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Suicide as a sin and mental illness: A dialogue between Christianity and psychology

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Authors:
Hundzukani P. Khosa-Nkatini[1] ●
Wonke Buqa[2] ●

Affiliations:
[1]Unit for Reformational Theology and the Development of the South African Society, Faculty of Theology, North-West University, Vanderbijlpark, South Africa

[2]Department of Practical Theology, Faculty of Theology, University of Pretoria, Pretoria, South Africa

Corresponding author:
Hundzukani Khosa-Nkatini, 40701158@nwu.ac.za

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Christian doctrine has by and large held that suicide is morally wrong, however in psychology, suicidal tendencies and suicidal ideations are a major health problem, and for every suicide, there are many more who attempt suicide every year. In this article, we seek to advance the knowledge on suicide by identifying particular psychological characteristics and Christian spiritual controversies. This research proceeds to a transversal interdisciplinary conversation where practical theology and psychology reflect their voices about suicide. A transversal interdisciplinary approach articulates that theology and science can share concerns, and converge on commonly identified issues like suicide, although they differ in discipline. We aim to create a dialogue between psychology and the Christian faith concerning suicide. Christianity has always viewed suicide as a sinful act, and anyone who commits suicide would go straight to hell. Even though there are no direct scripture texts on suicide being a sin, biblical texts are used to prove that it is. However, God's Word makes clear the sanctity of life, thou shall not murder. According to psychology, suicide is a highly complex and multifaceted phenomenon, and amongst others it can be a result of mental illness. We attempt to balance the non-theological interpretation with the theological discipline. This research challenges the Christian ideology of suicide as a sin; this perspective remains a challenge among our fellow ministers. This study is relevant for both theology and psychology because both the disciplines deal with the well-being of people.

Intradisciplinary and/or interdisciplinary implications: The contextual perspective challenged by this research is the understanding of suicide according to theological and psychological perspectives. This research is done using a literature review on suicide according to both Christianity and psychology.

Keywords: suicide; sin; theology; Christianity; psychology; mental illness; health; psychology; suicidal.

Introduction

Suicide has always been a subject of interesting discussion, especially in African society. In many traditional African cultures people fear death by suicide. In East Africa, it is one of the strongest taboos. It is a terrible event for family and close friends (Ndosi 2006:7). It is often related to witchcraft. For example:

> [A] person who is mentally ill is considered to have been bewitched through black magic and when such a person 'has no strength' they hang themselves or become an evil spirit not going to the kingdom of the ancestors. (Schlebusch 2005:63)

A child committing suicide right after passing their matric with good marks, a student committing suicide during their first year in university, a graduate committing suicide right after graduation, or a young man or woman committing suicide just after starting a new job, buying a new car or a new house, are all common suicides in African society, and are often seen as the result of witchcraft or evil spirits. While others might view this as witchcraft, some view it as stupidity or weakness of the deceased. 'Suicidal behaviour is a global cause of death and disability. Worldwide, suicide is the fifteenth leading cause of death, accounting for 1.4% of all deaths' (World Health Organization [WHO] 2014). Suicide is also an interesting topic of discussion among Christians. Having been in ministry for years, the researchers would often hear from fellow ministers in the congregations that they struggle with burying someone who took his or her own life. Many Christians believe that when someone takes his or her own life, they will go to hell. This originates from the very early days of Christianity when religious doctrines made it clear that suicide was a human morality and that it is against God's will (Candela 2019:36). 'Besides mental disorders, numerous clinical and psychological variables

have been demonstrated to influence suicide' (Klonsky, May & Saffer 2016:311).

Problem statement

The view of suicide as a sin dominates current Christian attitudes across various denominations in their cultural context; therefore there is an imminent need for mental health awareness in Christian communities. Whilst in psychological studies, the dominant view is that suicide is a result of mental illness, in the largest practised religion, Christianity, suicide has been considered to be a mortal sin. There seems to be an increasing interest towards mental illness. This has contributed to the current Westerners' view on suicide; they view suicide sympathetically and interpret it as a sign of several mental sufferings (Candela 2019:37).

The relevance of this study

According to O'Connor and Nock (2014:73), the roots of suicidal behaviour are not fully understood, although many factors have been identified. O'Connor and Nock (2014:73) argued that of the many factors identified as causes leading to suicide, most of these factors do not account for the recorded suicides worldwide. 'This means that a great deal of research has focused on individualistic or isolated factors of suicide, failing to adopt a holistic view when understanding its aetiology' (Rontiris 2014:11). According to WHO (2014), drawing attention to the importance of sociocultural and contextual factors in the aetiology of suicidal behaviour is important, particularly in light of growing rates of suicide globally and the hitherto limited effectiveness of biometrically orientated approaches to suicide prevention. There is now burgeoning literature describing diverse contexts in which suicidal behaviour occurs (Adinkrah 2012:477). The research done on suicide and mental health has found that more than 90% of people who committed suicide suffered from a psychiatric disorder before their death. To affirm this, Bertolote and Fleischmann (2002:83) found that over 90% of individuals who die by suicide have mental disorders. However, it is also true that the overwhelming majority, more than 98%, of individuals with mental disorders do not commit suicide.

Suicidal behaviour is a complex phenomenon, and therefore the risk factors and causes are multifactorial as well as multidimensional (Schlebusch 2005:62). Several factors can be playing a significant role in contributing to suicidal behaviour. Goldsmith et al. (2002:ix) argued that the study of suicide is a challenging one, resulting from the nature of suicide itself, the research practices common to the field over the past several decades, and the complicated cultural meaning of suicide. As explained by Barry (1995:497), historically those who committed suicide could not be buried in Catholic cemeteries. The Catholic Church believed that:

> [S]uicide dishonoured the sacrifice of Jesus, harmed an individual's entire community, and dishonoured God's gift of life. As a result of declaring suicide as sinful, it became Christian

law that the body of a person who died by suicide was desecrated by the church and denied a proper Christian burial. (Cholbi 2017:7)

In South Africa, a soldier in the military who commits suicide is not given military funeral honours. The traditional Christian teachings' view on suicide is that it is a grave crime and sin (McDonald 2013:1938). It was widely believed that the mentally ill were either the result of being bewitched or possessed by the devil, and therefore were considered as less than human (Candela 2019:37). Teaching on suicide does not appear in the Bible; though, there are several examples of individuals committing suicide, such as Judas, King Saul, and Samson. However, suicide was not officially labelled an unforgivable sin until St. Augustine determined that it violated the fifth commandment: God's command 'Thou shalt not kill', is to be taken as forbidding self-destruction, especially as it does not add 'thy neighbour', as it does when it forbids false witness, 'Thou shalt not bear false witness against thy neighbour' (Dods 1950:45). In the past, the topic of suicide was taboo, and anyone who committed suicide was punished through an improper burial. However, it was only during the 21st century that people began to openly talk about suicide; this increased awareness around suicides and helped in preventing future suicides (Candela 2019:38). This study is relevant for both the Christian as well as the psychological community in creating awareness around mental health and suicide.

Interdisciplinary reflection

According to Van Huyssteen (2007), as theologians:

> [W]e should be able to engage in interdisciplinary conversation without sacrificing our convictions. Interdisciplinary conversations empower us to cross the limits and boundaries of our contexts and our traditional discourses. (p. 2)

Because of the complexity of suicide, an interdisciplinary perspective is required for this research as well as clinical pastoral care. It opens our eyes to an epistemic obligation that points beyond the boundaries of our discipline, local communities, groups or cultures, towards plausible forms of interdisciplinary dialogue (Müller 2011:34). Research has shown that spirituality, generally, has a positive inflence on people's well-being it can have a potential protective effect against suicidal behaviour (Colucci & Wagani 2018:2). Therefore, there is a strong link between Christian spirituality, health and psychological well-being.

Methodology of the study

A study such as this would have a great impact if it was a qualitative study. Mason (2002) suggests that:

> [Q]ualitative or semi-structured interviewing has its character despite some quite large variations in style and tradition. The interaction exchange of dialogue in qualitative interviews may sometimes involve one-to-one interaction, large group interviews or focus groups, which may either take place face to face or telephonically. (p. 3)

This study in the future should consider a focus group that consists of ministers of the world and clinical/counselling psychologists to have a dialogue on suicide as a result of mental illness and suicide as a sin and ticket to hell. According to Richards (2014:33), creating qualitative data is extremely easy; the challenge is collecting useful and valuable data. Braun and Clarke (2006:78) argued that the first qualitative method that should be learned is conducting a different kind of analysis because it can be used for different kinds of data.

According to Krahn and Putnam (2003:177), qualitative research methods are important in social scientist research repertoire. They (2003:177) further argue that qualitative methods can provide a means to develop a context-rich description and understanding of phenomena when practiced skilfully (Krahn & Putnam 2003:177). In theology, Osmer's (2018) four core tasks of practical theology are often used to do qualitative research, namely:

- *The descriptive-empirical task:* Gathering information that helps us discern patterns and dynamics in certain episodes, situations, or contexts.
- *The interpretive task:* Drawing on theories of the arts and sciences to better understand and explain why these patterns and dynamics are occurring.
- *The normative task:* Using theological concerns to interpret certain episodes, situations, or contexts, constructing ethical norms to guide our responses, and learning from 'the good practice'.
- *The pragmatic task:* 'Determining strategies of action that will influence situations in ways that are desirable and entering into a reflective conversation with the "talk back" emerging when they are enacted' (p. 4).

House (1991:3) argued that the choice of method is influenced by the purpose of the research, rather than on the epistemological assumptions about how to obtain valid knowledge. House (1991:3) further argued that it becomes possible to combine different methods to gain diverse forms of knowledge that can provide complementary insight. For Yardley and Marks (2003) for the, 'basic understanding of the experience of health and illness, qualitative methods are generally most suitable for inquiring into subjective meanings and their social-cultural context'. Yardley and Marks (2003) argued that qualitative methods are not causes or mechanisms that can be scientifically proven, but malleable, negotiable interpretations that people offer themselves and others to make sense of their feelings and actions.

The research methodology for this current study will involve a study of literature to create a dialogue between Christianity and psychology.

Dialogue between Christianity and psychology

For Anderson, Jané-Llopis and Cooper (2001:353), 'practical theology is a dynamic process of reflective, critical inquiry into the praxis of the church in the world'. The authors are trained primarily in practical theology which is known for its fluidity and dynamics which enables it to move eloquently between various fields of study (Müller 2013:1). In this regard, practical theology is a field of study that prides itself on taking human experiences seriously. In addition, clergy are trained in religious theology, which almost allows them to be *de facto* social psychologists (Suicide Prevention Resource Centre [SPRC] 2009). However:

> [*M*]any are not trained to identify a more practical solution to problems that stem from serious depression, and many may just tell the person to pray harder. They are not able to pull out what ails people and how to help them when they are severely depressed. Hence, a movement to integrate psychology and spirituality has to take place in the fight against suicide. (p. 16)

According to Izadinia et al. (2010:1615), suicide is a disturbingly serious problem, it is known all over the world as a fundamental general health problem. Research has suggested that 60% to 90% of suicide victims have a diagnosable mental illness and/or substance use disorder. People whose act of suicide appears to be triggered by a particular event often have significant underlying mental health issues that may not be readily evident, even to family and friends (Toolkit 2017:207). According to Heywood (2021:5), there are an estimated 23 suicides per day in South Africa, and for every one of them, there are at least 20 attempted suicides. Men are four times more likely to die by suicide than women. During a broadcast (The South African Broadcasting Cooperation [SABC] 2020), the Health Minister Dr Zweli Mkhize announced that 1781 suicide-related deaths occurred under lockdown between 27 March and 27 July 2020. Additionally, according to the SABC worldwide statistics, depression as a result of COVID-19 has affected more than 300 million people, as the pandemic has induced a lot of anxiety.

Socioeconomic pressures in South Africa is high. High crime and violence rates, and a long history of human rights violations can cause high levels of stress on individuals, and such stresses can trigger actions or suicidal thoughts (Rontiris 2014:17). In fact, according to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (APA DSM-5), the level of stress resulting from the suicide of a loved one is rated as 'catastrophic' – equivalent to that of a concentration camp experience. Furthermore, a belief in God may entail a variety of sub-beliefs. For example, some Christians may believe that suicide is a sin and that they will be punished after death. Others may believe that God will understand their situation and graciously forgive them (Lester 2017:6). According to Rontiris (2014:22), it is clear that religion can be seen as one of the protective factors for suicidal behaviour. This is because of the expectations that comes with the religious belief to live up to the standards of their faith (Rontiris 2014:22).

Religious beliefs can be a contributing factor to individuals' suicidal behaviour; devotion to a religion sometimes prompts disapproval or rejection of others with different beliefs. Colucci and Martin (2008:234) argued that when religion

does not accept people for who and what they are in terms of lifestyle or beliefs, this can lead to poor psychosocial adjustment for individuals. For example, many religions are outspoken about their stance against homosexuality and see it as a sin and as unacceptable. In religious spaces, homosexual individuals face challenges from their peers about their sexuality as their identities are multifaceted and complex, this can lead to low self-esteem and might lead to depression (Page, Lindahl & Malik 2013:7). Therefore, religion can be detrimental to individuals when it becomes a source of conflict for people.

What is going on?

'Suicide rates in religious countries are lower than suicide rates in secular countries' (Breault 1993:629). This might be influenced by a fear of sin and going to hell should one take their own life. According to Gearing and Lizardi (2009:328), most religious bodies have strong sanctions against suicide; therefore individuals who report stronger commitment to those religions would be less likely to commit suicide. Gearing and Lizardi (2009:327) argued that the relationship between an individual's religiosity and sociality often remains ignored in clinical assessments. This has influenced the researchers to conduct the present research study, to enable a dialogue between Christianity and psychology.

Why is this going on?

The interpersonal theory of suicide explains that there needs to be the desire and ability to kill oneself for suicidal behaviour to occur (Asare-Doku, Osafo & Akotia 2019:1). The authors also argue that even though general practitioners and psychiatrists favour the medical explanation for suicide, the population in Ghana, at the time of their research, understood suicide as a psychosocial problem (Asare-Doku et al. 2019:4). Congruent with that, a study by Pridmore and Reddy (2012:322) on the public record of the death of 18 people by suicide found that loss of reputation and huge financial loss was the triggering event. While these people would have suffered a loss of reputation to some degree, this was compounded by other significant material losses. In addition, unemployment is an independent risk factor of suicide as it is associated with an increased risk of mental illness, vulnerability to stressful life conditions and often can contribute towards a lack of social cohesion (Blakely, Collings & Atkinson 2003:598):

> Among the multitude of social and economic determinants of suicide, the rising levels of unemployment in South Africa could partly explain why men, especially those of working age, were particularly affected. (Kootbodien et al. 2020:4)

This contends that beyond doubt suicide may be triggered by both mental illness and environmental social stressors. According to Pridmore and Fujiyama (2009:1128): 'suicide is conceptualised as an escape from unacceptable predicaments, one of these is painful, unresponsive mental disorder and another is distressing social circumstances'. A predicament is an uncomfortable position from which escape is difficult if not impossible, and suicide is an escape option. The medical and religious explanations of suicide appear to be in conflict. If God cannot punish someone for having the flu, which is a medical condition, why should he punish someone for taking their own life, if the cause of that action is also medical?

What ought to be going on?

Gearing and Lizardi (2009) argue that:

> [T]o attain the potential protective impact of religious affiliation and commitment against suicide, it is essential to include an evaluation of religion in any psychological assessment, particular with suicidal clients. (p. 327)

The common arguments against suicide in the Middle Ages identified it as both a sin and a crime. To break the Sixth Commandment and to murder oneself was to sin against God, who gave human beings life, and to whom belonged sole authority to end that life (Kanerva 2015:58). The sinfulness of suicide was because it was assumed that the perpetrator did not repent of his or her despair before dying and was therefore damned for eternity (Clayton 2008:349). In argument, Toolkit (2017:vi) says that the perspective on suicide as a crime or sin has changed, and that it is now recognised to be the result of a mental health-related condition with a medically treatable cause at least 90% of the time. Individuals with lived experience of suicide will say the choice was not involved, but instead they were overwhelmingly 'compelled' to attempt to kill themselves (Toolkit 2017).

Philosophically, suicide is difficult to define: 'self-caused death' includes cases such as death from lung cancer caused by smoking, which is not the same or equal to taking a fatal overdose or slitting one's wrists; further, a person who drinks 'hydrochloric acid, believing it to be lemonade, and subsequently dies causes her death' but does not qualify as a suicide (Cholbi 2017:10):

> Psychologically, suicide is death due to brain illnesses, in a suicidal state thought processes become distorted because of biological, mental, social, cultural and/or situational reasons. Suicidal people are not thinking clearly. They are struggling with a kind of illness in their thinking processes. (Toolkit 2017:vi)

How might we respond?

The religious aspects of suicide need to be examined using the psychological understanding of suicide. In agreement with Pridmore and Reddy (2012):

> [A]cknowledge that in some cases, suicide is the result of mental disorder, he contends the major factors are sociological: the ability of society to give the individual values and goals, and the degree of integration (attachment) gained by the individual from society. (p. 323)

They (2012:323) describe this situation in society where the usual rules and regulations do not apply when people lack a

moral compass, lack support from society and experience periods of social upheaval (Pridmore & Reddy 2012). This is seen with devastating effect today in the high suicide rate of some disadvantaged indigenous people (Pridmore & Fujiyama 2009:1127). Christians in their space need to discuss mental health proactively. This can help ensure that people can play a supportive role, should there ever be a period of crisis or need for care. According to Candela (2019:38), most suicides are related to mental illness, which relates to depression, substance use, disorders and psychosis. Since society's feelings about suicide have changed, how people respond to suicides have also reformed. In recent studies, anxiety, personality, eating and trauma-related disorders, as well as organic mental disorders are contributing factors to suicide. The question arises whether counsellors and psychotherapists can use the religiosity of those whom they counsel to decrease the risk of suicidal behaviour in their clients. Lester (2017) suggests that:

[T]here is no research on this but, since most religions view suicide as inappropriate behaviour (a sin), religiosity ought to be a strong protective factor against dying by suicide, even if it is less effective against suicidal ideation and perhaps suicide attempts. (p. 6)

Conclusion

This study has demonstrated the importance of a dialogue between Christianity and psychology about the understanding of suicide. Suicide is a major problem worldwide that is not fully understood by researchers (Candela 2019):

Moreover, as the treatment of the mentally ill evolved, people have begun to move away from their staunch religious views on suicide and have begun to view it as a sign that the victim may have suffered from a mental illness. (p. 38)

Further in-depth research on similar studies would make an invaluable contribution to theology and psychology. Finally, in the 21st century, people talk openly about suicide, this raises awareness and helps prevent future suicides. We have found that the perspective of suicide as sin has changed in religious spaces as compared to the early historical view of theology on suicide. This article found that a dialogue on suicide between Christianity and psychology is important. The majority of people living in South Africa belong to the Christian view and their faith plays an important role in how they view suicide. The two disciplines would have a huge impact on suicide awareness in the community and the lives of many. Christians in their spaces should facilitate workshops to teach church members about understanding and reading signs of suicide and how to respond to suicide cases. Professional psychologists and social workers are needed to address suicide risks and depression.

Acknowledgements

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