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## SHATTERING MYTHS ABOUT SUICIDE

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*Even Christians can, and do, take their own lives.*

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Whenever I give a talk on suicide prevention invariably someone will say that anyone who kills himself wasn't really a Christian or that people who kill themselves are selfish or that most suicides happen over the holidays. Myths about suicide abound and can keep us from taking steps to prevent it. In this chapter we will examine ten myths about suicide in the light of the Bible and science.

### **MYTH 1: REAL CHRISTIANS DO NOT EXPERIENCE SUICIDAL THOUGHTS**

Emily is a Christian seminarian. One night she seriously contemplated suicide, but a friend intervened the next morning, getting her the help she needed. Joe, a pastor, experienced thoughts of suicide a few times a week for an entire year. He had a typical childhood, but he became depressed as a young adult. Dr. Kathryn Greene-McCreight, an Episcopal priest and theologian, and Rev. Dr. James T. Stout, a Presbyterian minister, have struggled with bipolar illness and suicidal thinking.<sup>1</sup> Francis Schaeffer, theologian, pastor and founder of L'Abri Fellowship, also struggled with suicidal thoughts. His son writes, "Dad did contemplate suicide. He sometimes spoke in detail about hanging himself. I went through childhood knowing that there were two things we children were never to tell anyone. The first was that Dad got insanely angry with my mother; the second was that from time to time he threatened suicide."<sup>2</sup>

Are you surprised that such committed Christians would consider suicide? Most of us think that God's blessing of the righteous (Ps 5:12) would prevent a person from becoming suicidal. What's more, from a scientific perspective we know that religion provides some protection against suicide.<sup>3</sup> Religious involvement is linked with longevity.<sup>4</sup> Religious people are less likely to drink, smoke and experience depression, and they are more likely to wear their seatbelts and see their dentists than less religious people.<sup>5</sup> However, Christians do become depressed—contrary to a sign I saw in front of a church that declared, “We are too blessed to be depressed”—and some Christians do long for death and think about suicide.

***Christians become depressed.*** C. H. Spurgeon, the nineteenth-century revivalist, in 1866 told his congregation, “I am the subject of depressions of spirit so fearful that I hope none of you ever gets to such extremes of wretchedness as I go to.”<sup>6</sup> Martin Luther also experienced recurrent depression and anxiety.<sup>7</sup> According to J. R. Watt, he believed that “an element of despair was a necessary part of spiritual life and conceded that such fears might lead some to take their lives.”<sup>8</sup> Edward John Carnell, a leading theologian in the evangelical movement and past president of Fuller Seminary, struggled with depression and insomnia for which he took medication.<sup>9</sup> Psalm 102 depicts someone struggling with symptoms consistent with depression. Elsewhere in Scripture we read about the despondency of Rebekah (Gen 27:46), Rachel (Gen 30:1), Job (Job 3:24) and Jeremiah (Jer 20:18).

***Christians contemplate death and suicide.*** The Old Testament records people with close relationships to God who wished for death: Job (Job 3:20-22; 7:15-16), Moses (Num 11:15), Elijah (1 Kings 19:4) and Jonah (Jon 4:8). Should it surprise us, then, that Christians such as Emily, Joe, Kathryn Greene-McCreight, Jim Stout and Francis Schaeffer actively thought about suicide and that some even die by suicide?<sup>10</sup> Puritan Increase Mather was tempted to suicide and in a sermon referred to Luther's temptations to “self-murder.”<sup>11</sup> John Donne, seventeenth-century poet, Anglican priest and dean of St. Paul's Cathedral, wrote, “I often have such a sickly inclination [to suicide].”<sup>12</sup> Edward J. Carnell, a Christian apologist, describes an event

when “one Friday afternoon . . . I emotionally exploded. . . . Even suicide took on a certain attractiveness.”<sup>13</sup> Carnell died in 1967 from a drug overdose; the coroner was unable to determine whether the death was accidental or intentional.<sup>14</sup> Young Martin Luther King Jr. is said to have attempted suicide.<sup>15</sup>

Christians might become suicidal for four reasons. First, we are both fallen and redeemed, which means that we are both new creations in Christ (2 Cor 5:17) and we also live with sin (1 Jn 1:8).<sup>16</sup> As we move on to maturity in Christ, living more and more for God and dying more and more to sin, we still continue to struggle with the sin in us (Rom 7:21-23). Sin affects us in three ways. We suffer the effects of living in a sin-broken world, we sin, and we are sinned against. Mark McMinn describes these three types of sin as sinfulness (our general state of brokenness, which might manifest as a genetic vulnerability to suicide), sin or sinful acts (for example, committing murder), and the consequences of sin (such as vulnerability to suicide because of a parent’s abuse).<sup>17</sup> What this means is that Christians will live in a broken world with broken bodies and broken selves touched by sin, and some will become suicidal.

A second reason Christians might become suicidal lies in Satan’s determination to destroy those created in God’s image. The early church believed the devil instigated Christians to suicide, a view consistent with the Bible (1 Pet 5:8).<sup>18</sup> However, another age-old biblical perspective is that Christians are to resist the devil (Eph 6:11). The Puritans believed that suicide was not only the work of the devil but also a personal decision.<sup>19</sup> Those who believe that suicide is a result of Satan’s influence need to recognize this as well. Albert Hsu writes, “What I must grapple with is not that God wanted my dad to die [by suicide], or that Satan wanted my dad to die, but that my dad wanted to die. I can’t know for sure what spiritual forces were at work to influence my father’s decision. All I know for certain is that whatever the reasons, my dad decided that death was better than life.”<sup>20</sup>

A third reason Christians may become suicidal is that real Christians experience real suffering. That God blesses the righteous and

allows suffering in life even when we are virtuous is empirically verifiable by reading the book of Job and opening our eyes to the suffering of the Christians around us. The Carrs ask:

Why do we want to hush up the [suicide], bury the scandal, deny the reality, and torture ourselves for years? Is it because we believe we are the only (or at least the very rare) Christian family that has had a suicide? . . . Are we still caught up in the false theology that if we have enough faith we will never have the problems that our less believing brothers and sisters have? Do we actually believe, deep down, that bad things really don't happen to good (truly spirit-filled) people?<sup>21</sup>

Christians also struggle through their suffering both in Christian ways and in broken ways. Carnell describes his Christian approach to his suffering in a letter to a former student:

I still have periodic visits with my psychiatrist, and now and then I have an electric shock treatment (when I suffer from a build-up of anxieties and my brain feels like it is going to split; and when I feel like going to the top of Mt. Wilson and screaming with all my might). I sincerely am resting in the Lord and his providence, trusting that this terrible experience will make me a more compassionate and humble teacher; for I now know a bit more about the complexity of human nature, for I know a bit more about the complexity of Carnell.<sup>22</sup>

In contrast, William Cowper, a poet, hymnodist, Christian and friend of John Newton, often struggled with suffering in a broken way. He experienced at least three episodes of "derangement" and attempted suicide several times, believing after these attempts that he was beyond God's forgiveness.<sup>23</sup> Suicidal Christians who struggle with suffering in broken ways are unable to grab onto some of God's love, forgiveness or hope, perhaps because their Christian beliefs are not fully internalized or apprehended. Psychological science tells us that Christians internalize their religious beliefs to different degrees.<sup>24</sup> Science also tells us that having wrong Christian beliefs increases our risk for mortality from medical illnesses.<sup>25</sup> In one study, Christians feeling unloved or abandoned by God, or believing their medical illness to be caused by the devil, increased their risk of dying

from the illness by 19 to 28 percent.<sup>26</sup> Christians with wrong beliefs are at higher risk.

But does this mean the person isn't a Christian? Consider that all Christians are blind to some of God's truths (1 Cor 13:12). We have all experienced immaturity as Christians and have become more mature as our understanding of God's truths has grown (1 Cor 3:1-2). To argue that a suicidal Christian is an unworthy Christian or non-Christian because he or she does not apprehend some of God's truths is to argue that we are all unworthy Christians or non-Christians because we all know God imperfectly. Not apprehending all the truths about God does not necessarily disqualify a person from being a Christian.

A fourth reason Christians might become suicidal comes from how we view our soul and body connection. Christian views on biblical anthropology are myriad, ranging from reductive materialism to radical dualism.<sup>27</sup> I hold a dualist perspective, which maintains that a person consists of the material and the immaterial, body and soul. Both body and soul are good, though affected by sin, and they function as an integrated living whole, though on some level body and soul are different aspects.<sup>28</sup> By observation, we know that the soul does not trump the body. The body can be diseased (with cancer) but the soul can be healthy (with a beneficial dependence of God), and though a healthy soul may promote healing, a Christian with a healthy soul may die of cancer. We are regenerated at conversion (Tit 3:5) but we groan while we wait for the redemption of our bodies (Rom 8:23).

This integrated whole can also be construed as having such capacities as intellect, will, emotion, mood, thought, spirit and relationality.<sup>29</sup> Mood can be sick (such as experiencing depression) but the spirit can be healthy (such as holding on to Christian hope). Bess was sexually abused by her father as a child. This abuse affects her whole self. When her body is touched in certain ways, she can be flooded with anxiety. And her emotion, which has been shaped by her parents as her earthly caretakers, can affect the way she relates to God as her heavenly father. In the same way, an understanding of God's presence

can buttress Bess's courage as she confronts these memories and proceeds through a process of healing her vulnerability to suicide and the hatred she feels for herself. Though a Christian, she still experiences the violence done to her. And each of these aspects of her whole self needs healing. If Bess kills herself, it may not be an entirely spiritual decision. Suicide is sometimes related to a biologically based depression with spiritual effects: a depressed brain, a despondent soul and a hopeless spirit. These human aspects and capacities are different and yet interrelated within an integrated whole person. Plantinga writes, "In tragedy, sin is surely one of the forces at work, but it is by no means the only force and sometimes not even the most obvious one."<sup>30</sup>

In summary, Christians do become depressed, long for death and contemplate suicide because Christians are both fallen and redeemed. Satan is determined to destroy Christians, though they should resist him. Christians suffer in Christian ways and in broken ways because some Christian beliefs aren't understood or internalized, a state common to all Christians. And the soul and body connection results in connected but separate aspects that don't trump one another.

## **MYTH 2: PRAYER IS ALL A CHRISTIAN NEEDS—JUST PRAY HARDER**

Healing is a process. Dallas Willard cites Francis de Sales, who "wisely counsels us not to expect transformation in a moment, though it is possible for God to give it."<sup>31</sup> Healing requires prayer, but prayer is sometimes not all that goes into healing. Stauffacher writes, "[Suicidality] is not something that can be resolved with a quick-fix prayer."<sup>32</sup> I have talked with many Christians who are distraught because they believe prayer should be enough. There are two reasons it sometimes is not: (1) God is not in the business of eliminating our suffering, and (2) while our soul needs healing through prayer, our body might also need healing through medical or psychological interventions, which take time. First let's look at God and suffering.

Prayer is not a magic wand that eliminates our suffering. Dr. Gay Hubbard writes:

Contrary to [the thinking that “he’ll fix it so I won’t have to live through it”], God refuses to play the magician’s role, nor is God in the business of providing free placebos or heavenly strength aspirin. The idea that if we can only get our burdens to God He will make us instantly feel better is bitterly unfair misdirection to people in pain. . . . This “fix-it” approach makes pain a measure of our distance from God. Indirectly, this idea encourages us to think, “If I hurt, I’m a long way from God. If I were close to Him, He would make the hurt go away.” The God of all comfort . . . is an identity quite different . . . from the idea of God as the “Great Pain Reliever.”<sup>33</sup>

Greene-McCreight adds, “Suffering is not eliminated by the resurrection but transformed by it.”<sup>34</sup>

There are no guarantees that we’ll be spared from suffering. Regarding the healing “promised” in James 5:13-15, the Spencers write, “Forgiveness of sins has no doubt of fulfillment (v. 15). Healing does have some doubt of fulfillment: ‘You may be healed’ (5:16). James uses the aorist passive subjunctive. . . . The subjunctive is a mood of doubt.”<sup>35</sup> In other words, by using this subjunctive tense, James is telling us that healing is possible but not guaranteed.

Despite the absence of guarantees, Christians should still pray and ask God for healing (Jas 5:13) because whatever God uses (therapy, medications and/or prayer), he is the ultimate healer (Ps 103:3). Greene-McCreight writes about healing from her depression: “I feel that God is the ultimate source of that healing, even though medications and therapy are part of it.”<sup>36</sup> At the same time it’s important to remember that a Christian who asks for healing may not be healed. If healing does not happen, a Christian is in good company. The apostle Paul himself lived with a thorn in the flesh (2 Cor 12:7-9).

Guarantees aside, some Christians may get the idea from James 5 that if they are righteous enough, God will answer their prayer for healing, and that if God does not answer their prayer, they must not be righteous enough. But that is an error in logic. While we are assured in James 5:16 that the prayer of a righteous person is “powerful and effective,” it is not logical to conclude that not being healed suggests that the person who prays is not righteous. Jesus was righteous

and he asked God, “May this cup be taken from me” (Mt 26:39), and God did not do it. Jesus also said, “Yet not my will, but yours be done” (Lk 22:42). Ask God, but do not make the outcome proof of your righteousness or influence with God.

A second reason that prayer alone may not result in healing is that Christians take advantage of medicine and the science of the day. The apostle James recommended the use of oil, used as medicine by the good Samaritan (Lk 10:34), and the apostle Paul recommended wine for Timothy’s stomach, not prayer alone (1 Tim 5:23). Christians can do more than pray.

In summary, we pray for healing but healing is not guaranteed because God is not in the business of eliminating suffering. Also, we may require a process of healing using the medicine and science of the day.

### **MYTH 3: PEOPLE WHO ARE SUICIDAL ARE JUST TRYING TO GET ATTENTION**

Some people assume that a common reason people kill themselves is to get attention, but the most common reason people attempt to kill themselves is that they want to escape intense psychological pain. This suicide note captures this pain: “Dear God forgive me for what I’m about to do. I can’t stand it any longer.”<sup>37</sup> Iris Bolton’s 20-year-old son told his mother before his suicide, “Mom, I don’t want to die, but I can’t stand the pain of living.”<sup>38</sup> In the 1950s, a 47-year-old woman who was still depressed after twenty electroshock treatments and five insulin shock treatments and who was scheduled for a lobotomy left this suicide note:

The past six months of torture and agony for me and all my loved ones who have been so good to me, don’t hate me for this. The past two months [*sic*] a living Hell on earth, no more, no more, and this operation would just not bring me out of my misery, to go on and on to the end and no one knows, no one.<sup>39</sup>

Supportive evidence that most suicidal people aren’t seeking attention is that they ask those left behind to forgive them or try to protect the person who will discover their body. For example: “Everyone



has been so good to me—has tried so hard. I truly wish that I could be different, for the sake of my family. Hurting my family is the worst of it, and that guilt has been wrestling with the part of me that wanted only to disappear.”<sup>40</sup> Another example is the Christian college professor and choir director who posted a note on his apartment door warning the person to call the building superintendent instead of entering the apartment. Dr. Thomas Joiner shatters the attention-seeking myth by comparing suicide talk to heart-attack talk:

A key point is that, in the case of severe chest pain, it is relatively rare for the reaction to be “He’s faking!” or “She’s just trying to get attention!” Indeed, most people would find these reactions cruel, rightly. And this despite the fact that a sizable proportion of chest-pain scenarios actually are false alarms. . . . It would be ridiculous to say something like, “If the guy were going to die from heart disease, he would have done it already; he’s been having heart problems for years.”<sup>41</sup>

The myth about attention seeking is an important one to challenge because not taking suicidal talk or a suicide attempt seriously is a life-and-death gamble that you might lose. Shneidman figures that, prospectively, about two or three percent of people who threaten suicide will die by suicide. Retrospectively, about 90 percent of people who die by suicide have talked about suicide. Therefore, Shneidman cautions that it is wisest to take a conservative, retrospective view and take any suicide talk seriously.<sup>42</sup> In summary, people die by suicide to escape pain, not to get attention.

#### **MYTH 4: PEOPLE WHO KILL THEMSELVES ARE JUST BEING SELFISH**

Foster writes about her anger toward her daughter who killed herself: “This was a senseless act of pure rejection of everyone who has ever loved you.”<sup>43</sup> Suicide might look like a selfish rejection, but one of the factors in Foster’s daughter’s suicide was depression and hopelessness.<sup>44</sup> Similarly, Albert Hsu writes, “Suicide feels like a total dismissal, the cruelest possible way a person could tell us that they are leaving us behind.”<sup>45</sup> Hsu also notes that his father was depressed.<sup>46</sup> He goes on, “What has been helpful to me is the realization that my

father did not kill himself to abandon me. He did what he did to end his pain, not to cause pain for me.”<sup>47</sup> A young chemist before taking his life put it like this: “The question of suicide and selfishness to close friends and relatives is one that I can’t answer or even give an opinion on. It is obvious, however, that I have pondered it and decided I would hurt them less dead than alive.”<sup>48</sup> Though suicide might look like selfishness to those left behind, those who die by suicide “believe their deaths will be a blessing to others.”<sup>49</sup>

### **MYTH 5: PEOPLE WHO KILL THEMSELVES ARE ANGRY AND VENGEFUL**

Anger and vengeance are at times motives for suicide. Kushner tells the story of Max White, who left this suicide note: “Ah, you false friends, who with your mouth claimed your friendship and with your hands withheld it! My curse upon you. May you ever feel misfortune blighting your whole career. My hatred is indescribable against you.”<sup>50</sup> When revenge motivates suicide, this might represent more about a person’s personality than about suicide in general. Joiner suggests, “People who had anger problems throughout their lives may, when planning their deaths by suicide, express anger in their deaths. This does not mean that suicide is about anger; it only means that people with anger issues may express anger in many things they do, including death by suicide.”<sup>51</sup> Though some suicide deaths are motivated by anger and vengeance, many are not.<sup>52</sup>

However, some suicide attempts may be efforts at communicating something important—and sometimes this is anger. Where suicide deaths are motivated by intent to die, Stengel believes every suicide attempt is a “cry for help,” which functions as an appeal or alarm system to the people around because it elicits an upsurge of activity directed to the attempter.<sup>53</sup> Susan Rose Blauter writes of why she attempted suicide three times:

Whenever I had suicidal thoughts, I was in one or more of these feeling states: I felt painfully alone; I felt volcanic anger and wanted to punish someone; I felt free-floating anger and had no healthy outlet for it; I felt afraid of being abandoned (so I thought I’d abandon first); I felt afraid that my needs would never be met (so I’d create a crisis to get them met); I felt

overwhelmed by responsibility or financial stress; or I felt completely hopeless that my life would ever improve. At times it hurt to live.<sup>54</sup>

In one study, Linehan and her colleagues found that suicide attempts were more often motivated by a desire to make others better off whereas self-harm behavior without intent to die (i.e., self-injury) more often was intended to express anger, punish oneself, regain normal feelings and distract oneself.<sup>55</sup> I once talked to a client who said that he wanted to kill himself because he was angry with his sister, who had said some things that hurt him. When I questioned him further, he said that what he really wanted was for the hurt to end. It's best not to make assumptions about another person's motives. While suicide deaths are not usually motivated by anger, a suicide attempt may be an effort to communicate.

#### **MYTH 6: DEPRESSED PEOPLE SHOULD JUST “BUCK UP”**

A mental health problem is a common risk factor for suicide, and depression is the most common disorder associated with suicide.<sup>56</sup> One day my client's daughter called me and asked why her father couldn't just snap out of depression. Most people don't know how debilitating depression is. William Styron, who experienced depression, wrote, “The pain of severe depression is quite unimaginable to those who have not suffered it.”<sup>57</sup> Most of us don't understand depression because it's hard to explain. Styron continues, “The horror of depression is so overwhelming as to be quite beyond expression.”<sup>58</sup> One thing is clear: depression is an illness that a person no longer knows how to fix on his or her own. If my client could have fixed it, he would have. Styron goes on:

In depression this faith in deliverance, in ultimate restoration, is absent. The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no remedy will come—not in a day, an hour, a month, or a minute. If there is mild relief, one knows that it is only temporary; more pain will follow. It is hopelessness even more than pain that crushes the soul.<sup>59</sup>

People who are depressed cannot snap out of it. If they could, they would.

**MYTH 7: PEOPLE WHO ARE SUICIDAL DON'T TELL ANYONE**

Dr. Eli Robins studied 134 suicides deaths during a one-year period (1956–1957) in the city of St. Louis and in St. Louis County. He found that 69 percent (ninety-three people) communicated their intent to kill themselves an average of three times, the maximum number of communications by one individual being twelve.<sup>60</sup> Sixty percent of the subjects communicated intentions of suicide to their spouses, one-half communicated to relatives, including in-laws, one-third communicated to friends, and less than one-fifth communicated to physicians, job associates, ministers, police and landladies. For example, Robins writes about a 67-year-old widower who gave his daughter-in-law his insurance policies, told his neighbors they would “find a dead man on the street,” and told his companions in a tavern that he was going to die by suicide. They did not believe him and the next day he killed himself.<sup>61</sup> Based on Robins’s study, not all but many people give us a chance to do something. Many of them visit a doctor in the year before they die and some talk to clergy.<sup>62</sup> Robins describes a 38-year-old press operator and welder who four weeks before his suicide told his pastor and family he was going to kill himself. On the day of the suicide he called his pastor, who was not able to come over to talk. He shot himself.<sup>63</sup>

Sometimes these warnings can be indirect. Suicidal people might drop hints like “I’m going away” or “You won’t have to worry about me anymore,” or they offer an explicit “I’m going to kill myself.” It’s important to take those comments seriously. One of my acquaintances bought a gun and told her friends she was worried about safety in her neighborhood; no one knew she actually was planning her death. One of my clients announced to me one day that she had gotten her life insurance policy in order. These are examples of indirect warnings.

Some also can threaten so often that it’s difficult to know whether to take the threats seriously. For example, Robins describes the suicide of a 61-year-old retired pharmacist who threatened suicide so often that his wife and primary care physician stopped paying attention to these threats, which included “I am going to kill myself,” “I’d be better off dead,” “I’m going to blow my head off” and “I’m going to jump off

the bridge.” His wife and physician did not notice any increase in the frequency of these suicidal threats in the year preceding his death.<sup>64</sup> Despite frequent threats, it’s important to take each threat seriously.

If you have lost someone to suicide, remember that some people don’t communicate intent. Robins gives us an example of a 63-year-old woman who was devoutly religious and a regular churchgoer whose minister visited her four days before she killed herself. Though she was depressed, in constant pain, and said she wasn’t sure how much longer she could stand it, she never spoke directly about suicide. Her husband told the minister after her death that they had sometimes talked about the suicide of others but she never mentioned thinking of suicide herself.<sup>65</sup> And some communication is so cryptic that only in hindsight do you realize what the person was intending. Robins gives an example of a cryptic statement from a 62-year-old woman who told her husband when he left for work, “That’s your last kiss.”<sup>66</sup> Remember that while most people in Robins’s study communicated their intent, 31 percent did not. For the ones who do, we can do something.

#### **MYTH 8: TALKING ABOUT SUICIDE MAY GIVE THE PERSON THE IDEA TO COMPLETE SUICIDE**

One of the most important things we can do for someone who is suicidal is to ask her directly if she is thinking about suicide. Science has shown that it is a myth that talking openly about suicide might put the idea in a person’s mind.<sup>67</sup> Another fear that stops some from asking about suicide directly is fear of embarrassing the person. Robins describes the suicide of a 58-year-old printer who attempted suicide and was rescued by his son. The printer’s wife had never discussed the suicide attempt with her husband because she felt “it would have embarrassed him.” Two years later he killed himself.<sup>68</sup> In fact, talking openly may be the most caring thing to do.

Suicidal thoughts are terrifying and isolating. Shneidman describes Beatrice’s experience:

At age 15 . . . I remember trying to explain it to my friends, who shook their heads in disbelief at my descriptions of falling in a black hole and my declarations that life was meaningless, but they simply could

not relate to my morbid thoughts. Once I realized I was alone in my thoughts, I stopped talking about them. I was terrified that I was insane and didn't want anyone to find out, so I continued to mimic the behaviors of my "normal" friends and put on a smile everywhere I went.<sup>69</sup>

Imagine having suicidal thoughts. You never expected to have them. Your parents didn't teach you what to do if you had them. They are frightening, disturbing, alarming, perplexing. Many people keep these thoughts to themselves because suicide is stigmatized and taboo. The best gift you can give someone suicidal is to start that conversation for her. Shneidman describes one suicidal woman's disappointment when others didn't ask her directly about her suicidal thoughts and plans for immolation:

When her friends do nothing when she visits them, sobbing (ostensibly to return a toaster), it tells her that her ties with others have been broken and that she is hopelessly alone in the world. And she even has the fantasy that the gasoline station attendant will magically read her mind and ask her why she is purchasing a gallon of gasoline.<sup>70</sup>

When should you ask someone outright if they're having thoughts of suicide? Usually when some of the common warning signs appear, such as depression, worsening performance at work or school, giving away prized possessions, an increase in reckless behavior like using substances, worsening hygiene, sleep problems, talking about death or seeming to be preoccupied with death. Later we'll discuss in greater detail how to ask someone directly about suicidal thoughts. Contrary to what many people believe, it's important to start the conversation: ask about suicidal thinking.

### **MYTH 9: IF SOMEONE WANTS TO KILL HIMSELF, THERE'S NOTHING I CAN DO**

Remember Kevin Hines from chapter one, who jumped from the Golden Gate Bridge, realized he did not want to die and, miraculously, survived?<sup>71</sup> Many suicidal people are ambivalent—a part of them wants to die and a part of them wants to stay alive. Shneidman

writes, “I have never known anyone who was 100 percent for wanting to commit suicide without any fantasies of possible rescue. Individuals would be happy not to do it, if they didn’t ‘have to.’ It is this omnipresent ambivalence that gives us the moral imperative for clinical intervention.”<sup>72</sup> Because there’s typically a part of a suicidal person that wants to live, we can do something to help. As McKeon says, “Suicide is never inevitable.”<sup>73</sup>

### **MYTH 10: MOST SUICIDES OCCUR OVER THE HOLIDAYS**

Most suicides occur in the spring and early summer, not over the winter holidays when people get together.<sup>74</sup> Joiner and colleagues write, “Suicide rates go down during times of celebration (when people pull together to celebrate . . .) and during times of hardship or tragedy (when people pull together to commiserate).”<sup>75</sup> For some suicidal people, the extreme contrast between the beautiful weather outdoors and their own inner darkness becomes unbearable.<sup>76</sup> Most suicides also occur during the day and at the beginning of the week.<sup>77</sup> One exception to this general rule is that suicides sometimes can occur on anniversary dates. Robins describes the suicide of a 47-year-old man who killed himself on the first anniversary of his father’s death.<sup>78</sup> But most suicides don’t occur over the holidays.

### **SUMMARY**

Strong Christians become depressed and consider suicide, and myths can get in the way of pastoral caregivers offering these individuals help. Myths can make us assume the worst about someone who is truly suffering—that she’s just trying to get attention, that she’s selfish to consider suicide or just too lazy to snap out of her depression. It’s important to challenge these myths because they can keep us from taking steps to prevent suicide.

But if a Christian can get to the point of being suicidal, what happens if they die? Will a person who dies by suicide go to hell? What do Christians believe about the sinfulness of suicide and the question of eternal security? These questions are the focus of the next chapter.

**DISCUSSION QUESTIONS**

1. How do you explain Christians who get to the point of being suicidal?
2. Discuss how prayer heals.
3. If suicidal people tend to warn others and it's sometimes easy to miss the warnings, what can you do to help prevent suicide?
4. Describe a time when you were ambivalent: a part of you wanted one thing and another part of you wanted the opposite. How is ambivalence important in working with a suicidal person?

**RESOURCES**

- K. Greene-McCreight, *Darkness Is My Only Companion: A Christian Response to Mental Illness* (Grand Rapids: Brazos, 2006).
- T. Joiner, *Myths About Suicide* (Cambridge, MA: Harvard University Press, 2010).
- W. Styron, *Darkness Visible: A Memoir of Madness* (New York: Random House, 1990).