

Preaching to the Seventh Circle¹:
Retooling Homiletical Approaches in Light of the Crisis of Suicide
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Abstract: *Military suicides have dramatically increased over the last twenty years. In response, much energy and expense have been focused on suicide prevention, as well as training chaplains and other caregivers. Despite the comprehensive intentions of these efforts, little focus has been placed on the ways in which worship and preaching might contribute to abating the crisis. The purpose of this article is to examine some critical areas for consideration in creating sermons that address the threat of suicide for the Army chapel community. The difficulties of preaching to desperate listeners are examined along with the prevalent myths associated with suicide. The selection of language and presentation of the message are each discussed along with the pitfalls of certain atonement hermeneutics. Suggestions for biblical texts, including use of the psalms, are reviewed. The article concludes with further recommendations for better addressing suicide from the pulpit.*

Save me, O God, for the waters have come up to my neck.
I sink in deep mire, where there is no foothold;
I have come into deep waters, and the flood sweeps over me.
I am weary with my crying; my throat is parched.
My eyes grow dim with waiting for my God. (Psalm 69:1–3, NRSV)

The dramatic attacks on New York and Washington, DC on September 11, 2001, brought about a host of radical changes to the United States military. The most consuming of these was the onset of the global war on terrorism, which began with the invasion of Afghanistan on October 24, 2001, and continues to this day with military operations across the Middle East, northern Africa, and other locations. Among the second- and third-order effects these operations provoked was a noted increase in the suicide rate among active duty, National Guard, and Reserve troops of all branches of the US military.² In the most recent year for which analysis of the records is complete, a total of 541 Army soldiers committed suicide—the highest year since record keeping began.³ For the active duty Army, this figure adds up to 21.9 deaths per 100,000, above the age- and gender-adjusted national average.⁴ Suicide is now the second leading cause of death in the military, a distressing reality given that the population is, for the most part, so

¹ In Dante Alighieri's *Inferno*, those who have committed violence against themselves are banished to the seventh circle of hell.

² Although the issue of suicide has had dramatic impact across all of the United States Armed Forces (the Army, Navy, Air Force, Marines, and Coast Guard), it has most affected those with sizable ground forces engaged in combat operations; that is, the Army and the Marines. For purposes of this paper, I will focus on my own branch, the Army (although my conclusions have equal relevance to any of the branches).

³ Karin Orbis, *Department of Defense Quarterly Suicide Report for 2018* (Washington, DC: Defense Suicide Prevention Office, 2018).

⁴ The average for all suicides across the United States (considering the age group mirroring the military is 18–30, and predominantly male) is 17.4 per 100,000. Ibid.

young.⁵ One oft-repeated summary of the situation is that more American troops have died by their own hands than by action on all of the battlefields of the current war combined.

To confront this tidal wave, the Army's leadership has responded in a multitude of ways including regular training, resourcing events, research, periodic "stand-downs," in which the entire day is dedicated to suicide prevention efforts, and creative events such as suicide prevention marches, runs, and rodeos. Chaplains, by regulation, play a primary role in the Army's suicide prevention program.⁶ Of all military leaders, chaplains are most often called upon to serve as "first responders" when a soldier or family member is experiencing suicidal ideation, as they are the likeliest to first discover such an issue affecting a soldier.⁷ For this reason, the chaplain must approach almost every interaction with a soldier or family member as an opportunity for suicide prevention.

One of the most powerful intersections of chaplains and soldiers occurs each week in chapel. Soldiers and their families come for worship, for sacrament, and for the word, and in so doing invest tremendous authority in the chaplain him- or herself. Why, then, is suicide so rarely a topic for sermons? The preacher holds the (hopefully) undivided attention of the congregation for twenty minutes or more. The preacher speaks with the authority of the church and from some of the most sacred writings of the faith. If ever there were a subject begging to be covered in a sermon, it would be suicide prevention. This paper will cover several areas crucial to effective preaching on suicide, as well as offer practical suggestions for sermons.

Reaching the Damned in the Pews

Several roadblocks must be removed to reach a suicidal listener. The pain of those suffering from suicidal ideation often prevents them from hearing good news. In his profound book *Reading the Bible with the Damned*, pastor and Bible teacher Bob Ekblad relates his experiences conducting intense Bible studies with various persons often considered to be on the margins of society: prisoners, undocumented immigrants, gang members, and others. These persons, he states, understand themselves as "condemned to permanent exclusion, beyond repair, unable to change, in bondage—in short, 'damned.'"⁸ Persons contemplating self-harm are quite likely to self-identify as members of this group, with hopelessness and depression diminishing their sense of self-worth. This attitude carries over to their perceived value in God's eyes; as Ekblad puts it, "Most people on the margins are not expecting God to show up in their lives in any positive way."⁹ Their self-damnation extends to the way such individuals are viewed within their communities; changing reputations after a suicide attempt is a complex process that includes rebuilding trust and establishing a character in line with general expectations. In this way, people in desperate states are, many times, *less* capable of seeking help on their own and

⁵ Uniformed Services University/Center for Deployment Psychology, "Cognitive Therapy for Suicidal Patients (CT-SP)," <https://deploymentpsych.org/treatments/Cognitive-Therapy-for-Suicidal-Patients-CT-SP>. Accessed March 2021.

⁶ Chaplains are one of the resources in the care system for soldiers and family members; often the basic pastoral counseling that they offer provides the help needed, although with suicidal behaviors the chaplain is tasked with identifying the risk and ensuring the person is linked up with the more comprehensive mental health care provided by trained medical personnel. Department of the Army, *Health Promotion, Risk Reduction, and Suicide Prevention*, DA Pam 600-24 (Washington, DC: Department of the Army, 14 April 2015), para 2-1.

⁷ Chaplains are assigned at a smaller unit level, whereas most other mental health specialists are assigned at either hospitals or much larger formations, taking them away from daily interaction with most "rank and file" troops.

⁸ Bob Ekblad, *Reading the Bible with the Damned* (Louisville: Westminster John Knox, 2005), xiv.

⁹ *Ibid*, 61.

less likely to be granted the kind of community understanding that might facilitate gaining the help they need. The shame associated with suicide and suicidal thoughts works to separate those in crisis from the greater community, including the chapel community—which is not to say that those with suicidal thoughts do not enter the chapel. Some attend out of habit, some to satisfy a spouse or parent, and some come as a last gesture of hope to escape the doom they feel is consuming them. There could be few surer marks of failure for a preacher than to know that someone who ended their life on a Sunday evening was sitting before them on a Sunday morning.

Despite the military's extensive (and expensive¹⁰) efforts to help, one of the biggest barriers is in the very culture of the military. Service members are taught that self-reliance and personal strength are virtues; military legends retell tales of soldiers caught alone and behind enemy lines, fighting against terrible odds, and overcoming despite the lack of any assistance. This narrative has created a genuine stigma associated with soldiers and even soldiers' families asking for help.¹¹ Most suicide prevention efforts are concerned with addressing and eliminating this stigma, but it is deeply ingrained. This stigma is so prevalent, in fact, that it occasionally surfaces in very public and offensive ways, even among high-ranking leaders who should know better.¹² Destigmatizing the idea of accepting help is a critical sermon concept. No sensible person would think of getting treatment for an illness or a broken bone as a sign of weakness, but that idea does not seem to extend to those who suffer from a missed connection or misfire in the brain.

One approach is to, in essence, "re-brand" associations and perceptions related to mental health.¹³ Language is always important and when dealing with the imprecise terminology associated with many popular ideas about mental health, word choice is all the more critical. Removing from our lexicon words like "crazy," "looney," and other flippant terms for mental conditions is a start, as is ensuring that the feelings associated with traumatic conditions are not cheapened by weak sentiments or easy answers. Preachers should properly educate themselves on issues of suicide to ensure they are not incorporating false and potentially damaging information into sermons (more on this in the next section).

Additionally, medicine has demonstrated more and more that psychiatric developments have physical ramifications on the body. By emphasizing the physical afflictions that come with most mental disconnects, getting help from a professional seems more natural: "Drawing more attention to the *physical* ramifications of mental illnesses might help decrease stigma and lend more legitimacy to psychiatric illnesses in the public perception."¹⁴ This work might include

¹⁰ The initial budget for the Army's Office of Suicide Prevention upon its founding in 2011 was \$20 million, with subsequent funding every year. Dan Spinelli, "The Pentagon spent millions to prevent suicides but the suicide rate went up instead," *Mother Jones*, November 13, 2018, <https://www.motherjones.com/politics/2018/11/the-pentagon-spent-millions-to-prevent-suicides-but-the-suicide-rate-went-up-instead/>.

¹¹ Carl Andrew Castro and Sara Kintzle, "Suicides in the Military: The Post-Modern Combat Veteran and the Hemingway Effect," *Military Mental Health* 16 (2014), 460.

¹² For example, Stephen Losey, "Barksdale Commander Admits Calling Suicide a 'chickenshit way to go' Was a Poor Choice of Words," *Air Force Times*, August 5, 2019, <https://www.airforcetimes.com/news/your-air-force/2019/08/05/barksdale-commander-acknowledges-calling-suicide-a-chickenshit-way-to-go-was-a-poor-choice-of-words>.

¹³ Alan Berman, et al., *The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives* (Washington DC: Department of Defense, 2010), 88.

¹⁴ Leigh Jennings, MD, "Do Psychiatry and Mental Illness Need Rebranding?" *Psychiatry & Behavioral Health Learning Network*, October 6, 2014, <https://www.psychcongress.com/blog/do-psychiatry-and-mental-illness-need-rebranding>.

references to mental health issues by common corresponding physical impairments, and referring to health care workers as “doctor” and “nurse” instead of “psychiatrist/psychologist” or “therapist.” The preacher who, by regular references to the value of mental health care and the reality that there is no real “normal” when it comes to mental health, normalizes these activities and lays the groundwork for a more open attitude to seeking such care.

The conversation that is the sermon can be leveraged to raise the consciousness of hearers to better appreciate areas of need in their own lives. Well-established theological precepts take for granted our need for spiritual help, leading to our gathering in church to begin with; our human weakness in this regard is generally undebatable in the minds of most. In this same way, most of us are comfortable acknowledging that we all need, from time to time, the mental bolstering of a friend to gripe to, the parent to reassure us, and the spouse to stand firmly behind us in tumultuous times. Our common need for mental care binds us in the human family. Regular reminders of this human condition from the pulpit—along with gratitude for modern advances in understanding the human psyche—can go far toward breaking down barriers to accessing mental health care. The preacher’s personal testimony, when appropriate, of the healing power of treatment, can also serve to instigate helpful conversations. If the goal is to preach sermons that connect to the whole person, including one’s deepest and most sensitive thoughts, then it follows that the preacher would not exclude areas of mental health, even those most extreme and difficult with which to wrestle. While suicide is not an easy subject to broach, it is a critical one for the lives of parishioners and has been ignored for too long.

The Fear (and Importance) of Speaking the Name of the Monster

Suicide has long been a taboo subject of discussion. For many, the very thought provokes feelings of shame, discomfort, and pain. Those who have dealt with the suicide of a loved one will struggle with residual emotions, making open discussion even more awkward. Those who have dealt with their own suicidal ideations will likely also have difficulty coping with their feelings and memories, hiding these experiences and feeling separation from the mainstream of people who (in their eyes) must live much easier lives. For many in the general public, there is a fear associated with suicide: not knowing how to approach it, concern about saying the wrong thing to a suicidal person, and embarrassment over revealing the fate of a suicide in the family. All of this confusion is no doubt felt by those whose lives have been affected by suicide, and it further increases the isolation they know all too well. In this way, the fear itself stands as a significant obstacle to facilitating helpful intervention when and where it is needed the most.

For many clergy, mentioning suicide in a worship context is a scary scenario, even among military chaplains. One reason for this anxiety is the pervasive myth that talking about suicide will lead to or encourage suicidal thoughts, especially in those already considering it. Whenever I preach on suicide, I always mention this myth and note that if it were indeed true, then suicides would spike after I finished my sermon!¹⁵ In fact, talking about suicide not only does not cause people to consider self-harm, but it allows individuals the freedom to speak out about their own stressors and be more open to seeking help, potentially rethinking their opinions in the framework of discussion, and sharing their story with others. By being open and intentional about discussing suicide, the topic becomes more normalized, allowing solid information to be exchanged and opportunities for helpful and healing conversations to be had.

¹⁵ Or, I suppose, after reading this paper!

Dr. Joseph Jeter addresses this topic in his book *Crisis Preaching*, in which he emphasizes the critical importance of “naming the monster” when one is dealing sermonically with a crisis. Doing so is not only a matter of transparency, but also a radical statement that empowers those suffering from such ideas: “To name the crisis that we face can be a touchstone to understanding it and having power to overcome it.”¹⁶ Ancient wisdom held that to know and speak the name of a fearsome enemy granted some control over it. For example, in Genesis 32:29 Jacob wanted to know the name of the mysterious being whom he had wrestled; while the being would not give this name, a blessing was offered. Such a direct approach is especially important with the crisis of suicide; a pastor merely mentioning that this is a topic worthy of discussion can be enough to break down barriers. Solid research backs up this function: “Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.”¹⁷ Simply being bold enough to name the monster from the pulpit robs it of some of its power. In fact, encouraging parishioners to be bold enough to ask someone showing signs very directly whether they are considering suicide is critical and is a powerful act of love that can break the monster’s hold.

Demystifying suicide is an important step in this direction.¹⁸ There is a lot of misinformation about suicide and a preacher should do her best to correct misconceptions. One prevalent myth is that people who think about self-harm give little or no warning and would never admit to being suicidal. In fact, there are several warning signs,¹⁹ and a person intent on suicide will often be very frank about it. Another myth is that people who seem happy (but show some warning signs) cannot be suicidal. In fact, people who have decided to commit suicide often find comfort in having made this dramatic decision and feel happy because they believe they have found a way to eradicate their pain. Yet another myth is that a person who genuinely wants to die is beyond help. Years of clinical work prove this idea to be untrue; many different therapies help those who are so hopeless. Finally, it is commonly believed that providing a hotline is the best and safest way to help. While hotlines are critical, there is no guarantee that a person in distress will call; such a person may, in fact, act on a suicidal ideation if left alone. It is much safer to remain with a person when they call, or even offer to get them to proper help, such as a medical doctor or mental health practitioner.

Lamentations for the Modern Soul

As previously mentioned, one painful part of having suicidal thoughts is how alone with one’s sadness it makes one feel; it is difficult for someone coping with these feelings to believe that anyone else could feel this badly. Part of the problem lies in our “don’t worry, be happy” quick-fix society. At the same time, most of us are acutely aware of how much suffering is in the world today. All of this positivity flies in the face of what we know to be reality, “Shouting, as it were, ‘Peace! Peace!’ where there is no peace.”²⁰ Of course, we all have a bad day from time to time; sadness and pain are, after all, part of life. The biblical authors knew that well; the Bible is

¹⁶ Joseph R. Jeter Jr., *Crisis Preaching* (Nashville TN: Abingdon, 1998), 79.

¹⁷ Defense Suicide Prevention Office, *Talking About Suicide Online* (Washington, DC: Defense Suicide Prevention Office, 2019).

¹⁸ This information is from the Army’s current suicide prevention training model, “ACE-SI” (“Ask-Care-Escort-Suicide Intervention”). Department of the Army G-1, *ACE for Soldiers Facilitator’s Handbook*, (Washington, DC: December 16, 2013), 13.

¹⁹ These include alcohol and substance abuse, talking about self-harm (even in jest), mood changes, giving precious objects away, and withdrawal from family and social activities, among others.

²⁰ Jeter, *Crisis Preaching*, 81.

not short on expressions about the troubles of life. The only regular, intentional homiletical treatment of lament comes in the funeral sermon, and often these moments have become brief, scripted affairs meant to help the faithful “find closure.”²¹ Preachers need to help their congregations recover the ability to lament.

Most of us know instinctively that we have a need to express or vent our painful feelings, but (beyond a good therapist) there are very few ready-made institutions in our world in which to do so. Human language is often insufficient to express the kind of desolate, desperate pain that comes with loss, shame, and hopelessness. For the people of ancient Israel, lament allowed them to express their pain, not as a hopeless cry, but out of hope, to begin the move to healing and restoration.²² Lament offers real potential for healing; and, if a sermon regularly devotes a portion to expressions of sorrow and pain, it might well open the door for suicidal people to find a place for hope. These lamentations would not be lightly dismissed, but legitimized and shared together, “proposing no solution” but providing a “landscape of pain” that goes beyond words.²³ This mode of expression presents a challenge to much of today’s positive, celebration-focused worship, but offers real opportunities for the preacher to address those suffering quietly in their midst.

The book of Psalms has often been used for lament. According to an old Jewish tradition, a person in grief is said to be too heavy with pain to comprehend the law and the prophets; only the psalms may be read because they speak of the most sensitive matters of the heart.²⁴ Over one-third of the psalms concern lament, both communal and personal, and deal with it rather directly, for “the Psalms are littered with questions of suffering and pain directed to God: ‘How long, O Lord? Will you forget me forever? How long will you hide your face from me? How long must I take counsel in my soul? and have sorrow in my heart all the day?’” (Psalm 13:1–2).²⁵ In this way, they serve as an excellent starting place to explore such emotions as loneliness, grief, and personal loss. The poetic writing, along with the many metaphors it presents, allows them to speak eloquently of some of life’s situations that are too poignant for words. Crying out to God is modeled by the authors of the Psalter and is as old as the oldest writings of the faith.²⁶

A few relevant psalms (included in most lectionaries) useful for preaching lament include the following:

- **Psalm 22:** “My God, my God, why have you forsaken me? Why are you so far from helping me, from the words of my groaning?” The theme is how distant God can seem when enduring trying circumstances. The profundity of the psalm’s poetry was repeated in the cry of Jesus from the cross, and aptly speaks for many different circumstances of distress. Aside from the mournful expressions, the psalm resolves the cry for God in acknowledgement that God has heard and will provide satisfaction for those who mourn.

²¹ Of course, in many cultures, funerals with much more open and unashamed expressions of anguish are the norm; it is not these congregations that I am addressing. Many mainline churches could take a cue from the way these traditions embrace lament as part of coming together.

²² Walter Brueggemann, *Spirituality of the Psalms* (Minneapolis, MN: Fortress Press, 2001). This section is inspired by Brueggemann’s work, one of the more thorough treatments of the psalms as lament literature.

²³ Jeter, quoting Ellen Zetzel Lambert, *Placing Sorrow*, 82.

²⁴ Personal story related to the author by a rabbi friend.

²⁵ Cameron Wood, “Mental Health Today: Depression & the Psalms,” *Mental Health Today* (website), August 16, 2015, <https://mentalhealthtoday.squarespace.com/posts/2018/7/18/depression-the-psalms>.

²⁶ The Book of Job, for example, in which songs of lament are a major theme.

- **Psalm 77:** “In the day of my trouble I seek the Lord; in the night my hand is stretched out without wearying.” The distressed feels as if God is preventing any relief, even from sleep; only the psalmist’s memories of better times provide any measure of comfort. These memories also serve to remind the writer that God does provide better times, and hopes can be fastened there. The power of God is emphasized in reassurance.
- **Psalm 102:** “I lie awake; I am like a lonely bird on the housetop. For I eat ashes like bread, and mingle tears with my drink.” The theme of loneliness emerges in this psalm, along with the sure knowledge that God is ultimately in control and that one may feel secure in the provision of God. The use of sentimental images makes them endearing; the brevity of these readings even offers the potential for the distressed soul to claim them as their own.
- **Psalm 139:** “If I ascend to heaven, you are there: if I make my bed in Sheol, you are there.” The knowledge that we are known well by God, even in our innermost places, reassures the psalmist, who acknowledges that the future is also secure in God’s grasp. God’s position of dominion over everything, including disaster and distress, is established and provides assurance. That God is everywhere, including the darkest places imaginable, speaks in critical ways to someone feeling so lost as to contemplate suicide.

Preaching from the psalms demonstrates that mental anguish, pain, and sorrow are a part of the life of faith and should be expressed. Particular emphasis should be placed on the productive nature of these expressions—as opposed to dwelling in self-pity and becoming embittered as a result. When we lament, we are not lost or isolated but rather we are in a long tradition of people wrestling with God. At the end, prayers of lament incorporate hope—confidence that God is listening and understands—and leave us with belief in a better future.

Scriptural Quandaries: Bad News in the Atonement for the Suffering and Biblical Suicides

Although Jesus’s death is a principle tenet of the Christian faith, few of those filling the pews can systematically explain its meaning or what it says about the message of the church. That the long-ago suffering and brutal death of a man are a central doctrine of the church can present an obstacle when working with people undergoing suffering. Vague summations from ancient theologians and clichés adorning religious trinkets do little to clarify the complex issues at hand. In recent years, feminist and liberation theologians, among others, have pointed out the insidious possibilities in popular interpretations of the atonement. Misunderstandings relating to the death of Jesus are confusing to the average layperson at best, and at worst have the potential to provoke some dangerous conclusions in the mind of a person suffering from mental trauma.

Jesus’s suffering associated with the atonement is one such problematic issue. Popular films such as *The Passion of the Christ* go so far as to make the suffering of Jesus the primary focus of his life. It is critical that suffering as a part of soteriology is properly contextualized for congregations. Sally Brown delves into this topic in her book *Cross Talk*, which criticizes the narrow understanding of God’s redemptive work as associated only with sin and guilt, associations all too familiar to many of the faithful. This model presents an image of God that is harsh, eager to punish sin, and full of retributive justice, exactly the kind of message that would inspire hopelessness in a person already in distress. One of the results of this emphasis, she opines, is that congregations believe that their suffering is deserved, a part of God’s plan for their salvation. Rather than finding redemption, those suffering “sink into a horrifying dread that they

are being made to pay for something they have done or somehow failed to do,”²⁷ believing that their suffering is not only God’s will but also something that they simply must endure. The remedy, Brown continues, is to expand the possibilities of the cross by embracing a wider range of “metaphors of redemption, read from the concrete place of suffering”²⁸—those that do more than just emphasize release from sinful behavior, but also draw attention to healing, relief from pain, and, ultimately, hope. Preachers should seriously consider widening their discussions to embrace homiletical as well as theological concerns. As Brown notes, “It is indefensible to suggest that suffering is inherently redemptive.”²⁹

Further, some common ideas around atonement might stand in the way of people getting the help they require. Depictions of Jesus as complicit in his own death projects some confusing messages; “Victims [of suffering and oppression] can all be led to believe that quiet passivity is the appropriate ‘Christian’ response.”³⁰ The message that might be easily taken from the death of Jesus is that his willingness to silently undergo suffering is a paramount virtue to be imitated, modeled by no less than the Son of God himself. Moreover, Jesus’s refusal to struggle against those who would kill him—coupled with his acceptance of his death—might be seen as an act of divine suicide. The consequences of such a conclusion would be tragic. Such pictures call for constructive thought in preaching, ensuring that these ideas are placed in their proper cultural and historical circumstances. After all, with the right considerations in mind, “it is possible to develop a model of the atonement that not only avoids the pitfalls but also provides help in addressing the very evils associated with . . . the atonement,”³¹ a doctrine so central to the faith.

The Bible mentions several incidents of suicide,³² all of which are what is commonly termed an “honor suicide,” meant either to atone for a wrongdoing or to evade a death considered dishonorable. If these verses are dealt with homiletically, special care must be taken to point out the great error of thinking from which such a suicide arises; the thought of “dying with honor” might ring all too attractive a note in the ear of a desperate person.

Performance Issues: Modeling Emotion in the Pulpit

Even as humanity is separated by language, cultural conventions, and racial and ethnic identifications, we are bound by the shared experience of emotional responses. Emotions originate in the limbic system, deep within the brain, deeper even than the conscious mind can control. At their base, emotions are the result of evolutionary processes that helped to keep our species alive when our complex thought responses would have been too slow to react effectively. There are good reasons why the use of emotions is critical to influencing others: in the vulnerable spaces of emotion some of the most powerful connections happen.³³ Studies have demonstrated that information absorbed outside of our conscious processes “can have a profound

²⁷ Sally Brown, *Cross Talk* (Louisville: Westminster John Knox, 2008), 72.

²⁸ Ibid, 73.

²⁹ Ibid.

³⁰ Joel B. Green and Mark D. Baker, *Recovering the Scandal of the Cross* (Downers Grove, IL: InterVarsity Press, 2000), 174.

³¹ Ibid, 181.

³² Abimelech in Judges 9:54 and Samson in 16:30; Saul and his armor bearer in 1 Samuel 31:4 and 31:5; Ahithophel, Absalom’s counselor, in 2 Samuel 17:23; Zimri, servant of King Asa of Judah, in 1 Kings 16:18; and Judas in Matthew 27:5. Additionally, Paul prevented the Roman guard from killing himself in Acts 16:27–28.

³³ Dr. Lara Fielding, “Listening to Your Authentic Self: The Purpose of Emotions,” *HuffPost*, October 20, 2015, https://www.huffpost.com/entry/finding-your-authentic-pu_b_8342280.

influence on people's subsequent thoughts, feelings, and behaviors."³⁴ In other words, the input received through an emotional reaction can be as or more impactful on our person as the information we learn rationally.

In some worship traditions, a display of appropriate emotion from the pulpit is a typical experience. Emotive expression empowers the message and reinforces the passion with which God engages humanity through sacred worship. However, the majority of traditional religions expect the preacher to remain composed and keep a rein on emotions. In some communities (like those of the military), the preacher has a genuine opportunity to communicate something critical through a display of authentic emotions from the pulpit. But the code of masculinity to which many people (especially in the military) subscribe prevents them from fully feeling and expressing their emotions and thereby dealing with difficult issues. They might feel inadequate for having these feelings or embarrassed about letting others know they have them. For many of these men, this repression prevents them from accepting the mental healthcare they might need.³⁵ The preacher who demonstrates genuine emotion at appropriate times without embarrassment or shame gives the listener permission to expose his own emotions. The preacher who models ownership of his expressions reassures hearers that these emotions are normal and that releasing them opens the door to sharing the underlying issues with others.

Another complicating factor comes from social association with some of the underlying issues related to self-harm; for example, depression is often thought of as a women's disorder. As such, researchers have discovered it is underreported by men.³⁶ In fact, people of all genders can find it difficult to access the complex range of their own emotions—and to have enough trust to confide in others. If the preacher is willing to expose his or her own vulnerabilities by including in the sermon their own experiences with depressive thoughts and emotions along with the healing that has taken place, such honesty can go a long way toward normalizing these experiences in the minds of parishioners. Modeling sympathetic handling of such emotional issues establishes a baseline for how a congregation will approach these concerns in the congregational setting—and gives the listener permission to address their own issues as well.

Sermonic treatment of suicide should focus attention on the many successful stories of recovery after suicidal thoughts or actions. When recounting the actions of a victim of self-harm, sermons should emphasize the unnecessary nature of suicide, highlight the alternatives, and express disappointment that those who died by their own hand did not recognize that help was available and that people who care are only a phone call or an email away. Avoid idealizing the deceased in death; a common tack in funerals, such a presentation may afford a sense of nobility to the choice of suicide.³⁷ One must not inadvertently glamorize suicides by dwelling too much on sympathy for the pain or distress of the deceased; instead, express sadness at the losses suicide creates, especially for those left behind (family, friends, etc.). It is also important to avoid explicit descriptions of deaths as well as detailing the methods of suicide; such imagery could well plant more vivid pictures in the minds of the distressed, adding to any potential ideations.³⁸

³⁴ National Research Council, *Human Behavior in Military Contexts* (Washington, DC: The National Academies Press), 207.

³⁵ Sarah K. McKenzie et al., "Masculinity, Social Connectedness, and Mental Health: Men's Diverse Patterns of Practice," *American Journal of Men's Health*, September 2018, 12.

³⁶ John L. Oliffe et al., "He's More Typically Female Because He's Not Afraid to Cry: Connecting Heterosexual Gender Relations and Men's Depression," *Social Science & Medicine*, Vol. 73, Issue 5, September 2011, 775–782.

³⁷ Defense Suicide Prevention Office, *Leaders Guide to Suicide and Postvention Checklist* (Washington DC: Defense Suicide Prevention Office 2016), 2.

³⁸ Ibid.

Above all, focus should be placed on the fact that suicide is preventable and treatable, and that help is available.

Conclusion

While the context of my research is the military chapel, the strategies here may be equally applied to a civilian congregation. There is a great likelihood that veterans are present in most congregations, and all of them bring different experiences and stressors from their military service; suicide rates among veterans are shockingly high.³⁹ Of course, many occupations in civilian life have duties very similar to those in military service, including first responders, medical and social workers, and other professions with equally high risks of suicide. The onus of suicide hangs over every congregation and affects more lives than perhaps many believe.

It is my own practice to make suicide an annual sermon topic; National Suicide Prevention Week occurs during the month of September, making this an excellent time for such sermons.⁴⁰ Another opportune time for such a sermon is after a high-profile suicide: the media often extensively covers such incidents, glamorizing the action and potentially encouraging at-risk people to copy this action in a desperate bid to secure such respect for themselves. A well-pointed sermon can help mitigate this possibility. Also, the number for a suicide prevention hotline can be featured at the bottom of the weekly worship bulletin; there are several nationwide numbers, and many communities have their own. Such contacts not only serve as a reminder of the issue but also get the information into the hands of those who may need it most.

³⁹ According to the U.S. Department of Veterans Affairs, 18.2 million veterans are living in the United States, and the number of veteran suicides has grown over the past fifteen years with an average of about 16 *per day*. US Department of Veteran's Affairs, *2019 VA National Veteran Suicide Prevention Annual Report* (Washington, DC: US Department of Veteran's Affairs, 2019), 9.

⁴⁰ The American Association of Suicidology (AAS) sponsors this annual weeklong campaign to inform the general public and to engage health professionals about the importance of suicide prevention efforts.