

3 Myths of Suicide and How the Church can Address Them

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*Editor's Note: This blog was written by Denisse C. Lamas, a **licensed** clinical social worker in Florida. She serves as the Executive Director of Hispanic Family Counseling Inc. Lamas will be joined us on June 24, 2020 for our Spanish webinar which covered the topic of suicide prevention. View the webinar recording [here](#).*

The one who gave up Jesus, our redeemer, died by suicide. What do you think led Judas to take his life? Have you ever stopped to think about the level of pain and sorrow in which he was at that moment in time? How do you think Jesus felt about it? Could his death have been prevented? These are questions I have had since I was little, and to this day, it makes me sad to try to understand this situation.

My first experience with suicide was in 2006 when I was helping friends and family of a young man who had died by suicide. That's when my curiosity about why people die by suicide grew. It can be difficult to understand the complexity of the lives of those who consider ending their own lives. From that moment on, suicide prevention became my passion. What could be more important than saving a life? For me, there is nothing more important than that!

There are several myths about suicide that, at one point in my life, I believed in; however, there are also many things I've learned since then.

Myth 1: Talking about suicide puts the idea in the person's head

Research after research contradicts this myth.

I like to use the biblical context of the story of Job as an example. Job had lost everything he had: family, wealth, and cattle. He was also sick with scabies "from the crown of his head to the sole of his foot." In this story, Job's wife even says to him, "Do you still retain your integrity? Curse God and die (Job 2:9)." Job had every reason to be depressed and sad, yet he rejects the idea of suicide that his wife suggested. Moreover, his response was admirable: "Shall we accept good from God, and not trouble? (Job 2:10) " As difficult as his situation was, the suggestion of ending his own life, wasn't acceptable to him.

If I do not consider taking my own life, especially during the most adverse times, listening to somebody discussing suicide prevention is not going to make me have suicidal thoughts or behavior. However, it makes a big difference in talking about suicide to the person who is struggling with or contemplating (suicidal ideation) to die by suicide.

We know there are many stigmas surrounding suicide. Many people who have suicidal ideations feel overburdened, sad, and even ashamed of their thoughts of suicide. But when we

can ask questions like: Are you thinking about suicide? We allow a person who is struggling to talk about their problems, pains, and situations. This dramatically relieves those who are struggling and considering suicide. Asking with empathy may show that we care, and it may also provide the relief at being heard and understood.

In fact, the [American Suicide Prevention Foundation \(AFSP\)](#) recommends that having an honest conversation with others about suicide could help and prevent someone from depriving themselves of their life.

The same has happened in my personal experience when I've asked people who I've worked with: have you thought about suicide? Some people I've asked have answered me honestly, looking at me, quickly responding with a resounding "No." But those who have contemplated this idea, fall into tears. They often feel ashamed and have confessed to me "I shouldn't think like that!"

I have certainly been able to see first-hand that talking about suicide does not put the idea in the head of a person who does not have it. However, it is a great help and a relief to talk about it, for those who are struggling with this thought.

Myth 2: People who are considering ending their lives by suicide are crazy or possessed.

People who have thoughts of suicide often struggle to understand that they are not a burden to their loved ones, and in fact, their deaths would cause trauma and grief, not relieve it.

Personally, and professionally, I despise the use of the word "crazy." It is a pejorative term that gives a negative aspect to mental health. And while many who die by suicide have struggled with a mental health problem, this doesn't mean they're "crazy or even worse, possessed," it means they need help coping with their burden and pain.

Myth 3: People Who Contemplate Suicide Don't Show People They Need Help

This is false, as both adults and young people give easy-to-recognize warnings that they are contemplating or actively planning to die by suicide.

According to the [2018 National Drug Use and Mental Health Survey](#), an estimated 1.4 million adults ages 18 and over made at least one suicide attempt. Adult women reported a suicide attempt 1.5 times more frequently than men, while men die 3.56 times more than women. While in the [2017 Youth Risk Behavior Survey](#), 7.4 percent of youth in grades 9-12 had made at least one suicide attempt.

The problem is that we don't take the necessary time to educate ourselves on how to recognize the signs and symptoms of someone who experience suicidal ideations, and behaviors

If we look on the positive side, today, there is a lot of research and information on the subject. NBA has hosted a plethora of webinars on the topic of suicide in an attempt to dispel myths and

break the stigma. Helping to save a life, both the spiritual and physical life, is our mission. We can do so through education, communication, and the pursuit of professional help. I believe we must care for our lives with a holistic approach.

What we need to do is simple:

- 1) Remove the stigma by fostering responsible conversations about suicide
- 2) Learn to identify the symptoms and signs of suicide
 - Here are some warning signs for suicide:
 - Anxiety, agitation
 - Withdrawal from friends and family
 - Past attempts
 - No reason for living; no sense of purpose in life
 - Hopelessness
 - Anger, rage, and irritability
 - Dramatic mood changes
 - Increased use of alcohol or drugs
 - Feeling that they are a burden to others
- 3) Know the resources available nationwide, like apps and crisis lines like the [National Suicide Prevention Lifeline](#) (Call or Chat Online)
- 4) Identify local mental health professionals, reach out to them and develop a relationship with them. This will help you and your church to connect a person who needs help with the necessary additional support
- 5) Get trained and have your church be trained in suicide prevention **by** experts, mental health professional.

I firmly believe that as the church, when we are present responding to the needs of those struggling with suicidal thoughts or feelings or dealing with self-destructive behaviors, we embody the hope of the risen Christ.

My **personal** ministry focuses on motivating people to seek professional help and motivating them to know Jesus Christ, who is my Lord and Savior. I believe and profess that it is in Jesus that we have an abundant life. That is why I affirm that we are God's instruments to save lives, in their entirety, physically, mentally, and spiritually.

When we have a toothache, we go to a dentist. If the pain is in the foot, we go to the podiatrist. If we have symptoms of flu, we turn to the primary care doctor. But when it comes to mental or emotional health, what do we do? What do we tell the parishioners? That God can heal them? I do not doubt that God can cure any disease, from the bottom of my heart. However, I am a

faithful believer that God trains doctors, social workers, and mental health professionals, so that people can find and heal their pain through them. I think it's time to look at mental health issues as what they are: *health* problems!

Pastors and spiritual leaders are critical to this fight against suicide. Talking about the issue is paramount. Guiding people to seek professional help is our responsibility. After all, what can be more important than saving a life?

As the health and social services general ministry of the Christian Church (Disciples of Christ), the National Benevolent Association partners with congregations, regions, general ministries, and a variety of Disciples-related health and social service providers to create communities of compassion and care. Founded in 1887 by six women responding to the needs of the day and on their doorsteps, for more than 130 years the NBA has continued to serve "the least of these." Learn more at www.nbacares.org.