

**And she was a
CHRISTIAN**

Why Do Believers Commit Suicide?



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PREFACE

When Christian families grieve, they seek encouragement and support from Holy Scripture. That's also true when a loved one dies from suicide. What is unique to suicide survivors is the added burden of a piercing question articulated by society. Did this family member die in the faith? A follow-up question is voiced by the one grieving. "If he did lose his faith, shall I, the surviving spouse, parent, child, or sibling, be held responsible somehow?" If survivors were taught once upon a time that all suicides go to hell, they may in fact ask themselves: "Did I help my beloved down that path?"

It is a time, unlike any other, when a family needs Christian comfort and support. Unfortunately, another question, which often confronts family members following a suicide, is whether the pastor will conduct a funeral for their loved one. As in former centuries, pastors have shown a reluctance to minister to the grieving in any beneficial way. The mind-set reads something like this: "We can't say that suicides go to heaven or that suicide is a forgivable sin. By doing so, we might give somebody who's entertaining the thought of taking his life the excuse he's looking for." So there evidently is little or nothing we can say either privately or publicly that will console the grieving survivors. We must simply keep quiet about the matter. The church is engaged in a conspiracy of silence, and it is our apparent duty to prolong the silence.

It may be argued that the stigma associated with suicide has been removed to a large extent in recent years but with little help from those in the church. The general public has become better informed about depression and mental illness and their association with suicide. More people have come to accept the truth that suicide does not result from having come from a bad family. It isn't merely a case of avoiding the issue. Suicide is psychological. There is a very definite connection between mental illness or depression and suicide.

Nevertheless, there are a couple of trends that continue to generate ignorance about suicide. The first is evident in our society as a whole. With its great emphasis on psychology and psychiatry, the public has dismissed the idea that suicide is a sin. Having established the link between depression or mental illness and suicide, mental health professionals are generally reluctant to acknowledge suicide or even suicidal thinking as sinful behavior. Even less will they recognize a relation between suicide and one's sinful nature.

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A second trend, which perpetuates an ignorance concerning suicide, is evident in the church. Grave misjudgments persist regarding a Christian whose life ends tragically by suicide. Ministers have not addressed adequately *the paradox concerning a Christian's suicide*. To put it in plain terms: "Every Christian knows that killing yourself is a dreadful sin. Yet this person whom we all esteemed as a believer took his own life." And so, in as much as the church has failed to resolve the paradox of a Christian's suicide, the stigma surrounding suicide continues to plague grieving survivors. The question of whether he may have died a Christian remains unanswered. Even if the pastor and family suspect that he did die a believer, they are not permitted to express their belief in any official sort of way.

If the church is to make sufficient strides in removing today's stigma surrounding suicide, it must be the pastor first who aids in the process. When talking about suicide, we must look at the matter from a theological point of view and stress two points: First, our sinful nature is such that Christians like others may inherit a predisposition for depression and hopelessness. Second, while we don't blame suicide exclusively on one's genes—suicide is a sin—neither do we overlook God's unconditional love for sinners. We can trust in God's grace to save even those who commit suicide. Of course we have a long way to go before the church benefits from this teaching. At this time, it is unfortunately the pastors in the church, more than anyone else, who are responsible for suicide's flourishing stigma. Christians have not been educated sufficiently regarding the consequences of having a sinful nature and how Christians too may experience suicidal thinking. Pastors have not taught people concerning the relationship between God's grace and Christian faith, how God sustains faith through his Word and sacraments. Rather than turning to Scripture as a way of resolving suicide's paradox, pastors have relied on human reason. It is assumed that faith cannot survive the horrendous symptoms of depression and absolute hopelessness. It is imagined that faith cannot justify the sinner in the case of suicide.

For the survivors, a major part of grieving is dealing with suicide's stigma. Accordingly, it is the task of the pastor to demonstrate why the persisting stigma associated with suicide has no basis. It is my explicit desire with the title I have chosen for this book to combat this stigma. The reader may recall what was said in the wake of a suicide that hit close to home, perhaps in the local congregation. The first comments typically center on the immediate circumstances surrounding the suicide. Then comes that predictable observation:

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“And she was the church’s organist!” or “And he was an elder of the congregation!” or “And he was so active in the church’s youth group!” In other words: Of all people in the church who might commit such an offense, *this person*, for whom the congregation had such admiration, was not expected to do such a thing. I might summarize the many remarks stating it thus: “And she was a Christian!” Yes, she lost hope. She did not trust in God’s gracious will. She in fact sinned, exercising her own will over against God’s will. But by God’s grace, his Word did not return to him empty but accomplished what he desired (Isaiah 55:11)! She died a believer in Christ!

This book is especially intended for pastors and church professionals who want to help survivors cope with the stigma associated with suicide. It may also prove beneficial to those seeking nonjudgmental answers to the suicide of a Christian loved one.

Part One

My Story as a Survivor

My Beloved Wife, Jean

If you had been acquainted with my wife, Jean, you would remember her as having an exceptionally happy disposition. She was pleasant, easygoing, and extremely easy to befriend. To know her was to know someone who loved life. This was evident in every sector of life. To enter the same room was to be greeted almost instantly by her musical laugh. At the same time, Jean was a perfectionist in some ways. She would not take on something unless she was confident she could do it and do it well. It was her nature. Never did she obligate herself to a given task unless she was prepared to put her heart and soul into it.

This was most evident in Jean's life as a stay-at-home mom of six. The children and I were her first and only priority, and she served with incredible joy and dedication. When Jean was single, she had served as a parochial school teacher. But after we got married, she wanted nothing more than to be a loving mother to her own children, seeing no need to go back to teaching full-time. In her opinion, we had been blessed with a solid marriage and had a good family life. Some might say Jean took her love and devotion to the children to an extreme. After giving birth the fifth time, Jean decided to homeschool our children. I fought it for a time, but she convinced me that it would be beneficial to the whole family. We would spend more time together as a family as the children spent more time at home. The children, furthermore, would excel in their education. In addition to receiving more one-on-one attention from their teacher, they would learn how to work independently. The children would also develop an interest in an assortment of subjects that might otherwise pass them by. For a couple years it seemed to be the right decision. The children learned the basics and much more. They had lessons in Spanish. History and art classes were combined. Mom proved herself to be quite creative in her lesson plans. But more important, Jean was extremely loving and patient. The children loved their new teacher, and they had a very positive attitude about learning.

During our "down time" as a household, Jean did not slow down to a great extent. Some of my fondest memories of Jean are the times we spent together as a family. She was determined that we find time to be together on a daily basis. So we ate at least two meals each day together. Together we vacationed and went on field trips, together

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we had devotions, and together we went to church. We then ended each day together, as we had the night before. We tucked the children in for the night, said our prayers, and Jean began singing the children to sleep.

In addition to tending to her many duties as a mother and teacher, Jean assisted for a while in the congregations' music programs. At a couple of the churches where I served as pastor, she volunteered her help with directing the choir and playing the organ. Jean loved music. She first started playing the organ at her home congregation at the age of 14. Later she majored in music and became quite accomplished as a vocal soloist. She had an unquestionable gift in her singing. Members of the family said that she had the voice of an angel.

Jean also took an interest in my life as a pastor. She was the one person with whom I could converse on any given subject. She enjoyed keeping informed on matters pertaining to the congregation as well as to the church body to which we belonged. We had many talks on Lutheran theology and church politics. Had she wanted to, I am sure she could have kept up with most pastors of a different persuasion in debating Christian doctrine. Jean was more than the caregiver of my children. She was more than my confidant and companion. As a loving and devoted wife and mother, she provided meaning and perspective to the lives of our entire family.

A Disease Goes Undercover

Jean's happy and fulfilled life would not last, however. After we had been married about ten years, Jean began to suffer from extreme changes in her mood as well as from delusional thinking. Our lives would change quite drastically. Unsurprisingly, Jean's disease, over time, robbed her of her sunny temperament, her commitment as a musician, and her unyielding vigor as a caring wife and mother. In place of Jean's warmth and cheer, a disease emerged whose single purpose was to unload an ever-escalating gloom from which, once entered, there was no return. In place of our loved one, a stranger appeared, who would introduce herself as "Wretched," "Ashamed," "Paranoid," and "Hopeless." After meeting with a psychiatrist and various counselors, I could finally give her condition a name. Jean was suffering from severe clinical depression.

Under most situations, people who are extremely ill will communicate the fact to a few people they trust to obtain needed encouragement and support. Jean, however, insisted that her disease go "undercover." For a long time Jean would not acknowledge that she

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was ill. She would not admit that she could no longer operate as that independent mother and wife who was always there for us and able to manage our family affairs. As an undercover agent may conceal his true identity even from his closest family and friends, so Jean kept the world around her in the dark. It is not that she was plotting what she might do to the enemy. She *was* the enemy. And she was bent on keeping the truth hidden for the purpose of protecting those she loved the most. What would people think of us if they knew the despicable truth about our wife and mother?

Jean was also very successful in concealing her condition from me. For several months or even years, I remained oblivious to the fact that she was ill, and dangerously ill at that. Once I did learn, of course, I was not willing to be any more honest about Jean's state than she was. For the longest time, I hid from my congregation the fact that Jean was troubled and had to be hospitalized. This continued even after I admitted her on two different occasions to the psychiatric unit of a community hospital. Other than a few neighbors who learned of Jean's state and a couple ladies whom I trusted would not spread the news, my parishioners did not learn of my secret. I did not even include Jean in the Sunday morning prayers. I never went public until after she had successfully taken her life. I did not want to admit that Jean was ill. How would I explain it to others? What would they say?

During the years of Jean's illness, there was much that I did not *want* to see and there was much that I could not *avoid* seeing. The first symptom of her depression that I became aware of was an abnormal thought pattern: People in the church, friends, and even family were not who they seemed to be. No one was to be trusted; at times not even I. Jean's delusions began to subside when—over the course of some months—she was prescribed a number of different medications. In time her symptoms changed. Paranoia was replaced with overwhelming worry. Regrettably, I soon learned that I would never again talk her out of her irrational conclusions. Jean's intense pessimism had to do primarily with our children. She was convinced that they were not learning essential fundamental skills from her homeschooling. This was sure to cause serious problems for them later in life. Unless her parenting abilities were restored very soon, our children were sure to fail in a big way. She also worried immensely about money issues. What about college? What about retirement? In her opinion, she was a continuous drain on our funds. Therefore, family matters would only worsen over time.

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I never offered any credence to Jean's fears. Even if there had been a shred of relevance to her claims, her current health was more important. Unfortunately, no words of mine, not even passages from Scripture, could persuade her not to worry. Jean increasingly focused only on those things over which she had no control and blamed herself for everything that seemed to be out of place in her life. It was horrifying to see her once happy life plummet into an ocean of despair. I was at a loss as to what I should do. I was incapable of convincing my wife that she would someday regain that happy life. As she refused to confide in me about her thoughts, it soon became impossible for me to offer encouragement.

Over time I would observe other signs of Jean's depression. She suffered from a form of sadness that could not be considered normal by any standards. She had lost the joy of living. She was certain that she was of no value to anyone. Of course, were she to offer any basis for what she was feeling, she would have convinced no one. What she perceived was merely what she thought *others* perceived. When I learned something about Jean's depression, all I could think of saying to her is that God did not want her to feel so sad. Perhaps if she did a little more praying and reading from Scripture, God would take her sadness away. But I did not offer such advice since it would have only increased her sadness. In her opinion, nothing could rid her of what she was feeling.

Meanwhile, Jean began to feel deep shame because of what her depression was doing to her. She had difficulty keeping up with her obligations. Some friends and I determined that she should receive a break from her parental duties. Our two youngest daughters would stay with friends. Unfortunately, this only deepened her depression further. It did not matter that the arrangement was only temporary. She saw herself a failure as a mother. I learned in a very short time that severe depression never listens to logic. Jean would not fault her depression for her dim outlook on things. Her bleak view of life was perfectly rational in her opinion. Jean, in fact, would blame herself concerning matters over which she had little or no control, instead of asking others for help. It was always "her fault." She refused to connect to her sickness her inability to fulfill various responsibilities.

When shame is permitted to remain in one's life, it may lead to self-loathing. In time I believe Jean had a hard time distinguishing between her illness and herself. Was it her depression that caused her to sleep so much, withdraw from people, obsess over negatives,

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and made her generally unpleasant to be around? Or was this simply who she was? When I asked Jean whether she might consider doing some minor housework instead of lying in bed, I remember later regretting it. My proposal merely helped build her case against herself. She would rather sleep the day away than do something constructive as the mother of the house. Even if I argued that she had nothing to feel guilty about and I was fortunate enough to shoot down every charge she filed against herself, there was always something else she could pin on herself. There was always one more damning piece of evidence. I remember Jean telling me, “You wouldn’t love me if you knew what I did.” Although to this day I am not sure what it was, I have always presumed it was some former delusion she could not let go of—a false memory of sorts. In any case, she had neither the energy nor the courage to tell me about it. It was easier to let “the truth” as she perceived it go untold.

As I came to understand more about severe depression, I determined that it might be best described as unrelenting, excruciating pain. The life that had once brought her happiness and a sense of purpose was gone, never again to be reclaimed. She would never be the mother she wanted to be. Our family was heading toward very difficult times for which she was responsible, and nothing could reroute our destiny. I am convinced these thoughts were on her mind constantly and served to perpetuate her hopeless mood.

As an attempt to elaborate on what was surely unimaginable pain, I might relate an experience of mine. My family of eight was taking a walk on the other side of the lake from our cabin in northern Minnesota. We followed a path that led into the woods. Within just a matter of moments, the native mosquitoes came out in all their fury. We literally were being eaten alive. I will never forget Jean’s indifference over the matter. Had I not cried out to the rest of the family, “We’re turning back; let’s get back to the boat now!” I do not believe Jean would have ever caught on. She was absolutely oblivious to the mosquitoes. What I might have described as unbearable—the thickest, hungriest swarm of mosquitoes I had ever seen—did not compare to the misery Jean was already experiencing.

Uncharted Territory

Until I was forced to deal with Jean’s depression and delusional thinking, I was not aware that her family had a history of mental illness. Had I been capable of looking ahead when Jean’s depression first peeked its head out, I would never have imagined embarking on

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such a humbling journey. Looking back to the day of her suicide, it is obvious that I did not comprehend the ramifications of her act.

Immediately following the terrorist attack on September 11, 2001, New York City mayor Rudolph Giuliani was evaluating the situation with the chief of the New York City fire department. The mayor made a profound remark as they looked up together and saw a body falling from one of the twin towers. "We've entered uncharted territory," he said, referring to the United States and some obvious adjustments our nation would have to make. If you know a person suffering heartache because of a recent suicide in the family, that person may feel that he and his family have entered uncharted territory. The challenge they must now confront is one for which they have not been prepared. A life-altering event has thrust itself upon them. However, they neither signed up for this nor consented to it. After the dust has settled, in fact, the only thing they can manage to do is ask a number of disturbing questions: How did this happen to my loved one? What will people think? Is there something I could have done to prevent his death? Is there something someone else could have done? How will I go on?

I asked these questions for some time, beginning that day when my life was forever altered. It was Jean's first morning home following her second hospital stay. I was working in my office, which was connected to the church parsonage. Suddenly I sensed that something in the house was not right. It was too quiet. Wasting no time, I searched our home from top to bottom and found Jean in an isolated room of the basement. She was lying unconscious in a fetal position with a plastic bag covering her head.

Much of what followed in the next several hours is a blur to this day. I remember phoning the operator instead of 9-1-1. I remember the paramedics in my house who promptly checked for a pulse. I remember the ambulance ride. And I remember—as I sat somewhere adjacent to the emergency room—my agonizing wait for some word on Jean's condition. Could they help her? Would I lose her? Would she succeed in her second attempt to end her life? What if she lived? Would she be in a coma? It took one brief instant for a nurse in the next room with a seemingly cavalier remark to answer most of the questions rushing through my head. If I remember her words correctly, she said, "There's too much brain damage; I don't think she's going to regain consciousness." Had that nurse known that I was listening, she might have restricted her comment to those in the same room where they worked in futile fashion to revive my wife. Then

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again, I do not think the words would have been any easier to accept had they been spoken to me directly. There was nothing anyone could have uttered right then to make the ensuing hours or days or months any easier. Jean died 36 hours later because of prolonged oxygen deficiency to the brain.

In my efforts to absorb what had just happened, I immediately realized something. I did not have the luxury of retreating into my own little world. I had obligations. Despite my personal trauma, I had to phone my parents. But how was I to tell them? Surely they would be devastated by the news. This was just the beginning of my overwhelming questions. What would I say to my children? How would I manage as a father of six between the ages of 14 months and 12 years? How could I pastor a congregation of more than five hundred members? No one had an answer. Furthermore, there was one more question that proved more troubling than the rest. And unlike the other questions, this final one would *not* remain unanswered. In fact, in my mind it had been answered with absolute finality. Whose fault was it and why? What might I have done to prevent this catastrophe?

The Question About Her Death

Despite how busy my children and congregation kept me the year Jean died, the question concerning blame continued to torment me. Part of the problem, as the weeks and months passed, was that I became mindful of another question. It was *the* question concerning Jean's death. People were bound to ask me how my wife died. How was I to let myself off the hook when no one was more familiar with Jean's troubles than I? Why should I *not* feel guilty about her death when I was the first person in a position to prevent this tragedy? In the end, there was no way to avoid the question, short of avoiding people who might be inclined to ask it.

Then again, whether a loved one dies by suicide or some other means is to a certain extent immaterial, since the question concerning death is unavoidable. People will always ask "How did he die?" "How did she die?" The question, after all, expresses concern. People want to be supportive. Perhaps their father or mother died the same way. Knowing something of your latest burden, they can console you. However, most acquaintances you speak to do not expect to hear you say, "She committed suicide." That manner of death is one that is forbidden in people's minds. Much needed comfort and support, hence, is often lacking. When I tell people that Jean took her life, they typically do not know what to say. The most frequent response

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is “Oh, I’m sorry!” as if to say “Oh, that’s horrible! How do I comfort you now?!”

Today I do have an easier time talking about Jean’s death than I did in the beginning. However, when people ask me how Jean died, it is not my custom in every case to answer their question with a brief one-sentence reply: “She committed suicide.” More typically, I will explain that she was suffering from depression and died by suicide. If they then want to visit with me about her illness, I am very happy to oblige.

I became aware that Jean was suffering mentally shortly before she became pregnant with our sixth child. Some months later she was diagnosed as having clinical depression. Over the course of time, she gave up various activities such as homeschooling the four older children, directing the church choir, and volunteering for various projects at church and school. Although I did not consider the possibility until more recently, Jean probably suffered from various symptoms of depression for a number of years. And I am sure she suffered more than once under postpartum depression.

Why did I not pick up on the fact that she was sick? Perhaps it had something to do with my disposition. I would not describe myself as a natural caregiver. I am fairly empathetic by nature, but I am also a fairly unassuming individual. Sometimes I find it a little too easy, in fact, to let others assume the role of taking charge. I believe that was the case when I was married to Jean. I was not used to making decisions for Jean without her consent. Making matters worse, she neglected to let me know how bad things were getting. It should have been obvious to me that Jean needed to be hospitalized. Standing on my own, however, I was not willing to make the call. The decision came upon the advice of her psychiatrist. He asked Jean whether she had had any suicidal thoughts. I was astonished to hear from my wife of nearly 13 years that she had thoughts of killing herself. That day I learned a bit more about the illness of major depression and the reluctance of those suffering under this disease to share their thoughts. Jean might have been in the deepest anguish imaginable, while those closest to her hadn’t the slightest clue. It did not matter as far as she was concerned. Telling us what she was going through would serve no purpose.

In the months that followed, Jean’s mental state continued to erode despite the efforts of her psychiatrist and various psychologists and counselors. She was hospitalized on two occasions after admitting that she was suicidal. Jean, my wife of 13 years, died in September

1994, after her second attempt to take her life. She was 41 years old and left behind her husband and six children, ranging in age between 1 year and 12.

Dealing With the Stigma

Prompted by ignorance

It is normal as a survivor to grieve when you lose a loved one. You have been separated from someone to whom you have grown close and shared many things through the years. A suicide survivor has the further burden of dealing with a stigma that tends to malign whomever it touches. Prompted by ignorance, the stigma arrives unannounced and demands an answer to one particular question: What kind of person would choose suicide? It does not matter who attempts to answer the question. No room is allowed for understanding. The question merely invites criticism and promotes putting the worse construction on things. Webster's *Living Dictionary* defines the word *stigma*: "Any mark of infamy; a blemish or stain, as on one's character; a brand of disgrace attached to a person."¹ Within a given context, this may include the belief that one has cause to make a judgment without an understanding of the facts. The result is that a person is unjustly labeled. Others who are often stigmatized are the mentally ill, the disabled, people of various minority groups, and those who divorce. The obvious difference with a suicide is that the labeled person has no voice. Having died, he cannot address those judging him.

The stigma of suicide by nature is also very subtle. An acquaintance may say to one of the survivors, "Oh, you poor thing!" But what do those words mean? Do they reflect empathy for their loss, or do the words have something to say about the regrettable nature of how their loved one died? The survivor must decide for himself. In another situation, a friend or loved one might not say anything that could be taken the wrong way but may choose instead to pity those who are left behind. Pity, however, simply results in one being manipulated by the stigma. Even caring gestures based on pity in the end serve as little more than a nonverbal question that goes something like this: "How do you deal with this death, knowing what you do?"

Suicide's stigma, to be sure, is not always kept discreet. It is often verbalized. And this permits the stigma to perpetuate. Generalizations are made regarding those who take their own lives. At one time you may have uttered the words yourself: "He was crazy!" Or "The family had issues!" Or if the suicide was an acquaintance, you may have remarked: "I never would have imagined he was the type!"