



Feature of the Month

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Spirituality and Suicide Prevention by Professor Graham Martin

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Suicide Information & Education Centre

SIEC

201-1615-10th Ave. SW
Calgary, Alberta
CANADA
T3C 0J7

phone: 403-245-3900
fax: 403-245-0299

email:
siec@suicideinfo.ca

web:
www.suicideinfo.ca

As I have suggested in previous articles, there are many people for whom the thought of suicide is anathema. They are happy, active, an accepted part of their family, contributing to their school, work and/or community, and committed to an appropriate range of life tasks. They know they have options and the right to take decisions about their life and its path within their abilities. They maintain a hope for the future right through their lives, and may even maintain this sense of a better future right up to the point of death. At each stage of life they maintain a trust in the process, come to terms with changed circumstance, and have a sense of where they fit in, what their part in the whole is about. They react with joy to fun events, to success and to new birth. They are appropriately saddened by loss of any kind, but this rarely translates into depression and despair. They do not lose their sense of hope, the balance in all things, and natural cycle of life.

One word that has been explored to describe these individuals is 'resilient', the ability to bounce back from adversity. We are beginning to be much clearer about the elements that make up resilience; the contributions of genetic factors such as female gender, good temperament and natural intelligence, 'good enough' parenting at critical stages, the absence of overwhelming stress in a context where neither the individual nor the environment have the ability to reduce anxiety and fear, and the presence of plentiful opportunity.

But there may be more. I have a younger colleague who survived many weeks of isolation, deprivation and hunger while lost in Nepal. He recounts that he was able to use memories of his family and his partner to maintain his sense of self. In addition he used the discipline of a previously learned martial arts ritual to maintain some of his physical wellbeing, and when his muscles began to fail, he used visualisation of the same ritual to maintain his sanity. Throughout, and despite times of great despair, he maintained a belief in himself, a belief in something bigger than himself, a belief in his place in the world, and a hope that he would be rescued.

He told his story at a recent congress to a hushed and awed audience of psychiatrists. Prior to the congress there was a well-attended workshop on spirituality and psychiatry; subsequently there was a whole day given to papers and discussions about research and reflections of spirituality. Many of the known faiths were represented, but the discussion focused more on a beginning distillation of what spirituality might mean to the recovery of people with mental illness. Turns out the answer is 'Quite a lot', many commenting that it was time for psychiatry to understand what may previously have been hidden in our somewhat secular discipline.

There are links between spirituality and 'belief'. Belief in a higher order being, in stories about the beginning of humankind, lead to a sense of meaning and purpose. Regular practice of worship in any form, with the associated prayer or meditation leads to forgiveness of wrongs committed or received, a belief in specialness or purpose, and a sense of personal acceptance and peace. In slightly reductionist psychiatric terms, prayer or meditation may lead to reduction of guilt or shame, those twin evils that can drive depression and despair.



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It is the sense of peacefulness and acceptance that we so often associate with those whom we see as spiritual. They can acknowledge what may be wrong in the world, may be realistic about their own failings, but have the capacity to not allow either to weight them down to the point of despair and hopelessness, but most of all inactivity. They are still able to function, to love, to contribute, to work, and to see where they may be able in a small way to make a difference.

Belief may, however, be less spiritual but still able to sustain us in hard times. Recent work on ‘narcissism’ has shown that the belief in self, or the importance of the self, can protect from adversity. Further, research has shown that when the going gets tough, it may not be the tough that get going - it is in fact those who believe that their own survival is important. They maintain personal standards and habits, expect the best of support from others, and continue to seek the best for themselves in order to survive.

So, where does that all come from. To a certain degree there may be some circularity. Families who are connected, manage their lives well, transmit effective parenting practice down the generations, also are more likely to have membership of a faith, and/or set of personal beliefs, which increase spirituality. On the other hand, most of the world’s faiths preach family strengths as basic to the future of humankind.

So, let us return to consider suicide. Religion as such may not be a protection against suicide; after all some devout or religious countries have much higher rates than others not known for religious affiliation. But spirituality, as something that crosses all religions, perhaps transcends them, may well protect against despair in the face of the world’s ills. Central to this may be belief - in the self, in the family, in the peer group, in the country, or in some higher force. And promotion of the regular rehearsal or practice of belief in any of these may be the key to survival in those who, for whatever reason, have personal or contextual risk factors for suicide that increase the odds of life time suicide. Any belief may be better than none, and strongly held beliefs may provide the central core around which a meaningful life can be rebuilt.

Professor Graham Martin is a Project Advisor to Auseinet. He provides knowledge and expertise across a range of activities and resource development projects. He represents Auseinet at a variety of State/Territory and national meetings and forums.