisis and after they had seemed to be on the way to recovery.

[4] Suicide and depression are synonymous. The statement 'I can't understand his doing this, he didn't act like he was unhappy' points to the commonly mistaken belief that suicide occurs only when depression is present. . . . There are other roads to suicide than the avenue of depression. Depression, however, does remain the best single indication of the potential suicide.

[5] All suicidal persons are insane. . . . The majority of persons who commit suicide are tor-

mented and ambivalent; i. e., they are neurotic or have a character disorder, but are not insane. It is circular reasoning to say that suicide is an insane act, and therefore all suicidal persons are insane.

[6] Suicide is a single disease. It becomes almost immediately apparent that suicide is expressed in various forms and shapes. . . . If we view suicide as the ultimate self-destruction, it becomes possible to see this can occur in many degrees, with different meanings, with multitudinous motivations, with various degrees of lethal intent.

[7] Suicide can be controlled by legislation. Authorities point out that legislation against suicide may have two opposite effects: a person may make a more serious attempt so that he will really kill himself and not fall within the clutches of the law; or persons who have made unsuccessful suicide attempts may be discouraged from seeking proper treatment, with the result that there is again an increase in actual number of suicides.

[8] The tendency to suicide is inherited. There is no clear evidence that suicide is inherited.

[9] Suicide is 'the curse of the poor' or 'the disease of the rich.' . . . controlled studies . . . indicate that almost all strata contribute their prorata share to the over-all suicide rate.<sup>6</sup>

All of these ideas belong to the myth of suicide and should be eliminated by re-education of the public. Hendin writes,

such re-education is very necessary, since cutting down the number of suicides, like cutting down the death rate due to cancer, can be achieved only when an intelligent and informed public is conscious of the problem.<sup>7</sup>

Positive Indications  
of Suicidal Inclinations

John Sutherland Bonnell lists seventeen danger signals

which serve to indicate an inclination to suicide. These seventeen signals are a comprehensive overview of positive indications of possible suicide attempt. He writes,

To sum up, here are seventeen conditions that may indicate an inclination toward suicide. Obviously any one condition must become highly exaggerated or several conditions must cooperate together before the suicidal urge becomes dangerous:

1. When persons find themselves in situations with seemingly no solution.
2. Persons suffering from periodic depressions or severe middle-age depression are potential suicides.
3. Persons suffering from apparently incurable mental or physical illness.
4. Persons unable to give or receive love, who feel that they are not needed and not loved.
5. Persons who have lost the faith that once was theirs and now feel that life is without meaning or purpose.
6. Persons who are blocked and frustrated in life through their inability to get along with other people, including members of their own family.
7. Persons suffering from sudden financial or business loss and who feel it is impossible to recoup their fortune and are brooding over this fact.
8. Persons suffering from alternating depression and elation with extensive intervals of moodiness.
9. Persons preoccupied with suicide and making frequent mention of it as a possible way out.
10. Persons who are given to long periods of brooding over the injustices of life, with expressions of rage against persons who have injured them. Special alertness is demanded if there are signs of the rage turning inward on the suffering individual.
11. Persons who indulge a great deal in self-reproach, who belittle themselves and feel they are a failure in life.
12. Persons who manifest deep feelings of guilt and who, in great or little ways, are punishing themselves for wrongs that they have done.
13. Persons who are brooding about a disgrace that has come to themselves or their families, who take it greatly to heart and are depressed over it.



14. Persons, especially fathers of families that are in great difficulty financially and who carry considerable insurance. Watch for any tendency to use suicide as a solution of the family's financial needs.

15. Persons in a suicidal mood for some days should be especially watched if a calm, relaxed period follows. That may mean that the final decision has been made.

16. Persons who cannot express a deep grief for a husband, wife, other relative, or a dear friend, when the depressed mood and unrelieved grief continues.

17. Persons emotionally upset and full of resentments who are looking for a way to get revenge on members of their own family, employers, or other persons . . . .<sup>8</sup>

The importance of knowing these "danger signals" of suicide will be related to the pastoral ministry in the next chapter.<sup>9</sup> At this point, the comment of Hendin<sup>10</sup> pertaining to re-education of people is also pertinent, for unless an intelligent public is conscious of these positive indications of suicidal inclination, little can be done to lower the death rate due to suicide.

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<sup>1</sup>Edwin S. Shneidman, Norman L. Farberow, and Robert E. Litman, "The Suicide Prevention Center," in The Cry for Help, edited by Shneidman and Farberow (New York: McGraw-Hill Book Company, Inc., 1961), 35.

<sup>2</sup>Herbert M. Hendin, "What the Pastor Ought to Know about Suicide," Pastoral Psychology, IV (December 1953), 41.

<sup>3</sup>Wayne E. Oates, "The Funeral of A Suicide," Pastoral Psychology, IV (December 1953), 14.

<sup>4</sup>Ibid.

<sup>5</sup>Edwin S. Shneidman, et. al., The Cry for Help, p. 36.

<sup>6</sup>Ibid., pp. 36-38.

<sup>7</sup>Hendin, p. 42.

<sup>8</sup>John Sutherland Bonnell, "The Ultimate in Escape," Pastoral Psychology, IX (February 1958), 26-27.

<sup>9</sup>Infra, p. 27.

<sup>10</sup>Supra, p. 20.

## CHAPTER V

### TOWARDS A CHRISTIAN APPROACH TO SUICIDE

This chapter maintains that the Christian approach to suicide must of necessity be one of prevention. After establishing the theological basis for such an attitude, the function of the pastor in implementing such an approach is outlined. This pastoral function is divided into four areas: (a) the pastoral function in the general ministry to the Church; (b) the pastoral function in the specific ministry to the suicidal person; (c) the pastoral function in equipping the saints for ministry to the suicidal person; (d) the pastoral function as a referral agency. Although this chapter approaches suicide from a pastoral viewpoint, the entire Christian community is to be involved in the prevention of suicide.

#### The Theological Basis

#### for a Christian Approach to Suicide

Though Scripture does not explicitly prohibit suicide, suicide is implicitly forbidden by the Fifth Commandment. However, a better basis for the prohibition of suicide is found in the Scriptural teaching that God is the Creator of man' life and only He has the authority to terminate it.<sup>1</sup> Man indeed possesses the freedom and the ability to terminate

his life, but he does not have the right. Bretscher gives a brief historical overview of the Christian attitude toward suicide:

The traditional Christian teaching regarding suicide may be traced to Augustine who discusses it at considerable length (De Civitate Dei, I, 16-27) and to Aquinas (Summa Theologica, II-II, Q. 64, Art. 5). According to them man receives his life from God with the right of use (usus) but not of lordship (dominum). Also Luther condemned suicide attributing it oftentimes to the devil, though here and there he expresses a more tolerant view (WAT, I, 222; V, 6089). Orthodox Lutheran theologians also held to the traditional view . . . . For them suicide was a violation of divine law, a crime against nature, and against moral and civil laws.<sup>2</sup>

He further states:

The Christian church has always regarded suicide as a grievous sin on the ground that every suicide is a direct interference with and a thwarting of God's design which he has for every human life, and a violation of the Fifth Commandment (especially Augustine).<sup>3</sup>

Bunzel adds to this statement when she writes:

The arguments against suicide are deeply rooted in such doctrines as the sacredness of life, the duty of submission to God's will, the positive value of suffering and the impossibility of expiating a sin committed at the moment of death.<sup>4</sup>

The Jewish attitude towards suicide is basically the same as that of the Christian.<sup>5</sup>

This writer concurs with the Scriptural view and the historical interpretation concerning suicide (with the exception of Bunzel's final point of expiating sin). This position is taken not to stand in judgment of those who do commit suicide, but as the motivating factor for the preventive approach to suicide.

The Pastoral Function  
in the General Ministry to the Church

Much can be done by the pastor to prevent suicide in an indirect manner (i.e., through his general ministry to the congregation). The mere fact that he is a clergyman serves to strengthen his role in this area. Stein comments,

Never minimize the fact that you are a constant symbol of hope in all the world. . . . we all have what I call 'pointer value'. We point beyond ourselves to Him who alone makes of the world a home.<sup>6</sup>

In this regard, it is necessary that the pastor himself be firmly grounded in his faith. Bonnell writes

I am convinced that no other consideration offers so powerful a reason for believing that life has worth and meaning as faith in a God who is not merely an object of belief but also a Reality to be experienced, who is not only Creator of the boundless universe but also a Friend beside us on life's perplexing pathway . . . .<sup>7</sup>

If we are to effectively communicate the message that in Christ Jesus each of us is important to God, we must ourselves first believe this to be true.

The pastor can be an effective voice of prevention in his preaching. Stein writes

Our preaching lifts the eyes of threatened men to the possibility of a new perspective. Not always though. Religion, as Robert Fulton reminds us, may be 'functional and supportive, or it may be dysfunctional.' The pastor who regales his parishioners with endless analyses of the world's evils, without some kind of 'equal time' for God's possible solutions may contribute to despair. What the suicidal person is often pervaded by is a sense of worthlessness, emptiness, guilt, depression and loss of all self-esteem. When the minister affirms a God of love, accepting, forgiving and suggesting ways to a co-creativity in his world, he may reinforce flickering flames of hope.<sup>8</sup>

This emphasis of Stein's is also the stress of homiletical classes--to "let the Gospel come through," to preach the "means" as effectively as the "malady." It strikes to the heart of Christian doctrine, the right distinction and use of the law and Gospel. Through preaching "balanced" sermons the pastor can be an effective positive force in the prevention of suicide. Stein continues:

I don't want to overemphasize preaching. It is often the least effective way of getting at such problems after they have reached a crisis point, though it has great preventive power when imaginatively done.<sup>9</sup>

Stein sees the sacraments and ritual of the Church as aids in this area:

Many of us minimize the non-rational elements of our ministry. But the symbolic depths of ritual, of sacraments of water, bread and wine may carry messages of love and hope to the unconscious through the most primitive nerve channels of our being, where sermons and only words may never reach.<sup>10</sup>

Although Stein emphasizes the "psychological" aspects of ritual and sacrament, when a proper theology of the means of grace is held this aspect takes on even greater meaning, as God's visible means of offering forgiveness and of assuring man that he is acceptable before God.

In his pastoral ministry, the clergyman must know his people if he is to be effective. The only way in which a pastor can recognize the "danger signals" mentioned above is by a close relationship with the members of his parish.

Stein writes:

Stay close to and know your people. The man

whose relationships go beyond the Sunday after-sermon handshake is going to have a unique opportunity to help foretell many tragedies. This will not happen, though, unless through calling, close contact in work, group life, and counseling one is involved with his people.<sup>11</sup>

Only through such contact with his people can the pastor effectively serve in this area. Wayne Oates states:

By all means the minister's most valuable function as a counselor is to detect signs of the suicidal intent before they become full-grown.<sup>12</sup>

Only through personal knowledge of his people can the pastor fulfill this "most valuable function."

Correlated with this role and proceeding from it is the fact that the pastor "should watch for special stress situations that often set the stage for suicidal impulses."<sup>13</sup> It does little good if the pastor knows his people and knows the "danger signals" of suicide unless he integrates this knowledge into his working ministry.

### The Function of the Pastor

#### in His Specific Ministry to the Suicidal Person

In counseling the potential suicide,

the clergyman should never underestimate the help he can give on the spot and even later in conjunction with a psychologist and other professionals. For the minister, by virtue of his office, in his symbolic role can influence the behavior of even a violently irrational person. He is in the strategic position to exercise authority as a religious counselor, and even a parent substitute. The pastor's powers are often judged to be almost as those of the 'Father in Heaven'; and as the exponent of the eternal

mysteries of God, he might help the individual to be guided through the pains and hurts of life. He works not with mechanical tools, but with spiritual instruments that operate in the cure of souls.

Our reaction to the plea of a suicide-inclined person may determine the course of action he follows. Kobler and Stotland write:

Our conception views suicidal intent as efforts, however misdirected, to solve problems of living, as frantic pleas for help and hope from other people: help in solving the problems and hope that they can be solved. Whether the individual then actually commits suicide . . . seems to depend in large part on the nature of the response by other people to his plea. If the response to the plea is hopeless and helpless, suicide is more likely to occur. It is our conviction that an implicit or explicit fear or expectation of suicide is most often communicated by a hopeless, helpless response and that this communication is important in facilitating suicide.<sup>15</sup>

Stein comments upon this:

The authors point out that people considering suicide and giving a cry for help feel a low self-esteem and are very persuasable. Therefore, when their threats or cries for help get a helpless or fearful response, they then pick up this signal as a reinforcement of despair. They accept death as a negative goal and abandon themselves to it.<sup>16</sup>

What type of response, then, should the pastor give when confronted by the potential suicide? Stein would answer a firm, positive, and active response showing concern and sympathy.<sup>17</sup> He proceeds to list ten practical procedures for attaining this goal:

1. Be emphatic, let him know you sense his feeling. Be strong. Be aggressive and firm and let the person know that you can help him. Don't make exaggerated promises about how you will do this or imply that you are a great psychiatrist or something, but don't be reticent about the



~~the~~ fact that you can help in positive ways. Give him the message (because he is crying for help): 'Yes. I hear you. There is help for you. I can help. Let's talk.' Make an immediate appointment to meet.<sup>18</sup>

This positive reaction on the part of the pastor serves to counteract any idea that the potential suicide's position is helpless and hopeless.

2. If it is a phone conversation, try without forcing it or pushing too hard to get information such as name, address, and phone so that you may call back if need be or summon help if necessary.<sup>19</sup>

The purpose of this procedure is evident: if the person does decide to commit suicide, the pastor must be able to locate this person and summon the necessary help to prevent this act.

3. When the party comes in, or you get a chance to talk at any length, one danger a minister has to avoid is that of trying to heap on encouragement too soon. Let the person express his feelings.

4. In other words, deal with the anger, crying, explosiveness first. Give him a chance to unload, to pull out his emotional plug. If you try to heap on encouragement or hand out spiritual placebos before this happens, he probably won't hear you anyway; . . .<sup>20</sup>

Concerning this point, Hiltner says that

a genuine understanding of the depth of the would-be suicide's feelings is likely to be very much more valuable than attempts at verbal reassurance. For understanding can suggest that the discrepancy is in some way potentially bridgeable. Verbal reassurance may be like the sunny June skies which contrast so forcefully with the blackness within.<sup>21</sup>

Stein continues:

5. It may help to describe their feelings . . . .  
6. A very important point here: don't be anxious about the outcome yourself or think about the

end. . . . Focus on the feelings here and now, the present pain. Let them know everyone has such feelings now and then. It is not wrong to have feelings. What you do with them is what matters.

7. After a release of feeling, of pain, has occurred, after the person begins to show some sign of relaxing a little, you can begin to give positive support and assurance. . . .

8. Then, if it is true, you might say, 'You know, you and I were really able to talk. I felt that way, how do you feel?' It is a good sign if there is any shift in the way of a smile, relief, or an opening in the future . . . .

9. Give them your card and phone number. Let them know they can call you at any time. . . . Do your utmost to refer them in a calm, quiet way to an expert.

10. Occasionally, if a person is desperate, confused and specially anxious or agitated, you may have to call an ambulance or the police. .

. . 22

The pastor can do much to help a person over dangerous periods when suicide is contemplated. But the pastor should not work alone, for he can find great help within the Christian community and must find help within the medical community.

#### The Pastoral Function of Equipping the Saints for Ministry to the Suicidal Person

In the Epistle to the Ephesians, Saint Paul writes that Christ gave apostles, prophets, evangelists, pastors and teachers "for the equipment of the saints for the work of ministry . . . (Ephesians 4:16)." One of the tasks of the pastor is to equip the saints for service, and this service could well include serving the potential suicide. Within the Christian community the pastor can find great aid in

dealing with suicide. Not only is this the task of the Christian community, but it is a psychologically sound procedure. Earl Grollman writes:

Dr. Karl Menninger mentions in the treatment of potential suicidal persons the need for a love object, perhaps to replace that which had been lost through death or abandonment. The religious leader could simulate a loving family atmosphere for the person, and with the aid of his members, help the person feel that the clergyman and the congregation deeply care about him, that their religious fellowship is truly a community bound together by ties of sympathy, love, and mutual concern.<sup>23</sup>

In the same line of thought, Bonnell writes that

we should surround the potential suicide with an atmosphere of love. We should do everything possible to restore his self-esteem and self-confidence, both of which are usually shattered. What he needs is . . . the knowledge that he is truly loved and appreciated by some other human being. We should endeavor to create a situation in which it is obvious that his help is wanted, that there is a valid place in life for him. He needs help in establishing genuine friendships . . . .<sup>24</sup>

Stein indicates how this need can be met:

The pastor can help to reinforce the person environmentally by carefully involving him in groups or activities that meaningfully satisfy the desire for human closeness and give the experience of being accepted and even needed. Sometimes, if he is especially wise about it and fortunate in having appropriate persons at hand, he may suggest to other persons that they make a point of dropping in on or phoning the parishioner.<sup>30</sup>

Involving the suicidal person in the secular community has been an effective measure in overcoming suicidal inclinations. It is also effective within the Christian community,<sup>26</sup> and pastors should seek to develop it to its full potential.

## The Pastoral Function of Referral

The pastor can do much in way of suicide help and prevention. However, very few pastors are equipped to carry this burden alone. David L. Edwards writes:

Technical psychiatric treatment is indispensable. Earnestness in personal prayer, sacramental grace and counselling by richly experienced pastors--all, no doubt, have their place in the Christian cure for mental illness, but the Christian who believes that these means of grace leave little or nothing else to be desired lays himself open to disaster. Too often is it assumed that Christian faith renders it unnecessary, perhaps indeed disgraceful, to turn to a psychiatrist for systematic treatment.<sup>27</sup>

Christians view "regular" medical treatment as a "gift of God" and use this gift; psychiatric treatment is also a gift from Him and should be used when necessary. Writing of severely depressed persons with suicidal inclinations, Southard states:

These people need hospital care. The pastor cannot accept legal or medical responsibility for these people, but he does have a moral responsibility to recognize symptoms of deep personal disturbances and to point these out to the person's family.<sup>28</sup>

By establishing and maintaining close contact with several responsible members of the counseling community, including psychiatrists, psychologists, and social workers, the pastor supports and strengthens his own ministry to the potential suicide.

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<sup>1</sup>Paul M. Bretscher, "Suicide and the Church," in The Encyclopedia of the Lutheran Church, edited by Julius Bodensieck (Minneapolis: Augsburg Publishing House, 1965), 2275-2276.

<sup>2</sup>Ibid., p. 2276.

<sup>3</sup>Ibid.

<sup>4</sup>Bessie Bunzel, "Suicide," in The Encyclopedia of the Social Sciences, edited by Edwin R. A. Seligman (New York: The Macmillan Company, 1934), VII, 456.

<sup>5</sup>Cf. Charles W. Reines, "The Jewish Attitude toward Suicide," Judaism, X (Spring 1961), 160-170.

<sup>6</sup>Edward V. Stein, "The Clergyman's Role with the Suicidal Person," The Journal of Pastoral Care, XIX (Summer 1965), 76.

<sup>7</sup>John Sutherland Bonnell, "The Ultimate in Escape," Pastoral Psychology, IX (February 1958), 24.

<sup>8</sup>Stein, p. 77.

<sup>9</sup>Ibid., p. 78.

<sup>10</sup>Ibid.

<sup>11</sup>Ibid., p. 79.

<sup>12</sup>Wayne E. Oates, "The Funeral of a Suicide," Pastoral Psychology, IV (December 1953), 17.

<sup>13</sup>Stein, p. 79.

<sup>14</sup>Earl A. Grollman, "Pastoral Counseling of the Potential Suicidal Person," Pastoral Psychology, XVI (January 1966), 47-48.

<sup>15</sup>K. Kobler and Stotland, The End of Hope (London: Free Press of Glencoe, 1964), 1. Quoted in Stein, p. 80.

<sup>16</sup>Stein, pp. 80-81.

<sup>17</sup>Stein, p. 81.

<sup>18</sup>Ibid.

<sup>19</sup>Ibid.

<sup>20</sup>Ibid.

<sup>21</sup>Seward Hiltner, "Suicidal Reflections," Pastoral Psychology, IV (December 1953), 39.

<sup>22</sup>Stein, pp. 81-82.

<sup>23</sup>Grollman, p. 50.

<sup>24</sup>Bonnell, p. 23.

<sup>25</sup>Stein, p. 80.

<sup>26</sup>Cf. The Samaritans: To Help Those Tempted to Suicide or Despair, edited by Chad Varah (Macmillan), as reviewed in The Saturday Review of October 1, 1966 (Vol. XLIX) by Robert J. Levin, p. 65.

<sup>27</sup>David L. Edwards, "The Twentieth Century Sickness," Frontier, III (Spring 1960), 38.

<sup>28</sup>Samuel Southard, "The Minister's Role in Attempted Suicide," Pastoral Psychology, IV (December 1953), 29.

## CHAPTER VI

### A SUMMARY

Suicide is a serious problem in the United States today and one which deserves the attention of the Christian pastor. Since he will be confronted by the suicidal person in his ministry, the clergyman must understand the psychological, sociological, and related factors motivating the suicidal person. Not only must motivational understanding be gained, but the ability to recognize suicidal indications must also be acquired if the pastor is to effectively prevent suicide among those with whom he has contact. Incorporating his knowledge and abilities in regard to suicide, the pastor must integrate these into his ministry: both in the general pastoral ministry and in the ministry specifically directed to the potential suicide. The pastor does not stand alone in this task: both the Christian community and the medical and counseling community must also participate if suicide prevention is to be effective. Earl A. Grollman writes:

The minister therefore can play a significant role in the treatment of the potential suicidal person through pastoral counseling--in extending his loving concern, in sharing a religious orientation of life, a feeling of belonging, a power of faith, and a meaningful belief in God. By understanding and recognizing the problem involved in early detection of a possible suicidal person, by referring the individual to the proper agencies, and by helping in the post-treatment phase within the fellowship of a religious community, he is of boundless value and help.<sup>1</sup>

The stated purpose of this paper was "to serve as an introduction to the problem of suicide and . . . as a motivation for further pastoral study." It is the writer's hope that this has been done.

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<sup>1</sup>Earl A. Grollman, "Pastoral Counseling of the Potential Suicide," Pastoral Psychology, XVI (January 1966), 51.



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