

BOISI CENTER INTERVIEWS



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ELIZABETH ANTUS is an assistant professor of the practice of theology at Boston College. She spoke with Boisi Center interim assistant to the director Jack Nuelle and Boisi Center director Mark Massa, S.J. following her February 21, 2019 luncheon colloquium entitled, “It was simply the end of what I could bear’: Resetting Christian Theology on Mental Illness and Suicide.” The resulting interview touches on recasting Christian moral theology to be more sympathetic both to victims of suicide and to current understandings of mental illness. It has been edited for length, clarity, and content.

NUELLE: What do you think is the best way of navigating the idea of destigmatizing suicidal persons without normalizing their behavior?

ANTUS: I think specifically within a Christian context, we are still caught up in this baggage of thinking that this person has some sort of moral fault. A lot of people know that that’s not true, but I still think that’s an idea that’s floating around because of this history. I want to really take that idea head-on and dismantle it and be very clear about that. Just deconstructing that idea is really, really important.

If someone is suicidal, it’s not like they didn’t pray enough or that they have pride or that they’re selfish. These are ideas that have secular versions in our culture, too. So I appreciate this is not just a Christian problem, actually.

I think, then, that the piece which comes in tandem with that is actually listening to people talking about what it’s like to feel suicidal and what they’re asking for in terms of structures of support. There’s an attitude piece and there’s a structural piece, too. We all want better structural support for people who are vulnerable in this way. I don’t know how to get at that as a theologian, except to just keep talking about it and forcing people to talk about it in particular.

And then again, if somebody has died by suicide, speaking about them as a human individual in a very particular way that



honors who they are, but also emphasizes the pain that they were in – I think those two pieces together would be the foundation for good policies around how we talk about this so as to not encourage it, because clustering is a problem.

NUELLE: What do you think is the best way of communicating a still Catholic, but more sympathetic and realistic approach to suicide to the average churchgoer, to people of varied generations with varied generational understandings of this issue?

ANTUS: Sometimes people mistake me, with this kind of work, as saying that I’m permissive toward suicide, which I’m actually not. There are people who are much more permissive of it, and I’m not of that opinion. End-of-life issues are their own issues that we need to keep talking about. In some sense, I want to decrease suicide. So in that sense, I resonate with the Catholic teaching that is talking about this as a harm and that

it is a rending of the fabric of the human community. That it is real, and it is not good, and I don’t really want to engage in permissive language or policies around that. I think that’s really dangerous, actually.

So I actually like that piece of the teaching. I just don’t think the word sin is the best language to capture what it is. I view it more as a tragedy or disease, something like that. Those are the analogies I go for. In that sense, the fact that I’m in agreement with official teaching about how this is harmful is a good foothold to start to talk about it.

When I think about suicide decedents, and I think about their pain, I think about Johann Baptist Metz’s point about lament. I am also thinking about Jesus’ cry to the Father on the cross – “My God, My God, why have you abandoned me?” If we look at places in the tradition which talk about lament – you find them in the Psalms, you find them in the Gospels – I really like that Metz draws out that we’re

not necessarily just supposed to be happy all the time, and we're not supposed to put sad people away, that actually life is very sad and lots of people are struggling. There are not only theological, but spiritual resources in the Christian tradition that can speak to that. So I actually view the type of suffering that's involved with suicide as having a vocabulary, spiritually, in the Christian tradition.

NUELLE: Metz talks about making a kind of anguished cry with no answer as a prayer in the face of suffering. Is that, to him, therapeutic? Could that be put to use in a therapeutic way?

ANTUS: That's a really good question. It's tricky with Metz. Firstly, he doesn't talk about mental illness at all. He's not doing that. But secondly, he does talk about the therapeutic, and he hates it. But he means the therapeutic more as ways that modern bourgeois society tries to numb itself. That actually jells well with some of my concerns about numbing that we all can do through medication and drug usage and stuff like that – even though I am pro-drugs when they work, just to be clear.

So I'm guessing Metz would hate that wording. He would say something like, "no, I don't want anything to be therapeutic. Life is not about being therapeutic." But, is the cry truthful? Is it actually keeping things in the right view? Is it keeping a connection with God while not covering over what's happened? I think he'd say yes, and those are good things. He would probably eschew the word therapeutic, though.

NUELLE: So there does seem to be a way by which that can be adapted into a sort of model for encountering trauma or the pain of mental illness?

ANTUS: I think so. I think that psychologists and psychiatrists and therapists would agree – I mean, they agree on almost nothing – but broadly I think there would be agreement that something that people need for healing is to be able to voice their pain in some way and not have that be disapproved of. The disapproval of others or of the community can compound the pain. I think Metz helps at least take that away.

MASSA: How did you get into this? Was this frontal – did you say, I want to look at suicide? Or do you come at it by another route?

“I think the crushing burden they feel is a type of coercion – a type of psychological coercion. And we don't have good language to talk about it, because it's a drama happening inside of them.”

ANTUS: I have for a long time now, as part of my training, been in systematic theology, in theological anthropology, studying questions of feminism and disability. But while I was at Notre Dame doing my training, I had a mental health question. A lot of people in my family and life are not mentally healthy, and that has always just felt like this piece of my background that I haven't known how to integrate into my adult life, even though I have all of these intellectual questions about it. It was sort of incubating for a long time as an interest, frankly.

And then, now that I'm here, I've had my degree for a few years, I'm asking myself: what do I really want to talk about? My older brother has schizoaffective disorder. My older sister, when I was young, died by suicide. This was decades ago, and I feel finally ready to talk about it. That's the real answer. I want to do that.

What's interesting, though, now that I'm ready to do that, is finding that there's not a lot of other theologians who are talking about this at all, and then trying to figure out where I fit. So that's partly why I feel the need to be so interdisciplinary or using someone like Metz, who didn't talk specifically about mental illness, but I'm going to try and connect him. That's just the real answer.

NUELLE: You mentioned in the beginning of your talk that there's a hesitancy, almost, among theologians to connect

suicide to mental illness. Can you expound upon that?

ANTUS: Sometimes people who actually want to say suicide makes sense want to say, well, it's actually very rational, and you don't have to be mentally ill to do that. What I've found is that they often have a particular understanding of mental illness that's reserved almost just to psychosis, like that someone is completely out of touch with reality – which is a state that can happen, but that's not really what we associate with suicide.

Even since the most recent update to the catechism, which came out in '94 – we've had so many advances in our understanding of mental illness. We're just talking about it a lot more now than we did even up through the 20th century. So I think people haven't had a great understanding of mental illness and it's these stereotypes of people howling at the moon or not wearing any clothes and running outside – very demeaning tropes like that – and that's not what mental illness is necessarily. People have been invested in just distinguishing these things, either to say suicide's good or it's a sin done by a rational person. That's the other piece, too, I think.

NUELLE: I'm hung up a little bit on the idea of autonomy. Autonomy is in the etymology of suicide; it's a self-inflicted event. But, we're also talking now about how suicide actually may not be truly autonomous. Take something like assisted suicide for instance, which is kind of ultimately lorded as either depraved or beneficial precisely because of the question of autonomy. What do we make of that?

ANTUS: I'm still working through those questions myself. The assisted death question has predominated Catholic approaches to suicide, so that's actually why I didn't talk about it here. I can see why that's happening, because there are some really significant policy issues at stake in terms of what the state allows for. It is legal in a number of states now. It started in Oregon in the '90s. I am not sure what I think about that. I'm very suspicious of state-sanctioned policies that allow for people to implement a plan to die by suicide, even if they're terminally ill. I have

a lot of discomfort with that, which again fits with official teaching on this.

At the same time, I'm not necessarily interested in prohibiting people from doing that if that's the decision they've made. I'm still puzzling through what I feel about that tension. So I'm just going to let that be a separate set of issues, because it's really complicated.

But regarding the autonomy question in relation to the types of suicides or the range of suicides I'm talking about: when we think about this from a philosophical or theological standpoint, that's the type of thing that we really need to trouble. I understand why it's really hard to do that, because for a person who is suicidal to enact a plan of suicide requires a lot of intentional decisions, and that's really confusing to people, because it takes a lot of work to do that. That's why I was emphasizing the habituation to the specter of death, the specter of violence, that kind of thing.

We need to be able to say that someone is making plans to do something, but they are not really free to do that. I think the crushing burden they feel is a type of coercion – a type of psychological coercion. And we don't have good language to talk about it, because it's a drama happening inside of them.

I think about the analogy of someone who is in a building that is on fire and just jumps out the window. That's kind of how I view it. I'm like, what choices are these if the agony is that much?

MASSA: That was the image that came to mind – all the pictures of the people on 9/11 – they were going to die, but choosing how they were going to die.

ANTUS: Yeah, exactly. So when I gave an earlier version of this talk a few years ago, people kept pressing me on – do I think people are allowed to die by suicide or not? I guess I still struggle with that question, because I don't really want that to be the central question for the types of cases I'm talking about. I want people to feel like they can live. That's actually what I want to encourage. I think people want to live if they feel like they can. So that's what I want to encourage. I



understand that there are policy issues at stake, so it is still an important question. I'll just say I don't have a particularly permissive attitude toward suicide.

MASSA: Some of the examples of suicide – the tragic examples you gave of people who say “I just couldn't deal with it anymore.” They simply want to get out of this whole thing. But what about different categories of self-harm. What about those which seem less connected to mental illness; a seemingly isolated, tragic life event, for instance? That's something different than somebody who's in sustained anguish, you know?

ANTUS: Well, yes, although with that type of case, we may have a case of undiagnosed mental illness. There are a lot of people who haven't gotten a diagnosis who get triggered by something, and something happens inside of them which they didn't know about, and which they are either genetically predisposed to or react to because of past trauma they have. I think we haven't, as a society, appreciated some of the underlying traumas that might be behind people's decision to die when it looks spontaneous, or it looks like, where did that come from? I wonder what's going on with them. And we can't answer those questions a lot of times, you know? It's a speculation, but we're all speculating.

NUELLE: What responsibilities as a society, as support networks for each other, do we have to preventing suicide, supporting those who are suicidal, and kind of dealing with the aftermath of when it tragically happens?

ANTUS: That's *the* question in some ways. Something that came out in the luncheon is the need for better resources to help people process their distress and perhaps a mental illness, because a lot of people go on to live with mental illnesses and live very full lives.

I got into this topic through the scariest way possible. I understand that. That has to do with my history. But a lot of people can have very rich lives with mental illness. So I think messaging that is very important – providing structures, counseling services. In the discussion during lunch, you heard our undergrads. They're very unhappy with the mental health services here, and that's picking up on a problem at universities, for example.

Some Catholic parishes have really good support groups and are having good conversations about this, and some priests do have really good pastoral skills to deal with this. So whatever training or sensitivity they got, I'm just like, can we put energy into making that happen more broadly? Not everyone is like Father Don LaCuesta, the Michigan priest who preached a sermon at a suicide victim's funeral which emphasized God's mercy in the face of suicide, and questions of salvation.

MASSA: I was shocked that he was not removed from ministry for that.

ANTUS: Right. This probably didn't come across in my talk, but I was very disgusted with his homily. I heard about it and then I read it, and I was like, this tracks really closely to the official teaching, though. So I just thought, “oh, wow, we really have a lot to rethink.”

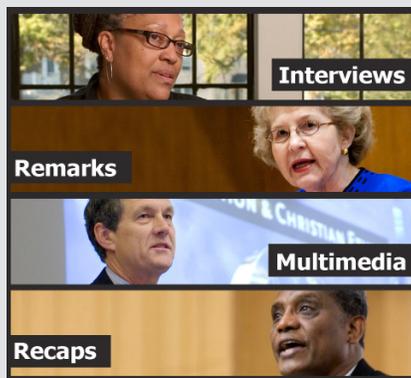
The other thing, too, is that we, as a society, need to look at why people are so sick in this way. Sometimes, people can have all the support in the world and still have a really troubling mental illness. This is not an easy thing. I don't think it allows for simple explanations.

But there are social factors that have been increasing mental illness that I don't think is just about increased reporting. We have more suicides now than we did 20 years ago or 15 years ago. That was one of the stats in my talk. We really need to look at why that's happening. I suspect some of it has to do with increasing social isolation and stress about finding a job that works. There's a lot going on in our society that is stressing our students out. So while I want to say, yes, universities need better counseling services, I also want to ask, what messages are universities sending to students about how stressed out they should be in the first place? To what extent are universities exacerbating sickness?

NUELLE: Do you think social media has contributed to the isolation of people?

ANTUS: I do. Social media is tricky, because you can talk to more people more quickly, so it has the façade of connection. But it's not a real connection at all. I think in some ways, it's a symbol of what's happening to our society, too. People don't live near their families. A lot of people are not finding as much meaning in institutionalized religion as they used to. And I'm not hand-wringing about this necessarily, but I'm just saying if you start to see the breakdown of certain institutional or communal places for people, you are going to see increased suicidality, because people don't know where they fit in society. That's a big piece of it, and I don't know what to do about it.

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