

Introduction

SUICIDE AND THE NEED FOR THE HEALING PRESENCE OF CHRIST

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Suicide is a common way to die. According to the National Institutes of Health, on a typical day in the United States, more than 130 people will die from suicide. In the United States, it is a leading cause of death, claiming more than forty-eight thousand people each year. Shockingly, it is the second leading cause of death among young people between the ages of ten and thirty-four, with about 15,000 people in this demographic dying per year. It is a global tragedy, with the World Health Organization reporting more than 850,000 people dying worldwide from suicide every year. Suicide is an anguishing and persistent cause of death.

By its nature, death by suicide is sudden, often violent, and often comes at the end of a long and difficult struggle with mental illness. Heaped on top of that is the social stigma that comes with both mental illness and suicide. As a result, families who lose a loved one to suicide are very often left in shock and intensely burdened with shame. This is a fierce suffering that cries out for the healing presence of Christ, his Church, and his ministers.

The purpose of this book is to respond to those cries by providing spiritual insights and resources for those who are grieving a suicide death as well as sound and authoritative pastoral guidance for those who are ministering to them.

Since my daughter, Katie, died by suicide in 2016, I have ministered to many Catholics who are grieving the death of a loved one by suicide. I have come to realize that these people long for spiritual support from the Church. Yet many tell me that, beyond making the necessary funeral arrangements, they have never spoken to a member of the clergy about their loved one's death by suicide. When I ask why these people are reluctant to talk to their parish priest or deacon, I regularly hear three disheartening concerns:

1. They doubt that clergy and other Church leaders understand their experience.
2. They fear that the Church teaches their loved one is probably in hell.
3. They see nowhere to find support in the Catholic Church.

Let's take each of those concerns and consider why they exist and what can be done to address them.

FIRST CONCERN OF THOSE WHO GRIEVE

Doubt That Clergy and Other Catholic Leaders Understand

The first step in assuring people that members of the clergy and other Catholic leaders understand suicide is for these leaders to educate themselves on the topic and to learn how to openly talk about suicide and mental illness. Although there are some who have developed the ability to minister with great compassion and understanding when there is a suicide death, far too many are not adequately prepared to minister to those who are grieving the death a loved one from suicide. That needs to change.

Misunderstanding is widespread and stories about the lack of understanding abound. All too often Catholic leaders and clergy simply shake their head in bewilderment when they hear that a young person who was married and had children, a good job, and a fine life died by suicide. They ignore or are silent when someone makes gross and inappropriate gestures that imitate and mock death by suicide. When the death of someone by suicide comes up in conversation there is no open and empathetic discussion about how best to minister to the person's family and help them heal.

Some priests even claim that they have never presided at the funeral of someone who died by suicide. Statistically, that claim is awfully hard to accept, which begs the question, why would a priest not be told by their parishioners that a love one has died by suicide? Where has this lack of trust or confidence in the support of the Church come from?

There has been much commentary recently over the rise in suicide rates in the United States. Unfortunately, and mistakenly, some religious commentators have suggested that this is because of what they perceive as a decline in the morality and religiosity of the culture. They suggest that if our culture returned to the higher moral standards and religious values that existed in the past, then the current suicide rate would be lower. However, this assertion is based on assumptions wholly unsupported by historical suicide data.

Statistical data show us that while suicide rates have fluctuated during the past hundred years in the United States, there has been no significant change in the overall average rate of suicide. Professor Matthew K. Nock, the director of the Nock Lab at Harvard's Department of Psychology, researches suicide and self-injury. In a 2016 article, he wrote, "In 2014, the suicide rate was 13 per 100,000 people. In 1914, the rate was 16 per 100,000. So, the suicide rate now is about the same as it was 100 years ago. I would interpret this not that it isn't a problem, but that [it] has always been a problem. For the past 100 years, despite treatments and research efforts, the suicide rate remains extremely high."¹

In a *New York Times* op-ed article, Richard A. Friedman, a professor of clinical psychiatry and the director of the psychopharmacology clinic at the Weill Cornell Medical College stated,

We have seen the rates of death from heart disease and HIV plummet over time. Not so for suicide. The simple reason suicide has been neglected for so long is stigma. It is a human behavior that terrifies most people. Suicide is wrongly seen as a character or moral flaw—or even a sinful act. It is viewed as something shameful that must be hidden. But suicide is a medical problem that is almost always associated with several common and treatable mental illnesses, like depression and anxiety, along with impulse and substance abuse disorders. It is estimated that more than 90 percent of those who die by suicide have a diagnosable mental disorder.²

Friedman goes on to state, "We need to talk more openly about suicide, to help people see it as the treatable medical scourge that it is." His conclusion is that "we should declare war on suicide—just as we've done with other public health threats like HIV and heart disease—and give it the research and clinical funding needed to beat it."³

Mental illnesses, which are the root cause of many suicides, are neither caused nor cured by religious faith or moral values of patients. The number of suicides will be reduced once there is better care and treatment for mental illness and suicidality.

All too often people who are having suicidal thoughts feel ashamed that they are thinking of suicide and will not talk about it. Having suicidal thoughts is like having chest pains if you have a heart condition; it is a critical medical warning sign, not a moral failing or a character flaw, and a person needs to get the proper care as soon as possible. We need to be compassionate and be able to talk to them about their suicidal thoughts and direct them to a suicide helpline, a mental health professional, or a hospital. We can pray with them to find the strength and support to get them the care they need. But we need to be clear—prayer by itself will not cure mental illness.

Rather than understanding suicide primarily as a medical problem, all too often within the Church it gets mixed into theological discussions about euthanasia. There are false equivalencies in doing so that must be addressed.

Euthanasia is undertaken when a person has a terminal illness and is seeking to avoid the suffering that will come with it. The problem with talking about suicide within the context of a discussion about euthanasia is that it perpetuates one of the long-standing mistaken beliefs about suicide: that it is a rational act. Euthanasia is different than suicide because it is fully considered and openly discussed for a period time and the drugs are quietly administered by a medical professional. Euthanasia is morally wrong, but it is considered in a deliberate and rational manner.

In contrast, suicide is self-inflicted, often violent and impulsive, ugly, and usually rooted in the irrational despair of a mental illness. Suicide is all too often how a mental illness terminates. In this way, suicide often functions as organ failure does with other illnesses such as diabetes or multiple sclerosis: it is often the end of a long illness. An impulsive suicide in response to a significant stressor, such as a job loss or a criminal charge, is like a sudden death from an aneurism or cardiac arrest.

If Catholic clergy and other leaders are going to be known as people who understand suicide, then they must be able to assure people that they have a basic understanding of mental illness and suicide, particularly that suicide is usually associated with a serious chronic or acute mental illness and often caused by the illness. Suicide has to do with different individual thresholds for enduring psychological pain and the causes are unique to each person.

People grieving a suicide need to know that Catholic leaders will not be making theological judgments about their loved one or suggesting that the suicide was the result of a poor moral choice or a character flaw. Only God knows the state of a soul at the moment of death, whether it is from suicide or another cause.

We need to get out of the habit of using the phrase “committed suicide.” It is loaded with judgment, and Catholic leaders should stop using it. Instead use phrases such as “died by suicide” or “took his own life.” Criminals commit crimes, but a death from suicide is not a crime. We all commit sins, but only God can judge if a suicide was a sinful turning away from God or if it was a desperate act rooted in deep and irrational pain that cried out for God’s mercy. Using phrases such as “died from suicide” can help shift how we talk and think about suicide from a place of judgment to a healthier place where there can be discussion about mental illness and the real causes of suicide. This in turn will encourage better treatment programs for those we know to be at risk for suicide and more compassionate pastoral care of those who lose a loved one to suicide.

I have never heard a regular Sunday homily that touched on suicide and mental illness, and I am certain my experience is common. Since Katie's death, I occasionally talk about mental illness and suicide in homilies. When I do, many people make a point to tell me that it was the first time they ever heard these topics mentioned in a homily. This same lack of attention pertains to the Universal Prayer or the intercessions offered at Mass. These prayers are offered for all kinds of issues and problems, but how often are they offered for those who are living with mental illness such as schizophrenia, bipolar disorder, or clinical depression or for those who are self-harming or contemplating suicide? Tragically, in most churches the answer is *never*.

Catholic leaders need to be able to compassionately talk about suicide and not be afraid to be open about their own personal experience of suicide in their lives and ministry. It has been my experience that some members of the clergy can be reluctant to talk about familial suicide because they are concerned that it may affect how people relate to them and that somehow they will be diminished in the eyes of their parishioners. But these attitudes just add to the stigma and shame that grieving families experience.

Before clergy can appropriately offer pastoral care and guidance when responding to suicide, they need to find the courage and words to talk about their own personal experiences of it, whether they have lost a loved one to suicide or have come to know about suicide through the wealth of information medical science has to offer. To address this concern, the first section of this book is a small collection of essays from Catholic leaders sharing spiritual insights they have gained after a family member or other loved one died by suicide. Catholic leaders can lead the way in bringing the healing balm of Christ's love into the lives of people who are grieving the death of a loved one by suicide simply by learning to talk openly about mental illness and suicide.

SECOND CONCERN OF THOSE WHO GRIEVE

Fear That the Church Teaches Their Loved One Is Probably in Hell

Many years ago, I occasionally visited a man who lived alone to check in on him and to give him some company. As I got to know this man, he talked about his wife and how he kissed her good night every evening. She had died by suicide more than thirty years earlier, and he was kissing the urn that held her cremains. My friend still grieved deeply because when his wife died, the Church would not

allow a funeral Mass for her and would not allow her to be buried in the family burial plot at the local Catholic cemetery. Because the Church did not take care of him and his wife when she died, he was doing the best he could to care for her.

After speaking about mental illness and suicide at a parish event, a person came up to me in tears to talk about their father's death by suicide, which had occurred more than forty years earlier. This person told me that day was the first time they felt free to talk about it at a Church event. For more than forty years, this person had held their grief, with no direct support from the Church.

Stories like these are not unusual. The history of how the Church as an institution has, for the most part, responded to suicide has resulted far too often in stifling unresolved grief, deep shame, often crippling spiritual wounds, and psychological damage that never heals.

Within living memory and well into the twentieth century, the Church denied a funeral Mass to people who died by suicide and would not allow them to be buried in a Catholic cemetery. A person who died by suicide was understood to have died in a state of mortal sin, and the teaching of the Church is that mortal sin "causes exclusion from Christ's kingdom and the eternal death of hell" (*CCC*, 1861). Although the Church has never directly said that any individual is in fact in hell and asserts that we must "entrust the judgment of persons to the justice and mercy of God" (*CCC*, 1861), this basic teaching on mortal sin was used to justify denying a funeral Mass and burial in a Catholic cemetery for people who died by suicide.

Fortunately, as our understanding of psychology broadly and mental illness particularly has improved, the Church has developed a more nuanced and compassionate teaching on suicide. But the effects of the Church's history persist and continue to do harm. In an effort to overcome these wounds, Catholic leaders need to educate people about the Church's current teaching and reassure those who grieve that the Church prays for those who have died by suicide.

In 1992, Pope John Paul II promulgated the *Catechism of the Catholic Church* (*CCC*). The teaching on suicide is short, to the point, and reflects advances in the medical sciences pertaining to mental illness and other psychological dysfunctions. The *Catechism* section on suicide reads as follows:

Suicide

(2280) Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

(2281) Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love

of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

(2282) If suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal. Voluntary co-operation in suicide is contrary to the moral law.

Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide.

(2283) We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.

I have talked to many people who have attempted suicide and every one of them has been glad they survived the attempt. Each of them also agrees with the essential teaching presented in *Catechism* sections 2280 and 2281. They each believe that suicide is wrong. However, they also agree with the third section, 2282, because they know that their suicide attempt was driven by irrational thoughts and psychological disorder. Once these persons were stabilized and able to think more clearly, they did not want to die by suicide. But the effects of mental illness can come back with a vengeance, and statistics clearly show that after a person has attempted suicide once, their risk for dying by suicide sometime later increases significantly.

The final paragraph of the *Catechism* section on suicide, 2283, has brought great comfort to me and to many others who grieve the loss of a loved one by suicide. I do not despair for the eternal salvation of my daughter, Katie. I know that she is loved by God, and I look to Mary and the saints for consolation and help.

In the months before she died, Katie prayed novenas to St. Theresa for help with her mental illness. When my wife, Ruth, and I cleaned out her apartment after she died, we found and have saved a holy card of Pope Francis smiling and giving a hopeful thumbs-up that Katie had in her bedroom. She kept a colorful cross in her room that had these words on it: “Be Strong. Be Courageous.” That cross now hangs underneath a picture of Katie in our home.

The funeral Mass for Katie was beautiful and was attended by many members of the clergy, including our bishop. She is buried at the Cathedral Cemetery in her hometown of Scranton, Pennsylvania. We are consoled knowing that the Church prays for Katie.

The best time to discuss the Church's teaching on suicide is before a suicide occurs. It would be helpful for the faithful to hear about this teaching at times other than in the immediate aftermath of a suicide. Occasional reference to this teaching in a Sunday or daily homily, in a bulletin notice or some other venue where the Church teaching is routinely explained is the best way to discuss this teaching, so that when a suicide does occur, people already understand what the Church teaches. They are then better prepared to look to the Church for consolation.

Whether this teaching needs to be discussed at the funeral of someone who died by suicide is questionable and should always be discussed with the family before any decision is made in this regard. Like any sudden death (and suicide is almost always sudden), the family is in shock and in deep grief and simply wants to give their loved one a dignified and holy burial. In 2018, national media attention was focused on a parish in the Detroit area when a family became outraged with their pastor because he focused on Church teaching on suicide at their son's funeral Mass. The family wanted the priest to focus on the good qualities of their son and to preach about hope. Although what the priest said may have been an accurate description of what the Church teaches about suicide, the funeral Mass was not the time and place to present it. A more pastoral homily was needed for that family at that most difficult and fragile time.

A funeral Mass is a time to provide consolation and preach the hope that can be found in the Death and Resurrection of Christ. All other matters are secondary. When a person dies from cancer or any other disease, the cause of death is usually not the topic of the funeral homily; it should be the same with suicide. If the family wants the suicide to be discussed, then a brief summary of Church teaching might be appropriate as part of the broader homily about the hope we can find in Christ. There are examples in the appendix of this book on how to discuss suicide at a funeral, if it is appropriate to do so. However, usually it is best to wait for some time after the funeral and then use this teaching to support grief counseling and the ongoing pastoral care of the family.

The second section of this book presents authoritative essays on the history and teaching of the Catholic Church about suicide. This basic information and the theological reflections that accompany presentation of the teachings can help clear up any misconceptions and fears about what the Church now teaches.

THIRD CONCERN OF THOSE WHO GRIEVE

Lack of Support in the Church for Them

All death is painful, but the grief that comes with suicide is unique because of the stigma associated with mental illness and suicide. Families who are grieving the death of a loved one by suicide often feel alone and shamed. Others, even the closest friends and family members, often do not know what to say to them and what is said is very often not at all helpful and sometimes even hurtful. When those who suffer loss by suicide turn to their parishes for support, they all too often find little to nothing in place to offer the support they need.

This can change. This needs to change. We can do better. Clergy and other leaders must learn how to provide pastoral care for members of the faithful grieving a suicide by learning how to be with them in their pain. We must learn how to guide them and direct them to other people and services that can help them along their long road to healing. So, where to begin?

First and foremost, Catholic pastoral leaders can take extra steps to reach out to those grieving a suicide in a manner specifically suited to the experience. We should not wait for the family and other loved ones to ask for help because many will not, due to the stigma and shame they may be feeling. We need to make an extra, well-informed effort to reach out. For example, when we see a member of a grieving family at the parish, we ought to go out of our way to talk with them. Be direct and ask how they and their family are doing in the aftermath of their loved one's death. Perhaps one or more visits to their home, not just immediately after the death but in the weeks and months afterward, will be welcome. Simply ask, as you would with other instances of sudden death.

Following a suicide, families and other loved ones will often isolate themselves from friends and relatives and from the Church. Many will also back away from God. Christ wants to be with families grieving a suicide, and often it is his clergy that he wants to send to be with these families. Although it may be frightening to enter into this deep grief, it is where Christ wants to be. It is particularly true when a child has died from suicide. We must be willing and able to bring the light of Christ into the darkness of grief brought on by suicide.

Families need to know that they are not alone and that their experience of suicide does not make them freakish. A parent who lost a child to suicide said that their family thinks everyone who drives past their house thinks or even says, "That's the suicide house." Likewise, this parent thinks that when people see them in the store, they think to themselves, "There's the suicide parent" and try to avoid them. This parent feels as though they are the only one who has experienced a

death by suicide. Although suicide is a common way to die, we do not talk to one another about it and as a result, families grieving a suicide can feel very alone.

As pastoral leaders, we can help change this by talking about the deaths by suicide that have occurred in our own families when we visit those who are grieving a suicide, so that the grieving family does not feel quite so isolated. If you don't have any close family members or friends who have died by suicide, then ask for help from parishioners who have lost someone. Many people who have experienced the suicide of a loved one are very willing to make visits, help clergy offer pastoral care, and companion others toward healing.

As pastoral leaders, we should also be aware of resources within our wider communities. For example, in the Chicago area, Fr. Charles T. Rubey founded a ministry called Loving Outreach to Survivors of Suicide (LOSS). LOSS ministry publishes a monthly email newsletter that has reflections and insights on living with a suicide loss. Fr. Rubey's chapter in this book discusses the LOSS program in more detail and provides specific ideas on how to accompany families who are grieving a suicide loss.

There are suicide support groups in many areas of the country. The American Foundation for Suicide Prevention (AFSP) website includes a page that lets a person search for a support group in their local community. In addition, parishes in many communities offer grief support groups where the grief that comes with suicide can be openly discussed and healing can be found.

To address the concern that the Church offers no support to those who experience loss by suicide, the third and fourth sections of this book contain information on how to support these individuals and families. The third section is a collection of essays by Catholic psychologists, and they provide insights into the psychology of suicide and how to support those who are grieving the suicide of a loved one. The fourth section includes stories from Catholic leaders who have worked in ministries that support individuals, families, and parish communities. In addition, appendices provide information on services, homilies on the topic of suicide, and additional resources for giving spiritual support.

PART I.

GRIEVING SUICIDE



Personal
Reflections
from Catholic
Leaders

1.

Share Your Story and Be Yourself

A MESSAGE FOR SIBLING
SURVIVORS OF SUICIDE LOSS

Bishop John Dolan
Diocese of San Diego

This is a message about losing a sibling through suicide. Although my experience is unique to me, and my surviving siblings have their own stories, there is one common thread that we as Christians all share. Our identity as Christians is the key to finding joy even in the midst of pain after the loss of a loved one through suicide.

It was the first day of my eighth-grade year when we buried my brother Tom. I was thirteen years old. The parish church of St. Mary Magdalene was packed with family, friends, and many of my classmates from the School of the Madeleine. It was a day for prayer and grieving. My brother, Tom Dolan, died in Chino State Prison by his own hand. He hanged himself.

MY FAMILY AND MY BROTHER TOM

Tom and I grew up in a large family; he was number five of nine children and I am number seven. We were a strong Catholic family living among equally large families in our neighborhood and, guided by our parents, we were all rooted in faith and community-oriented.

Tom was a handsome, talented, cheerful young man. He seemed to be self-directed and showed evidence of success in his future. He excelled in sports,

especially baseball, wrestling, bowling, and rock climbing. He was an artist. He loved art, playing guitar, and singing. Sadly, he also began to enjoy the party scene, which led him away from his first loves.

Soon after high school, Tom began to be more reclusive, hanging around with just a few of his drug friends. Even as a kid—I was in seventh grade when Tom was nineteen years old—I knew that he was hanging around with the wrong crowd. My parents were especially leery of one friend that Tom had invited to our house. It was clear that this friend, Scott, was going nowhere, and drugs seemed to be his only future path in life. For whatever reason, Tom seemed to lean in that direction as well. I had just returned from a Boy Scout trip when I learned that Tom and Scott were on the run from the law. My mom sat me down and explained what had occurred while I was away.

Apparently Tom and Scott had been drinking and using drugs. Whether on impulse or by plan, they decided to rob the house of our next-door neighbor. That same evening, my parents learned of the incident and attempted to confront Tom and Scott. Unfortunately, Tom held a gun—which belonged to Scott—and urged my parents to step out of the way. Shocked, but grateful that Tom (not Scott) was the one in possession of the gun, my parents stepped aside. My brother and his friend made a run for it and, along the way, managed to rob a store. After a few days, Tom and Scott were picked up, and after a few months Tom landed in Chino State Prison. I do not know what happened to Scott.

We are not entirely sure why Tom had taken such a turn for the worse in his later high school years. It could have been simply hanging around the wrong crowd. It could have been something else. In reality, my oldest brother, Steve, was being treated for mental health-related issues and had been just coming off a long series of drug use himself. Perhaps Tom was also beginning to show signs of mental illness.

After Tom landed in prison, our family went to Chino, California, to pay him a visit. I was elated to see my brother for the first time since before my Boy Scouts trip. He looked cleaned up. He showed true contrition, and he seemed to be mending his ways. My parents were especially happy to know that Tom had been visited by a Catholic priest chaplain. After our visit, Tom and I became pen pals. I looked up to him and truly loved him. I really believed that he was on his way to becoming the brother that I once knew and admired.

TOM'S DEATH AND OUR DEVASTATION

But then the horrible news came that Tom had hanged himself in his cell. What devastation! It did not seem possible! Just prior to his suicide, we were all blessed with the news that Tom's sentence was going to be reduced to just a few years. How could it be that this young man in his late teens could spiral so quickly? How was he able to show such signs of improvement and then allow this to occur?

A number of theories as to why Tom killed himself were floating in my mind. My first thought was that he was killed. But there was no evidence of foul play. Another thought was that he was abused in prison and he just couldn't take it. To this day, I still do not know why he hanged himself. All I know is that we were all devastated. I can still picture the pre-vigil, when my mother stared at Tom's body in the casket. My dad was staring at her as she gently touched Tom's body and began to weep. Then Dad began to cry. Soon all my siblings and I started up. That memory is deeply embedded in me.

I knew that my parents were devastated. I would often hear comments—and sometimes still do—that "my parents are strong, but they must be devastated to lose their child." Both are true. To lose a son is tragic. My parents never got over it. Even to this day, they rarely talk about Tom, unless they refer to happier days when our family was together camping, or singing around the piano, or gathered for evening supper.

BURYING OUR PAIN

My parents were born and raised in rural Iowa. They were unfamiliar with therapy and wary of psychology. They managed to move forward with trust in God and in each other. Outside of our common faith and family ties, counseling was not an option. And so my family buried our pain. We all tried to cope, but the pain would manifest itself in many ways. I witnessed among my siblings a loss of faith, hope, and love exhibited through excessive drinking, depression, and even another suicide. Trying to bottle their pain and sorrow, their lives showed signs of unrest. We were affected each in our own way.

As a thirteen-year-old boy, I was affected deeply by Tom's suicide, and my life took a sudden turn. My coming-of-age years, in which I should have discovered my identity and purpose, were stunted. Because of Tom's suicide I put finding my identity and purpose on hold as I witnessed the devastation in my family,

especially in the lives of my parents. Rather than just being me, I began to hold claim to a super-persona that looked like this:

Tom was a rock climber, so I took up rock climbing. Tom was a wrestler, so I took up wrestling. Tom was in a bowling league, so I joined a bowling league. In each case, I tried to reach beyond his level. I tried to do everything that Tom did, but even better. Of course, I would not use drugs. My parents deserved better. In a nutshell, I needed to save my parents. I needed to be the defender and savior of my family. Even in my Confirmation year—the same year of my brother's suicide—I knew I needed to be a soldier for Christ. In fact, I selected St. Michael the Archangel—soldier and defender—for my Confirmation name.

During my high school years, as I lived this super-life, I recall my dad telling me more than a few times to just be myself. I brushed it off and continued on my journey to be more than Tom. Not me, John—just more than Tom.

After my junior year in high school, I blew out both of my shoulders in a summer wrestling league. This set me into depression. I was excelling in the sport and bonding wonderfully with my teammates. It meant everything to me. When I was told that I could no longer wrestle, I was lost. I thought, "Where do I go now?"

After sitting idle for a while, and without a sense of purpose, I too began to show signs of depression. In my senior year I was falling behind in my assignments and my grades began to slip. I never attempted suicide, but I hoped for death. The only thing that kept me going was the knowledge that my parents did not deserve to lose another son.

Rather than living in this world of depression, I started getting involved in our parish youth group. There I found a new set of friends and I seemed to show some signs of leadership in the group. Even the parish priests took notice of me and began to inquire if I would consider becoming a priest. Of course, becoming a priest would fit well with my need to be a savior for my family. At that time, I never outwardly expressed a desire to be my brother Tom or to be a savior of the family. But, subconsciously, the intent was there.

After graduation from high school I entered St. Francis Seminary on the University of San Diego campus to begin studies for the priesthood. The first time I saw a psychologist was when I entered the seminary. It was a necessary part of the application process and, after only one follow-up meeting to a procedural battery of psychological tests, I was seen fit to enter the seminary. I recall my review including a concern about Tom's suicide and what effect it had on me. That was the only time I met a psychologist individually during my entire college career at St. Francis.

SURVIVING A SECOND SUICIDE

When I was nineteen years old, tragedy hit our family again. We had gathered for Thanksgiving dinner, the table was set, and we were waiting for my sister Therese and her husband, Joe, to arrive. Instead, the police showed up and told us the horrible news that Therese had hanged herself in a local canyon just hours earlier. Then the news got worse. The police officers told us that Joe was expected to tell my parents about my sister's death, but instead he died by suicide, having ended his life by asphyxiation in his car that same morning.

To this day, the particular reason for Therese's suicide is unclear to me. Apparently there was marital hardship. That Joe killed himself hours after Therese died by suicide would seem to back that up. He left his own suicide note for my parents, but I never had the opportunity to read it.

My sister Therese was a few years older than Tom. She was a kind person who had a beautiful smile. She was introverted and talented. Like Tom, she played guitar and was an up-and-coming graphic artist. I used to enjoy spending time in her room drawing and painting alongside her. She would give me tips on drawing faces. I remember her saying, "Begin with the eyes. The eyes express everything!" She excelled in her talents, earning a master's degree from the University of California San Diego and becoming an art instructor at a Catholic school.

Our family knew that Therese's marriage seemed strained from the beginning. I remember thinking that she seemed to be in a rush to have a wedding, but it was her life and she seemed happy. The family never quite took to Joe and, I believe, Therese knew that. Joe was in his forties, and Therese was still in her twenties. It was revealed later that Joe had been in prison, but Therese had only found out about his past after the wedding. I had heard from my parents that he was abusive toward my sister; I do not know how far the abuse went.

Though the specific motive for Therese's death is unclear, Therese was clearly distraught and, after Tom's suicide, she and others in our family had struggled with depression and suicidal thoughts.

TURNING AWAY HELP, COMPOUNDING MY PAIN

While this moment was obviously tragic for me, I managed to get through the Thanksgiving weekend and return to St. Francis the following Monday. Counseling was offered but not required. I turned down the offer and just pushed forward. Of course, I had managed to bottle up my pain. In fact, before the funeral of my