

Grace in the face of suicide: Theological questions and hopes

by [Mary T. Stimming](#) in the [March 8, 2000](#) issue

Night Falls Fast: Understanding Suicide, by Kay Redfield Jamison.

Every 17 minutes someone in America takes his or her own life. Suicide is the second leading cause of death among college students, and the third among teenagers. In 1995 more young Americans died by suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza and lung disease combined. Worldwide more people die by suicide than by homicide (in the U.S. the numbers are 30,000 compared to 19,000) or warfare. Studies suggest that the great majority of these people suffered from a diagnosable mental illness, and that most of them received either no treatment or inadequate treatment. People with schizophrenia are eight times more likely than the general population to die by suicide, those with manic-depression 15 times, and those with depression 20 times.

Statistics such as these, Kay Redfield Jamison argues, cry out for a response. A professor of psychiatry at Johns Hopkins School of Medicine, Jamison herself suffers from manic-depression (effectively treated with lithium). She has explored bipolar disorder and her own experience of it in two previous books: *An Unquiet Mind: A Memoir of Moods and Madness* and *Touched with Fire: Manic-Depressive Illness and the Artistic Temperament*.

What distinguishes *Night Falls Fast* is Jamison's skillful weaving of individual portraits with scientific perspectives. In an interview, Jamison explained why she integrates these two approaches. On the one hand, the personal stories are compelling and affecting in a way that medical studies are not. On the other, there is "a tendency for people to individualize suicide so much that they don't see it as a treatable illness. . . . It's on the basis of seeing patterns . . . that we have been able to successfully treat cancer and heart disease. We just haven't had that attitude about suicide."

Jamison argues persuasively that “most suicides, although by no means all, can be prevented.” How? Through the proper diagnosis and treatment of mental illnesses. Our failure to provide this care shows “how little value our society puts on saving the lives of those who are in such despair as to want to end them.”

Mental illness and suicide raise profound theological questions—but few theologians have engaged them. During the past ten years, numerous short pieces of pastoral advice on how to respond to death by suicide have appeared, and most do an admirable job of translating psychological insights and Christian compassion into sound pastoral care. But most of this theological attention to suicide has focused on euthanasia and physician-assisted suicide or on suicides in religious cults. The number of people who have ended their lives in these ways is small compared to the number driven to suicide by mental illness. And one can hardly argue that the latter suicides are private acts and therefore of less social interest than other forms of voluntary death.

Jamison’s book contains only two explicit theological references. The first comes in a fleeting mention of the doctrine of sin. As Jamison notes, sin used to be the theological locus for the consideration of suicide. Fortunately, advances in the understanding of mental illness and new currents of theological thought have checked this tendency. But important questions about free will and moral culpability pervade discussions of mental illness and suicide, just as they do discussions of cancer and heart disease. A bipolar person’s lack of compliance with his prescribed drug regime, a recovering lung cancer patient’s return to smoking and a heart transplant recipient’s relapse into poor eating and exercise habits are rooted in complex dynamics, and the moral dimension cannot be evaded.

Friends and family members frequently castigate themselves after a loved one takes his or her own life. Most of the time this self-blame results from their grief and their longing to feel some control over life’s terrifying events. But sometimes they are indeed recalling culpable action or inaction. Then the psychological reassurance that they are not responsible and have nothing to feel guilty about fails to do justice to their painful self-knowledge. Churches must provide a place where people’s confessions can be heard and where they can receive absolution. While the church must disabuse bereaved people of an exaggerated and unfounded sense of responsibility for another’s mental illness or suicide, Christians can acknowledge the sinful entanglement of people in their own and others’ tragedies, offer forgiveness and reconciliation, and point to the grace of regeneration.

Jamison's second theological reference is her only reference to God. After her suicide attempt when she was 28, Jamison asked the poignant and familiar question, "Where had God been?" Job and Jesus might nod their heads in sympathy. Their stories of disproportionate, unmerited suffering demand that when sufferers cannot feel the companionship of God, we try to assure them of it.

Though I think there is a lot of sentimentality and shallowness in the recent angel craze, I think belief in angels can, in a symbolic and anthropomorphic form, assure people of the omnipresence of God. The family and friends of many of those who commit suicide are haunted by the knowledge that their loved one died alone, and often in horrific circumstances. They may be helped by the traditional belief in guardian angels. The image of an angel cradling the loved one as he or she died may be a powerful way to help people think of God's presence. Retellings of the biblical stories of heroes' despair and God's continued faithfulness may also comfort those left behind.

Other issues of theological import pervade Jamison's work. A central question in *An Unquiet Mind* is "Am I who I was before manic-depression descended? Does my dependence on lithium change who I am?" Questions about personal identity in the face of a mental illness or a brain-altering medication invite reconsideration of the interrelationship of mind and body. Theology is only beginning to deal with such concerns.

In many respects the Buddhist sense of the self as an illusive flux is especially attractive as a way to answer such questions. But the Christian concept of the self as a unified center of psychic and moral action suggests that the self must be a synthesis of what the person was before and after treatment.

This view of the self raises further questions. Jamison credits lithium with her ability to function well and, quite literally, to live. But she admits that she often misses her manic self. That self is capable of prodigious work and intense emotional ecstasies. She struggles to reconcile these two "selves."

Then there is the case of Drew Sopirak, an Air Force cadet whose rapid descent into a bipolar illness and eventual suicide is chronicled in *Night Falls Fast*. Surely he would see a much greater dissonance between his pre- and post-illness self. The former was an academic achiever centered in friends and family. His illness made him a paranoid loner uninterested in and unable to sustain any meaningful work or

relationship. His tragic story forces us to think deeply about the biological basis of the self.

Though Jamison gives weight to psychological and environmental factors, she thinks the scientific evidence points to a biological basis for the devastating mental illnesses that spawn most suicides. This pushes the identity question into larger considerations of creation and providence. What sort of world is this that predisposes roughly 20 percent of human beings to suffer mental agonies? If we accept Jamison's argument that the greater community might derive an evolutionary benefit from containing a number of mentally ill people, since such an illness is often accompanied by unusual creative talents, what does this say about the kind of Creator who guides the evolutionary process?

On these points Douglas John Hall's *God and Human Suffering* and Jon Levenson's *Creation and the Persistence of Evil* are helpful. Both argue that the doctrine of creation must include a recognition of the element of struggle. Hall speaks of this as a "dimension of the becoming that is implicit in the creaturely being of all that is." Levenson's reading of biblical texts suggests a view of creation as "combat" against the onslaughts of chaos. Both scholars reject the notion that all gaps between what is and what we wish were are due to sin. Rather, some belong to the very conditions of creation, including the conditions of the evolving human body. Both move questions of theodicy away from attempts at explanation and defense and toward compassionate response and solidarity with those who suffer.

Such solidarity would ally churches with what Jamison regards as the best hope for the prevention of suicide: the proper diagnosis and treatment of mental illness. It is cause for dismay that when Jamison discusses how communities and institutions can combat suicide, she never mentions churches. She outlines ways in which parents, schools, universities, physicians and researchers do and can participate in detecting mental illness and suicidal intentions. That she leaves out the church is perhaps both an authorial oversight and an indication that churches have not shown enough concern about this issue—or, at least, have done too little to make their concern known.

In Chicago the largest provider of services to those bereaved by the suicide of a loved one operates under the auspices of Catholic Charities. Though these services carry no explicit religious content, a theological vision does undergird such outreach. Perhaps we should be more intentional about publicizing these services. The church

has been instrumental in forging and perpetuating the stigma that haunts mental illness and suicide. It now has the responsibility to proclaim its compassion for the mentally ill, the suicidal and those who die by suicide.

Some steps churches can take in this direction include stocking libraries with books on the subject and making available an up-to-date directory of medical, legal and welfare services to which people can be referred. It was because my pastor was aware of a suicide support group that I was connected with this life-sustaining organization within days after a relative's suicide. Pastors or specially trained volunteers can assist families in the sensitive process of planning the funeral service of a person who dies by suicide. My family was comforted by meeting with the priest to discuss the content of his homily. I wish, however, that someone had told us that pleas for mercy on the soul of the deceased are always part of the Catholic funeral rite and were not meant as a special comment on the manner of death of the deceased.

Churches might also consider advocacy work on behalf of the mentally ill—working, for example, to end the inequities in insurance coverage. Those who volunteer in homeless shelters and fair housing projects would do well to remember that 30 percent of the homeless are mentally ill and need treatment for their illness.

Jesus was a healer who restored tormented individuals to health and community. The Bible is full of stories of what we would now term mental illness—Saul's derangement and the healing of the Gerasene demoniac come to mind—and it contains several instances of suicide—the deaths of Saul, Samson and Judas, for example. Preaching on these texts demands explicit attention to mental illness and suicide and, even more important, to the proclamation of God's love for the ill and despairing and of God's command that we extend this love.

Scientists may never entirely cure mental illness. But something can be done to help heal the ruptures it creates. When treatment is ineffective and interventions fail, Christian hope offers something that therapeutic hope cannot: the promise that the sufferer remains loved and cared for by God. The world of mental illness and suicide is bleak terrain to be sure. But Christians will be inspired by this book to carry the light of Christ into this God-unforsaken realm.