**Using a spiritually integrative, reflexive process for clarifying your value, beliefs, and practices for spiritual care of those experiencing despair and thoughts of ending their lives.**

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***Using a spiritually integrative, reflexive process for exploring our spiritual orientations to suicide***

Throughout our spiritual care courses, we are using a spiritually integrative, socially-just, interreligious, and research-literate approach to spiritual care. The steps outlined below help us use this approach to clarify our values, beliefs, and practices about how to care for those experiencing despair and having thoughts of ending their lives. Having conversations together will help each of us articulate our spiritual orientation (values, beliefs, and practices) about

* what is a “good” life and what makes life worth living?
* what makes pain bearable/unbearable?
* what helps when pain seems unbearable, and death seems the only way to end pain?
* how can we care for those in despair until they can experience hope?

These kinds of questions will likely raise questions about death. What makes death bearable? How or what aspects might make death “good”? When and how might people make decisions about what kind of death they want, and request help for ‘hastening’ death when they have a terminal diagnosis, or a chronic, worsening health condition? We will not focus on those questions here. They may well come up for you in our discussions.

**1. Trusting the process**

We begin with spiritual self-care that clarifies values and beliefs that fit who we are and help us collaboratively find ways to care of those experiencing despair. Our spiritual self-care practices help us track how we are experiencing stress and stress-related emotions related to suicide. In preparing to do the readings, take a few moments to remember those who struggle/have struggled with despair, sought care, made suicide attempts, and ended their lives.

**2. Exploring values, beliefs, and practices**

*Gathering information:* Find out whether you are in a professional role that requires you to be mandated reporters by state law and/or by professional ethical obligations as chaplains or community faith leaders or in other professional roles. Do laws or professional ethical codes specify limits of confidentiality for care of children, teenagers, adults, adults with disabilities or elderly persons who struggle with thoughts of suicide?

*Consulting:* Have conversations with work teams, Human Resource Departments, and faith group representatives to clarify one’s professional ethical obligations.

*Clarify your values and beliefs about suffering, despair, and suicide in dialogue with research and scholarship:* Explore your beliefs and values through reading/engaging scholars and practitioners in your faith/philosophical traditions. Explore a socially just approach to suicide by reading scholarship and research in critical suicide studies that raises questions about interventions that could cause more harm because of aspects of someone’s identity (race, gender, sexual orientation, social class, citizenship status) (Cardon, 2022; White & Morris, 2019). Using an interreligious approach, explore how different communities, faith traditions and cultural groups find spiritually authentic ways to care for each other (see, for example, Rasmus et al., 2019a; Rasmus et al., 2019b). Using a research-literate approach, search for research on when aspects of religion and spirituality are helpful or harmful for those in despair (e.g., Currier et al., 2020; Raines et al., 2017; Raines et al., 2020).[[1]](#endnote-1)

 In order to practice nterreligious spiritual care, listen deeply for how someone experiencing despair and thoughts of ending their lives is like some others, and like no other person.

*Find trusted others for ongoing conversations*, both general conversations and consultations about care situations

*In care conversations*, know when you may need to find out more about whether someone has (a) persistent thoughts of ending their lives, (b) a plan, (c) made past attempts. Before asking questions about suicide, fully inform people about whether there are limits to confidentiality in your professional role, and your obligations to seek consultation.

If someone does state that they are struggling with persistent thoughts of ending their lives, let them know that you are concerned for their well-being. Remind them that you do not have the expertise to assess how safe they will be in the next day/s. Describe several options for contacting someone who can make that assessment:

* using their healthcare plan to seek help from a behavioral healthcare professional who can do an assessment over the phone
* calling a suicide hotline
* calling a local crisis center (for example, in Colorado, [Colorado Crisis Service. )](https://coloradocrisisservices.org/)

Before making any calls, talk over possible outcomes. The assessor may conclude that the person is not in immediate danger. They may be able to set up a counseling appointment within the next week. They may ask this person to go to an urgent care or ER for evaluation (in this case, see if there is someone who can take them and stay with them there). They may send a mental health crisis team, ambulance, and/or law enforcement officers.

If you are mandated to report, you will need to determine how to have this person evaluated, by making a call (one of the above) and determining next steps with that person what the next steps are.

Whatever the outcome, be clear about your availability, and what kind of follow-up contact would be helpful, who will initiate that, and how contact will be made.

**Readings**

Cardon, K. (2022). Suicide justice: Adopting Indigenous feminist methods in settler suicidology. *Health*, *26*(1), 66-80. <https://doi.org/10.1177/13634593211046837>

Currier, J. M., Fadoir, N., Carroll, T. D., Kuhlman, S., Marie, L., Taylor, S. E., Smith, T., Isaak, S. L., & Sims, B. M. (2020). A cross-sectional investigation of divine struggles and suicide risk among men in early recovery from substance use disorders. *Psychology of religion and spirituality*, *12*(3), 324-333. <https://doi.org/10.1037/rel0000286>

McGraw, J. S., Docherty, M., Chinn, J. R., & Mahoney, A. (2021). Family, faith, and suicidal thoughts and behaviors (STBs) among LGBTQ youth in Utah. Psychology of Sexual Orientation and Gender Diversity. https://doi.org/10.1037/sgd0000517

Raines, A. M., Macia, K. S., Currier, J., Compton, S. E., Ennis, C. R., Constans, J. I., & Franklin, C. L. (2020). Spiritual struggles and suicidal ideation in veterans seeking outpatient treatment: The mediating role of perceived burdensomeness. *Psychology of religion and spirituality*. <https://doi.org/10.1037/rel0000311>

Raines, A. M., Currier, J., McManus, E. S., Walton, J. L., Uddo, M., & Franklin, C. L. (2017). Spiritual struggles and suicide in veterans seeking PTSD treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*, *9*(6), 746-749. <https://doi.org/10.1037/tra0000239>

Rasmus, S. M., Charles, B., John, S., & Allen, J. (2019). With a spirit that understands: Reflections on a long‐term community science initiative to end suicide in Alaska. *American Journal of Community Psychology*, *64*(1-2), 34-45. <https://doi.org/10.1002/ajcp.12356>

Rasmus, S. M., Trickett, E., Charles, B., John, S., & Allen, J. (2019). The Qasgiq model as an indigenous intervention: Using the cultural logic of contexts to build protective factors for Alaska Native Suicide and alcohol misuse prevention. *Cultural Diversity & Ethnic Minority Psychology*, *25*(1), 44-54. <https://doi.org/10.1037/cdp0000243>

White, J., & Morris, J. (2019). Re-thinking ethics and politics in suicide prevention: Bringing narrative ideas into dialogue with critical suicide studies. *International journal of environmental research and public health*, *16*(18), 3236. <https://doi.org/10.3390/ijerph16183236>

1. According to Raines et al. (2020): “From in the well-established association between spiritual struggles and suicidal factors. Results revealed significant associations between religious and spiritual struggles and suicide symptom severity, even after controlling for overall levels of depression. Moreover, perceived burdensomeness but not thwarted belongingness mediated this association. The current investigation provides initial evidence that perceived burdensomeness, or the perception that one is a burden on family members and significant others, partially accounts for the emerging links between spiritual struggles and risk for suicide. Results highlight the potential utility in assessing both spiritual struggles and perceived burdensomeness among veterans with heightened suicide risk.”

In another study of 52 veterans seeking care at an outpatient posttraumatic stress disorder and substance use clinic, Raines et al. (2017) found that “…divine struggles and struggles with the ultimate meaning were significantly and positively associated with increased suicide risk, even after controlling for relevant demographic (e.g., being male and Caucasian) and psychological variables (e.g., posttraumatic stress disorder symptoms as well as alcohol and substance use symptoms).” [↑](#endnote-ref-1)