Love Stronger Than Death:
A Theological Response to Suicide in Depression

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Suicide: A Global Concern

According to the World Health Organization, one person dies from suicide every forty seconds. In 2016, there were close to 800,000 suicide deaths around the world, making suicide the eighteenth leading cause of death. Suicide is a global phenomenon, accounting for 1.4 percent of all deaths worldwide. While suicide can occur at any age, it is disturbing to note that it is the second leading cause of death among 15-29 year-olds.[1]

Globally, the annual age-standardized suicide rate is 10.5 per 100,000 population. Lithuania has the highest suicide rate in the world at 31.9 per 100,000 population, while in Asia, South Korea registered the highest suicide rate at 26.9 per 100,000 population. In the Philippines, the suicide mortality rate is 3.2 per 100,000 population. The age-standardized suicide rate for males in the Philippines is 5.2, with females registering a lower 2.3 rate per 100,000 population.[2] WHO

1 World Health Organization, Suicide, Global Health Observatory, http://www.who.int/gho/mental_health/en/ (accessed 23 November 2019), 1.

2 World Health Organization, Age-Standardized Suicide Rates (per 100,000 population), 2015, http://gamapserver.who.int/gho/interactive_charts/mental_health/suicide_rates/atlas.html (accessed 23 November 2019), 1-2.

data likewise showed an inexorable climb in suicide deaths in the Philippines since 2000.[3]

More alarmingly, the World Health Organization reports, "there are indications that for each adult who died of suicide, there may have been more than 20 others attempting suicide."[4] In America, that ratio is twenty-five attempts for every suicide.[5]

These grim figures are not new and are, in fact, worsening. According to Suicide.org, a non-profit organization and website dedicated to suicide prevention, awareness, and support, global suicide rates have increased by 60% in the past forty-five years.[6] It is predicted that the rate of death by suicide will increase to one every twenty seconds.[7] What compounds the matter is that governments worldwide seem ill-equipped to handle the problem. WHO notes that sixty countries had less than one psychiatrist per 100,000 population in 2014.[8]

Clearly, the problem of suicide is a global concern and one that the Church needs to address. Although public understanding of suicide has increased over recent years, it is not commensurate with what has been learned from medical

3 World Health Organization, *Data tables, country data,* http://apps.who.int/gho/data/node.sdg.3-4-data?lang=en (accessed 23 November 2011), 1.

4 World Health Organization, Suicide Data, http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/ (accessed 23 November 2019), 1.

5 American Foundation for Suicide Prevention (AFSP), Suicide Statistics, https://afsp.org/about-suicide/suicide-statistics/ (accessed 4 February 2018), 1.

6 Suicide.org, Suicide Statistics, http://www.suicide.org/international-suicide-statistics.html (accessed 6 February 2018), 1.

7 Befrienders Worldwide, Suicide Statistics, https://www.befrienders.org/suicide-statistics (accessed 6 February 2018), 1.

8 World Health Organization, *Suicide Data*, http://www.who.int/gho/mental_health/en/ (accessed 6 February 2018), 1.

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and psychological research. This is due to a traditional view of suicide that still holds sway at present, a view that for the most part has been characterized by harshness.[9] This article aims to bridge that gap to bring the recent findings of neuroscience and psychology into a more compassionate, pastorally-sensitive understanding of the inner turmoil and desperate anguish—seeds of self-destructive fire—that drive depressed people to suicide. Using a theological-anthropological approach, it will look at the depressed and suicidal person as made in the image and likeness of God. The study will then present some pastoral considerations in helping depressed and suicidal persons.

Depression: The Heart of Suicide

Clinical Depression is the major cause of suicide in all age groups.[10] Sixty percent of people who kill themselves suffer from depression. Close to 15 percent of those who are hospitalized for depression ultimately kill themselves. Thus, every person who is depressed is at risk, and there are no exceptions. Clearly, "the peril is immense."[11]

There are underlying conditions that predispose an individual to kill oneself. These conditions include heredity, severe mental illness, or an impulsive or violent temperament. There are also "some events or circumstances in life that interact in a particularly deadly way with these predisposing vulnerabilities: romantic failures or upheavals, economic and job setbacks, confrontations with the law, terminal or

9 Kay Redfield Jamison, *Night Falls Fast*: *Understanding Suicide* (New York: Alfred A Knoft, 1999), 18.
10 Ibid., 21.
11 Howard Stone, *Depression and Hope: New Insights for Pastoral Counseling* (Minneapolis: Fortress Press, 1998), 32.

debilitating illnesses, situations that cause great shame, or are perceived as such; the injudicious use of alcohol or drugs."[12] However, the relationship between the events of life, stress, and psychiatric illness are not straightforward, especially when one considers that for individuals who are depressed or psychotic, the reaction to stress is very different from those who are not mentally ill.[13]

People with mood disorders—depression and manic-depression (bipolar)—are particularly vulnerable to suicide. The intensely sad and oppressive feelings of these illnesses can make life itself seem to be an overwhelmingly difficult burden and, therefore, undesirable.[14] To make matters worse, mood disorders impair a vital aspect of the healing process, and that is the anticipation of getting well.[15] Ironically, it is often the period when persons are getting better from their depression that they are most vulnerable to suicide. This is because severely depressed persons lack the energy, and hence any action is too much of an effort. But when they are getting a bit better and have more energy, then they are more dangerously capable of suicide.[16] In the case of bipolar or manic depression, most individuals complete suicide in the depressive phase of their illness. From the victim's perspective that looks at the world through the distorted lens of depression, the desperate purpose of suicide is to resolve the dreadful nightmare of an intolerable and hopeless circumstance. This final, self-destructive act is often accompanied by a profound sense of helplessness that the unbearable suffering is beyond

12 Jamison, *Night Falls Fast,* 19.
13 Ibid., 88.
14 Francis Mark Mondimore, *Depression: The Mood Disease* (Baltimore and London: John Hopkins University Press, 1993), 193.
15 Ibid., 198.
16 Ibid., 195.

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repair or control. Indeed, feelings of helplessness, loss of control, and alienation are the most powerful predictors of suicidal behavior.[17]

Self-destructive thoughts and impulses are in themselves frightening, both for the patient and for those around him/her. Tremendous stigma and disgrace have been, for centuries, associated with suicide, and this sense of shame still makes people reluctant to discuss these thoughts. Likewise, there is the common misconception that "only crazy people kill themselves." These ideas only complicate what is really, at heart, a clinical issue: suicidal ideation and behavior are serious complications of medical illness, one that necessitates immediate medical attention.[18] Let us now take a closer look at the neuroscience of suicide.

The Suicidal Brain

Depression destroys the capacity of the mind to function well in situations of great stress, pressure, uncertainty, or repeated emotional or economic setbacks. Mental illness, alcohol or drug abuse, or other psychiatric disorders undermine the mind's flexibility and ability to adapt, and its defenses are put in jeopardy. Dr. Kay Redfield Jamison, a clinical psychologist who had suffered from manic-depression and had herself attempted suicide, writes: "Much as a compromised immune system is vulnerable to opportunistic infection, so too a diseased brain is made assailable by the eventualities of life. The quickness and flexibility of a well mind, a belief or hope that things will eventually sort

17 Peter Whybrow, *A Mood Apart: The Thinker's Guide to Emotions and Its Disorders* (New York: HarperCollins Publishers, 1997), 62.
18 Mandimore, *Depression: The Mood Disease*, 194.

themselves out—these are the resources lost to a person when the brain is ill."[19] Depression, in fact, consists of a constellation characterized by the brain's inability to think fluently, reason clearly, or perceive the future with hope. Highly suicidal patients manifest the impaired cognitive functioning of depression. Presented with a problem to solve, they are less able to generate possible solutions, their thinking is more rigid and constricted, and perceived options are dangerously narrow. Death is seen as the only alternative.[20] For them, the future cannot be separated from the present, and the present is painful beyond relief. In fact, one of the most consistent warning signs of suicide is this sense of the unmanageable, of hopelessness, and of invasive negativity about the future.

In an extensive series of studies, Aaron Beck and his colleagues at the University of Pennsylvania have shown that hopelessness is strongly related to eventual suicide. As long as there is a belief that things will improve, people seem able to bear or tolerate depression. But once that belief is lost, suicide becomes the option of choice.[21] More recent studies of depression have taken advantage of the latest technology to delve deeper into the neuroscience of depression. Imaging studies of the anatomy and functioning of the brain using PET (positron-emission tomography) scans have repeatedly shown significant brain pathology in the brains of patients with depression, schizophrenia, or manic-depression. Thus, repeated psychosis or depression can "exacerbate the already fragile chemistry of a vulnerable brain."[22]

Depression, neurologically speaking, is a pattern of activity

19 Jamison, *Night Falls Fast*, 92.
20 Ibid., 92.
21 Ibid., 93-94.
22 Ibid., 193.

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that arises from the interactions of intricate, interacting neural circuits in the brain. In general, depression involves a problem with how the prefrontal cortex, the thinking part of the brain, does not communicate properly with the limbic system, or the feeling part of the brain. The thinking prefrontal cortex is supposed to help regulate the feeling limbic system, but it fails to do so. This is compounded by the fact that different regions in the brain depend on different neurotransmitters, and changes in the capacities of these neurotransmitters can have profound effects on these regions.[23]

Other Factors Affecting Depression

Aside from genetics, other factors such as early childhood experiences of adversity, current life stress, and level of social support can influence the circuitry of the brain towards or away from depression. While one's genes are not one's destiny, they guide the development of one's brain circuits. Furthermore, early childhood experiences also shape the tuning of the brain's circuits, including the stress one's mother experienced while pregnant. Typically, the brain actively develops well into the person's twenties, and given that the prefrontal cortex is the region that takes the longest to mature, it is susceptible to stress for a long time. Thus, stressful life events throughout childhood and adolescence can alter the development of the brain's neural circuits and change the levels of its neurotransmitters.[24]

Adverse childhood experiences (ACE) and stressful life events up to early adulthood are thus two factors that

23 Alex Korb, *The Upward Spiral: Using Neuroscience to Reverse the Course of Depression, One Small Change at a Time* (USA: New Harbinger Publications, Inc., 2015), 2-27

24 Ibid., 29-30.

predispose one to depression. A third factor of predisposition that affects brain circuitry is the current stress level in one's life. These stresses engage the stress circuit in the brain, and in turn, can drag down other elements into the downward spiral of depression. A fourth factor is the lack of social support in life. Scientific studies have shown that close relationships protect against depression. A fifth factor is random misfortune: complex systems like the brain are subject to tiny fluctuations that can affect the circuitry towards depression.[25] This neural miscommunication in the depressed brain can lead to suicidal ideation and even suicide.

Interestingly, in the latest DSM-5 (2013), the section entitled "Conditions for Further Study" lists "Suicidal Behavior Disorder" as an emerging model that merits more inquiry. The basic criterion proposed for the disorder is a suicide attempt.[26] This new category of disorder, although yet to be officially included among the disorders in the DSM, implies the growing consensus that suicidal behavior is inextricably linked to mental illness.

Love Stronger Than Death: A Theological-Anthropological Response

Numerous scientific studies have shown the correlation of hopelessness, negative self-image, and other factors that contribute to suicidal ideation (see Bagalkot et al., 2014; Bagge et al., 2014; Thompson, 2010; Cassady and Cross, 2006).[27]

25 Ibid., 30.

26 American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, DSM-5* (Washington, DC: American Psychiatric Publishing, 2013), 801.

27 Tarique Rajasaheb Bagalkot, Jong-Il Park, Hyeong-Tai Kim, Hyun-Min Kim, Myung Sig Kim, Myeong-Sook Yoon, Sung-Hee Ko, Hye-Chung Cho, and Young-Chul Chung, "Lifetime Prevalence of and Risk Factors for Suicidal Ideation and Suicide Attempts in

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In short, a depressed and suicidal person sees one's self as irredeemably worthless, the world as desperately threatening, and options in life as dangerously, hopelessly constricted. With this outlook, death becomes the only way to escape from pain and despair.

"Even when I cry out for help, he stops my prayer" (Lam 3:8)

Inevitably, the extreme anguish and unbearable hopelessness, which are symptoms of severe depression and suicidality, would affect the person's relationship with God. They often feel distant from God, and they question why depression is happening to them. Thus, the negative self-image and the pessimistic worldview of the depressed and suicidal person are projected onto God. God is seen as a distant, uncaring, unreliable, arbitrary god who is somehow responsible for the depressed and suicidal person's suffering. Either God directly intended the suffering, which makes God sadistic, or God didn't care at all that the person is suffering, which makes

a Korean Community Sample," Psychiatry 77/4 (Winter 2014): 361, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=e0860229-2571-4c08-b09c-362e048defc7%40sessionmgr103 (accessed 7 July 2018). Cf. also: Angus Thompson, "The Suicidal Process and Self-Esteem," Crisis 31/6 (2010): 314, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=5545644c-5edc-4f8b-8610-5173892d1e5c%40sessionmgr120 (accessed 7 July 2018); Courtney Bagge, Dorian Lamis, Michael Nadorff, and Augustine Osman, "Relations between Hopelessness, Depressive Symptoms and Suicidality: Mediation by Reasons for Living," Journal of Clinical Psychology, 70/1 (2014): 19, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=8ee931fb-6186-4f3e-a0f5-b6894ce37aed%40sessionmgr120 (accessed 7 July 2018) and Jerrell Cassady and Tracy Cross, "A Factorial Representation of Suicidal Ideation Among Academically Gifted Adolescents," Journal for the Education of the Gifted, 29, no. 3 (Spring 2006): 292-93, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=94d860bd-9fe5-437d-a54a-763dff0189b8%40sessionmgr102 (accessed 7 July 2018).

God unloving. Some blame God, some question God, while others withdraw emotionally from God. Their prayer reflects the state of their personal relationship with God.

Sometimes, they pray to God for death. Suicide letters that mention God often ask for forgiveness. The director James Whale (of the classic *Frankenstein* movies, *The Invisible Man*, and *Journey's End*), wrote in his suicide note: "So please forgive me, all those I love and may God forgive me too, but I cannot bear the agony and it [is] best for everyone this way…" The nineteenth-century British painter Benjamin Haydon, who suffered from violent manic-depression, wrote these words in his journal before he killed himself: "21st – Slept horribly. Prayed in sorrow, and got up in agitation. 22nd – God forgive me. Amen. Finis of B. R. Haydon. Stretch me no longer on this rough world. – Lear."[28]

In sum, depression negatively affects self-image, and this negative self-image is projected onto others, the world, and God. What can help heal this distorted image?

God said, "Let us make humankind in our image, according to our likeness…" (Gen 1:26)

The doctrine of the *Imago Dei* holds that human beings are made in God's image. The *locus classicus* of the doctrine is Gen 1: 26-27:[29]

28 Jamison, *Night Falls Fast*, 82-83.
29 J. Richard Middleton, "The Liberating Image? Interpreting the *Imago Dei* in Context," *Christian Scholars Review* 24/1 (1994): 8.

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> Then God said, 'Let us make humankind in our image, according to our likeness; and let them have dominion over the fish of the sea, and over the birds of the air, and over the cattle, and over all the wild animals of the earth, and over every creeping thing that creeps upon the earth.' So God created humankind in his image, in the image of God, he created them; male and female he created them. (Gen 1: 26-27 NRSV)

According to the International Theological Commission, the *Imago Dei* affirms "the truth that human persons are created in the image of God in order to enjoy personal communion with the Father, Son, and Holy Spirit and with one another in them, in order to exercise, in God's name, responsible stewardship of the created world. In the light of this truth, the world appears not as something merely vast and possibly meaningless, but as a place created for the sake of personal communion."[30]

As such, the human being is created not as an isolated individual, but as an essentially relational being called to be in relation with God, with other persons, with the world, and with oneself. Furthermore, this created image finds its completion in the *Imago Christi*: in order to "become" the image of God, human beings must actively participate in their personal transformation according to the pattern of the image of the Son (cf. Col 3:10), tracing the Son's journey from his incarnation to his glory.[31]

In the context of depression and suicide, what can be

30 International Theological Commission, *Communion and Stewardship: Human Persons Created in the Image of God* (23 September 2004), http://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html (accessed 7 February 2018), no. 4.

31 Ibid., no.10-12.

gleaned from the *Imago Dei*? How can it be a healing path? Three themes from the *Imago Dei* can be discerned, which are Goodness, Communion, and Hope. First, theologian J. Richard Middleton notes that Genesis 1 replaced the bloody battle of gods in *Enuma Elish* with the serene, orderly, unchallenged rule of Yahweh. Creation is, therefore, harmonious and "very good" (Gen 1:31).[32] Goodness permeates the creation story, like a liturgical refrain, presenting an alternative vision of both God and the cosmos.[33]

Second, with regard to Communion, the International Theological Commission asserts that the triune God has destined human persons who are created in his image to share the communion of Trinitarian life. "Indeed, it is for the sake of this Trinitarian communion that human persons are created in the divine image." This means that humanity's radical likeness to the triune God makes it possible for their communion with the uncreated persons of the Blessed Trinity.[34] The dogmatic constitution on Divine Revelation *Dei Verbum* expresses this reality:

> It pleased God, in his goodness and wisdom, to reveal himself and to make known the mystery of his will (cf. Eph 1:9). His will was that men should have access to the Father, through Christ, the Word made flesh, in the Holy Spirit, and thus become sharers in the divine nature (cf. Eph 2:18; 2 Pet 1:4).[35]

32 Middleton, *The Liberating Image,* 17.
33 Ibid..
34 International Theological Commission, *Communion and Stewardship*, no. 25.
35 Vatican II, "Dogmatic Constitution on Divine Revelation *(Dei Verbum),"* 18 November 1965, in *Vatican Council II: The Conciliar and Post Conciliar Documents*, ed. Austin Flannery (New York: Costello Publishing Co., 1975), no. 2.

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Thus, human persons are created to be in relationship with God. Likewise, "no person is as such alone in the universe, but is always constituted with others and is summoned to form a community with them." Humanity's personal identity as essentially oriented to the other is founded on the Trinity of divine Persons: God is not a solipsistic, solitary being but a communion of three Persons.[36]

Third, Hope is evident when considering sin and salvation within the perspective of the *Imago Dei*. Sin, as the rupture of the human person's relationship with God, with others and with oneself, causes a disfigurement of the *Imago Dei*, which is essentially dialogical or relational in its ontological structure. Catholic tradition has always insisted that the *Imago Dei*, even though impaired or disfigured by sin, cannot be lost, but neither can it be realized without God's saving grace. Indeed, grace and salvation "transform the existing, albeit sinful, reality of human nature."[37] From the perspective of the doctrine of *Imago Dei*, Christ, who is the perfect image of the Father, wins salvation through his passion, death, and resurrection, and conforms humanity to himself through its participation in the paschal mystery. The *Imago Dei* is thus reconfigured in its proper orientation to communion with the Trinity.[38] The International Theological Commission summarizes this:

36 International Theological Commission, *Communion and Stewardship,* no. 41.
37 Ibid., no. 45-48.
38 Ibid., no. 47.

> The reality of personal sin shows that the image of God is not unambiguously open to God but can close in upon itself. Salvation entails liberation from this self-glorification through the cross. The paschal mystery, which is originally constituted by the passion, death, and resurrection of Christ, makes it possible for each person to participate in the death to sin that leads to life in Christ. *The cross entails, not the destruction of the human, but the passage that leads to new life*.[39]

The promise of the cross as the passage that leads not to human destruction but to new life reconfigured in the *Imago Christi*, in the image of the Son, who is the image of God, therefore gives hope.

Goodness, Communion, and Hope are interconnected, and Goodness is the *leitmotif* that ties them together. How can these themes from the doctrine of the *Imago Dei* respond to the anguish of the depressed and suicidal person? Here, the findings of neuroscience and paleoanthropology will be examined, following the teaching of the International Theological Commission, which states: "Catholic tradition affirms that, as universal transcendent cause, God is the cause not only of existence but also the cause of causes."[40] Thus, God's providential plan for creation includes even the outcome of truly contingent natural processes, such as the evolution of life.[41] This paper now turns to one of God's most amazing creations, namely, the human brain.

Faith In Innate Goodness (cf. Gen 1: 31)

The poet John Milton wrote: "The mind is its own place,

39 Ibid., no. 49. Italics supplied.
40 Ibid., no. 68.
41 Ibid., no. 69.

and in itself/Can make a Heav'n of Hell, a Hell of Heav'n" *(Paradise Lost).*[42] The same depressed and suicidal brain has the innate potential to heal. There is goodness, even in its flawed neural connections. Dr. George Vaillant, psychiatrist and professor at Harvard Medical School, wrote: "Even when the brain is 'broken,' symptoms produced by a damaged brain always reflect not just the deficit but the efforts of the still-intact regions of the brain to make sense of biological disorder. Even in toxic delirium, the patient's hallucinations and delusions make order out of chaos." This touchingly echoes the Genesis story of a Good God, creating order out of chaos. He concludes: "Even a broken brain is ingenious in its efforts to comfort its owner."[43] Thus, there is goodness even in a "broken" brain.

Furthermore, it is said that the brain has more than one hundred billion interconnected neurons and hundreds of trillions of neural connections. Given this number of synaptic connections, the brain's possible on-off firing patterns have been calculated to be at the ten to the millionth power—more than the number of atoms in the known universe. The brain's complexity thus gives humans virtually infinite choices for how one's mind will use those firing patterns. When one is stuck in one pattern, as in the case of depression and suicide, one's brain is actually operating on very limited and narrow pathways.[44] This contradicts one of the God-given gifts of the human brain: neuroplasticity.

42 John Milton, Paradise Lost, Book I, lines 221-70, (originally published in 1667), https://www.poets.org/poetsorg/poem/paradise-lost-book-i-lines-221-270 (accessed 24 July 2018).

43 George E. Vaillant, *The Wisdom of the Ego* (Cambridge: Harvard University Press,1993), 45.

44 Daniel Siegel, *Mindsight: The New Science of Personal Transformation* (New York: Bantam Books, 2010), 38.

Neuroplasticity is defined as the capacity of the brain to create new neural connections and to grow new neurons in response to experience. Contrary to popular understanding, neuroplasticity is not just available during youth; it can occur throughout the lifespan.[45] Neuroscience teaches that the power to direct one's attention has within it the power to shape the firing patterns of one's brain, as well as the power to reshape the brain's architecture itself. What does this mean? The power of neuroplasticity allows even depressed and suicidal persons to repair damaged connections in their brains and to create new, more satisfying patterns in their lives.[46] The gift of neuroplasticity allows the brain to heal. Thus it allows the brain to hope.

There is more goodness to be found. In an intriguing study on stress, Dr. Kelly McGonigal, a health psychologist from Stanford University, describes how stress not only makes humans social but creates what she calls, "the biology of courage." The key is in a neurohormone, Oxytocin, which is released as part of the stress response. Oxytocin has been called the "cuddle hormone" (because it is released during hugs), but it is a very complex neurohormone that fine-tunes the brain's social instincts. Its primary function is to build and strengthen social bonds, and it makes the brain better able to notice and understand what other people are thinking and feeling. Thus, it enhances empathy, intuition, trust, and care for other people.

Amazingly, and by God's wise design, Oxytocin is not just about social connection. It actually dampens the fear response in the brain, suppressing the fight-or-flight survival instinct. As McGonigal puts it: "this hormone doesn't just make you

45 Ibid., no. 5.
46 Ibid., no. 38-44.

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want a hug; it also makes you brave."[47] Oxytocin triggers what scientists call the "tend-and-befriend response," which motivates one to protect and care for others, and gives one the courage to do so.

Together with other neurohormones, namely, dopamine and serotonin, oxytocin activates the tend-and-befriend response that, even under stress, allows humans to be social, brave, and attuned to do the right thing. What does this mean? When humans choose to help and care for others, they actually reduce their fear. McGonigal writes: "Caring for others triggers the biology of courage and creates hope."[48] For depressed and suicidal people, helping others (even caring for a pet) can create an upward spiral to counteract typical feelings of negativity, alienation, and hopelessness.[49] Theologically, it points not only to the goodness of God's providential design of the brain but also to communion. Communion, so central in the *Imago Dei*, is hard-wired in the brain.

Love Never Fails (1 Cor 13): The Gift of Communion

Shifting to another perspective, paleoanthropologists have looked at the marvel of the human brain's evolution, which is intimately linked with the development of caring, nurturing communities. Vaillant explains:

47 Kelly McGonigal, *The Upside of Stress: Why Stress Is Good for You, and How to Get Good at It* (New York: Penguin Random House, 2015), 52-53.
48 Ibid., 138-38.
49 Korb, *The Upward Spiral,* 170.

> This brain expansion . . . led to a magnificent (not vicious) cycle. To pass through the birth canal, primates with relatively large brains needed to be born prematurely. This necessitated a nurturing community. The brain complexity for the continuing evolution of unselfish love required a still larger brain that prolonged childhood still further. And the longer the childhood, the larger and more unselfish was the brain required not only by the child's parents but also by the child's surrounding clan.[50]

In other words, the evolution of a brain capable of love could only be possible in the context of a loving, caring community. There is more goodness to be found. In a provocative article entitled "The *Imago Dei* as a Work in Progress: A Perspective from Paleoanthropology," authors Johan De Smedt and Helen De Cruz examined the evolution of specifically human cognitive abilities such as shared attention, the transmission of moral norms, and symbolic behavior. They write:

> Hominims over time acquired more capacities that enabled them to be in closer union with God, including the ability to share attention with him over creation, become compassionate and moral beings, and symbolically communicate with him in fellowship with other human beings. These evolutionary developments can be regarded as gifts from God that enable humanity to achieve *theosis*. In particular, they allow humans to fulfill a unique mediatory role between God and the rest of creation.[51]

50 George Vaillant, *Spiritual Evolution: A Scientific Defense of Faith* (New York: Broadway Books, 2008), 42.

51 Johan De Smedt and Helen De Cruz, "The *Imago Dei* as a Work in Progress: A Perspective from Paleoanthropology," 150, Zygon, 49, no. 1 (March 2014):150, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=48426b51-1b7d-4362-9eaf-2709f6454740%40sessionmgr104 (accessed 18 July 2018).

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More importantly, all these God-given, uniquely human capacities could "only originate, develop and flourish within communities."[52] Communion, so central in the *Imago Dei*, is built into the brain's evolution.

What is the implication on depression and suicide? Numerous scientific studies have pointed out the crucial role of social support—communion—in determining resilience to suicidality.[53] Communion, so central in the *Imago Dei*, so ingrained in our evolution, helps heal depression and suicidality.

Communion—how human relationships are oriented towards God and one another—also leads to the moral good: "the theology of the Imago Dei also links anthropology with moral theology by showing that, in his very being, man possesses a participation in the divine law. This natural law orients human persons to the pursuit of the good in their actions."[54] The *Imago Dei,* therefore, roots a person in a stable, moral core, with God as the absolute Good. This is crucial to any effort to offset and heal the pervasive negativity that cripples depression and gives the suffering person a reason to live. Made in the image and likeness of a Good

52 Ibid., 149.

53 Korb, The Upward Spiral, 161-77. See also Bagalkot et al. "Lifetime Prevalence of and Risk Factors for Suicidal Ideation and Suicide Attempts," Psychiatry 77/4 (Winter 2014): 368, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=e0860229-2571-4c08-b09c-362e048defc7%40sessionmgr103 (accessed 7 July 2018); Maria Rossetti, Adele Tosone, Paolo Stratta, Alberto Collazzoni, Valeria Santarelli, Elisabetta Guagdani, Rodolfo Rossi, Alessandro Rossi, "Different Roles of Resilience in Depressive Patients with History of Suicide Attempt and No History of Suicide Attempt," Revista Brasileira de Psiquiatria, 39 (2017): 216, 218-19, http://ezproxy.usj.edu.mo:2082/eds/pdfviewer/pdfviewer?vid=4&sid=619662ab-a348-4343-be51-6efc027313c9%40sessionmgr4009 (accessed 27 June 2018).

54 International Theological Commission, *Communion, and Stewardship*, no. 24.

God, humans suffer when their moral orientation is skewed away from God. Instead of their conscience guiding them to life-giving choices that reflect God's extroverted love, their superego drives them into a self-centered, frantic preoccupation of proving their own lovableness that in the end isolates them from God, others, and their own selves.[55]

Christ in you, the hope of glory (Col 1:27)

The *Imago Dei* gives hope because it is the will of God that Christ should be the fullness of the human person. Since "all things have been created through him and for him" (Col 1:16), human existence finds its origin, direction, and destiny in Christ.[56] It is Christ, the "image of the invisible God" (Col 1:15) who restores the image of God in human beings to its proper form, in his incarnation, death, and resurrection: "Through him, God was pleased to reconcile to himself all things, whether on earth or in heaven, by making peace through the blood of his cross" (Col 1:20).[57] *Gaudium et Spes* states that:

> In reality, it is only in the mystery of the Word made flesh that the mystery of man truly becomes clear. For Adam, the first man, was a type of him who was to come, Christ the Lord. Christ, the new Adam, in the very revelation of the mystery of the Father and of his love, fully reveals man to himself and brings to light his most high calling. It is no wonder, then, that all the truths mentioned earlier should find in him their source and their most perfect embodiment.[58]

55 John W. Glaser, "Conscience and Superego: A Key Distinction," *Theological Studies* 32 (1971), 32.
56 International Theological Commission, *Communion, and Stewardship*, nos. 53-54.
57 Ibid., no. 55.
58 Vatican II, *Gaudium et Spes*, no.22.

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Thus, the full meaning of what it means to be human is found only in Christ. Moreover, to grow into the likeness of Christ is a gradual journey, as human beings collaborate with the Holy Spirit, who fashions them into Christ's image. Their everyday existence is an endeavor to grow more fully into the *Imago Christi*.[59] The *Imago Christi* engenders hope because Christ is not only our journey's end but also our companion in the journey.

What implications can be drawn from this in the context of depression and suicide? How can the *Imago Christi* give hope in the struggle against suicide? By his incarnation and by his Paschal mystery, Christ not only demonstrates his solidarity with all human suffering, he also shows the path to fidelity and trust in the God who is Love.

Through the valley of the shadow of death (Ps 23: 4)

Pope Benedict XVI, in *Spe Salvi*, reflects on how the *Imago Christi* gives hope: Christ "tells us who man truly is and what a man must do in order to be truly human. He shows us the way, and this way is the truth. He himself is both the way and the truth, and therefore he is also the life which all of us are seeking. He also shows us the way beyond death; only someone able to do this is a true teacher of life."[60] Later on, pondering on the lines from Psalm 23, he writes:

59 International Theological Commission, *Communion, and Stewardship*, no. 55.

60 Benedict XVI, *Spe Salvi* (Vatican: Libreria Editrice Vaticana, 2007), no.6.

> The true shepherd is one who knows even the path that passes through the valley of death; one who walks with me even on the path of final solitude, where no one can accompany me, guiding me through: he himself has walked this path, he has descended into the kingdom of death, he has conquered death, and he has returned to accompany us now and to give us the certainty that, together with him, we can find a way through. The realization that there is One who even in death accompanies me, and with his "rod and his staff comforts me," so that "I fear no evil" (cf. Ps 23[22]:4)—this was the new "hope" that arose over the life of believers.[61]

In this way, Christians can draw hope from God because there is no human suffering in the world— no matter how terrible, immense, hidden, or seemingly unending—that God has not reached and touched through Christ. This is the meaning of the Incarnation. Furthermore, God, in His Son, has gone through that path of consummate solitude, thereby "hallowing" even death itself. Love has shown the way beyond death; Love is stronger than death.

In his resurrection, Christ has broken the power of sin and death; therefore, believers can look to the future with hope: "it is not that they know the details of what awaits them, but they know in general terms that their life will not end in emptiness."[62] It is this hope in a future that is certain and positive that enables Christians to live the present as well.[63] For Christians who struggle with depression and suicidality, such belief can calm the turmoil of the mind and spirit. Here it is significant, and deeply consoling, that the Risen One showed his hands and side: even his wounds, the marks of

61 Ibid., 15-16.
62 Ibid., 5.
63 Ibid., 5.

https://publications.lst.edu/

his suffering, have a place in the resurrection. The agony and sorrow of depression, the intense struggle against suicide, all these are not empty and meaningless to God.

Thus, against the wretched feelings and desperate thoughts, an act of faith in the God who has never left anyone to suffer alone, a deep conviction that God "will wipe every tear from their eyes, and there shall be no more death or mourning, wailing or pain" (Rev 21:4), can give the suffering, depressed and suicidal believer a much-needed anchor in life, and the resiliency to withstand the deceptive lure of death. The *Imago Christi* heals and gives hope, for Love is stronger than death.

Some Pastoral Considerations

As earlier seen, sixty percent of suicides can be linked to clinical depression, which is a serious, potentially fatal disease of the brain. Given that the way out of the darkness of suicidal despair is long and tortuous, patience and a commitment to healing are required from all those involved. Since the illness is complex, the treatment must also be complex and involve biological, psychological, social, relational, behavioral, and spiritual factors.[64] Hospitalization may even be necessary, especially for the patient who is suicidal or is so severely depressed as to be significantly impaired in carrying out ordinary activities. Medication can have a very important role, as well as psychotherapy, cognitive-behavioral approaches, group or social support, Brain Stimulation Techniques, and later on, spiritual direction.[65]

This section is addressed to pastors, spiritual directors, and pastoral counselors who find themselves ministering to

64 Kheriaty, "Depression and Suicide," 2.
65 Ibid., 2.

the depressed and suicidal. They have a crucial role to play. Indeed, numerous studies attest to the importance of religious coping as a protective factor against suicidality, and inversely, the significant role of spiritual struggle as contributing to suicidal ideation and suicidal behavior.[66]

66 Here is a brief survey of these studies on the aforementioned topic: Rosanna J. S. Bailey, Mark McMinn, Mary Peterson and Kathleen Gathercoal, "Religious Coping and Spiritual Struggle Among Emergency Room Patients with Suicidal Ideation," Spirituality in Clinical Practice 5, no. 1 (2018): 25-36, http://ezproxy.usj.edu.mo:2082/eds/pdfviewer/pdfviewer?vid=0&sid=e1d20881-9d67-493d-82c7-4973bf9c031d%40sessionmgr4006 (accessed 11 June 2018); Amanda Raines, Joseph Currier, Eliza McManus, Jessica Walton, Madeline Uddo and Laurel Franklin, "Spiritual Struggles and Suicide in Veterans Seeking PTSD Treatment," Psychological Trauma: Theory, Research, Practice, and Policy 9, no. 6 (2017): 746-49, http://ezproxy.usj.edu.mo:2082/eds/pdfviewer/pdfviewer?vid=7&sid=8d-f829e9-df52-4d55-9978-ace02496df21%40sessionmgr4010 (accessed 15 June 2018); Joseph M. Currier, Phillip N. Smith, and Shane Kuhlman, "Assessing the Unique Role of Religious Coping in Suicidal Behavior Among U.S. Iraq and Afghanistan Veterans," Psychology of Religion and Spirituality 9, no. 1 (2017): 118-23, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=-d5ecf030-c5f4-4294-ab51-f9da627c686f%40sessionmgr101 (accessed 26 June 2018); S. Burshtein, B. P. Dohrenwend, I. Levav, N. Werbeloff, M. Davidson, and M. Weiser, "Religiosity as a Protective Factor Against Suicidal Behavior," Acta Psychiatrica Scandinavica, 133 (2016):481-88, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=d40ae069-a393-48ee-8119-16d3f2d91c33%-40sessionmgr104 (accessed 26 June 2018); Morgan M. Medlock, "A Light Pierces the Darkness: A Reflection on Spirituality and Suicide," Spirituality in Clinical Practice, 2, no. 4 (2015): 282-84, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=97858470-3b9a-49ea-ada6-dc98a632706e%40sessionmgr101 (accessed 27 June 2018); Marie Bullock, Lucie Nadeau, and Johanne Renaud, "Spirituality and Religion in Youth Suicide Attempters' Trajectories of Mental Health Service Utilization: The Year before a Suicide Attempt," Journal of the Canadian Academy of Child and Adolescent Psychiatry, 21/3 (August 2012): 186-93, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=bfcc0e4d-2cd8-46dd-a75c-50130a5c0735%40sessionmgr104 (accessed 26 June 2018); Shervin Assari, Maryam Mogani Lankanari, and Babak Moazen, "Religious Beliefs May Reduce the Negative Effect of Psychiatric Disorders on Age of Onset of Suicidal Ideation among Blacks in the United States," International Journal of Preventive Medicine 3, no. 5 (May 2012): 358-64, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=81ce8d50-b79b-4ba0-9e16-bac55e3addf5%40sessionmgr101 (accessed 26 June 2018); Chun-Kai

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Science, in general, acknowledges the importance of faith in God: studies show that it allows one to survive horrendous loss and to deal with a life-threatening illness. In their book *How God Changes Your Brain* (2009), authors Dr. Andrew Newberg and Mark Robert Waldman conclude that faith is the number one way of enhancing one's physical, mental and spiritual health, topping aerobic exercise and dialoguing with others.[67] Given the importance of religion and spirituality in either facilitating health or contributing to suicidal ideation, pastoral ministers must be prepared to deal with depressed and suicidal persons. A detailed presentation of pastoral approaches is beyond the scope of this paper. Instead, key principles or guidelines will be discussed.

"Primum Non Nocere"

First, Do No Harm. This dictum addressed to physicians is a mantra worth remembering also for religious leaders and pastoral ministers. Unfortunately, Christianity has centuries of prejudice and mishandling from which to redeem itself. Many times, this prejudice is even couched in spiritual terms. There is evidence that such mishandling and prejudice still linger until the present. For instance, survivors of suicide report that strangers have commented to them that their family member is in hell.[68]

Fang, Hsin-Chin Lu, Shen-ing Liu, and Yi-Wen Sun, "Religious Beliefs Along the Suicidal Path in Northern Taiwan," Omega, 63/3 (2011): 255-69, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=8bb0a71d-6538-4ac2-a277-86c2addbe737%40sessionmgr101 (accessed 26 June 2018).

67 Andrew Newberg and Mark Robert Waldman, *How God Changes Your Brain: Breakthrough Findings from a Leading Neuroscientist* (New York: Ballantine Books, 2009), 163-65.

68 Larry Vandecreek and Kenneth Mottram, "The Religious Life During Suicide Bereavement: A Description," Death Studies 23 (2009): 747, http://ezproxy.usj.edu.mo:2069/eds/

This is further compounded by myths about handling suicidal thoughts and behaviors, such as "people who talk about suicide do not do it," "suicidal people are fully intent on dying," "people only need to look on the bright side of life to feel better," "people who make suicide attempts are only looking for attention," "when the depressed person begins to show signs of improvement, the crisis is over," "talking about suicide puts the thought into people's heads," and so on.[69] These myths do not help at all.

In order to do no harm, one must adopt a non-judgmental attitude and offer a compassionate, open and gentle listening to the person who struggles with suicidality. Of primary importance here is knowing one's limitations, and immediately referring the suffering person to trained professionals when needed. While waiting for expert help, some important considerations include taking all threats seriously, noting signs of depression and withdrawal, expressing one's concern, staying with the suicidal individual until help arrives, and removing all possible means of suicide.[70]

Depressed Brain Function and Its Effect on Spirituality

Brain imaging technologies such as single photon emission computed tomography (SPECT) and functional MRI (fMRI) have detected abnormalities in the brain function of depressed and suicidal persons. This explains why depressed

pdfviewer/pdfviewer?vid=13&sid=ddb6bf85-1f7a-4099-8448-576e89eed889%40pdc-v-sessmgr01 (accessed 26 June 2018).

69 Queena N. Lee-Chua, Lourdes Joy Galvez Tan, Melissa R. Garabiles, Ma. Tonirose de Guzman-Mactal, and Mary Jane Bergado-Flores, *Lifeline: A Layperson's Guide to Helping People in Crisis* (Manila: Anvil Publishing, 2016), 21-23.

70 Lee-Chua et al., *Lifeline*, 30.

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persons have difficulty understanding emotions or overriding them with logic. It also explains why depressed persons have difficulty expressing their emotions,[71] since language is in the realm of the prefrontal cortex. Thus, interacting in a spiritual/religious environment, depressed and suicidal persons may not experience the same emotional connectedness that healthy people have, including the ability to feel closeness to God.[72]

Likewise, pastors and ministers must remember that only around 55 percent of patients who take anti-depressant medications benefit from them; the rest will still experience some continuing depressive symptoms. Instead of assuming that these continuing symptoms are spiritual in origin, pastoral ministers must remember the rudimentary nature of medications that are available.[73] Thus, spirituality is affected by defective brain function and may not be easily accessed by the depressed person. When applied alone, it may not be so effective. Spirituality will need biological and psychological interventions.

Taking Warning Signs Seriously

Mindful that only a trained professional, such as a psychiatrist or clinical psychologist, can make a definitive assessment of depression or mental illness, pastoral ministers nevertheless will be helped in their work by familiarizing themselves with the symptoms of Major Depressive Disorder or other Mood Disorders. They would benefit most specially

71 Stephen J. Sorenson, "Depression and God: The Effects of Major Depressive Disorder on Theology and Religious Identity," Pastoral Psychology 23 (2013), http://ezproxy.usj.edu.mo:2082/eds/pdfviewer/pdfviewer?vid=0&sid=3d04784a-96b1-49fe-91b0-ce063946bf94%40sessionmgr4010 (accessed 11 June 2018), 347.
72 Ibid., 345, 347.
73 Ibid., 346.

from knowing the warning signs of suicidality. They must also have ready a list of doctors or agencies, including suicide prevention helplines, to whom they can refer. They must take all threats, all expressions of suicidal intent, seriously.[74]

Oftentimes, a precipitating experience of significant loss (bereavement, financial ruin, losses from a natural disaster, a serious medical illness or disability) is what brings the person to seek the counsel of a pastor or pastoral minister. The person expresses feelings of intense sadness, rumination about the loss, insomnia, loss of appetite, and weight loss, all of which resemble the symptoms of a depressive episode. Although these responses may be appropriate to the loss, it is important to consider whether there is also the presence of a major depressive episode along with the normal response to the loss.[75]

Finally, another evaluation that a pastoral minister must make is the presence of perfectionism, which is known to be prevalent in depression.[76] Perfectionism is characterized by excessive concern over mistakes; excessively high personal standards; high parental expectations that are seen as unattainable; exaggerated emphasis on precision, order and organization; and doubts about actions.[77] Perfectionism in the spiritual life is manifested by scrupulosity, by an obsessive all-or-nothing attitude of eradicating all, even a hint of sin. Scrupulosity is characterized by persistent doubts (obsessions) about sin; excessive or inappropriate guilt, worry,

74 Lee-Chua et al., *Lifeline*, 24-30.
75 American Psychiatric Association, *DSM-5*, 161.
76 Sorenson, *Depression, and God*, 349.
77 Michael Brustein, Perfectionism: A Guide for Mental Health Professionals (New York: Springer Publishing Co., 2013 eBook), 4, http://ezproxy.usj.edu.mo:2082/eds/ebookviewer/ebook/bmxlYmtfX-zY1MzQyM19fQU4l?sid=0024e41f-5df9-4d3d-9887-7160ee0c1748@sdc-v-sessmgr04&vid=11&format=EB (accessed 7 October 2018).

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doubt; and compulsive and excessive religious behavior.[78] Thus, it is imperative that pastoral ministers handle scrupulosity properly.

To tell depressed and suicidal persons that it is sin that is making them so unhappy is not helpful, for the depressed perfectionist will think: "if sin could cause my depression, and I know that there is bound to be sin somewhere in my life, I should make sure to try my hardest to eliminate sin in order to feel better. Then I can attain the joy I am supposed to feel."[79] This kind of thinking sets them up for certain failure, thus reinforcing the depression. This is not to minimize the importance of sin, but to alert the pastoral minister to the risk of reinforcing neurotic tendencies through misconceptions of doctrines that create unwarranted guilt. Recalling that Jesus came to give life in abundance (Jn 10:10), then it follows that sin restricts life, while freedom from sin enhances life. The pastoral minister must, therefore, ask the same question that medical practitioners espouse: is this belief restricting or enhancing life? By doing so, one does not minimize sin but treats it more intelligently.[80]

Correcting False Images of God

Once an integrated, multi-disciplinary healing program is in place (involving psychiatrists and/or psychotherapists, family, and friends), pastoral ministers can engage with greater hope for success in the long and painstaking process

78 Margaret Hepworth, Laura Maria Simonds, and Robert Marsh, "Catholic Priests' Conceptualisation of Scrupulosity: A Grounded Theory Analysis," Mental Health, Religion and Culture, 13, no. 1 (January 2010): 1, http://ezproxy.usj.edu.mo:2082/eds/pdfviewer/pdfviewer?vid=0&sid=0a8a87c1-9ffe-453a-83d4-251cad9d1adc%40sessionmgr4006 (accessed 7 October 2018).

79 Sorenson, *Depression, and God*, 349.

80 Ibid., 349-50.

of helping the depressed and suicidal person in his or her spiritual life.

One of the most important tasks in pastoral ministry is to correct false images of God. This process is long and serpentine, because of the inability of the prefrontal cortex to regulate with reason the highly emotional limbic system. Hence, the pastoral minister often has to dig deep into childhood projections of an absent, arbitrary, unreliable, or even punitive and abusive God. It is always helpful to begin by educating the depressed and suicidal person that it is the depression that is influencing his or her perceptions of God, and not the reality of who God is.

The minister must ask if the individual's doctor or psychotherapist has explained to him or her about depression (the pastoral minister must never assume this), and to what extent he or she has understood the disease. Then, the pastoral minister must carefully and gently explain or expound the implications of the disease on his/her relationship with God, according to the pastoral minister's level of knowledge and familiarity with depression or mood disorders, and (more importantly) adapted to the depressed and suicidal person's needs, capacities and dispositions. Often, it helps the client to know about the most basic brain structures (prefrontal cortex/thinking brain and limbic system/feeling brain) and the basic miscommunication that happens between the two brains, which is what depression is in a nutshell.[81] Education about depression and its effect on one's beliefs about God is an important external and objective ground or "handle" that the

81 Dr. Siegel gives an easy-to-understand hand model of the brain (Siegel, *Mindsight*, 14-15), and Dr. Korb gives a very simple explanation of depression (Korb, *The Upward Spiral*, 9-31).

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depressed and suicidal person can use or rely on, given that his or her prefrontal cortex cannot figure it out on its own.

Depressed and suicidal persons, like survivors of severe, chronic childhood trauma (oftentimes they are both), endorse a set of negative core self-beliefs, which include cognitive distortions about God. These negative core-beliefs about the self are stated as beliefs about God.[82] Such cognitive distortions include: "I am unworthy of God's love," "God is distant and uninterested in me," "Other people (or the poor) are more important to God," "God wants me to suffer because I am bad (or I need to grow)," "It's okay to kill myself because God doesn't care about me." Not only do these negative and distorted beliefs damage or undermine the person's relationship with him/herself, and with God, they also worsen depression, anxiety, and other comorbidities.[83]

Here it is important to draw out the riches of scripture. Too often, distorted cognitive beliefs of God are reinforced by popular misrepresentations of an angry, vengeful God who turns people into pillars of salt.[84] By directing them to true images of God's love and mercy that abound in scripture, pastoral ministers can help depressed and suicidal persons to draw strength and consolation from the Word of God. Furthermore, these texts can provide an external, objective counterweight to their internal, distorted image of God.

Surely, this healing does not happen in one session or retreat. Thus, in correcting false images of God, one cannot emphasize enough the sensitivity, patience, gentleness, and

82 Colin A. Ross, "Talking about God with Trauma Survivors," American Journal of Psychotherapy, 70, no. 4 (2016): 429, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=46bc9b02-ba69-4fb4-b619-74d6d61e3305%40sessionmgr103 (accessed 26 June 2018).
83 Ibid., 429.
84 Ibid., 432.

great care needed for accompanying a depressed and suicidal person.

Activating the *Imago Dei*: Goodness, Communion, and Hope

The *Imago Dei*, seeing the self as being made in God's image and thereby as bearing goodness, communion, and hope, can already be glimpsed implicitly in many of the clinical approaches mentioned above. Psychotherapy, in its many forms, seeks to heal a broken self-concept (goodness), encourage social support (communion), and redirect attention to a better future (hope). The *Imago Dei* can also be taken by pastoral ministers as their overarching goal for their clients. That is, they can help depressed and suicidal persons to find goodness in themselves, to encourage experiences of communion, and to engender hope in life.

Mindful that reason is impaired by depression, pastoral ministers must use a combination of cognitive, affective, and even visceral approaches to the *Imago Dei.* It is not enough to speak about God's personal love for the depressed and suicidal person. Pastoral ministers must be alert to affective and visceral experiences of that love in their clients' life. For example, teaching them the prayer of the consciousness examen allows their client to find God "in the mud and muck . . . of [their] complicated yet incredibly ordinary life."[85] Through a dynamic interplay between reflections on God's mercy and compassion in scripture and in *both* the powerful *and* seemingly small and insignificant concrete evidence of that same mercy and compassion in their lives, depressed

85 Mark E. Thibodeaux, SJ, *Reimagining the Ignatian Examen* (Chicago: Loyola Press, 2015), viii.

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and suicidal persons can slowly heal their distorted beliefs about God. At the same time, they can slowly begin to see themselves, contrary to what the depression tells them, as good enough and certainly worthy of God's loving care. In the context of God's goodness, depressed and suicidal persons can also experience self-forgiveness, which has been found to be a powerful protective buffer against suicidal ideation and behavior.[86]

When depressed and suicidal persons are able to leave their fearful isolation and to engage in meaningful and loving ways with others, especially the more helpless and less fortunate, then they can experience communion. The world slowly ceases to be perceived as vast and meaningless. Instead, it becomes a sacred place full of worthwhile relationships and purposeful connections.

Likewise, the pastoral minister must be attuned to opportunities for engendering hope. Despair deeply marks the struggle of depressed and suicidal persons. By offering hope—even through just a patient, gentle, compassionate, and non-judgmental listening—a pastoral minister can give tremendous strength to one who is on the brink of despair and self-annihilation. The pastoral minister is often confronted by the absolutizing, all-or-nothing perfectionism of the depressed and suicidal: *there is nothing good now; therefore, there will never be anything good in the future.* What a minister can do is to help the depressed and suicidal person to focus on what is provisional, what is sufficient for the moment, given

86 Benjamin B. Hall, Jon R. Webb, and Jameson K. Hirsch, "Spirituality and Suicidal Behavior: The Mediating Role of Self-Forgiveness and Psychache," Psychology of Religion and Spirituality (June 14, 2018): 7-8, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=987f2ba4-774a-47cf-af95-c99bf3279a64%40sessionmgr104 (accessed 28 June 2018).

by a God who is unerringly faithful. Theologian and author Frederick Niedner offers the image of the wilderness, where both the depressed person and the one who ministers to him or her, find themselves. Reflecting on depression, he writes:

> It comes as a liberation to take up residence in a place where everyone knows bondage, and no one dwells in the carefree land of milk and honey. In such a place, one can thrive on the simple things God provides. The daily ration is *manna*, Hebrew for "What is it?" What it is, of course, is enough. Enough strength, enough hope, enough sense of direction. Barely enough, but enough.[87]

It is the task of pastoral ministers to help depressed and suicidal persons to recognize their *manna* in the desert: the small graces, the unexpected and heretofore unrecognized kindnesses, even the steady heartbeat of a faithfully pumping heart, each involuntarily-drawn breath of air, whether they want it or not.

The *Imago Dei* would not be complete without the *Imago Christi:* the Son, who is the goal and destiny of all human striving. The pastoral minister must help depressed and suicidal persons to identify with Jesus in all his fragile humanity. Allowing the depressed and suicidal person to experience this deeply can have a powerful healing effect on him or her. The Paschal mystery is, of course, a deep and rich source of strength, courage, and hope for depressed and suicidal persons. They easily identify with the sufferings of Christ. It would be useful to the pastoral minister to offer the points on the Third Week given by St. Ignatius of Loyola in

87 Frederick Niedner, "Barely Enough," *Christian Century* (January 25, 2012): 13, http://ezproxy.usj.edu.mo:2069/eds/pdfviewer/pdfviewer?vid=0&sid=90d6743f-9386-4f3f-a8a4-cafb92657f48%40sessionmgr101 (accessed 11 June 2018).

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his *Spiritual Exercises*: that the Lord truly suffered and chose to suffer; that in the Passion "divinity hid itself" so that Jesus became utterly human and helpless; and that he suffered all of this out of love for the depressed and suicidal person (SpEx nos. 195-197).[88] Likewise, in directing their gaze upon the Risen Lord, the minister would do well to point out that the Resurrected Jesus comes as Consoler: "to realize that the role of consoler which Jesus performs in each of his resurrection appearances is the same role he performs now in my life is a faith insight into why I can live my life in a true Christian optimism (SpEx no. 224)."[89]

Building A Right Relationship With God

Oftentimes, Christian believers who are depressed and suicidal are preoccupied with unhealthy notions of sin, and they confuse their superego with their conscience.[90] The pastoral minister must help them to distinguish between the cruel and punitive dictates of their superego, and the gentle promptings of their conscience, always calling them "to love and to do what is good and to avoid evil."[91] In order to do this, Fr. Richard Gula proposes recovering the biblical perspective of sin as breaking the bond of love in a personal, covenantal relationship with a gracious God. In other words, sin is meaningful only within the context of this covenant that God makes with us, and it is a covenant that will never

88 David Fleming, SJ, *Draw Me into Your Friendship. The Spiritual Exercises: A Literal Translation and a Contemporary Reading* (St. Louis, Missouri: The Institute of Jesuit Sources, 1996), 146.
89 Ibid., 169.
90 Glaser, *Conscience and Superego*, 38.
91 Vatican II, " Pastoral Constitution on the Church in the Modern World" (*Gaudium et Spes*), 7 December 1965, in *Vatican II: The Conciliar and Post Conciliar Documents*, ed. Austin Flanery (New York: Costello Publishing Co., 1975), no. 16.

be completely broken because God will never give up on the covenant. Within this covenant relationship, God's gratuitous gift of divine love calls for a threefold response: to accept one's *worth* and the worth of others based on God's love; to live in *solidarity* with others and all creation, and to foster *fidelity* in this covenantal relationship.[92]

In sum, the pastoral minister must help depressed and suicidal persons to realize that it is their personal relationship with a good God that is at the heart of the matter and that they must not be too preoccupied with the legalism of do's and don'ts. By becoming more attuned to their conscience and more surrendered to the love of God, their hearts will become ordered to God as their singular center of value. Such a rightly-ordered heart, with God as its greatest treasure, acquires a certain instinct for what is good or bad, relative to God.[93]

A Final Note On Grace

The road of accompanying a depressed and suicidal person is extremely arduous for the pastoral minister. He or she must shore up reserves of strength for the journey and must look into the depths of suicidal despair with unflinching courage. Oftentimes, he or she becomes the primary witness of God's patient, compassionate, and loving presence in the depressed and suicidal person's life. As such, it is crucial that the pastoral minister must "walk the talk." This is not easy, for interacting with a depressed and suicidal person can open up personal areas of unmourned losses and continuing unfreedom in the life of the pastoral minister. Often, the pastoral minister comes to realize his or her own need of healing and growth.

92 Richard Gula, *Reason Informed by Faith: Foundations of Catholic Morality* (Mahwah, NJ: Paulist Press, 1989), 91-93.
93 Ibid., 100.

https://publications.lst.edu/

In this regard, it is helpful for the pastoral minister to examine his or her own ideas about grace, and to see grace less as discrete, external and tangible blessings, and more as a radical, permeating, unceasing presence of God. It is beyond the scope of this paper to discuss a full theology of grace, but for the purposes of this paper, it is important to note the following points from Karl Rahner.

For him, "God himself as the abiding and holy mystery, as the incomprehensible ground of man's transcendent existence is not only the God of infinite distance, but also wants to be the God of absolute closeness in a true self-communication, and he is present in this way in the spiritual depths of our existence as well as in the concreteness of our corporeal history."[94] Salvation, therefore, consists of nothing but God himself, present to us, and with us in unsurpassable nearness: "the giver is himself the gift."[95] Furthermore, God communicates Godself "even in situations in which the divine offer has not been accepted."[96] Thus, grace refers primarily to God's presence within the person, a free act of divine love, an offer of love even prior to human response.[97]

Thus, Rahner's vision of God's universal offer of grace, suffusing all aspects of human life, can ground the pastoral minister's own conviction that God will never abandon any

94 Karl Rahner, *Foundations of Christian Faith: An Introduction to the Idea of Christianity*, translated by William V. Dych, (New York: The Crossroad Publishing Co., 1982), 137, as quoted by John P. Galvin, "The Invitation of Grace," in *A World of Grace: An Introduction to the Themes and Foundations of Karl Rahner's Theology*, ed. Leo J. O'Donovan (Washington, D.C: Georgetown University Press, 1995), 65.

95 John P. Galvin, "The Invitation of Grace," in *A World of Grace: An Introduction to the Themes and Foundations of Karl Rahner's Theology*, ed. Leo J. O'Donovan (Washington, DC: Georgetown University Press, 1995), 66.

96 Ibid., 67.

97 Ibid., 72.

person. This can then serve as a wellspring for his or her pastoral care for the depressed and suicidal person. This vision is best captured in the words of the English Jesuit priest and poet, Gerard Manley Hopkins:

> I say that we are wound
> With mercy round and round
> As if with air . ..[98]

98 Gerard Manley Hopkins, "The Blessed Virgin Compared to the Air We Breathe," in *The Wreck of the Deutschland* (London: Orion Books, 1996), 44.

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