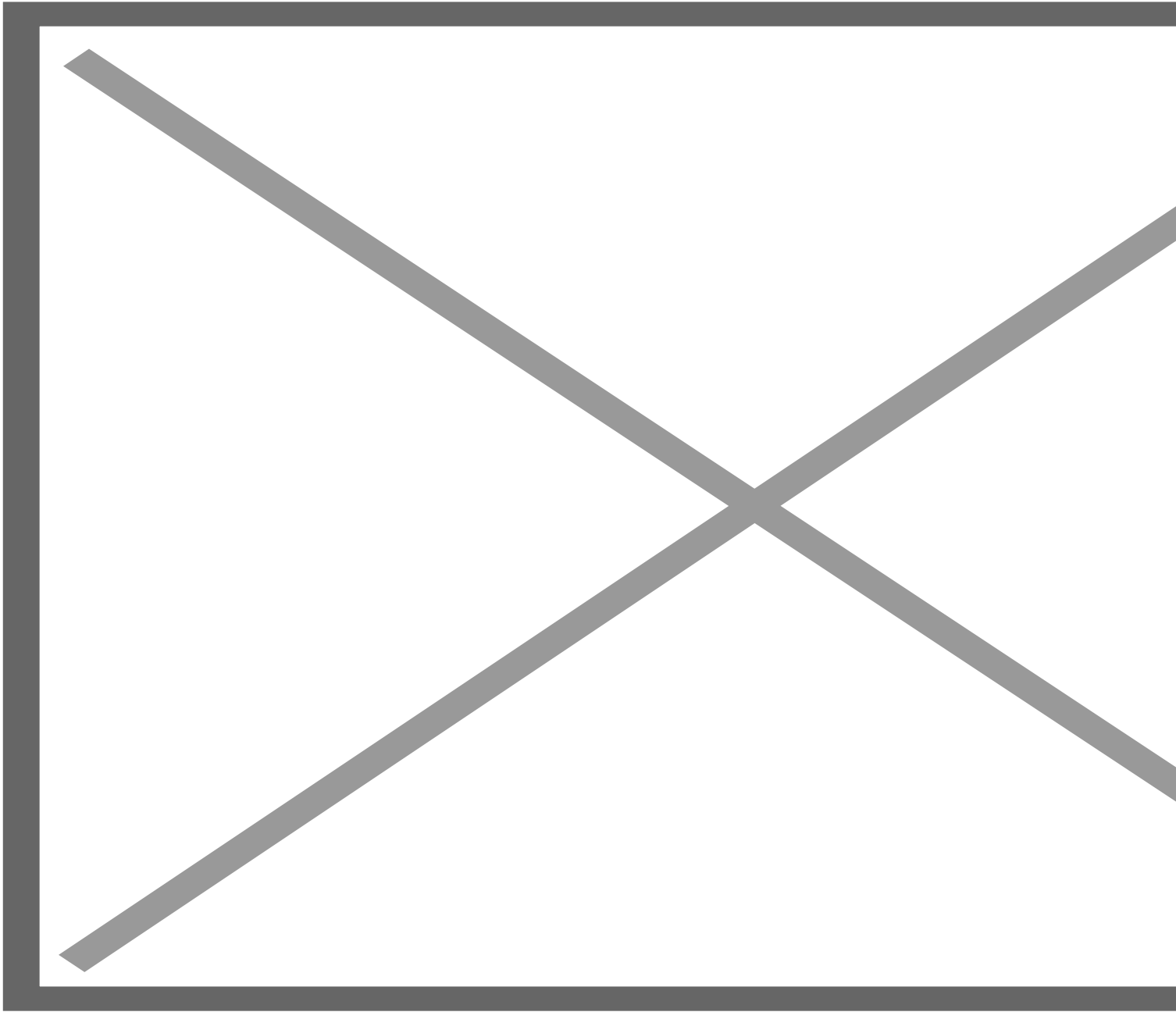


Training faith leaders to work against suicide

“Suicide happens because of loss of hope and loss of social connection,” says Michelle Snyder of Soul Shop.
“What if we became a church where no one loses hope and no one is alone?”

Interview by [Jon Mathieu](#) in the [December 2025](#) issue
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Michelle Snyder, executive director of Soul Shop (Source image courtesy of Soul Shop)

Michelle Snyder is executive director of Soul Shop, an organization that equips faith leaders and congregations to minister to people impacted by suicide.

What's the history of Soul Shop?

It was started in the '90s by Fe Anam Avis, a Presbyterian pastor at a large church in a small town in Ohio. In one six-month period there were three suicides in the community. Fe received secular training in suicide prevention, and he describes it this way: "I'd go all over southern Ohio doing these trainings, and we'd fill fire halls and community centers and auditoriums with 100 people—first responders, health-care workers, educators—and I'd look around and there would not be a clergyperson in the room." He said that happened so often that he started to ask himself, What is it about how we're having this conversation that isn't capturing the theological imagination of the church? How can we think differently about that to help faith communities realize that this is their work?

Fe and I are friends, and when he asked me to take over his "retirement project," there were 90 host sites for our workshops. Twelve years later, we have 70 trainers in the United States and 30 in West Africa. We have translated and modified what we do for different contexts: a youth worker version, a campus ministry version, a Black church version, a Hispanic church version. We're working on a Korean one now and one for Native American communities. Our trainers come from all theological stripes, and we make it clear that we have no conviction other than that we want to save lives from suicide.

It's an eight-hour workshop. Hosts bring us in, and we train faith leaders, which we define broadly—pretty much anybody who's interested in mental health ministry in the life of the church.

The first of Soul Shop's guiding principles really struck me: Suicidal desperation can happen to anyone. I would imagine this is quite surprising to some folks, who might say, "Suicide is a clinical depression problem. This isn't something I'll ever deal with personally."

I actually start the workshops with this information, probably in the first three minutes. Because you're absolutely right.

One of my primary convictions is that we have siloed suicidality as a mental health issue in ways that are distracting, unhelpful, and sabotaging. Estimates are that 6 percent of adults and 20 percent of kids are thinking about suicide at any given time. Our work is built around an idea from a suicidologist who said that the various reasons people die by suicide basically boil down to two: a loss of hope and a loss of social connection. If the church of Jesus Christ can't do something about those two things, then it should probably just close its doors. An estimated 60 percent of people who die by suicide had major depressive disorder at the time of their death. That's more than half, but not that much more.

So we spend a lot of time talking about life situations. For instance, consider men who die by suicide. Men who are going through a divorce have suicide rates that are eight times that of women going through a divorce. It's a huge risk factor, along with financial issues and identity issues. We talk about the six S's of suicide: *sickness, shame, stress, structural oppression, shunning*, and being *stuck*—people who are trapped in life, perhaps experiencing domestic violence. All these contributaries feed into suicidality. That's a very different characterization than a silo of mental illness.

It's our conviction to do this ministry through the church because I find that many churches know how to do only one thing: referral. Our society puts people in unbearable situations, then when they think about suicide as a solution to those situations, we pathologize them; then when they kill themselves, we act confused. We try to help faith communities understand that, yes, mental health intervention might be necessary, but most of the S's are things we are already experts on in the church.

According to its website, Soul Shop is trying to “help foster compassionate and effective responses to suicide within faith communities.” What might this look like, in contrast to an uncompassionate or ineffective response?

It’s highly contextual. In some ways our invitation to churches is: How do you exegete your community and see where the desperation is? One of the things we do in our workshop is to have every person write down the names of three people they could tell if they ever start thinking about suicide. This ties back to the idea that it could happen to anyone. The right kind of losses and the right amount of desperation could lead anybody there. We all need to be prepared in case a crisis strikes.

What would happen in a church if every person did that exercise every year? The pastor has a list. The deacon has a list. My mom has a list, my dad has a list. It’s destigmatizing, right? A compassionate response is not just about one intervention. It’s a cultural ethos that we’re all in this together, that there’s nothing uniquely broken about you, and that all of these things we’re talking about are not just outreach from the church into the world. This is inside our building.

It’s a particular lens that we’re hoping to form. We define a *soul-safe community* as one that addresses suicidal desperation as a regular aspect of its life and work. So we’re not doing this once a year at a Blue Christmas service—we’re doing this every day. And this definition works if you take out the word *suicide*, too: A soul-safe community is one that has learned how to minister to desperation in all its forms, as a regular aspect of what it does. Suicide happens because of loss of hope and loss of social connection. We invite churches to wonder what would it look like if we became a church where no one loses hope and no one is alone.

You mentioned destigmatizing. One of Soul Shop’s principles calls for addressing the stigma and shame that often surround suicide. How can faith leaders and communities do this well?

I think information is destigmatizing. One of our directors is a pastor, and every week he’s preaching about this stuff in some form—suicide or desperation or hopelessness or isolation. Language shifts culture. And yet, you can’t overcome emotional barriers through intellectual responses. In our training we ask people to turn to the person next to them and use the word *suicide*. Whether it’s easy or hard for them doesn’t matter. Hard or easy, they did it, so they’ll be more likely to do it again.

Part of destigmatizing the subject is just talking about it, which may take a lot of practice because not everyone has the listening skills yet. You do adult ed workshops to help people build those skills. Baked into this practical approach is both the overcoming of emotional barriers and the idea that you are actually expected to use this. Six percent of adults and 20 percent of kids are thinking about suicide. If we were having real conversations with desperate people when we encountered them, we’d be talking about this almost every day. So this is not like CPR, a skill you hope you never ever have to use. It’s a skill we actively operationalize on the daily.

Do you have to contend with some harmful theology in this work?

All the time. We have to be experts at knowing our audience. I’m going to say things in a UCC church in Connecticut that I’m not going to say in a Southern Baptist church in Mississippi.

One thing we run into is questions about hell. My challenge to participants, and my own personal conviction, is that when people raise these questions, let’s hear them primarily as not theological questions but pastoral ones. When a person asks, “Do you think someone who dies by suicide goes to hell?” I always presume there are two types of people listening. One is a person who’s thinking about taking their life but hasn’t done it because they’re afraid they’ll go to hell—that’s the only thread tethering them to life. And even if I believe there’s no such thing as hell, even if I think it’s horrible theology to believe in hell, it’s not my job to take away their only protective factor. I want them to develop others, but in the meantime, I just say things like, “Interesting. I know some people think that.”

The other person I presume is listening is someone who's lost a child to suicide, who desperately needs to believe that their loved one is in the arms of a loving God. And even if I believe that there is a hell, and even if I believe their loved one is there, it's not my job to take away their primary source of comfort. So I might give an answer like, "That's a really good question. I'm curious why you're asking." Almost without exception I don't have to say another word, because they just pour out their heart.

I also field theological questions about gender and sexuality. I share with our participants that lesbian, gay, and bisexual people have suicide rates that are four times that of the general population. But as soon as they come out and find community, the rate goes back to baseline. So those higher rates have to do with the anxiety or anticipation of coming out—of imploding your life and losing community.

Trans people have suicide attempt rates as high as 40 percent. So this is a hugely at-risk community, and there's a lot of theological banter that happens about trans identities. My job in a workshop is to challenge participants, but if I push them too hard I'll lose them and they won't hear another word I say. So sometimes I turn their questions back on them: "How does your theology help save lives?" I think there are people of good faith across all kinds of theological continua, and none of them wants to see people die by suicide. So what are you going to do about the fact that four times as many queer kids are dying by suicide than straight ones?

When it comes to training faith leaders, what are some of the biggest delights and most difficult challenges?

The work is absolute joy. People often say to me, "Oh my gosh, your work is about suicide. That's so depressing." And it just isn't. One of the ways we teach about soul-safe community is by modeling what it feels like. That starts with me telling my story. I'm the trainer, and I have someone very close to me who has thought about suicide, and I don't always know what to do about that. That's a desperate place to live. I'm also an adult survivor of childhood clergy sexual abuse, so I know what it looks like when the church gets it really wrong.

When we talk about suicide and desperation, we're talking about those who are thinking about suicide, those who are worried about someone else who's thinking about suicide, and those who have lost someone to suicide. The umbrella over this group is really large—probably well over 50 percent of a congregation. So I go through each of those categories. "If you're here today and you're thinking about suicide, talk to me. If you're here today and you're worried about someone, talk to me. If you're here and you've lost someone to suicide, talk to me." We've created safety in the room to invite people to start sharing their stories.

At some point during the day we write a prayer about suicide. People start writing prayers about their brokenheartedness, about the death of their nephew, and they pray for each other. Inevitably, when we go to break some people will be crying, and then people start taking care of each other. We've begun to create a soul-safe community.

One of the challenging things about this work is that it comes down to culture change. The church consultant in me comes out, and I think about how the American church has mirrored the sinful busyness of the world. We completely lack sabbath. We invite people to overfunction. We're running in a thousand different directions. Culture change work is hard work. I think it takes years. It's also challenging because to do what it would take to really change culture in a systematic way would require a kind of lift that a lot of pastors just lack the bandwidth to take on.

What do you imagine or hope for the future of the church when it comes to this kind of ministry?

The mental health infrastructure in this country is deeply lacking. The American Foundation for Suicide Prevention website shares state suicide statistics—including, for each state, what percentage of communities lack sufficient access to mental health treatment to meet the needs of the people. I was just in North Carolina, so I looked up their number and it's 88 percent: The people in 88 percent of that state's communities cannot access

sufficient mental health treatment. My Black church trainers would note that this is before we even consider access to providers who understand someone's lived experience. Think about LGBTQ people or people of color in rural communities.

There's a story from a TED talk that I love. It's about a psychiatrist—one of 14 in Zimbabwe, a country of 12 million. He lost a patient to suicide because she couldn't get to him; she needed \$15 for the bus fare and she didn't have it. She never got to the doctor, and she ended up killing herself in her village.

Because the pathways for care delivery were not working, the doctor set out to figure out what an asset-based approach would look like in his context. He did an analysis and concluded that every village in Zimbabwe had an abundance of grandmothers. These women were stable, well-trusted, and they weren't leaving. So he implemented a program where he trained grandmothers in basic listening skills and some cognitive behavioral interventions. The program built a bench in the center of each town, and grandmothers would take shifts sitting on the bench. Providers would refer patients to the grandmothers. They conducted clinical trials and found that the grandmothers had better outcomes than any other health-care providers in Zimbabwe.

What does every small town in America have in abundance? Churches. Our big question is this: What would it look like if the church were able to leverage its resources to be part of the public health solution to suicide? We've got buildings, we've got budgets, we've got staff. I was just doing a workshop in Wyoming, and a guy invited me to visit the free health-care center that he runs in a church. It was a relatively small Episcopal church, and his health-care center was two Sunday school classrooms with a hospital bed, a little rolling chair, and a desk with a laptop. There was an eye chart and a blood pressure cuff. I asked him how he finds providers, and he said it's the easiest thing he does, asking doctors to give one day a month.

The experience captured my imagination about what's possible. We're not talking about a new building. We're not talking about a million dollar capital campaign. We're talking about two of the Sunday school rooms that you haven't used in a decade because people don't come to Sunday school anymore. How can our churches that are sitting empty be part of the solution? It's the biggest vision we've got.