

## THE REALITY OF SUICIDE AND SUICIDAL IDEATION IN THE MILITARY

### **Introduction**

This paper will discuss suicide as it pertains to those in the military with an emphasis on those with Post-Traumatic Stress Disorder. I have chosen this topic on a plethora of reasons: I am a child of a serviceman, I have seen and or heard of numerous friends and servicemen who have taken their lives, I have witnessed the aftermath of suicide on the military families my father was stationed with which many cases involved Post-Traumatic Stress Disorder, and I am a survivor of a suicide attempt.

This paper will seek to address the following areas of discussion: a definition of suicide, description of someone considering suicide, common factors surrounding suicide, specific factors seen in the military, the effects of Post-Traumatic Stress Disorder on the service member, and the effects of Post-Traumatic Stress Disorder on the family members involved.

Along with the in-depth study of suicide and Post-Traumatic Stress Disorder, this paper will include four appendices. These appendices will include a case study, two tools for determining risk factors of someone contemplating suicide, and a no-suicide contract.

### Definition/Brief History of Suicide

Suicide is defined as “the act or instance of taking one’s own life voluntarily and intentionally.”<sup>1</sup> Suicidal Ideation is defined as “recurring thoughts of or preoccupation with suicide.”<sup>2</sup> These definitions show us that ideation is the precursor to suicide, and in itself not the action of suicide.

Suicide is a global phenomenon, being seen as a “way out” in very drastic situations. In some cultures, it was better to die by your own hand than by the enemies. We see evidence of this in the use of seppuku or hara-kiri, both words for the Japanese ritual suicide. Also, the radical Islamic community uses suicide as a way to accept rewards in heaven. This seen in the use of suicide bombing for religious achievement. However, before the late 19<sup>th</sup> century, suicide was considered a criminal act in most western cultures; this changed in the early 2000’s as the stigma towards suicide was shifted towards a psychiatric emergency, and is now treated as such.<sup>3</sup>

One of the pioneering ‘fathers’ of our modern suicidology would be Dr. Norman L. Farberow. Dr. Farberow’s research in suicide and his contributions to the treatment and prevention of suicide span over 50 years in the United States. His research on the drastic rise in the suicide rate after World War II is some of the primary sources used to study the modern veteran, and the current suicide prevention hotlines and centers<sup>4</sup>.

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<sup>1</sup> Meriam Webster Dictionary, “Suicide,” 17 February 2017 <https://www.merriam-webster.com/dictionary/suicide>

<sup>2</sup> “Medical Dictionary.” Farlax. 21 February 2017. <http://medical-dictionary.thefreedictionary.com/suicidal+ideation>

<sup>3</sup> “Medical Dictionary.” Farlax. 21 February 2017. <http://medical-dictionary.thefreedictionary.com/suicidal+ideation>

<sup>4</sup>Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 83-84

Due to the dissipation of unity and shared purpose that the Second World War caused in the United States there was a drastic rise in suicide rates, as Farberow's research revealed to us<sup>5</sup>. Readjustments for both social lives and personal lives were necessary for the returning veterans. In the occasions that the inner turmoil the veterans had could not be expressed in healthy ways, suicide was their chosen outlet<sup>6</sup>. When this epidemic was realized, the sprouting of suicide prevention centers began, beginning with the Suicide Prevention Center in Los Angeles, California, launched by Dr. Farberow and a colleague Dr. Shneidman.<sup>7</sup>

### **Description of Someone at Risk**

Someone who is at risk usually show signs that something is wrong. These signs could include, yet are not limited to: signs of clinical depression; withdrawal from friends and family or usual activities; sadness and hopelessness; lack of interest in previous activities, or in what is going on around them; physical changes such as lack of energy, different sleep patterns, change in weight or appetite; loss of self-esteem; negative comments about self-worth; bringing up death or suicide in discussion or in writing; previous suicide attempts; getting personal affairs in order, such as giving away possessions, or having a pressing interest in personal wills or life insurance. In some situations, we see a masking of depression through agitation, hyperactivity, and restlessness.<sup>8</sup>

The current myth about suicide is that people who talk about suicide do not follow through. This is just that, a myth. If someone is contemplating suicide and begin talking about it,

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<sup>5</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 83

<sup>6</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 83

<sup>7</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 83

<sup>8</sup> "Facts about Suicide" Med Broadcast, 21February 2017.  
<http://www.medbroadcast.com/condition/getcondition/suicide>

even indirectly, they tend to be seriously contemplating. Also, if questioned, the person who is 'at risk' will admit to their thoughts.<sup>9</sup> This can be seen as a way of the person who is afflicted to be searching for help.

### **Factors That Can Attribute to Suicide**

#### **Mental Illness**

The causes and factors that influence the counselee are vast. We see that the ideation can be influenced by anything. One of the major causes is mental illness. A mental illness that could factor in would be anxiety. This is a broad area of mental illness, however we do see anything from general anxiety, social phobias, panic disorders, obsessive compulsive disorder, or anything like this cause social interaction to be hard. The loss of friends that may come from these disorders, to the difficulty of living with these disorders, plus the fears that may accompany them can generally cause someone to contemplate suicide.<sup>10</sup>

Another mental illness that could cause this would be bipolar disorder. The broad definition of bipolar disorder would be the fluctuation in moods to extremes<sup>11</sup>. The fluctuation in the moods could cause a rift in relationships, causing loneliness. Also, the severe depression that accompanies this illness could cause someone to contemplate suicide.<sup>12</sup>

Depression is the most common reason that people believe someone contemplates and or completes suicide. The science behind it agrees with the assumption; however, there is a

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<sup>9</sup> TSPN

<sup>10</sup> Gloom "15 Common Causes of Suicide: Why Do People Kill Themselves?" (blog), 23 July 2015, <http://mentalhealthdaily.com/2014/07/23/15-common-causes-of-suicide-why-do-people-kill-themselves/>

<sup>11</sup> These extremes range from severe depression to mania or hypomania.

<sup>12</sup> Gloom "15 Common Causes of Suicide: Why Do People Kill Themselves?" (blog), 23 July 2015, <http://mentalhealthdaily.com/2014/07/23/15-common-causes-of-suicide-why-do-people-kill-themselves/>

difference between depression and major depression. Someone may not be clinically depressed yet have depressive symptoms. Someone with major depression, or clinical depression, is hindered from feeling pleasure or happiness. This major depression is shown to be a medical or more specifically genetic issue. Major depression is the leading cause of suicide globally.<sup>13</sup>

The final mental illness that contributes heavily to the suicidal epidemic is schizophrenia. The symptoms of schizophrenia as it relates to suicide includes: severe depression, hallucinations, and cognitive hindering or impairment. This illness not only makes it hard to function, but the medication that is developed to treat it has major side effects as well, such as Tardive Dyskinesia: a movement disorder of facial muscles and other body parts<sup>14</sup>. It is speculated that anywhere between 20% - 40% of people with schizophrenia attempt suicide.

#### Traumatic Experience/Post-Traumatic Stress Disorder

Another leading cause of suicidal ideation is traumatic experiences. This is one of the leading causes of suicide in the military, but also ways very heavily in the civilian world. The disorder that falls into this category is that of post-traumatic stress disorder or PTSD. This disorder can be developed in a plethora of manners, but fall within three subcategories: Physical trauma, sexual trauma, and combat related trauma. These issues develop from the exposure to certain actions, or having committed or been a victim of actions within these realms. This can also develop secondary traumatization<sup>15</sup> in family members involved in the life of the afflicted.

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<sup>13</sup> Gloom “15 Common Causes of Suicide: Why Do People Kill Themselves?” (blog), 23 July 2015, <http://mentalhealtdaily.com/2014/07/23/15-common-causes-of-suicide-why-do-people-kill-themselves/>

<sup>14</sup> “Side Effects of Medication Used to Treat Schizophrenia,” Samantha Gluck. *Healthy Place*. 21 February 2017. <http://www.healthyplace.com/thought-disorders/schizophrenia-articles/side-effects-of-the-medications-used-to-treat-schizophrenia/>

<sup>15</sup> When family members begin to experience some of the same symptoms of PTSD as the returning servicemember.

The emphasis of this paper is on military applications. Combat related PTSD is one of the most common reasons of military servicemen and women for contemplating suicide. This is due to the indoctrination of service members to understand that mental health issues are a weakness rather than a treatable situation<sup>16</sup>. We see a huge spike of this after World War II, and see the rise of suicide in military members at this same time, as previously stated in the historical evidence previously revealed.

### Bullying

Although seemingly off topic, bullying is a major contributor to the suicide rate in our society. We understand that the military in an essence is a microcosm of the society we live in, with some differences. With this understanding of the microcosm we can assume that with a high suicide rate due to bullying, it can be assumed to be reflected in the military as well.

According to the Tennessee Suicide Prevention Network<sup>17</sup> suicide is the second leading cause of death in teens. The age group that the Tennessee Suicide Prevention Network describes as a teen is the range from 10 years of age to 24 years of age. One of the primary factors to teen suicide is bullying. This constant torment causes teens to feel trapped. After a prolonged period of bullying, which generally goes unnoticed, contemplation of suicide can become an issue.

There has been a drastic raise in this issue over the last 30 years. Due to the ease of access to people through social media, cellular devices, and online gaming being developed over the last few years there has been a rise in suicidal attempts due to bullying. The colloquial reasoning behind why is that the constant access to people was non-existent before the internet was created. There was a time of respite that is now taken away.

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<sup>16</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 86

<sup>17</sup> TSPN or Tennessee Suicide Prevention Network is an organization that works directly with the Governor of Tennessee and other officials for the soul purpose of eradicating the stigma and epidemic of suicide.

With the United States military being a microcosm of our society, we can expect there to be forms of bullying in the military. We see a video commentary of this 'bullying' in the movie *Full Metal Jacket* by Stanley Kubrick. This film offered a very visual rendition of the effect of bullying by drill instructors and other recruits by showing Pvt. Pyle's response after constant torture.

The United States Army has issued a change to their training protocols that removes the allowance of "bullying, hazing, and harassment"<sup>18</sup>. The military does not tend to change their protocols without need. The primary reason was the rise of suicidal ideation among 'Initial Entry Trainees'. This rise was linked to the essence of Drill Instructors, Teaching Instructors, and Commanders bullying the new recruits among their ranks.

#### Failing Relationships

A major part of the military lifestyle is relationships. Being one of the leading factors to the suicide rate of servicemen and servicewomen is that of failing relationships. As we can see on war movies and television shows, the 'Dear John or Jane' letter is the most damaging thing that can happen to military personnel. This causes a morale drop in the serviceperson. As shown on the iconic television show "M\*A\*S\*H", relationships is what gave hope to many people in war time and is the anchor that holds them.

As shown in the information for PTSD, relationships become damaged due to war and the by-product of it. Mental disorders, drinking disorders, sexual disorders and many other functions that have been shown in military personnel according to research provided previously

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<sup>18</sup> In accordance to the Training and Doctrine Command of the Department of the United States Army. Regulation 350-6 is the direct response to the training of enlisted initial entry training policies and administrations. This section of the training regulations gives instructions on what to train and how to effectively train recruits.

cause a massive shift in the military lifestyle, when the serviceperson is looking to return to their form of normality.

### Other Factors That Contribute to Suicide

We also see factors such as personality disorders, eating disorders, genetic disorders, terminal illness, and other medical issues can attribute to suicidal ideation. The effects of these disorders tend to isolate or cause social anxiety. This separation from society can cause for depressive symptoms and lead to suicidal ideation. Even chronic pain can cause suicidal thoughts. This living with constant pain with no relief, or with taking medications that can cause suicidal ideation is a major issue among the medical community.

Personal chaos can also attribute to suicidal ideation. This category incorporates relational issues, economic issues, general loneliness, and drug/substance abuse.<sup>19</sup> These disorders cause routine to become out of balance, and general chaos in the counselee's life. Through these issues we see a direct correlation of personal unbalances and suicidal ideation. The more unstable the life, the more unstable the emotional balance. Substance abuse can lead to 'accidental suicide'. Also, due to substances being a depressive, we see that depressive symptoms escalate or emerge in the counselee.

### Direct Military Statistics

I have already discussed certain factors that apply to military in previous chapters. As we look at the data that the Office of Veterans' Affairs offer to the mental health community, we see that factors such as: psychiatric diagnosis, alcohol abuse or dependency, drug abuse or

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<sup>19</sup> Gloom "15 Common Causes of Suicide: Why Do People Kill Themselves?" (blog), 23 July 2015, <http://mentalhealthdaily.com/2014/07/23/15-common-causes-of-suicide-why-do-people-kill-themselves/>

dependence, any substance addiction or dependency, bipolar disorder, depression, general anxiety, post-traumatic stress disorder, and schizophrenia are among the most common within the military community<sup>20</sup>. These disorders are similar to those of non-veterans; however, we see a larger amount of PTSD within the military community<sup>21</sup>. From the understanding of coping mechanisms, we can assume that some of the substance abuse or dependency can be derived from the PTSD. This can also be assumed by the rise in the suicide rate after the prescribed legal drinking age.<sup>22</sup>

We also see a drastic difference between male and female suicides. Male suicides were 40.9% of tested and only 11.6% for females. Age also is a major factor. The higher ages we see a higher rate of suicide, peaking at the 40-49 age range, then gently decreasing, then sustaining.<sup>23</sup>

According to the data we also can see a near doubling of total suicides in veterans compared to those of non-veteran or civilians.<sup>24</sup> Through discussion of factors of suicide, we understand that post-traumatic stress disorder is a cause of suicide. With this statement being made we can assume that due to the amount of trauma that veterans are exposed to this could be a primary reason for a rise in suicide rates. Also, the coupling of these traumatic events along

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<sup>20</sup> Mark Ilgen; Amy Bohnert; Rosalinda Ignacio; John McCarthy; Marcia Valenstine; Myra Kim; Frederic Blow. "Psychiatric Diagnosis and Risk of Suicide in Veterans." *Arch Gen Psychiatry* [67, no.11] (November 2010): 1152-1158

<sup>21</sup> Post-Traumatic Stress Disorder is more common in the military community for the understanding of the exposure to extreme stress. We see the use of the term of Acute Stress Disorder being used as a synonym for PTSD, due to the commonality between the two disorders.

<sup>22</sup> Mark Ilgen; Amy Bohnert; Rosalinda Ignacio; John McCarthy; Marcia Valenstine; Myra Kim; Frederic Blow. "Psychiatric Diagnosis and Risk of Suicide in Veterans." *Arch Gen Psychiatry* [67, no.11] (November 2010): 1152-1158

<sup>23</sup> Mark Ilgen; Amy Bohnert; Rosalinda Ignacio; John McCarthy; Marcia Valenstine; Myra Kim; Frederic Blow. "Psychiatric Diagnosis and Risk of Suicide in Veterans." *Arch Gen Psychiatry* [67, no.11] (November 2010): 1152-1158

<sup>24</sup> Claire Hoffmire, Janet Kemp, "Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010," *Psychiatric Services* [66: no.9] (September, 2015) 960-964

with the substance abuse can increase the likelihood of suicide in veterans. However, the Veteran Health Association has posted a study that veterans who seek help through both genders see a lowering of suicide rate.<sup>25</sup>

### **Description of a Veteran Contemplating Suicide**

The culture the military has differs from the modern culture that civilians live in. This statement is an obvious one, although not many people understand how the two cultures are different. The military is a microcosm of our current society with different rules. If we reference the Uniform Code of Military Justice (UCMJ) and compare it to the laws and regulations of the United States we would see one major difference, the punishment by execution is still active in the United States Armed Forces while this punishment is only legal in few states referenced as ‘capital punishment’. So, there is a harsher punishment towards members of the military than the citizens of the United States.

Another part of the culture that differs heavily is the view of weakness. In our society and in the Christian churches across the country, we see a weakness for a chance of training. The military sees this aspect of weakness to be a liability, and this causes a major issue with our servicemen and women when it comes to suicide or mental health issues. Our servicemen and women are indoctrinated to believe that mental health problems are a source of weakness. This causes the men and women to see counseling for emotional or mental issues as a weakness.<sup>26</sup>

Each branch of the United States Military has different core values that are pressed upon the recruits of that branch, so that they live by those values for the rest of their lives. To show

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<sup>25</sup> Claire Hoffmire, Janet Kemp, “Changes in Suicide Mortality for Veterans and Nonveterans by Gender and History of VHA Service Use, 2000-2010,” *Psychiatric Services* [66: no.9] (September, 2015) 960-964

<sup>26</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 178

this, we understand that the United States Marine Corps' core values are honor, courage, and commitment<sup>27</sup>. A Marine is told to always uphold these three 'virtues' and if they fail they could not be called a 'Marine'. This not being able to hold title of 'Marine' may seem like a minor issue for civilians, however for a member of the United States Marines, the title 'Marine' is something they have earned, and is a title of respect<sup>28</sup>.

Another addition to the military community, the warrior mentality is heavily prevalent<sup>29</sup>. This idea of having to be a fighter no matter what is evident, and not necessary to remove in order to counsel the client; however, there may be a need to help the client learn to either increase or decrease the warrior mentality to help them cope with the situation. In some cases can be used as a motivational tool.

Something that is not prevalent in most of the civilian society, but is an ever-present reality to service members is the idea of killing. Killing is something that is a necessary aspect to many occupations in the armed forces. Grossman offers five stages of killing which consist of concern, killing, exhilaration, remorse, and finally rationalization<sup>30</sup>. Concern would be the stage of being aware of the death, and having concerns for the act. Killing would be the stage of the act of killing. Exhilaration would be the stage of excitement that comes with the adrenaline surge. Remorse is the stage of regret for the action committed against the other human being; this stage

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<sup>27</sup> These core values are public knowledge. Honor is to have high respect. Courage is to have strength in the face of pain or fear. Commitment is another word for loyalty, or to be devoted to a cause.

<sup>28</sup> I had the pleasure of learning this respect for the title first hand. I was allowed to attempt the United States Marine Corps Basic Training Program at Parris Island, NC. I would not be able to give reference besides the fellow Marines that I trained beside. I was not allowed to complete the training, however seeing the men and women who trained so hard be called 'Marine' caused many of my friends and comrades to begin to tear up. It was an achievement that only few hand the opportunity to have.

<sup>29</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 178

<sup>30</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 178

is a position that becomes the ‘invisible wound’ when it comes to the service member for they may never get past this stage or understand the normality. Finally, rationalization is the stage of understanding the necessity of the act of killing. These stages can be helpful in counseling the client, for they can realize the normality of their stages of thought.<sup>31</sup>

### **Effects of Post-Traumatic Stress Disorder on the Family**

Not only do the military service member who is exposed to the high levels of combat stress experience higher rates of Post-Traumatic Stress Disorder, substance dependency or abuse, alcohol dependency or abuse, depression, but the combat stress may also lead to secondary traumatization in the spouse and children. This may cause and interference in the effective parenting. We see evidence of children experiencing emotional or behavioral issues while their parent(s) are deployed and during the reintegration of the parent back into society when the parent returns post-deployment.

According to the data offered in the Crisis Handbook, 36.6 percent of families, who had a member who served in Operation Iraqi Freedom or Operation Enduring Freedom, suffered from some mental health issue or disorder<sup>32</sup>.

This has been an extensive issue that UCLA and Harvard Medical School has developed a program in attempt to help remedy the issue. The program is called FOCUS, or Families Overcoming Under Stress. This program is designed to increase the resiliency of the family through a training program. It is primarily focused on education and effective coping methods in an attempt to improve adjustment, stress management, and problem solving<sup>33</sup>. It also allows for a

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<sup>31</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 178

<sup>32</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 182

<sup>33</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 182

group therapy like community, offering connections to other families who are learning to function, or cope with a member with PTSD or traumatic disorder. This offers an increased social support which is important in not only coming to terms with the situation, but also allowing for understanding among the members of the family<sup>34</sup>.

### **Biblical Research**

The belief on suicide and the Holy Scripture are split. One view of suicide is that it is considered ungodly and condemned. This view takes the point that life is a gift from God. Suicide, which can be defined loosely as self-murder, is against the ten commandments of the Hebrew scriptures. This self-murder is taking away the authority of God. We see in Psalms 31:15<sup>35</sup> that the authority of our life on earth is directly given to the Almighty. The men shown in scripture that “commit suicide” are Saul, Abimelech, Ahithophel, Zimri, and Judas. These men were known for their wickedness, so the condemnation of those who commit suicide should be assumed as well.<sup>36</sup> The argument of Samson committing suicide is that his purpose for pulling the building upon himself was in an attempt to kill the philistines who were “enemies of God.”

The argument of suicide as a sin is related to the Catholic idea of the early 1300’s, and a continued idea that followed the Catholic church through the reformation. We see evidence of this when we discuss the epic *Dante’s Inferno*. In the *Inferno*, we see Dante going through the levels of Hell. Going ring by ring through the different levels of sin. When he reached the level devoted to violence, we read that he approached the forest of suicide. This understanding of why suicide would be damning in an essence would be directly related to the understanding that

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<sup>34</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 182

<sup>35</sup> “My times are in your hands...”

<sup>36</sup> “What is the Christian View of Suicide? What does the Bible say about Suicide?” Got Questions.org, accessed 21 February 2017, <https://www.gotquestions.org/suicide-Bible-Christian.html>

violence was a damning offence, unless done for the ‘Glory of God’. Suicide was depicted as violence against one’s self. They injured their bodies, so they were no longer allowed to have bodies that were their own. They became trees whose limbs would break off easily. This depiction of torture for this ‘offence to God’ would support the understanding that suicide is a sin.<sup>37</sup>

The other argument is that suicide is not directly damning by scripture. The basis of this was the scripture of Romans 8:32<sup>38</sup>. This aspect of pure love being stronger than any act aligns suicide as a sin with the assumption that all sin is equal. Using the same six men previously stated for the previous argument, the argument states that they are not explicitly condemned. The scripture does not tend to condemn suicide directly.<sup>39</sup>

Both arguments have flaws. The first argument gives leeway for the grace of the almighty, and a double standard in the scriptures selected. Stating that Samson scenario was not to be considered suicide, but accidental due to the attempt to murder or sacrificial homicide. The second argument offers a pluralistic approach. Since the argument is that suicide is not explicitly addressed by name then it must not be condemned.

The theological understandings of salvation that are separated in the Calvinistic understanding of eternal security, or the Arminian understanding of repentance is where the struggle truly lies. If one believes that someone is always covered by the ‘Blood of the Lamb’ then suicide ultimately would not be damning. The belief would be that blaspheming the Holy

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<sup>37</sup> Dante Alighieri, *The Divine Comedy Volume 1: Inferno*, trans. Mark Musa (New York, NY: The Penguin Group, 1984) 186

<sup>38</sup> “Neither life nor death can separate the believer from the love of God in Christ Jesus.”

<sup>39</sup> Smedes, Lewis. “Is Suicide Unforgivable?” *Christianity Today* 44, no.8 (July 2000)  
<http://www.christianitytoday.com/ct/2000/july10/30.61.html>

Spirit is the only sin that can separate you from God. The bible passage directly related to this understanding of eternal security would be the 'Good Shepherd'<sup>40</sup> passage. The understanding that no one can remove you from the hands of the Father once placed there gives a sense of eternal security in salvation. This emphasis on no one being able to remove you gives the defense for suicide not being condemning and can give family members who have lost someone to suicide a hopeful understanding of where their love one is in eternity.

With the understanding of losing salvation, we see the rooted in the understanding of recrucifying God<sup>41</sup>. This understanding give little hope for the Christian fallen from grace for it shows an idea that it is impossible to receive grace when they have fallen on it. This would assume that suicide is a 'falling from grace', and damning all sin. This gives no hope to those who have lost a love one to suicide.

My personal understanding of scripture, and personal faith align with the understanding of eternal security.

## **Praxis**

### Session 1

Initial contact is important. When someone with suicidal ideation comes for help, the initial moment would be much like an EMT when you call the ambulance in case of emergencies. The initial job for an EMT is to get the patient stable, this would be the first thing I would emphasize on initial contact. The coin phrase used by Contact Lifeline of the Highland

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<sup>40</sup> John 10

<sup>41</sup> Hebrews 6:4-6

Rim Director is “Safe for now.”<sup>42</sup> With this emphasis on getting someone safe, we can then begin to understand the underlying thoughts and ideas.

To investigate the client, I would initiate the tools provided in the appendices. The basic inventories offered would help determine the next step<sup>43</sup>. With asking the questions provided, we can determine the severity of the situation, we can then determine if simply talking to the counselor would be the best stage, or if residential treatment would be the next step.

I would engage the no-suicide contract. With someone with an honor system such as those who serve in the military, the contract would engage that honor system so that they can search for better treatment. This no-suicide contract can be dangerous for it can put the counselor in the position of liability, so one needs to be careful when initiating the contract.

Utilizing the “Magic Question” that Kollar offers in his *Solution Focused Pastoral Counseling*<sup>44</sup>. This attempting to help the client picture a better tomorrow, which would be hard with someone affected by depression, would reveal a small light in their dark understanding of this world. Using this question to determine possible goals for the client, and help them understand that there is more to life. This revelation would help take off their ‘blindness’.

The model that I would begin with would be the Genesis Model offered by Dr. Effler<sup>45</sup>. The first step would be that of “God Creates”; this step includes creating a safe place for the client. The client needs to feel comfortable so that they can trust you enough to tell you about their story. If we use the case study, which is a dramatization of a real person I had the pleasure

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<sup>42</sup> Ellen Stowers is programs director for Contact Lifeline of the Highland Rim a local crisis line for middle Tennessee.

<sup>43</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 89

<sup>44</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 28-34

<sup>45</sup> William Effler, *Out From the Shadows: Biblical Counseling Revealed in the Story of Creation* (Bloomington, IN: WestBow Press, 2014) 99-116

of meeting, the understanding of the code of conduct that service members have influenced by previous service members we need to make it where they feel as though it is comfortable for the client to talk freely. Remembering the function of the idea of mental health issues as a weakness<sup>46</sup> hinder the service member.

In my personal opinion, if someone comes into the office with suicidal thoughts or ideation, they should be taken to the emergency room in search for immediate help. After they have been through the treatment offered by the medical professionals you can continue the sessions to help with the root issues.

## Session 2

This session would emphasize more of the “God Creates” aspect seen in class and in Effler’s textbook<sup>47</sup>. With creating this safe place for the client, we can understand the client. Understanding Kollar’s idea that was modified by Effler in class, “The counselee is the initial expert”<sup>48</sup> we can begin to understand the back story of the client, and they can give their understanding of why they got to the point of suicide, or suicidal ideation.

The initial goal of the session would be to make sure that the client is stable. Making sure that they are no longer wanting to commit suicide, and now looking for the next step. If they are not at the ‘Willing Position’<sup>49</sup> of counseling and stuck in the ‘Attending’ or ‘Blaming’ positions,

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<sup>46</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 86

<sup>47</sup> William Effler, *Out From the Shadows: Biblical Counseling Revealed in the Story of Creation* (Bloomington, IN: WestBow Press, 2014) 99-116

<sup>48</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 72-77

<sup>49</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 80-82

then this would be the area of emphasis on the counselor. With the primary understanding of not rushing through this step since this is the primary downfall of a counselor.

Once again using the case study as the primary model for this praxis, James reveals to us something great. James reveals to us his family. Knowing that James is a third-generation serviceman, whose father and grandfather were both Marines, and James having wanted to be a Marine. This reveals to us that James did not follow in the footsteps of his father, as his father had done. This can cause a rift in the relationship.

Another revelation we have is the way that James's father told James to cope with the events that he had experienced. This initializes an unhealthy coping mechanism which was popular with the World War II veterans<sup>50</sup>. This would be a continuation of the grandfather telling the father what the grandfather was taught when he came back from World War II.

### Session 3

We now understand that James is showing signs of Post-Traumatic Stress Disorder, when he is reacting to sounds and smells as intensely as he has. This is shown from the flash backs, or reactions to the fireworks that he is having. When this is evident, the client may seem to feel as though they are paranoid, hypervigilance<sup>51</sup>, or powerlessness<sup>52</sup>. This is due to the survival of traumatic events like combat situations. This would be something to refer to a psychiatrist or medical professional to have tested.

The client may feel as though they are not 'normal' so helping them understand that PTSD is not weird and does not make them weak. Another aspect to emphasize on is that the

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<sup>50</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 86

<sup>51</sup> Hypervigilance: A state of preparedness and anxiety that often occurs after someone has been attacked.

<sup>52</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 156

sessions they are attending does not make them weak either. Since this weakness is a stigma already presented to the serviceman or woman<sup>53</sup>, this would be a major hurdle to try to help the client understand.

Another step that may be beneficial would be to refer the client to a local veteran's support group. These groups generally are for those suffering from PTSD or trauma disorders. This would give the client a group of people that would be accepting of them, and help see that they are not alone in the struggle they are going through. This would be best referred to as the "God Illumines" step in the Genesis Model<sup>54</sup>.

#### Session 4

Now that the client is getting some direction in understanding, we see another Kollar model "The Counselee is always changing"<sup>55</sup>. This is shown by the movement of James from the suicidal ideation, to confronting his PTSD, to now seeking help outside the counselor. The client may now be seeing that they were not the problem, that it was not something they were intentionally doing.

In the case of damage among family members, which is a possibility when it comes to those who have PTSD, this may be a good time to bring them into the session to help facilitate reconciliation between the two parties. PTSD out bursts may have violent tendencies. As referenced with the lesson on the brain in class, the human brain has a fight or flight mechanism. When someone who suffers from PTSD has a flashback, they can either run like James did, or

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<sup>53</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 86

<sup>54</sup> William Effler, *Out From the Shadows: Biblical Counseling Revealed in the Story of Creation* (Bloomington, IN: WestBow Press, 2014) 135-148

<sup>55</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 70-72

they can become defensive or offensive. Rebuilding these relationships would be beneficial to the client. This could be just simply helping the family understand what Post-Traumatic Stress Disorder entails, or by giving a safe space for a chance to apologize and communicate between the members of the party.

This time of communication among the family members may also relieve some of the stress added upon them, and give a chance for coming to terms with the situation as is. This would offer and opportunity to deal with the secondary traumatization if it is evident in the family. Understanding the trauma related disorders do not only affect the client, but their family as well.

This reconciliation does not have to be complicated. Much like Kollar states “complex problems do not demand complex solutions”<sup>56</sup>. Simplifying the solution may be more beneficial to the client, and can help them continue to grow in healthy ways of coping.

### Session 5

At this session, if progress was consistently being made, then this would be a good time to begin transitioning the client to another psychiatrist or mental health professional. This is simply to prevent co-dependency<sup>57</sup>, and since this is a moment of advanced mental health issues would give them a better chance of overcoming their diagnosis.

For military members, the Department of Veterans’ Affairs offers free assistance to active, reservist, retired, or separated members of the armed forces. They offer high-tech ways of treating the issues, or they can refer the client to a mental health professional that either has access or is specialized in the treatment of PTSD<sup>58</sup>.

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<sup>56</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 67-69

<sup>57</sup> Reference to the Co-dependency lecture in class.

There have also been advancements in the treatment of PTSD through the use of virtual reality sessions known as Virtual Reality Exposure<sup>59</sup>. This would offer a better opportunity for the client to finally come face to face with their events and be able to reform their reactions to them.

### **Conclusion**

Suicide is an epidemic in our society, and a major issue among the military community. This condition is so dire that there are organizations and community services that are purely devoted to the eradication of this “silent epidemic”<sup>60</sup>.

Something that has been very impactful through the research would be the ‘warrior’ mentality that we see with service members. The idea that they cannot be weak, or that mental health issues are weaknesses are detrimental to their coping methods. Through understanding this aspect more clearly, the possibility of helping the client reach a place of stability and strength in an area where they feel that they are weak and fragile. Although the likelihood of a service member walking into a church of a colleague is lower in certain areas, this mentality of weakness is something seen in many men in our society. Post-Traumatic Stress Disorder is not solely a military issue, and this research could be applied to many other people afflicted with PTSD.

As a minister, the counseling pastor must always remember that “God is already active in the counselee”<sup>61</sup>, and even more so that God is active in the counselor. True healing can only come

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<sup>58</sup> Kristi Kanel, *A Guide to Crisis Intervention*, Fifth Edition (Stamford, CT: Cengage Learning, 2015), 180

<sup>59</sup> A new approach to working with the PTSD suffered by the returning veterans. They observe a video of scenarios that replicate their experience in Iraq or Afghanistan and while doing so, a therapist guides them in changing cognitions and emotional responses to events. ( Kanel, pg.180)

<sup>60</sup> The Tennessee Suicide Prevention Network’s coined term for suicide.

<sup>61</sup> Charles Kollar, *Solution-Focused Pastoral Counseling: an Effective Short-term Approach for Getting People Back on Track* (Grand Rapids, MI: Zondervan, 2011) 62-66

from God, and we are just tools for God to use. We must be willing to work in the Holy Spirit, and with the Holy Spirit, or we will never be able to truly help the client.

A great take away from this research that I have found is that simply recognizing the signs and asking the question “Are you considering suicide?” can change the direction of someone’s life. The military is now engaging on training servicemen and women on the risks and warning signs that show suicidal ideation so that the attempt to reconcile this illness among the military and veteran community.<sup>62</sup> Battle buddies are important to have for someone who feels as though they are alone. The stigma that is placed on the word ‘suicide’ has caused many people to remain silent when they need help. When the best way of intervention is to ask, then we should ask.

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<sup>62</sup> TSPN has shown to make efforts to train in QPR (Question, Persuade, Refer) systems in the military community.

## APPENDIX A

### Case Study

A man in full uniform comes into the office. He greets you, and refers to himself as 1stLt. James Ramirez. James has “only been home for a few days.” James tells you he does not want to be in your office. He informs you that he had no plans to be here today, but his mom wanted him to come in. James divulges to you that he had plans to just go get a good meal with his parents, then go back to his apartment and “blow my brains out.” James tells you that he is just tired of all this fear, and just wants to stop feeling.

James is a member of the United States Air Force, and is a recovery medic who has a degree in nursing and trained as a Trauma Nurse. He has been in the Air Force for “3 tours,” which you later realize means 12 years.

James tells you that he is a third-generation serviceman. His father and grandfather were both Marines, and James wanted to be a Marine, but was offered a better position in the Air Force.

James was deployed to Iraq and Afghanistan for 2 of his tours. He tells you of the times while he was deployed where his unit was deployed to recover wounded in the middle of a firefight. He tells you of the bullets whizzing over his head, and tells you of the scent of the burning flesh coming off some of the bodies who were hit by rockets. James continues to tell you of “all the boys and girls I had to pull off the field, not knowing if I would be able to keep them alive. Not knowing if me and my unit would be able to get back to the helicopter.”

James began to tell you about the first time he came home after doing a tour overseas. He tells you of how he came home feeling out of place. His father was there to pick him up from the airport. His father informs him that they needed to do something before they left the airport as it was something his father did for James’s dad when he came home from his first tour. James’s father took him the bar in the airport, ordered them both a drink, and told James “tell me everything.” James told his dad all the things he saw, and all the things that happened. After a few hours of tell his dad everything, James’s father told James “Now, don’t tell anyone about this.”

It is a few days before Independence Day. James comes in your office with a look of fear on his face. You realize James is a few minutes late which is not normal for him. James apologizes, and tells you that he heard blasts and just ran as fast as he could. When he finally realized that they were just fireworks some kids were playing with, James found himself under a car protecting himself. He tells you he heard the bang, and smelt a strong gun powder smell, all he could do was run.

James informs you he is tired of living with all this fear, and is ready to just stop feeling.

**APPENDIX B**

## Steiner's Outline for Assessing Potential for Suicide

1. Ask if the person has thoughts of killing himself or herself.
  - a. How often?
  - b. How badly does the person want to die (on a scale of 1 to 3)?
  - c. Does the person see Suicide as a good solution or bad solution?
  - d. Does the person perceive suicide as weak or strong?
  - e. (A person is at high risk if he or she thinks about suicide often, has a score of 3, sees suicide as a good solution, and perceives suicide as a strong act.)
2. Ask family members if they are concerned that the person will commit suicide.
  - a. (A person is at high risk if his or her family members say they don't believe it would happen and believe that the person is just acting.)
3. Check the person's plan for suicide.
  - a. Is it detailed? General?
  - b. Does the person have materials to carry it out?
  - c. Does the person intend to do it soon?
  - d. Has the person given away possessions or said good-bye, or both?
4. Check the person's mental status.
  - a. Is the person confused?
  - b. Intoxicated?
  - c. Using street drugs?
  - d. Hallucinating?
  - e. Is the person in control of his or her faculties?
  - f. Impulsive?
  - g. Clinically depressed?
  - h. Emerging from clinical depression?
5. Check the history of Suicide in a person's life.
  - a. Has the person made other attempts?
  - b. Does the person have friends or family who killed themselves?
6. Find out what the individual's support system is like by asking these questions:
  - a. What friends or relatives have you told about your intent?
  - b. Who do you talk with when you are down?
  - c. How does your family respond to your concerns?
7. Find out how much control the person has by asking these questions:
  - a. Can anyone or anything stop you?
  - b. What has been stopping you?
  - c. What made you come for help?
8. Ask the person for a commitment to talk with you, to see you in two days, or to give up all rights to suicide for a set period of time. Have the person tell you how he or she will do that.

### APPENDIX C

#### Suicide Assessments, Risk Level, and Intervention

Ideation	No	Low	Supportive crisis Intervention
	Yes		(Go to next fact to decide)
Plan	No	Low	Crisis intervention, verbal no-suicide contract.
	Yes		(Go to next factor to decide)
Means	No	Low	Maintain regular contact throughout the crisis intervention, written no-suicide contract, ask about plan and means at each session
	Yes	Medium	Written no-suicide contract; frequent contact, family watch, give the means to counselor, refer for medication evaluation by physician. Possible brief voluntary hospitalization if very depressed
Can anything stop you now? What has stopped you?	Yes	Medium	Find out what has stopped them, encourage them to live for that reason and others, reframe, support, same interventions as above.
	No	High (if angry, very high risk)	Involuntary hospitalization or voluntary hospitalization; possible medication

**APPENDIX D**

## Suicide Contract

I (Client's Name) agree not to harm myself for the next week. I promise to contact (Counselor's Name) when my suicidal feelings get too strong to control

(Client's Signature)

(Date)

(Counselor's Signature)

This suicide contract is a great tool to use in the event of someone who is on the spectrum of low to medium risk in the previous tools; however, due to the rise in lawsuits related to the crisis intervention members of the Tennessee Suicide Prevention Network and QPR trainers are now recommending backing away from this tool. It opens prospects for liability among the counselor community, and can cause legal issues.

The Crisis intervention handbook on the other hand recommends this method as a way of initial intervention, and can allow for time to be given for the counselor to fully engage the situation. This alleviates the issue of 'knee jerk' responses to suicide, and allows for clear thinking in the event of intervention.

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