PREACHING TO THE SEVENTH CIRCLE[1]: SERMONS ON SUICIDE
Chaplain (Lieutenant Colonel) Craig M. Johnson

The dramatic attacks on New York and Washington DC on September 11 2001 brought about many changes to the US military. The most consuming of these was the onset of the Global War on Terrorism, which began with the invasion of Afghanistan and continues to this day. Among the unexpected effects of these operations was a noted increase in the suicide rate among all branches of the military.[2] In the most recent year, 541 soldiers committed suicide.[3] For the Army, this figure is 21.9 deaths per 100,000, well above the national average.[4] Suicide is now the second leading cause of death in the military.[5] One oft-repeated summary 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, the Army has responded in many ways, including training, "stand-downs," and creative events such as suicide prevention marches, runs, and rodeos. Chaplains play a primary role in the Army's suicide prevention program, and are most often called upon to serve as "first responders" to suicidal ideations.[6] For this

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[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 a 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.

[5]Uniformed Services University/Center for Deployment Psychology, "Cognitive Therapy for Suicidal Patients (CT-SP)," https://deploymentpsych.org/treatments/Cognitve-Therapy-for-Suicidal-Patients-CT-SP.

[6] 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.

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 and for the word, and invest tremendous authority in the chaplain himself. Why, then, is suicide so rarely a sermon topic? The preacher holds the undivided attention of the congregation for twenty minutes or more and with the authority of the church. If ever there were a subject begging to be covered in a sermon, it would be suicide. This paper will cover several areas to effective preaching on suicide, and offer practical suggestions for sermons.

Reaching the Damned in the Pews

Several roadblocks exist to reaching a suicidal listener. The pain of those suffering from suicidal ideation prevents them from hearing good news. In his book *Reading the Bible with the Damned*, pastor and Bible teacher Bob Ekblad relates his experiences conducting Bible studies with persons on the margins of society: prisoners, undocumented immigrants, and others. These persons understand themselves as "condemned to permanent exclusion, beyond repair, unable to change, in bondage—in short, "damned."[7] Persons contemplating self-harm are quite likely to identify as members of this group, with hopelessness and depression diminishing their 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."[8] 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

[7] Bob Ekblad, *Reading the Bible with the Damned* (Louisville: Wesley John Knox, 2005), xiv.
[8] Ibid, 61.

includes rebuilding trust and establishing 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 *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, and some come as a last gesture of hope to escape the doom 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 extensive efforts to help, one of the biggest barriers is the very culture of the military. Service members are taught that self-reliance and personal strength are virtues; military legends retell of soldiers caught alone behind enemy lines, fighting against terrible odds, and overcoming. This narrative has created a stigma associated with asking for help.[9] Many efforts are concerned with eliminating this stigma, but it is deeply ingrained. It is so prevalent that it occasionally surfaces in very public and offensive ways, even among high-ranking leaders who should know better.[10] Destigmatizing the idea of accepting help is a critical sermon concept. No sensible person would think of getting treatment for an illness or broken bone as a weakness, but that idea does not seem to extend to those whose suffer from a misfire in the brain.

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[9] 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.

[10] For example, Stephen Losey, "Barksdale Commander Admits Calling Suicide a 'chickenshit way to go' Was a Poor Choice of Words," 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.

One approach is to “re-brand” associations and perceptions related to mental health.[11] Language is always important, and when dealing with the terminology associated with popular ideas about mental health, word choice is all the more critical. Not using flippant terms for mental conditions is a start, as is ensuring that the feelings associated with traumatic conditions are not cheapened by weak sentiments. Preachers should educate themselves on suicide to ensure they are not incorporating false and damaging information into sermons.

Medicine has demonstrated that psychiatric developments have physical ramifications. Emphasizing the physical afflictions that come with most mental disconnects makes getting help seem 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.”[12] This might include references to mental health issues by common corresponding physical impairments, and referring to health care workers as “doctor/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, makes acceptable these activities and lays the groundwork for an open attitude to seeking care. 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.

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[11]Alan Berman et al., *The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives* (Washington DC: Department of Defense, 2010), 88.
[12] Leigh Jennings, MD, “Do Psychiatry and Mental Illness Need Rebranding?” October 6, 2014, https://www.psychcongress.com/blog/do-psychiatry-and-mental-illness-need-rebranding

Speaking the Name of the Monster

Suicide has long been a taboo subject of discussion. 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, hiding these experiences and feeling separation from the mainstream of people. For many, there is a fear associated with suicide, not knowing how to discuss it. 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. The fear itself stands as an obstacle to facilitating intervention when and where it is needed the most.

For many chaplains, mentioning suicide in worship is a scary scenario. One reason for this anxiety is the pervasive myth that talking about suicide will encourage suicidal thoughts. Whenever I preach on suicide, I always mention this and note that if it were indeed true, then suicides would spike after my sermon! 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. By discussing suicide openly, the topic becomes more normalized, allowing solid information to be exchanged.

Demystifying suicide is an important step in this direction.[13] There is a lot of misinformation out there, and a preacher should correct misconceptions. One prevalent myth is that people who think about self-harm give no warnings and would never admit

[13]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.

to being suicidal. In fact, there are several warning signs,[14] and a person intent on suicide will often be frank about it. Another myth is that people who seem happy 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 out. Yet another myth is that a person who wants to die is beyond help. Years of clinical work prove this idea to be untrue; many different therapies are available to help. Finally, it is commonly believed that providing a hotline is the best answer. 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.

The Bible mentions several incidents of suicide,[15]all of which are called "honor suicide," meant to either atone for wrongdoing or to evade a dishonorable death. If these verses are preached, 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 too attractive in the ear of a desperate person.

Modeling Emotion in the Pulpit

Even as humanity is separated by language, cultural conventions, and racial and ethnic identifications, we are bound by our emotional responses. In some worship

[14] Including 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.
[15] 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.

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, in most military congregations, the preacher is expected to remain composed and keep a rein on emotions. Emotive preaching offers a genuine opportunity to communicate something critical from the pulpit. The code of masculinity to which many military people 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 at letting others know they have them. For many of these men, repression prevents them from accepting the mental healthcare they might need.[16] 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 getting help.

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 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.[17]

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[16]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.
[17] Defense Suicide Prevention Office, *Leaders Guide to Suicide and Postvention Checklist* (Washington DC: Defense Suicide Prevention Office 2016), 2.

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

Conclusion

Suicide can be an annual sermon topic; National Suicide Prevention Week is in September, an excellent time for such sermons.[19] Another opportune time is after a high-profile suicide: the media often glamorizes such incidents, potentially encouraging at-risk people to copy this action in a desperate bid to secure respect for themselves. A well-pointed sermon might 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 nation-wide numbers to use. 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.

[18] Ibid.

[19] The American Association of Suicidology (AAS) sponsors this annual week-long campaign to inform the general public and to engage health professionals in the importance of suicide prevention efforts.