

What Cross-Cultural Workers Ought to Know about Suicide

As a teacher in a Christian International school, imagine that during your last class of the day as you hand back test papers one female student says, “I can’t believe I did that. I could shoot myself!” As you sit in the faculty meeting the next hour, a teacher retiring at the end of the year is unfairly reprimanded by the headmaster. He turns to you and says, “On days like this I feel hopeless, like I would be better off dead.”

At first you ignore the remarks because you think the people could not really mean them. After all, they are both Christians serving God overseas, so surely they would not do such a thing. However, later that evening you have second thoughts. Perhaps the student really meant it! Adolescent girls only talk about suicide, but they do not actually do it, do they? Aren’t boys the ones who do? Perhaps the teacher really meant it—but no, as a respected older man he has too much to live for. Besides, adolescents take their lives, not older people, do they? In addition, you do not want to talk about it and plant the idea!

Suppose you are wrong. What if they really meant it? How would you know if they meant it? What could you do about it? What if you are thinking of taking your own life? Let us consider these things.

Is that true?

Many myths surround suicide. If you believe these myths, you may miss a chance to save a life. Here are a few of those myths.

- People who talk about suicide never do it—they just want attention. False. Not everyone who talks about suicide actually does it, but most people who commit suicide do tell someone before doing so—as a cry for help. Any serious statement about suicide is a real danger signal and should not be ignored.
- Adolescents are much more likely to commit suicide than adults. False. The adolescent suicide rate is about the same as adult rates. The people most at risk for suicide are older males, someone such as the retiring teacher.
- People are more likely to commit suicide around the Christmas holidays, not in the spring of the year (when the school year is ending). False. The holidays have one of the lowest suicide rates, and spring has the highest.
- One should not mention suicide when talking to depressed people because it may give them ideas. False. Such people often have such thoughts already and should be encouraged to express them. In fact, talking about it may discourage people from doing it.

Is suicide sin?

Many people assume that the Bible states that suicide is sin. It is true that several people (Judas, for example) took their own lives, and God never gave his approval to any of those. Most of those who took their own lives did it as a direct result of doing evil, and they probably could see no other way out.

However, the Bible nowhere specifically states that suicide is sin. The Bible does say that murder (taking someone’s life) is wrong. In fact, that is one of the Ten Commandments in Exodus 20. Most

Christians believe that the command not to take someone’s life includes not taking one’s own life.

Would God’s people do it?

Godly people are no exception. The Bible records several prominent individuals who wanted death very much. We often quote wonderful statements Job made as he suffered, but we forget some of his negative statements. Job cursed the day of his birth (Job 3:1), asked why he did not die at birth (Job 3:11), and wished he had never come into being or died at birth (Job 10:19).

In fact, some of God’s people wish for death shortly after great spiritual victories. For example, shortly after Elijah had a great victory over the prophets of Baal on Mt. Carmel, he was sitting under a tree praying that he might die. He said, “I’ve had it, Lord. Take my life” (1 Kings 19:4). Of course, God did not take his life but let him sleep and sent an angel to tell Elijah to get something to eat. It is not unusual to feel the worst soon after wonderful things happen.

Cross-cultural workers wouldn’t, would they?

Yes, cross-cultural workers may come to wish for death as well. This goes back to the first cross-cultural worker in the Old Testament, and it happened after one of the most successful terms of service ever. After his initial disobedience, Jonah obeyed God. When he did, more than 120,000 people repented. Instead of rejoicing, Jonah wanted to die and told God, “I’d be better off dead” (Jonah 4:8). Of course, God did not take his life but tried to reason with him.

Like other people, cross-cultural workers and TCKs do take their lives. If you hear people say that they are thinking of suicide, it is time for you to take action to prevent it.

What can I do?

Of course, you want to help, but how do you know what to do? What you do depends on how serious the person is about harming himself or herself. You can do this by going through the following three steps in order. If at any time during these steps you feel uncomfortable about doing them, you can report what you have found to the person’s superior in his or her agency. Do not simply ignore this call for help—do something!

Step 1: The idea?

Ask people whether or not they have thought about harming themselves. Some people will say that they never have. Others (probably the majority) will say that they have, but it was during a difficult time years ago, and they would never do anything like that now. If that is the case, just let the issue drop. However, if they say that they have been thinking recently about taking their lives, you need to take further action.

Don’t act shocked or be sworn to secrecy. Do listen non-judgmentally, offer empathy, show interest and support, talk openly about suicide, and offer hope that alternatives are available. Offer to pray with them and share scripture with them (have passages in mind). Encourage such persons to talk with a mental health professional who can take responsibility. Cross-cultural workers sometimes would rather talk with a

pastor, and that is fine as well. If the person talks with one of these, your task is finished. However, if they refuse to talk with someone else, go on to Step 2, and remember that you should never leave a person alone who is actively suicidal.

Step 2: A plan?

Note that people harm themselves in different ways. Ask the persons whether or not they have considered various ways of doing it. Even if they have not begun to plan by thinking about a way, offer to make an appointment for them with someone competent to help, such as a mental health professional or pastor of their choice. Also get at least a verbal commitment not to harm themselves but to contact you if the feelings come again. Express your concern and care for them and follow-up to see that they keep their appointment.

If they have considered various ways, ask them whether or not they have chosen a way. If they have not chosen a way, offer to go with them to see a mental health professional or a pastor. If they have chosen a way, insist on a commitment in writing—a contract signed by both of you in which they promise to do no harm to themselves. Again express your concern and care and follow up immediately with Step 3. Remember that actively suicidal persons should not be left alone.

(Note: If at any point they refuse to continue talking with you or see someone else, contact someone who can take responsibility for them. This may be a professional in their agency, their supervisor, or anyone else who can help.)

Step 3: The means?

Ask them if they have acquired the means to do the harm. That is find out if they have the gun, the pills, the rope, the knife, and so forth. If they have the means to do the harm, call immediately for help and stay with them until someone specializing in crisis intervention and suicide prevention arrives.

What if they do?

If a person is determined to commit suicide, you probably cannot prevent it. I know of one cross-cultural worker who was in a mental health facility because of depression and suicidal tendencies. Even though the staff knew about his condition, he was able to take his own life while under their care.

If people you have been trying to help take their own lives, it is not your fault. Your responsibility is to love and care for them as well as you can. If you do that, you have done all that is possible.

What if it's me?

You may be reading this because you are the one contemplating suicide. If so, follow the advice recommended in all three of the steps. Go see a mental health professional or pastor who can help you.

Remember that suicidal thinking is usually associated with problems that can be solved. If you cannot think of solutions, mental health professionals, pastors, and even friends can help to find a solution. Your suicidal crisis is a temporary one, and once you get past the problem facing you, it will not look as big as it does now. Ties to family or friends, your relationship with God, and dreams for the future will provide meaning and satisfaction in life in the future.

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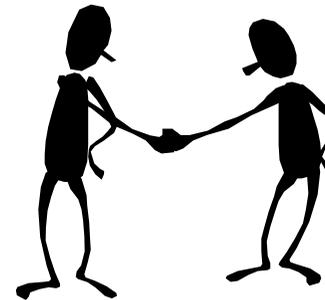
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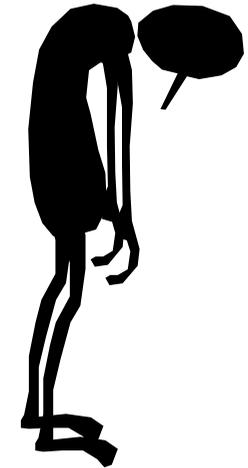
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