

TRANSCRIPTS for Series 2, Episode 2: Galvanizing Faith Groups (airdate December 2020)

Introduction

Welcome to *A World Where LivingWorks*, stories of science and survival bringing together our heads and our hearts to build a suicide safer world, talking openly about suicide is so important but we also recognize that listening to this series may bring up some tough emotions, if so please talk to a trusted family member, friend or local support service about how you are feeling.

Visit livingworks.net and click on 'FIND SAFETY' for international crisis services, we are there to help you.

This podcast is brought to you by LivingWorks, a network of local suicide first aid trainers in your community and communities around the world visit livingworks.net to find out how you can play your part in suicide prevention.

Kim Borrowdale, host: You're listening to *A World Where LivingWorks* and I'm your host Kim Borrowdale.

First of all, I'd like to acknowledge the traditional owners of the beautiful lands wherever you're listening and I'd also like to acknowledge everyone out there who has been impacted by suicide, acknowledging the pain it brings to our lives but also the desire to make positive change for all of us to live well.

Arts, divinity, science, strategic studies and leadership, all things our guest today has studied throughout his career. Today I'm talking with Glen Bloomstrom.

Glen is LivingWorks Director of Faith Community Engagement, working with faith communities, the US Department of Defence, Veterans organizations and International Militaries; he also serves as Adjunct Professor at the Bethlehem College and Seminary in Minneapolis, Minnesota. Prior to joining LivingWorks, he served for 30 years as an active duty army Chaplain before retiring as Colonel in 2011, Glen thank you so much for joining us today.

Glen Bloomstrom, guest: Kim it's a pleasure to be with you, thank you for the opportunity.

KB: We're talking today about faith communities and suicide prevention and let us first acknowledge that neither Glen nor myself can speak to every religious denomination, however what we do know is that faith communities play a critical role in many communities across the world, when it comes to providing connectedness, fostering resiliency and offering hope, something that is particularly important right now.

Glen given this caring role that faith communities have, are we seeing a reduction in stigma when it comes to suicide being discussed more openly?

GB: Kim, I think stigma is part of being human, we're always comparing ourselves to one another, we're always looking to our right and our left and so stigma is only overcome by dialogue and by training.

KB: And in those conversations, what are some of the barriers you see in the faith communities that you've worked with?

GB: I think every faith community, every church has it's own unique culture and the church culture is one of people on a journey to deepen their relationship with God and so a lot of the time, people on that journey, again are comparing themselves to one another until they have gotten to the point where they're able to be truly themselves and I think there are people in every church and faith community that are at different places for this because of their own development, because of past issues and so the culture is set often by key leaders,

key people, some are the faith leaders, the ministry leaders themselves, others are key members, all those contribute to setting a tone and a direction in that particular congregation.

KB: I like what you said there about trying to just be, I think that's not limited to people in the spiritual world and in faith communities, every human being could relate to that, regardless of their beliefs

GB: Isn't that the truth, yes.

KB: When it comes to suicide being discussed more openly in faith communities, what are some of the barriers that you've seen to these conversations being had?

GB: Again, it goes back to the culture and leaders, key influencers within each of those communities. I think the biggest one is when faith leaders do not see mental health and suicide as appropriate within their role. In the formal education in seminaries, we are taught to exposit the Word of God, or to facilitate the sacraments and to minister to people but that ministry is often focused on sacred scripture, on theology, on life ministry practices and consequently if mental health and suicide is not my role and then that becomes a barrier to helping. Part of that barrier is just a lack of training, many, many clergy in a formal Master of Divinity program have one course in Pastoral Counselling and a lot of the times, that's focused on active listening and referral and consequently overtime if we don't have this kind of experience of people, either it's hidden or you have a very, very healthy situation and people seek help for those things outside the walls of the church or faith community, well it just doesn't come on the radar for a lot of ministry leaders.

KB: That's interesting that you say that because it's like every other profession that we're seeing that in the university training, in the seminary, in whatever professional development people are doing in these caring professions, there not getting training in how to counsel, how to make that mental health and wellbeing part of their role?

GB: Well it's because of the emphasis of traditional ministry preparation, it's a three year generally heavy on languages, I teach in a seminary, so I live it, I breathe it, doctrine, making sure we're doing the right things, with the sacred scripture as we preach. Preaching is really essential feature in my tradition, so naturally those other areas are not as important in that training, however once the young elders and pastors and ministry leaders get out, they encounter it and at that point it's possibly most likely they will consider training when they're overwhelmed by what they experience.

KB: When they're faced with it, right in front of them, yeah of course, much like a lot of other professions. Actually I was reading an interesting study the other day, I think you might have mentioned it in one of your articles, that 25% of people will consult a ministry leader before a mental health professional but many other studies indicate that ministry leaders are insufficiently trained in suicide prevention and postvention care following suicide behaviours, so exactly what you just said, regardless of if they have the training or not people will come to them with these issues, leaders need to be prepared to have those conversations and appropriate safe way.

GB: That's right; they expect their ministry leaders to be able to deal with those kinds of things. That 25% of people if they are having a mental health challenge because of their love for their church and centrality of their church in their lives, they may consult a ministry leader first and of course we would want that ministry leader to think broadly, not only to spiritual and matters of faith as a solution, comfort, guidance but also to real issues of help.

KB: And in your time working with ministry leaders, what has been some of the experiences you have heard about where people have felt ill prepared for these conversations?

GB: Almost, in many of my conversations, the majority of ministry leaders did not have suicide on their radar. I tend to use that phrase, it was not part of their thinking as they were supporting and caring for their people and only in retrospect does the light shine and they think, oh my that person was telling me something and that's an unfortunate thing because in many cases it's a matter of life and death.

KB: And what about sadly when people do die by suicide their ministry leaders are then dealing with a grieving congregation, a grieving family and we know from studies that postvention, so caring for those left behind is really important in terms of prevention, so how do you think ministry leaders are dealing with the grief and loss of communities in relation to suicide; have there been shifts in the language their using, in the care methodologies they put in place?

GB: I believe that most ministry leaders are very aware that there is danger, that there could be others that might be struggling with thoughts of suicide, however without training there is this level of fear and they want to address that fear, that shock, that great despair that that individual had theologically, scripturally, however as you mentioned a moment ago, many times in a memorial service or funeral can be prevention for the living, that we need to tell our people if we have that sense of constriction and suicide is all of a sudden starting to making a lot of sense, we need to talk to somebody about that, we need to seek help when we are overwhelmed with pain and desperation. So those are messages that don't need to be harped on but that need to be communicated, we care, we wish our dear friend had let us know they were this desperate, so that's the element that becomes preventative in a memorial or funeral, (UNCLEAR – 10:20) powerful ministry supporting those that are experiencing the unique grief that is related to suicide, a mixture of anger at oneself, great grief at the loss of their loved one and also a tinge of anger, how could you do this to us, why didn't you let us know, and consequently for a person of faith that can be very, very confusing or they might tend to not express that as a sign of a lack of faith, but I can tell you frankly that those that I have spoken with, their faith is a tremendous comfort but if they have their own internal stigma directed at themselves for failing to care for their loved one or if those around them don't know what to say, or say unfortunate things just off the cuff that are hurtful in the long run, those behaviours, internal and external can result often in people leaving one of the most supportive environments that they have.

KB: That is such a responsibility on people's shoulders in that situation, in particularly ministry leaders because that was what I was thinking is, you must have the polar opposites when a suicide death happens in a faith community of people who are so comforted by their faith but then underlying tensions of others who as you said, may have self-stigma or be partied to some unhelpful conversations, so that leadership as you say is really important in those times but let's not put it all on the ministry leaders shoulders.

GB: Exactly.

KB: I was reading something you were talking about the other day, which was about natural helpers, so talking about the concept that these sort of communities by the nature of what they are tend to attract people with a natural inclination to help and care and think about the collective as opposed to the individual. So talk to me about natural helpers in a congregation or in a community in relation to suicide prevention.

GB: Well, let me speak about the natural helpers in a community first, I believe that we could make a tremendous impact if we began to train people who have conversations regularly with a wide variety of people and get to know them. I guess top on my list of folks outside the walls of a church or a ministry setting would be bartenders, you know, a bar or a pub is a public place where you are known. In America we have that show

Cheers, I don't know if they show that down in Australia, yes, what do you know, and sometimes it can be a bartender or a regular person at the bar who notices these changes in individuals that come there regularly to socialize, barbers, hairstylists, coaches, educators, now if we move over to the ministry setting youth leaders, Sunday School and scripture school, Tora lessons, Hebrew teachers, they can notice frequently changes in people's lives. So I believe that every youth leader, in every faith community regardless of faith tradition should be trained as a natural helper. Certainly they don't see themselves as a clinician, certainly they are not mental health professionals, but they are human beings. I like to say that a lot of our programs are just sharpened focused emotional intelligence program, or human being skills about listening and paying attention to what you see, sense or learn about and asking about it, so I like that idea of natural helpers and I think that even clinicians frequently will talk to people that they are speaking with in therapy to find out who are your elders, who are the people that you would go to for advice and guidance, ha well maybe this is a person you might want to talk about your journey of therapy with, they will access those natural helpers as well, all I'm saying and what I believe so strongly is, more and more natural helpers need to be trained to be alert for suicide.

I also believe that suicide prevention and intervention training can lead to further openness to studying a lot of the common symptoms of depression, anxiety. Our youth certainly know this terminology, they are very conversant with using it until a natural helper challenges them and says, what does that mean, what do you know about anxiety and oh and you say you're bipolar, youth love to use these terminologies, well Glen I was talking to a young person recently and they said, oh I think I have bipolar, oh really what is bipolar, and they said, well that's when you're really up and then you're really down, I said oh really, tell me more, what's the down, so as we investigated further his definitions would be less and less complete and I said, terminology and that term is a very serious term, it's a mental health term, what you're talking about sounds to me like natural ups and downs of being a young adult and so we have to challenge language and terminology that's gained from the internet, sometimes. So those are all apart of that natural helper conversations and (UNCLEAR – 16:01)

KB

I love that term about just sharpening up your emotional intelligence skills and your human being skills because that's what I learned when I did the LivingWorks ASIST training a while back, quite a few years ago now and it fundamentally changes the way you talk with people, so it's not even about, hopefully most of the time, it's not about suicide interventions, it's actually just framing the way you talk to people in a more helpful inquisitive way that let's them be the architects of their own life.

GB

Yes, and I think that is a skill that frequently that is learned on the job, in other words, I believe ASIST really talks about that collaborative question set, you know, what have you learned that you could apply now, who are people that have spoken into your life, and when that comes out of the person we're helping, it belongs to them, verses us telling people and I think when I was young in ministry, while the expectation I had was, you're coming to me for this theological and spiritual wisdom, ok here it goes, and here's the answer, whereas now after these many years, I'm going to ask the question differently, what has God been putting on your heart, what scripture has been speaking to you most profoundly, how have you learned in this journey of suffering and all those then already belong to that person, I'm just bringing them out because they may have forgotten about those resources that are already within them, that God as that that person knows them undoubtedly is working in them already.

KB

And in that line of questioning I imagine a lot of natural helpers and a lot of ministry leaders or any leader of a faith community they've sort of had that natural persuasion to ask those open questions anyway, so how do you encourage faith leaders to take on the more structural training of suicide first aid training for example and really

encourage them to build on those skills they already have, it's not something different to what they're doing, it's just building on what they already do.

GB

I think the greatest encouragement for people to become involved and to be trained in intervention skills is going through the experience of not knowing what to do when you're talking to somebody about suicide. I've heard that at least in the counselling centres here, where I live, that frequently they'll have crisis line workers first take calls, and of course they're coached and there's always safety, but to understand and know what it feels like to not be trained and then they're much more open to that training. But I would encourage ministry leaders who have sat with a person and they have run out of their standard lines and their favourite things that they like to say and people look at them, kind of look through them, that no that's not what I was looking for and they realize I'm not listening, this is my agenda and I need to learn something new, again frequently that doesn't come until you've been in that situation.

Sometimes hearing other people's stories can break that hesitation to engage in suicide intervention training and we have actually seen where people tell their stories about not being trained and the potential catastrophe that could have happened and how being trained made such a difference. So we really strongly advocate for those who have lived experience and experience to tell their stories to those younger in ministry, those that are new to leading in their faith community.

KB

So that must be quite comforting for people not knowing what to say and then seeking out the training, which is amazing but how do people in these positions take care of themselves because you've been a Chaplain for so many years and in Defence too which must have brought up some really, really challenging stories in counselling. How do you take care of yourselves when you're the natural helper and everyone's coming to you and putting their problems on your shoulders?

GB

Well first and foremost faith leaders, clergy, ministry leaders, they need to be true to their own traditions, in other words they need to take that time for their own personal worship, personal prayer time to go back to that initial calling, that is fundamental I think for anyone in this kind of work to minister out of something beyond themselves, but as far as their own other self-care is making sure we're getting enough sleep, saying no and learning how to say no to being involved in everything, taking time for exercise and leisure, I think those are just helpful things and again the faith leader culture, the culture of the faith community has such high expectations and that many of the leaders are susceptible to burn out, so that is something and for me personally as a Chaplain, I was required to take a fitness test twice a year and so...

KB

A physical fitness test?

GB

Physical fitness test and it was also a way that you could connect with troops and soldiers by going out and exercising with them and...

KB

I imagine they would love that, they would say, "C'mon Chaplain how fast can you run?"

GB

Oh yes and actually beating them, 'oh I beat you', you know but I got into a habit after 30 years that I actually love now, I've been retired now for almost 10 years but I love to run, I have a rowing machine, I put on some music and I love to do a circuit workout, where you do different exercises, it's a great way to start the day and it's a way to start with a success and I think it also gives me much more clarity for thinking things when I've already done that, I'm a much more invigorated, so that's how I take care of myself and I think traditionally and typically we're beginning to see leaders in all sectors that fitness is very important.

KB

Absolutely, and do you have a lot of opportunities in faith communities, I imagine there is a lot of leadership communication and peer support anyway, so is that something we have opportunities to talk to each other outside your particular church walls and share lessons on whether it be your day to day ministry efforts but also about this sort of thing.

GB

You raise a very good point, the peer-to-peer support is essential. Frequently ministry leaders are isolated especially in rural communities, now with technology we can connect with peers, with those who those elders who are a few strides ahead of us for mentoring. That is invaluable to bounce ideas off, to talk about when you're stuck, so to speak, and to really chat with your own peers and mates about, mates a good Australian term, but talk to your mates about how they're fairing in ministry, if they've encountered those similar kinds of situations and frequently the idea sharing and just the processing out loud can help peers to help one another.

KB

That's a great point, thank you.

What I have been asking people in this series is, we've talked a lot about challenges and barriers and the difficulties when it comes to having these conversations and the opportunities to be trained to have safer, more effective conversations about suicide, but what I would really like to know is, when it comes to faith communities and suicide prevention what gives you the most hope moving forward?

GB

I think my worldview gives me the greatest hope, I believe firmly in a calling into whatever season of work you're in and I love the fact that more conversations are happening by leaders. I also think there is hope when there's training that supports faith leaders, clergy, ministry leaders, worldview, where they understand and can see that it's not inconsistent with who I am as a faith leader. I have a lot of hope when I see attitudes about people with thoughts of suicide change and in the course of a training event and how my attitudes can help or hinder a very powerful intervention, and so today I see many young ministry leaders far more open to examine their own attitudes and their own behaviours that might help or hinder helping people who are in crisis or who are struggling with thoughts of suicide, all those help me to press on.

KB

That's fantastic. I think self-reflection and focusing on what helps and hinders is something we can all have a think about.

GB

Indeed

KB

And so at LivingWorks you've got a new program actually to help people in these positions think through some of those questions and have a look at theology and what suicide prevention means in your workplace, in your communities, in whatever faith you may be, so tell us a bit about that.

GB

Well Kim, I've very excited that LivingWorks is supporting a specific population focus training for ministry leaders called LivingWorks Faith. This program is a five to six hour online training that can be accessed at any time, it's self-paced but it's also has ongoing access to resources, it uses our LivingWorks Start as the intervention portion of the training but like all of our programs it's extremely skills based. It has a cumulating exercise where the learner will go into an avatar-equipped scenario and they have to interact with different people in a setting. Bottom line it's designed to reduce anxiety and help leaders to be prepared to engage people with thoughts of suicide. The most powerful feature is it's narrative based, we interviewed several clergy, pastors, priest, and people who have lived experience with suicide who have lost loved ones, that veteran, who tell their story and the content is structured around their stories which makes it far more compelling for them to learn.

KB

It sounds amazing Glen! It sounds both very thoughtful but also practical which is a great combination in the world of spirituality and this first course is for Christian faith leaders. So do you see similar things being faced in other faith communities?

GB

Absolutely, we would love to develop a LivingWorks Faith in a Jewish, in a Muslim setting, however, I think to try to put all three together, ministry leaders from all three of those groups would say, why do I have to go through this section and so at least in North America the vast majority are from a Christian background, so we thought we would go there and get it right, it was actually reviewed by a Rabbi, a very good friend of mine, and he said, 'oh Glen we could make this Jewish very easily'. Again there are many videos and interviews where Christian pastors and clergy are telling their stories of course we'd have to get some Imam's and we'd have to get some Rabbi's to do the same and then people from the Jewish faith and Islamic faith telling their stories as being suicide survivors. I think that's down the road, I'm very hopeful but we want to get it right first with one particular segment of the faith community

KB

Absolutely, well I think it's a really great thing to introduce and I know that ministry leaders are already having great discussions around the country and the world as a result of this. So we can only hope to see more of that and as you say it's by more discussion, this is just the start of learning and looking at those different perspectives and learning from the lived experience of the leaders and the people in the congregation.

GB

That's it and what really makes this different is that lived experience, people telling their stories and I think it sets up the content to be embraced a lot more readily after you've heard somebody who's lost a husband and the couple were very, very committed to their faith but he was overwhelmed by thoughts of suicide or you hear of a pastor or a priest who wished when they were younger they had been better prepared.

KB

Glen, thank you so much for your time and insights today, I really appreciate it and it really inspires me to think of increasingly open doors in faith communities when it comes to conversations about suicide

GB

Thank you, Kim, and thank you for your work and just telling the story all of us, the whole community that is deeply wanting to engage and help save lives.

KB

Thank you, Glen.

GB

Thank you, Kim, take care bye, bye.

Ending

If you've enjoyed this episode, we'd love you to subscribe on the usual channels, write a five star review and most importantly share it with your family, friends and colleagues on social media, tagging LivingWorks. This podcast is brought to you by Living Works a network of local suicide first aid trainers in your community and communities around the world. Visit livingworks.net to find out how you can play your part in suicide prevention.

A reminder that if this episode has brought up tough emotions for you, talk to a trusted family member, friend or local support service about how you're feeling visit livingworks.net and 'FIND SAFETY' for international crisis services, we are there to help you.