

RELIGION AND SUICIDE ; EXPLORING THE ROLE OF THE CHURCH IN DEATHS BY SUICIDE IN HIGHLAND, SCOTLAND.

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Abstract: This article reports aspects of a study conducted in 2005 which explored the role of the church as a voluntary organisation, in deaths by Suicide in Highland. The study was explorative and consisted of interviewing ministers from the Christian Churches of different denominations in Highland about their own experiences as ministers of the Church, of death by suicide and what they understood to be the key aspects of their experiences that might contribute to thinking about how the Church could offer protection and solace. Two findings are highlighted here: the importance of multidisciplinary education involving ministers and the potential of parish nursing as a mechanism for connectedness.

Keywords: Mental health, religion; suicide; spirituality.

Introduction:

Professor Norman Sartorius has noted that “Suicide is a fundamental breakdown of trust between individual and social environment” (Sartorius 2003).

Suicide is a challenge to normative values. It confronts exclusive behaviour which shuts out some members of the community. It lays bare social deprivation, poverty, mental illness and attitudes to mental illness. Suicide and deliberate self harm affects individuals, families, communities and society. This most tragic of deaths confronts us all with questions of meaning, hope and social cohesion and challenges us to acknowledge the possibility of suicide for each of us in particular circumstances.

On the basis of the literature reviewed in the main report (Mowat et al 2006), we can advance, in summary, some clear ideas based on the literature.

- Most mainstream religious groups are likely to provide some protection against suicide. This protection is probably greatest when congregations have the greatest interaction with one another, can respond in a crisis, and counsel against suicide.
- Internal religious beliefs as well as public expression of religion, are important in their own right.

- Mental illness is one of the mechanisms for over-riding these protective factors in people with religious affiliations.
- Overall levels of religious belief in a community appear to provide some protection against suicide in men in Western countries, perhaps both by regulation in relation to advice against suicide, and by integration, with routes by which support can be accessed.
- Faith communities can provide a counter-cultural view of the world and an alternative set of values and criteria for being human and living humanly. As such they are in a position to reframe the expectations and value systems of adherents. A key potential for faith communities is to redefine the idea of progress.

The aim of the study

To explore the role of the Christian church in suicide events as understood by ministers and congregations.

Method

This was a qualitative study. Both the methods and analysis are discussed in detail elsewhere (Swinton and Mowat: 2005). A framework for the main interviews was developed following pilot work. Ministers were asked to consider a particular situation

known to them and then discuss a number of issues arising from that. Issues of confidentiality are clearly most important in this kind of work. For this reason no details that distinguish the case studies are included. The case studies were used as triggers for a wider discussion related to the topics on the research schedule. This included theories of suicide, theology of suicide, strategies they used to help, how ministers themselves are supported, relationships with health care professionals and understanding of mental health.

17 ministers of the Christian Church from a range of denominations and working across Highland were interviewed. The focus group was made up of church goers from different denominations. The focus group involved a staged process of discussion similar to consensus group techniques (Murphy et al: 1998).

Findings

This article concentrates on two aspects: theories of suicide articulated by the respondents and the idea of social disconnection. The data is reported fully in Mowat et al (2006).

How do ministers and congregations think about suicide?

Disconnection

The data shows an assumption within the congregational focus group discussion that suicide has a relationship to the spiritual and religious. That is, that a *lack* of understanding, listening, friendship and sense of belonging increases the likelihood of suicidal behaviour. They called this disconnection.

The focus group discussion came up with a number of ways of supporting people at risk of suicidal impulses, and all of these revolved around the presence of support, friendship and comfort: the provision of a setting where emotions could be expressed in a loving and accepting environment, where there was no blame, and where listening and, by implication, telling personal stories was encouraged and welcomed.

This idea is also reflected in the ministers' responses. Whilst it was agreed that some suicide was a direct result of mental illness - a distortion of the mind through illness that rendered the sufferer vul-

nerable - there was also a strong sense that suicide was precipitated by the individual's disconnection from community or social life. Somehow, the person vulnerable to suicide had lost their place and space in the social fabric in which they lived. Their community had become unknown to them. The ministers expressed this in terms of disconnection, disillusion and brokenness. It was felt that people who found themselves in this situation tended to be more likely to attempt suicide.

Disconnection was expressed in terms of isolation, not fitting in with the main social groupings on offer, and feeling dislocated from what would be described as the "normal" range of social life available in that area. The disconnection could be triggered by marital breakdown, by lack of affection, by difficulty with relationships, which might in some cases run across generations. Disconnection could be exacerbated by drinking alcohol or taking drugs; dis-inhibition often led to aggression and increased disconnection. Having access to a means to taking one's life also heightened the risk as one became more dis-inhibited.

Ministers felt that the completed suicide act was explainable in terms of trying to find peace and of ceasing to hurt others. They also felt that the Church did not give a strong lead, and that the disconnection was linked to a lack of faith. No faith in anything other than oneself, or a misinterpretation of theology based on myth and prejudice, made people very vulnerable.

To a great extent the respondents were articulating both the theory of anomie developed by Durkheim(1951) a century and a half ago, and the idea of hopelessness and estrangement discussed by Aldridge (1998). There was a certain frustration expressed by the ministers and the focus group around the apparent inability to tackle this disconnection, and there was recognition of the dreadful consequences of failure to spot disconnectedness among families, friends and communities. It was clear that the Church community felt they had a role to play in addressing disconnectedness.

The idea of disconnection is gaining currency in discussions on the importance of spiritual well being in health and social care.

Is Highland particularly vulnerable to disconnection?

Changing times

The ministers noted that Highland was going through changing times. The growth of Inverness and the vulnerability of the geographically isolated Caithness communities are obvious examples. More specifically, ministers saw Highland as moving to a tourist economy and at the same time to a 'retirement culture'. The implications of this for the community is the presence of a disproportionate number of transient or "uncommitted" populations, either on holiday or working in the seasonal holiday trades, and of a diminishing youth cohort with many of the work opportunities in tourism, which almost by definition implies superficial and transient relationships.

Potentially very supportive

Ministers noted that small communities like Highland villages, can also be very supportive. People know each other and 'look out for each other'. There are clear demonstrations of genuine care for each other, as illustrated by attendance at funerals after a suicide.

The intimate culture, beauty and peace of the Highlands are potential a sources of calm and spiritual restitution. However, the focus group noted that Highlanders tended to be reluctant to release emotions, and stated that grief and its expression was "a skill" that needed to be taught. It was thought that one aspect of a supportive community is that it allows grief and its expression.

Highland has the potential to damage individuals

Related to the above theme, is its converse. Ministers acknowledged that Highland communities can be damaging to individuals. They mentioned disillusioned young people who return to Highland after further education elsewhere. These young people struggle to find appropriate work or meaningful roles. They are bombarded with information from global sources through advanced information technology, which offers them opportunities and ways of life and thinking that are beyond their reach.

Ministers also noted the pervasive culture of drinking in Highland, which led to guilt over drinking too much and a vicious circle. Other guilts included sexual guilt, particularly within the homosexual community, with individuals feeling diffident about expressing themselves. In Highland, privacy is much prized and highly valued. This means that some of the alternative expressions of individual needs and personalities are kept hidden to conform with the "understood" cultural norm.

There was also reference in the interviews to the myth of the 'golden past' expressed amongst Highland folk. This encouraged a romantic vision of how things were. This view of "past times" often romanticised the realities of harsh lifestyles. These myths however had real consequences, in so far as they held back change and laid down inappropriate social norms.

The 'Highland character' was also described in some of the interviews. The idea of the ponderous thoughtful highlander at ease on the hills, far away from crowds, was an image that came up, though with little substance to back it up. Individuals and groups often operate on the basis of unsubstantiated opinion. Cultural assumptions, albeit out of date or mythical, can have real consequences in terms of social pressure to conform.

In discussion with the focus group it was suggested that the role model of the physically active lone Highlander is no longer fashionable. There are limited positive role models on television for a forest worker or a farmer, and for young people indicating anything of the spiritual life. A stereotypically successful Highland male was portrayed by the group as one engaged in physical work; whereas the role model on television is that of a high tech "smooth and clean" young man. The search for the meaning of maleness may be particularly difficult in a community where rather old fashioned dominant values obtain. This identity crisis is not of course confined to the Highlands, but may be more pronounced here for the reasons suggested.

Thanatos

Linked to this is a theme that we have called "Thanatos" with reference to Sigmund Freud's concept around the death wish (Freud 1989) carried by all individuals and encouraged by particular con-

figurations and circumstances. This was not a word used by the respondents, but seemed an appropriate way to sum up references to “darkness” that were difficult to describe but understood by the respondents. These included the beauty of the Highlands, which also carried some kind of dread. One minister maintained that people were strangers to each other. Another minister referred to the long dark winters, which attacked the soul. Disconnectedness seemed linked to darkness in the broadest sense.

Highland lacks or is missing basic modern attributes.

Good, efficient transport and variety of employment was identified in particular here. In other parts of Scotland these are seen as standard aspects of modern life. In Highland however, high oil prices and railway reconfiguration have meant that they can be rare luxuries. This makes fluid movement between different social communities difficult, and compromises the ability of the individual to exploit different environments as part of developing the self. Membership of a number of social groupings is an opportunity now widely available in general society. Individuals can express themselves differently in different groups. If membership possibilities are limited to only one or two, e.g. family and school friends, this may deny potential for full development of the self. Multiple group membership helps individuals to experiment with who they are, discover their core traits, and may contribute to their spiritual development.

Finally, in this theme of Highland culture there was a group of responses that questioned whether Highland was in fact different to other places. People are people, and there are drugs and drink in all communities. As with many other communities, there is little for the young people to do; and as with many communities the past is always portrayed as better. It may then be this combination of factors that give Highland its particular characteristics.

Conclusions

The general perception and need to ‘do’ something was expressed in the interviews and the focus group. “Being there” as a form of ‘doing’ was also emphasised. Offering solidity as a loving, understanding community and holding individual and family turmoil seemed to be an important theme. The minister could not, and should not be expected to provide this

kind of solidity alone. This requires careful, planned and shared support.

Solidity and understanding is arguably a collective responsibility. Solidity implies reliable presence. This requires support; it is a team responsibility. The community “team”, that is the community itself, can be helped to provide the solid reliable presence through training, education and self conscious reflection.

The church congregations offer one type of community within an area. They have the opportunity to extend their own communities, and to re examine their own practices in relation to suicide and response to suicide.

Implications for “connectedness”

Training and education:

Firstly, the Church communities require some education and training that allows them to be better equipped to deal with suicide events. Knowledge and information are a high priority. This should be in the form of both formal and informal training. The training itself acts as a prompt to church members and can be reinforced by projects and activities that promote connection. It should never be assumed that individuals feel themselves connected to their “obvious” communities. Connectedness is something that has to be worked at. Relationships do not flourish without effort and support. Creative rethinking of the idea of connection, and the instigation of activities that reinforce it, would benefit all. Ministers need support and help to lead this kind of “connected” agenda. This must surely include mental health training, liaison work with and companionship of health and social care professionals, so that the minister is not working in isolation. The minister is in this sense the bridge. Hospital chaplains can help here, as they have already done in Highland. The Choose Life (2004) Scottish Executive programme offers a variety of courses currently.

Parish Nursing as a means of promoting connectedness

The contemporary parish nursing movement was begun in the Midwest of America by a Lutheran minister, Granger Westberg who pioneered the idea in six churches in the Chicago area in 1982. He was influenced by Allen Bergin (1980) who noted that:

“religious communities that provide the combination of a viable belief structure and a network of loving emotional support should manifest lower rates of emotional and social pathology and physical disease”

As the model has been developed thus far, the parish nurse is employed by a congregation or a number of congregations to assist with the promotion of health and well being bringing strategies within a particular parish or parishes. In its original form parish nurses were registered nurses who were also members of the congregations whom they served (Simington 1996). The parish nurse seeks to develop a service which is complementary to the other services which are being provided, and to minister effectively to the whole person.

This service has great potential as a mechanism by which spiritual distress and crisis can be recognised, acknowledged and given respect. As such it may well be a mode of intervention which can function both in terms of the prevention of suicide and in dealing constructively with its aftermath. The *Centre for Spirituality, Health and Disability*, at the University of Aberdeen is looking into developing this within a Scottish context.

At the beginning of the report, we noted that suicide can be seen as a breakdown of trust between society and the individual. This breakdown is part of a spiritual crisis that renders the individual devoid of hope.

The church has a specific position in communities as the acknowledged representative of the spiritual journey. The church therefore has an important role in supporting the shaky spiritual journey upon which all individuals travel. “The church” means the congregation as well as the minister. The minister can lead but others must follow.

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An extensive bibliography may be found in the main report, Mowat et al (2006) above.