

# PASCAS CARE

## SUICIDE & UNCONSCIOUS GUILT



**“Peace And Spirit Creating Alternative Solutions”**

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We offer all contents in love and with the fullness of grace, which is intended to flow to readers who join us upon this fascinating journey throughout this incredible changing era we are all experiencing.

Living Feelings First, *John.*



***“Never can one man do more for another man than by making it known of the availability of the Feeling Healing process and Divine Love.” JD***

**SUICIDE:**

Talk given 28 Jun 09

www.divinetruth.com

**Daughter, 15, is threatening suicide.**

**The emotions in her, the suppressed emotions that she has not released, are certainly the creation of her parents. It is the amalgamation and it does not matter if she lives with her father or not. There is the amalgamation of those two sets of emotions that have entered her.**

**A person desires suicide for a number of reasons. The first reason is that they do not believe that they will continue to experience the same emotion when they pass. In other words, they have this belief that if they die what ever they are experiencing right now will disappear automatically. So they will be able to escape the emotion that they are currently in.**

**Now, that is not the truth. A person who commits suicide actually does not escape any emotions at all, and, in fact, they have one additional emotion added to their list of emotions that they have to process. That is, the avenue of taking their own life has its own Law of Compensation emotion attached to it.**

**The first thing that we need to do with any person contemplating suicide is to let them know that they are not going to escape their current emotional condition by suicide. Now, that in itself is a powerful thing to tell a person who is suiciding.**

**Even if they do commit suicide, after being told, they will remember those words.**

**The next thing that the suicide person is trying to do, if they are sincere about their desire to suicide, is that they are trying to avoid emotion. The whole reason why we choose to take the ultimate step of removing ourselves from this world is because we are trying to avoid the emotions we are experiencing in this world.**

**We need to start encouraging a person who is contemplating suicide to look at why they want to avoid their emotions so much. If we can help them to come to see that it is actually a desire to avoid certain emotions and that they can actually get help to deal with those emotions, they wont actually feel like that they need to die to get rid of the emotions. And of course we can continue to remind them that if they do die they still won't get rid of the emotions anyway.**

**The third thing that a person contemplating suicide is doing, if they tell us that they are contemplating suicide, is that they are actually trying to get an emotion satisfied inside of themselves of being recognised, and wanting attention. And this is a possibility. Usually a person contemplating suicide, who is really sincere about their contemplation of it, it is rare for them to talk to somebody about it. The usually just go ahead and do it.**

**The persons who talk about it first, generally want either the commiseration or your agreement that it is the best way out, which, offcourse, we can not give. Look at if this is one of the emotions the person is looking for or if it is that they just want to be noticed. They may just feel totally unnoticed and totally unrecognised or the like. If that is the case, then that is the set of emotions that they need to allow themselves to experience rather than contemplating suicide.**

Sometimes, contemplating suicide can be an excuse rather than an actual event or it can be a deep desire, driven by the desire to get away from one's emotional experience. Either case, the underlying causal / core emotion needs to be addressed.

So, the person would best be talking to some kind of psychiatrist, psychologist to start the process of if they feel challenged about doing it themselves or talking to the people they are upset about. In some cases the person contemplating suicide is doing it to contemplate punishing the people around them. So it would be lovely for them to be talking to the people around them as to why he/she wants to punish them and so forth. And then they start connecting to their emotions, and that is always going to be the way out for them.

Any person around you who is contemplating suicide, always tell them if they do it, this will be the situation. But also, if they do it and they pass, there will be spirits there wanting to assist them just like you want to assist them here on Earth but they will still not be able to avoid the emotion of it in the end.

28 Jun 09

Suicide

28 Jun 09

The causal / core emotions of the child contemplating suicide generally come from the mother and father, so that needs to be looked at by the mother and father.

Because the daughter is 15 years of age, by having the parents look at their emotions does not necessarily remove the contemplation to suicide by the daughter because when the person is at the age of taking self responsibility for themselves they may still go ahead and do something that you as a parent has worked through as an emotion about. The child has free will choice.

The emotions come from mum and dad, but usually the emotions are wanting to punish people, there is a lot of rage inside a person contemplating doing suicide. Lots of anger. And it is usually much suppressed, but there is usually lots of anger there. The key is to try and connect to that anger. They will probably get what the anger is about, and the anger will be a lot of about what mum has done and what dad has done, or what mum hasn't done and what dad hasn't done. And there will be emotions underneath that for them to work their way through, certainly.

But even if you do all of that, she may still contemplate suicide because she has her own free will.

### SUICIDE

Two sets of emotions, self-love – murdered their body.

What emotions caused them to do this?

- Must feel the emotion.
- Must face the emotion.
- Must long for the truth of one's emotions.



## SUICIDE

**Suicide is a very dark place.**

**Dealing with your own emotions will also help the suicide.**

**There is always a lot of help in the spirit world for suicides.**

**Still speak to him/her as though he/she was still here.**

**Suicide is generally due to a lack of love of self.**

**A person who suicides, generally goes through a few basic emotions. One of those emotions is that nobody cares for me. No one loves me. My life is a mess and it is never going to look any better than this.**

**The suicide chose to step off, but in the moment of choice, didn't want to make the choice. A lot of people who suicide have this exact same thing. A lot of people who suicide are motivated by others with the same kind of emotions. In the act, itself, want to undo the act, but often it is too late. Particularly for boys and men, because most men choose an act that is irreversible. Whereas most women choose an act that is less damaging.**

**He can actually have a fulfilled relationship in the spirit world. It would be very helpful for him/her to have a discussion with bright spirits in the spirit world about what is possible for him/her to experience. That will help him/her disconnect with people here on Earth.**

**After disconnecting, he/she can reconnect in a more loving manner.**

**Talk to him/her as though he/she was still here, alive.**

26 Jul 09



### SOME DAYS are BETTER than OTHERS:

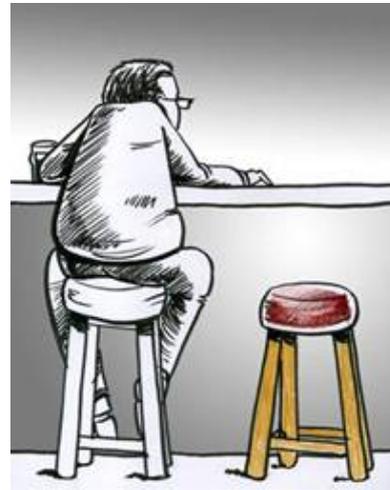
There I was sitting at the bar staring at my drink when a great huge, trouble-making biker steps up next to me, grabs my drink and gulps it down in one swig.

"Well, whatcha' gonna do about it?" he says, menacingly, as I burst into tears.

"Come on, man," the biker says, "I didn't think you'd CRY. I can't stand to see a man crying."

"This is the worst day of my life," I say. "I'm a complete failure. I was late to a meeting and my boss fired me. When I went to the parking lot, I found my car had been stolen and I don't have any insurance. I left my wallet in the cab I took home. I found my wife with another man and then my dog bit me."

"So I came to this bar to work up the courage to put an end to it all, I buy a drink, I drop a capsule in and sit here watching the poison dissolve; then you show up and drink the whole thing! But enough about me, how's your day going?"



<http://en.m.wikipedia.org/wiki/Suicide>

**Over one million people die by suicide every year.** The [World Health Organization](http://www.who.int) (WHO) estimates that it is the 13th leading cause of death worldwide and the National Safety Council rates it sixth in the United States. It is a leading cause of death among teenagers and adults under 35. The rate of suicide is far higher in men than in women, with males worldwide three to four times more likely to kill themselves than females. **There are an estimated 10 to 20 million non-fatal attempted suicides every year worldwide.**

[http://www.who.int/mental\\_health/prevention/suicide/suicideprevent/en/](http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/)

- Every year, **almost one million people die from suicide**; a "global" mortality rate of 16 per 100,000, or one death every 40 seconds.
- In the last 45 years suicide rates have increased by 60% worldwide. Suicide is among the three leading causes of death among those aged 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group; these figures do not include suicide attempts which are up to 20 times more frequent than completed suicide.
- Suicide worldwide is estimated to represent 1.8% of the total global burden of disease in 1998, and 2.4% in countries with market and former socialist economies in 2020.
- Although traditionally suicide rates have been highest among the male elderly, rates among young people have been increasing to such an extent that they are now the group at highest risk in a third of countries, in both developed and developing countries.
- Mental disorders (particularly depression and alcohol use disorders) are a major risk factor for suicide in Europe and North America; however, in Asian countries impulsiveness plays an important role. Suicide is complex with psychological, social, biological, cultural and environmental factors involved.

**WORRY or No WORRIES:****No Worries!**

All your worries, and by this I mean your causes of worry, may be taken from your conscious self if you will only seek for and obtain, which you certainly can do, this Love of the Father. It is astonishing how efficacious it is to cause the worries and troubles to disappear. They, as you may know, are very largely a matter of the mind and while in a certain sense they are real, yet the mind or its condition is the real cause of the realization of the worries.

And consider for a moment the fact that the indulging in these worries does not in one particular remove the material causes of the worry, and does not in any manner bring relief from the troubles. No matter how much you may allow your mind to dwell on these things, and how intensely you may worry, the cause, the material cause, remains. You may say, and it is natural to do so, that it is easy enough to advise that you should not let these inconvenient things cause you to worry, but when you come to the practical experience and are the sufferer from these conditions, it is not so easy to throw aside the effect of the troubles on the mind. Well, there is much truth in that, but notwithstanding, this Love that I tell you of, when living in the soul, will make even that effort easy to accomplish.

The philosophy of the phenomenon, if you may call it such, is that this Love is of such real substantial essence that it takes control of the mind and eliminates the consciousness of the reality of the causes of the worry. Now I do not want to be understood as intending to convey the idea that these material causes are not real, for I am not a Christian Scientist to that extent, but what I do mean is, that notwithstanding the real existence of these causes, the effects of this Love, and the faith that accompanies it, upon the mind which is the real cause of the worry is such that forgetfulness of these causes of worry takes the place of the constant indulging in the thoughts of their existence, and the unhappy consequence that must flow from them. The cause itself is not removed but the consciousness of their existence, for the time being, is dissipated, and to the mind that is thus influenced by the Love, these causes are, as if they were not. Of course, they are existing and facing you to some extent, but it will come to you that they are not so overwhelming and insurmountable as they would appear were this Love absent from the soul and its influence from the mind. And in addition to this, love and faith creates a confidence in the power of the Father and His willingness to help, that engenders courage, which enables the possessor of this confidence to overcome these causes of worry that he would not otherwise be able to do.



What I have said may be called the philosophy of the workings of this Love in its effective destruction of worry. But the great fact is that the Father does, as a truth, help the one who is in the condition of being possessed with this Love. His Love is real and His help is real, and the effect is to make the causes named things of unreality so far as the happiness of the object of this help is concerned. And as a truth, shown by the experience of mortals, a very large proportion of the worries and troubles that harass and cause so much unhappiness to mortals is a thing of the imagination and never realized.

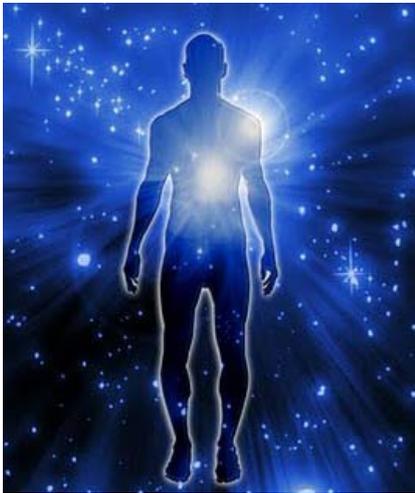
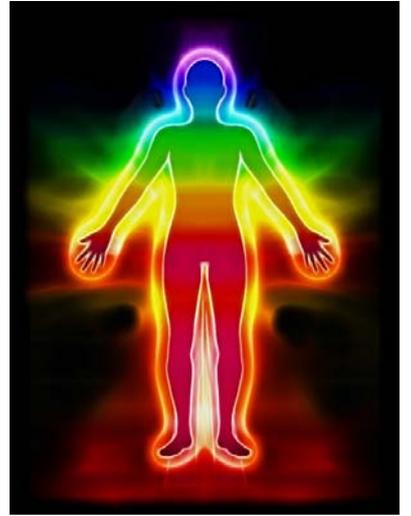
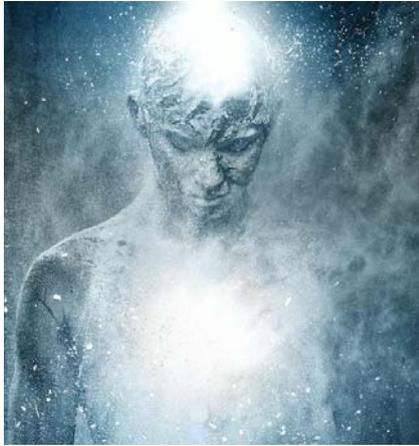


Ann Rollins – Celestial Spirit

9 January 1917

**Note:** Following the writings of James Moncrief, one could consider that any reference to the Father, by other relevant writers, may be read as a reference to ‘our Mother and Father’. Further, when considering soul healing, then reference to Divine Love could be referred to as ‘Feeling Healing with Divine Love’.

**SOUL CONDITION / EMOTIONAL HEALTH ENLIVENS with DIVINE LOVE:**



**Asking for and receiving our Heavenly Parents' energy of Divine Love slowly assists in dissolving and removing man's negative emotions and subsequently brings about a vibrant, radiant soul that emerges as an outgoing happy and loving living personality. With the God's Love, which is a substance, and embracing one's Feeling Healing one can progress from any dark and depressing situation to that with resilient faith bringing about a quality of life that is heaven on Earth.**



**SHINING TOWARD SPIRIT:**

P.139 by Zara Borthwick and Nicholas Arnold [www.lulu.com](http://www.lulu.com)  
14 November 2014 to 14 March 2015

**169. A spirit asks for help**

My name is Scarlet. I suicided deliberately, I was 22. I was miserable and lost in my human life. I have depression, I am a depressed spirit; can you help me?

Ok, I will speak to the bright spirit though I am a mere shadow, I am angry that my life is over. In fact, I don't know what I want.

A bright spirit is here with me. The other woman has moved aside, who just wrote with you. She seems content; I am all over the place! I have even tried to get out of this body I am in, but it sticks like glue.

I feel hopelessly lost, but I am a good person. I never hurt anyone except for myself.

My problem was that I saw only a blank future with fear and dread of my future, which would close in on me especially at night time. I had to escape it now I am here but it is still with me, even more so!

I will do as you say, and speak to one of the counsellors. I can't believe that I am still alive and my dread continues. I have no idea about love, I never experienced it as a person but I believe I am a good person.

You have helped me by allowing me to speak to you. I will ask for more guidance, it is a choice to help myself now so I will make it!

Bye.

**170. A helpful spirit writes**

There is a lot of love for this young person. Scarlet has only arrived here recently. I assisted her with her effort to communicate to you both (Nicholas and Zara). Scarlet has a good love though misguided, misplaced and misdirected. Don't worry; we will look after her as we do with all individuals who require assistance.

You could tell how emotionally disrupted she was. Individuals passing over to this environment generally have much to contend with. This time of entrance into the spirit world is a dramatic time for many people for such are the human causes that have brought them here at the ending of their life.

The spirit world is a beautiful place only that many people's arrival here is under less beautiful conditions, so to speak. We receive people from all diverse circumstances and a lot of these people are very upset when they awaken after their transition.

I will write again in a minute,  
Michelle.

**Note:** Following the writings of James Moncrief, one could consider that any reference to the Father, by other relevant writers, may be read as a reference to 'our Mother and Father'. Further, when considering soul healing, then reference to Divine Love could be referred to as 'Feeling Healing with Divine Love'.

## SUICIDE – HOW CAN WE ASSIST THOSE IN THIS DESPERATE NEED FOR HELP?

The following papers drawn together clearly outline mainstream understanding and approach to an issue that is profoundly difficult to assist in remedying.

We then go on and introduce metaphysical understandings which lead to greater understanding and help for those in this crisis.

Dr Sherry Rogers in *Depression Cured at Last* noted that some 80% of depression episodes have magnesium deficiencies. Also, deficiencies are rarely solo. And the most dreaded worsening of depression, culminates in suicide. Depression rarely exists alone. When depressed patients are finally diagnosed, these patients often have lack of energy or fatigue as a major part of their depression, in addition to anxiety or phobias or fears. The book, *Depression Cured at Last*, is essential reading.

Unconscious guilt is the underlying driver leading someone to consider suicide as their solution to their pain.

Our emotional pain is not only in the body, it's also in our spirit body mind, yes spirit body mind. So many professionals today treat depression as if it's just a chemical imbalance, which gives the message that it's simply a physical condition. Destroying the body will not destroy the pain. There may be a chemical imbalance, but deeper issues need to be addressed as well.

**PASCAS  
HEALTH**



**Feeling  
Healing with  
Divine Love is  
the key!**



# UNCONSCIOUS GUILT is a driver to SUICIDE!

## Previously Recognised Risk Factors

The first step in preventing suicide is to identify and understand the risk factors. A risk factor is anything that increases the likelihood that persons will harm themselves. However, risk factors are not necessarily causes. Research has identified the following risk factors for suicide (DHHS 1999):

- Previous suicide attempt(s).
- History of mental disorders, particularly depression.
- History of alcohol and substance abuse.
- Family history of suicide.
- Family history of child maltreatment.
- Feelings of hopelessness.
- Impulsive or aggressive tendencies.
- Barriers to accessing mental health treatment.
- Loss (relational, social, work, or financial).
- Physical illness.
- Easy access to lethal methods.
- Unwillingness to seek help because of the stigma attached to mental health and substance abuse disorders or suicidal thoughts.
- Cultural and religious beliefs—for instance, the belief that suicide is a noble resolution of a personal dilemma.
- Local epidemics of suicide.
- Isolation, a feeling of being cut off from other people.

## Protective Factors

Protective factors buffer people from the risks associated with suicide. A number of protective factors have been identified (DHHS 1999):

- Effective clinical care for mental, physical, and substance abuse disorders.
- Easy access to a variety of clinical interventions and support for help seeking.
- Family and community support.
- Support from ongoing medical and mental health care relationships.
- Skills in problem solving, conflict resolution, and non-violent handling of disputes.
- Cultural and religious beliefs that discourage suicide and support self-preservation instincts.

However, these platforms are not achieving the goals that are intended.



## **The ORIGINS of GUILT:**

Guilt can be seen as the price we pay when our behaviour violates some standard or belief we hold. As long as our behaviour is violating this standard, guilt will follow.

Very often, our standards are not very clear in our consciousness and we question our behaviour only in response to feelings of guilt and shame. Therefore, we might not be aware that our standards are unrealistically high. If we consciously observed our behaviour or put ourselves into the role of a compassionate friend we might not apply the same high standards.

**We may come from a family that encouraged us to feel overly responsible through blaming or finding fault whenever things went wrong. Super-responsibility may have been seen as an asset as we grew up. The down side is that throughout life, even a trivial infraction noticed by some authority figure (parents, teachers, employers, etc.) instilled in us a sense of failure, guilt, and diminished self-worth.** We developed an "Inner Critic" to protect ourselves by forestalling external criticism. Whenever our behaviour now violates a certain standard, we sink into a low state and feel guilty and worthless, instead of revising this standard or using our guilt experience for learning and improvement.

Another cause of guilt seems to have its origin in the "magical thinking" of early childhood. As infants we learn that when we have a need (for clean diapers, food, etc.), all we have to do is make a sound, and someone comes to fill our need. Therefore, we learn to believe in our own power, growing out of the reality that we are the "centre of the universe." This belief continues until our intellectual level (age six to nine) allows us to start understanding other cause and effect relationships in the world. We learn that we are not the cause, and therefore responsible, for everything that happens.

But some of us may have kept a certain remnant of magical thinking, like for example "to expect anything good will only bring bad," and vice versa. Even under the best circumstances most of us retain a bit of magical thinking that contributes to a sense of guilt, especially in response to a profound loss. "What did I do to cause this?" "What could I have done to prevent this?" These are reasonable questions for adults to be asking about their effect in the world. Whether or not they torment us and undermine our sense of worth may depend upon the degree of "magical thinking" we retain from our childhood.

Yet another cause of guilt is also connected with an "illusion of control." We would rather believe that certain events in our life are a result of wrongdoing than that they are caused by inevitable circumstances. The price we pay for this belief that we are in control is guilt.

## **Unconscious Guilt**

Unconscious guilt is the most difficult to deal with because we are not directly aware that we are feeling guilty. We may notice it indirectly when we feel defensive as we talk about something we have done. Projection is another way unconscious guilt can manifest itself. We project when we blame someone else for something that is related to our own action.

Unconscious guilt may lead to destructive behaviour such as alcoholism or working until we drop, etc.

These behaviours are a way of unconsciously saying, "I am guilty; therefore, I am unworthy and should be punished."

There is no need to suffer from unreasonable or even reasonable guilt. The following tools will help you conquer your guilt:

1. You first need to be fully aware that you feel guilty and recognize how you might act out unconscious guilt.
2. Then you need to identify, as clearly as possible, just what it is you believe you feel guilty of.
3. The next step is to ask yourself if your guilt is logical or not. This gives you a different perspective from which to view your actions. Ask yourself: "With the information and resources I had, did I do the best I could?" This kind of question may appear ridiculous with its obvious answer, but it helps you look at your own guilt in a true light. Many times, when we say our guilt out loud or write them down, we can hear or see the illogic of them.
4. Ask yourself, "What was my intention when I made the decision or action I feel guilty about?"
5. Examine your standards when they conflict with your behaviour. Look back at the behaviour you feel guilty about from the perspective of a compassionate, non-judgmental friend. Then see whether you would apply the same standard as before.
6. It might also be helpful to evaluate whether you may be carrying guilt or shame from your childhood that distorts your perspective now. If your standard seems too high, you need to tell your "Inner Critic" to back off and lower these standards.
7. If you are afraid to lower your standards of behaviour, you need to weigh out the pros and cons by asking yourself in each situation, "What do I stand to gain or lose if I lower them?"
8. If your standards seem clearly appropriate, you need to acknowledge that your guilt was reasonable. Now you can use your experience for learning and improving your behaviour.
9. Sometimes, the only answer is to ask for forgiveness from a person or from the Source Soul, God, your true Father. This helps you to forgive yourself.
10. With meditation or engaging in a spiritual activity (in keeping with your beliefs), you can learn to use the power of presence to create an inner atmosphere of acceptance. Ask for the Father's Love.

It takes time to resolve guilt. You may have to go through these steps over and over again.



## ***The Unconscious Need for Punishment: Expression or Evasion of the Sense of Guilt?\****

<http://www.yorku.ca/dcarveth/guilt.html>

Donald L. Carveth, Ph.D.

In the end we come to see that we are dealing with what may be called a 'moral' factor ... which is finding its satisfaction in the illness and refuses to give up the punishment of suffering. ... But as far as the patient / friend is concerned this sense of guilt is dumb; it does not tell him he is guilty; he does not feel guilty, he feels ill (Freud, 1923, pp. 49-50).

At the centre of the sickness of the psyche is a sickness of the spirit (one's spirit body mind). Contemporary psychoanalysis will have eventually to reckon with this Kierkegaardian point of view (Barrett, 1958, p. 170).

### ***Abstract***

In *Civilization and Its Discontents* and other writings, Freud equates the unconscious need for punishment expressed in various patterns of self-torment and self-sabotage with the unconscious sense of guilt. But there are cogent clinical and theoretical grounds for distinguishing between genuine guilt and the unconscious need for punishment that serves as a *guilt-substitute* the function of which is precisely to ward off an unbearable sense of guilt. Whereas guilt embodies the depressive anxiety and the capacity for concern for the other that characterize the depressive position and that motivate the desire to make reparation, the unconscious need for punishment reflects the narcissistic and sado-masochistic dynamics associated with the paranoid-schizoid position. The discontent Freud links with civilization is not a manifestation of guilt but of the self-torment resulting from its evasion. The enlarged capacity to experience and bear guilt that is a mark of civilization reflects the healing, not the deepening, of our cultural malaise.

### **I**

In the final section (VII) of *Civilization and Its Discontents*, Freud (1930) states that the primary intention of this work is "to represent the sense of guilt as the most important problem in the development of civilization and to show that the price we pay for our advance in civilization is a loss of happiness through the heightening of the sense of guilt" (p.134). It is the thesis of this paper that our discontent in civilization arises not through the heightening of the sense of guilt, but rather through the heightening of the unconscious need for punishment that defends *against* the sense of guilt. An advance in civilization through a heightening of the capacity to confront and bear guilt leads to a decrease, not an increase, in discontent. Genuine guilt, understood as depressive anxiety or concern, represents not the problem of civilization but its solution. It is the path toward genuine happiness and peace.

According to Freud (1930), "men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked," but are, on the contrary, "creatures among whose instinctual endowments is to be reckoned a powerful share of aggressiveness. ... *Homo homini lupus*. Who, in the

face of all his experience of life and of history, will have the courage to dispute this assertion?" (p.111). It follows that if the Hobbesian "war of each against all" in which life is, of necessity, "nasty, brutish and short" is to give way to civilized order, such "cruel aggressiveness," this "primary mutual hostility of human beings" (p.112), must in some way or another be inhibited. Freud offers us three options by which this may be achieved: repression, suppression and sublimation. Since most of us do not possess the strength of character for conscious suppression and self-mastery without self-deception, and lack the talent for much sublimation, the majority will be forced to fall back on repression, with the disguised return of the repressed that this inevitably entails. A major manifestation of the disguised return of our repressed aggressiveness is in the operations of the sadistic superego that retroflects id aggression away from the object world and against the ego. This results in diverse forms of self-punishment, the "moral masochism" Freud (1916) described in "the criminal from a sense of guilt," "those wrecked by success," and other self-sabotaging and self-tormenting character-types.

Freud (1930) was quite aware that the unconscious need for punishment resulting from such retroflected aggression often operates in people's lives without any accompanying conscious sense of guilt. But even where, as in some cases of obsessional neurosis, "the sense of guilt makes itself noisily heard in consciousness," on exploration it often turns out that the ostensible sins / errors of omission or commission with which it is consciously linked bear only the remotest connection to the true, unconscious sources of the guilt feeling—the true crimes, if you will, whether these be acts or merely wishes. In *The Ego and the Id*, Freud (1923) writes:

In certain forms of obsessional neurosis the sense of guilt is over-noisy but cannot justify itself to the ego. Consequently the patient's / friend's ego rebels against the imputation of guilt and seeks the physician's support in repudiating it. It would be folly to acquiesce in this, for to do so would have no effect. Analysis eventually shows that the super-ego is being influenced by processes that have remained unknown to the ego. It is possible to discover the repressed impulses which are really at the bottom of the sense of guilt. Thus in this case the super-ego knew more than the ego about the unconscious id (p.51).

While one may agree with Carroll (1985) regarding the limitations of psychology in approaching the domain of the spirit and the fallacy of Freud's reduction of religion *per se* to the categories of neurosis (pp. 225-6; see also Carveth, 1998; Forster & Carveth, 1999), his notion that, according to Freud and his followers, "you should do away with your guilt" (p.225) is as oversimplified as Freud's view of religion. While there is little doubt that "some psychotherapists feel that soothing the patient's superego is part of their job," attempting to "de-guilt" the patient / friend by suggesting "he or she has nothing to feel guilty about" (Carveth & Hantman, 2003, p. 470), this is a distortion of Freud's own stance and practice and that of those analysts who, following Freud, far from repudiating the patient's / friend's guilt seek to help him or her discover the unconscious impulses and phantasies that may justify it. In Freudian and Kleinian "soul-study," far from soothing the psyche or the self and dismissing guilt as unfounded, the analyst seeks to make conscious its unconscious, real or imagined, grounds.

## II

In *Civilization*, Freud (1930) writes, "in most other cases and forms of neurosis it [the sense of guilt] remains completely unconscious, without on that account producing any less important effects." "Our patients / friends do not believe us," he writes, "when we attribute an 'unconscious sense of guilt' to them.

In order to make ourselves at all intelligible to them, we tell them of an unconscious need for punishment, in which the sense of guilt finds expression" (p.135).

The fact that his patients / friends do not believe him when he attributes an unconscious sense of guilt to them does not trouble Freud. He gets around their objection by equating the unconscious sense of guilt with the unconscious need for punishment. The self-damaging or self-tormenting behaviours are observable and although at first patients / friends may be unconscious of the role they themselves are playing in bringing such suffering on themselves, they can often come to recognize their own unconscious agency in their misfortune when it is pointed out to them. Since Freud assumes self-punishing behaviour is driven by and a manifestation of guilt, and since conscious guilt is absent, he postulates the existence of unconscious guilt, equating this with the unconscious need for punishment.

Just as the sense of guilt or fear of the superego may not be conscious in the moral masochist, so "it is very conceivable," Freud (1930) writes, "that the sense of guilt produced by civilization is not perceived as such either, and remains to a large extent unconscious, or appears as a sort of *malaise*, a dissatisfaction, for which people seek other motivations" (p. 135-6). Here we are introduced to the important concept of the *guilt-substitute*. Just as the unconscious operations of the punitive superego that Freud equated with unconscious guilt may find expression in the patterns of self-punishment seen in manifold forms of masochism, so it may appear in various forms of *malaise*, dissatisfactions, discontents and mysterious neurotic afflictions, many of which appear to have little or nothing to do with issues of guilt, crime and punishment, but which may nevertheless be the work of the unconscious punitive superego.



Here I would include such conditions as Erikson's (1956) "identity diffusion" and the states of fragmentation and depletion of the self that Kohut (1971, 1978) described in the "self disorders" of the so-called "Tragic Man" that he claimed has replaced the "Guilty Man" of the Freudian era, as well as the "postmodern" hystero-paranoid syndromes discussed by Showalter (1997) and the present author (Carveth

& Hantman, 2003). Although these postmodern, narcissistic conditions of fragmentation, emptiness, boredom and irritability are nowadays widely conceptualized in terms of defect, deficit, failures of mentalization, etc., resulting from parental or "selfobject" failure, the fact is they are experienced as *tormenting* by those who suffer from them and, like more obvious forms of self-punishment, I believe they function as substitutes for, and defences against, guilt. In other words, the tragedy of "Tragic Man" has less to do with deficits in psychic structure *per se*, than with the latent ongoing self-annihilation, the manifest traces of which appear as defects in the ego or the structure of the self.

As we have seen, Freud equates such unconscious activities of the punitive superego with the unconscious sense of guilt. But as Freud (1924) himself recognizes in *The Economic Problem of Masochism*, there is a problem with this association:

Patients / friends do not easily believe us when we tell them about the **unconscious sense of guilt**. They know well enough by what torments--the pangs of conscience--a conscious sense of guilt, a consciousness of guilt, expresses itself, and they therefore cannot admit that they could harbour exactly analogous impulses in themselves without being in the least aware of them. We may, I think, to some extent meet their objection if we give up the term "unconscious sense of guilt," which is in any case psychologically incorrect, and speak instead of a "need for punishment," which covers the observed state of affairs just as aptly (p.166).

In the same essay, writing of the "negative therapeutic reaction," Freud (1924) places the adjective "unconscious" in inverted commas in referring to "patients to whom ... we are obliged to ascribe an 'unconscious' sense of guilt" (p.166). He does so because he recognizes as problematic the notion that a feeling or affect, as distinct from its associated ideation, could be unconscious. Only a few years later, in *Civilization*, Freud (1930) is struggling with the same issue. He associates the unconscious sense of guilt with fear of the superego and refers to this as an "unconscious anxiety" and continues "or, if we want to have a clearer psychological conscience, since anxiety is in the first instance simply a feeling, of possibilities of anxiety" (p.135). Strachey feels compelled to add a footnote here stating that "Feelings cannot properly be described as 'unconscious'" (p.135).

Without entering into the metapsychological complexities of the issue of whether affects or feelings or only their ideational correlates can be unconscious, it suffices for our purposes to indicate that Freud himself was uneasy with respect to his own notion of unconscious guilt. But this uneasiness had to do with the question as to whether an affect could properly be said to be unconscious, not with the equation of the **unconscious need for punishment with unconscious guilt**. *In the present essay I am less concerned with the question of whether the sense of guilt properly speaking (i.e., concern and the drive toward reparation) may be unconscious, than with the misleading equation of guilt, conscious or unconscious, with the need for punishment.*<sup>[2]</sup> Although Freud suggests we could "give up the term 'unconscious sense of guilt,' which is in any case psychologically incorrect, and speak instead of a 'need for punishment'" (p.166), he in fact does not do so. Instead, he continues to use these terms and concepts interchangeably with the unfortunate consequence that the role of self-punishment in the evasion of guilt, rather than as an expression of it, has been obscured.<sup>[3]</sup>

In attempting to de-link the concept of the unconscious need for punishment from the concept of guilt I am in no way seeking to cast doubt upon Freud's important discovery of the role of the former in

psychopathology. I am merely seeking to draw attention to the fact that equating the need for punishment with guilt obscures the former's primary defensive function: the *evasion* of guilt. Freud (1924) writes:

The satisfaction of this unconscious sense of guilt is perhaps the most powerful bastion in the subject's (usually composite) gain from illness--in the sum of forces which struggle against his recovery and refuse to surrender his state of illness. The suffering entailed by neuroses is precisely the factor that makes them valuable to the masochistic trend. It is instructive, too, to find, contrary to all theory and expectation, that a neurosis which has defied every therapeutic effort may vanish if the subject becomes involved in the misery of an unhappy marriage, or loses all his money, or develops a dangerous organic disease. In such instances one form of suffering has been replaced by another; and we see that all that mattered was that it should be possible to maintain a certain amount of suffering (p.166).

There is little doubt that the unconscious need for punishment and the unconscious operations of the punitive superego occupy a central place in psychopathology. But there are good clinical and theoretical grounds, some of which were even pointed out by Freud and Strachey, for regarding as quite justified the scepticism of the patients / friends to whom Freud (1924) refers who "do not easily believe us when we tell them about the unconscious sense of guilt" because "They know only too well by what torments--the pangs of conscience--a conscious sense of guilt, a consciousness of guilt, expresses itself ..." (p.166). Where an unconscious need for punishment exists the unconscious superego clearly regards the subject as culpable and, hence, as deserving of punishment. But to refer to this unconscious superego judgment and the self-punitive activity that results from it as "unconscious guilt" obscures the fact that its function is to foreclose the experience of genuine guilt as concern for and the drive to repair the damage done to the other.<sup>[4]</sup>

To view the unconscious superego activity resulting in self-punishment as guilt is to blur the crucial difference between the *subject's* self-torment and what Winnicott (1963) called "the capacity for concern" for the *object*. Unconscious self-punitive activity is narcissistic. Authentic guilt moves beyond narcissism toward object love. It only leads to theoretical confusion when we employ the same term to refer to such different realities as the narcissistic, paranoid-schizoid phenomena of self-torment on the one hand, and the object-oriented, depressive position phenomena of guilt and concern on the other.

Part of our difficulty here arises from an ambiguity contained in the single word "guilt" which can refer both to the ontological state of *being* or being judged to *be* guilty and the psychological or experiential state of *feeling* guilty. Someone who does not *feel* guilty may be judged by his own or another's superego to *be* guilty; sometimes someone judged to *be* guilty also *feels* guilty; occasionally someone who *feels* guilty turns out not to *be* guilty (though, more often, while not guilty of the charges of which he accuses himself, he turns out to be quite guilty of other crimes that are the real but hidden source of the guilt-feeling). Hence, when we encounter the term "unconscious guilt" we cannot, apart from context and often not even then, determine whether what is being referred to is a state of *being* guilty of which the subject is unaware, or a state of *feeling* guilty of which the subject is unconscious.

Like Freud and Strachey, I find the notion of *unconscious feeling* problematic. But the unconscious superego often judges someone to *be* guilty even though they do not consciously *feel* any guilt. I have no problem with the notion of *being guilty* but unconscious of this fact and unconscious of the fact that the superego considers one so: the superego finds one guilty but one does not *feel* guilty. My problem (and Freud's and Strachey's) is with the notion of a person unconsciously *feeling* guilty. Without *feeling* guilty

a subject's unconscious superego frequently judges him or her to *be* guilty. Frequently, instead of coming to *feel* guilty (whether such guilt is justified or not is another matter), the subject often unconsciously seeks punishment. Such self-punishment, I submit, serves as a defence against the process of becoming conscious of one's guilt and feeling guilty. The feeling of guilt that might accompany the state of being or being judged to be guilty is absent because this guilt-feeling is unbearable. Consequently, its development is short-circuited through mechanisms of self-torment, the pain of which is somehow preferable to unbearable guilt-feeling.<sup>[51]</sup>

I propose, then, that we reserve the term *guilt* for pangs of conscience that lead to reparation, as distinct from pangs that substitute for reparation, and stop confusing it with the unconscious patterns of self-torment and self-sabotage that Freud described. Although they do not challenge Freud's association of such behaviours with unconscious guilt, Reisenberg-Malcolm (1980) and, more recently, Safan-Gerard (1998) have shown how unconscious self-punishment, which the latter refers to as "expiation," (appeasement) serves to evade and defend against the experience of guilt and concern. Freud's equation of the unconscious need for punishment with unconscious guilt has obscured the defensive function of unconscious self-torment and its role in the chronic evasion of the mental suffering, depressive anxiety, guilt and remorse that must be confronted and contained in working-through the depressive position. Frequently, when the unconscious superego judges us guilty, we evade *feeling* guilty by going directly to self-punishment. Unfortunately, evading guilt-feeling in this way precludes the rational evaluation of such guilt that would enable us to decide whether to accept and make reparation for it, or reject it as irrational and ungrounded.

Ury (1998) has recently drawn attention to the contradiction in Freudian theory between its developmental affirmation of superego formation as a sign of maturity and its clinical recognition of the role of the superego in psychopathology. She writes:

There is a tendency in psychoanalytic literature to view the nature of guilt in two contradictory ways. The first is often found in the theoretically derived developmental premise of the tripartite structural model of intrapsychic differentiation, which states that unconscious guilt emerges from an internalized superego, which presupposes a structured and mature ego. An assumption follows that the "capacity for guilt" is a higher and more adaptive form of mental functioning: it is healthy, civilized, and mature, and equated with notions of repair and concern. It is also often interchanged with the concept of conscience. The second view of guilt is to be found in clinical formulations of pathology where the destructiveness of guilt in psychic functioning is highlighted, especially in relation to the sadism of the superego. Despite the observation that guilt is usually, if not always, associated with destructive pathology, the developmental framework that positions guilt as a mature affect is left intact. This contradiction begins with Freud, who suggested that guilt is not only the height of civilization, but also a deep-seated, intractable form of aggression ... (p.51).

Ury proposes to resolve this contradiction by distinguishing between guilt, as a superego function observed in pathological states of self-torment, and conscience as an ego function involving thought and anticipation of the consequences of our actions for others and ourselves. To my mind, there are two main problems with this proffered solution. First, it requires us to abandon our everyday association of guilt with normal and even healthy experiences of the voice and pangs of conscience--i.e., for what Grinberg (1964) calls depressive as distinct from persecutory guilt. Second, in excluding the operations of mature conscience from the experience of guilt and shrinking the latter to include only the operations of the

archaic, persecutory superego--i.e., the pathological states of self-torment that Grinberg calls persecutory guilt--Ury, like Grinberg, confirms Freud's association of such pathological self-punishment with guilt when, in my view, it frequently functions as a defence against unbearable guilt, i.e., as a guilt-substitute. I do not wish to surrender to the widespread inclination in our "culture of narcissism" to derogate guilt as pathology rather than recognize it as an essential component of maturity and mental and spiritual health.

The trouble with Grinberg's (1964) strategy of referring to two kinds of guilt, persecutory and depressive, is that it obscures the role of the former as a defence against the latter and, by associating guilt with self-persecution, concurs with its pathologization. Why is **guilt** at times so unbearable that it must be short-circuited through processes of **unconscious self-punishment**? I think the answer is that the subject, caught up in paranoid-schizoid splitting or polarization, feels it cannot admit of any wrongdoing or badness without being revealed as a poisonously all-bad object. In other words, at the root of the problem is a difficulty in self and object constancy, in holding both bad and good simultaneously, in being able to acknowledge the badness without forgetting the goodness and so achieving ambivalence. In the pre-ambivalent, paranoid-schizoid position, to admit of any imperfection is to reveal oneself as hopelessly defective.[6]

In the paranoid-schizoid position, the archaic, sadistic superego reigns. Whatever the surface effectiveness of the defensive denial, displacement or projection of blame, the archaic superego demands its pound of flesh in the form of the unconscious need for punishment (for parricidal, matricidal and fratricidal impulses) that Freud equated with unconscious guilt but that, in reality, is a consequence of guilt evasion. Far from colluding with such evasion, psychoanalysis works against it, both by making unconscious guilt conscious, and by reawakening conscience through analysis of the self-tormenting unconscious superego activities by means of which guilt is evaded. Because the need for punishment substitutes for and defends against genuine guilt, learning in analysis how to face and bear one's guilt (i.e., working through the depressive position) is the road to freedom from the grip of the unconscious need for punishment and for the soothing of the pain arising from self-torment. For, however effective on the surface, such soothing (whether derived from substances, "selfobjects," or other sources) cannot eradicate the savage god, the unconscious superego and its punitive operations. By blocking the development of mature guilt and reparation, such soothing strategies set up a vicious cycle: the superego is forced into the regressive channel of self-torment resulting only in an increased need for soothing.

### III

Although it is open to question whether the Judeo-Christian discourse of sin and redemption in and of itself made guilt more acknowledgeable and bearable by rendering it universal, at least that tradition drew attention to the inherent destructiveness of human nature in its central doctrine of man's fallenness, brokenness and sinfulness (error). It is a measure of his personal estrangement from the tradition of his father and his people that Freud (1933) could attribute resistance to recognition of the destructive element of human nature to religion. He writes (Lecture 32 of the New Introductory Lectures on Psychoanalysis):

We should probably have met with little resistance if we had wanted to ascribe an instinct with such an aim to animals. But to include it in the human constitution appears sacrilegious; it contradicts too many religious presumptions and social conventions. No, man must be naturally good or at least good-natured. If he occasionally shows himself brutal, violent or cruel, these are only passing disturbances of his

emotional life, for the most part provoked, or perhaps only consequences of the inexpedient social regulations which he has hitherto imposed on himself (pp.103-4).

Here Freud appears to have confused the Bible with Das Kapital or Rousseau's Social Contract and to have forgotten the central Biblical doctrine of the fall of man and the Judeo-Christian understanding of human nature as corrupted and of the essence of evil as man's sinful self-centeredness. Freud mistakenly blames religion for idealizing human nature because he does not wish to blame the secular, anti-religious, Enlightenment tradition with which he identifies, but that is the real source of the cultural denial, not of human destructiveness per se (which it often diagnosed brilliantly, especially in its socioeconomic forms), but of its deepest roots. One need not accept Freud's false naturalization and ultimate reductive biologization of such destructiveness to reject the environmental determinism that views it exclusively as the outcome of particular social arrangements. There is no need to deny the "surplus" destructiveness engendered by social conditions, nor to devalue social critique, in order to recognize as a viable alternative to both biologism and sociologism the psychoanalytic existentialism that views our "basic" destructiveness as imposed neither by biology nor society but as a manifestation of human narcissism (Carveth, 1996).

#### IV

As early as 1950, Erikson asserted that "The patient of today suffers most under the problem of what he should believe in and who he should--or, indeed, might--be or become; while the patient of early psychoanalysis suffered most under inhibitions which prevented him from being what and who he thought he knew he was" (Erikson, as quoted by Karen, 1992, p. 60). Thirteen years later, Marcuse (1963) argued that this shift entailed the growing obsolescence of the Freudian concept of man. He claimed that while Freud's theory had validly described the relatively structured personality of the modern era, it had grown increasingly irrelevant in a postmodern culture in which: "the 'individual' as the embodiment of ego, id and superego has become obsolescent in the social reality" (p.44) and in which a new personality type had emerged whose ego-identity is diffuse and shifting due to its lack of inner support from internalized values and ideals. In this situation, he observed, "the mediation between the self and the other gives way to immediate identification" while "the ego shrinks to such an extent that it seems no longer capable of sustaining itself, as a self, in distinction from id and superego" (p. 47).

By the mid-seventies, Kohut (1977) was arguing that classical psychoanalysis, in its focus upon conflict, repression and neurosis, amounted to a psychology of "Guilty Man" (pp. 132-33). It accurately reflected the society in which it arose, a society with sufficient normative integration to sustain a family life with enough coherence and stability to permit its offspring to develop the relatively well-structured or cohesive self and the internalized superego, ego-ideal and ego-identity that serve as a kind of gyroscope for the "inner-directed" (Riesman et al, 1950) personality of Freudian theory. However, like Marcuse, Kohut saw the emergence in our



The Dark Knight Sigmund Freud. Poster for TSS  
Evgeny Parfenov

postmodern era of an unstructured and "other-directed" personality whose ego-identity or "self" is fragmentary, diffuse and shifting, a "Tragic Man" who, in the relative absence of firmly internalized values and ideals, suffers from a sense of inner emptiness and disconnection that lead him to chronically and hungrily seek a self in the mirror constituted by significant others toward whose expectations and responses he develops a radar-like sensitivity.

Recently, Finlay de Monchy (1997) wrote as follows about what she calls (p. 9) "the post-modern, psychotic, non-subject":

Post-modernism refers to a body of theory about the subject and discourse, including the works of such thinkers as Foucault, Deleuze and Guattari, Blanchot, Lyotard, Baudrillard, etc. But post-modernism also refers to a set of cultural practices and discursive productions now commonly labelled "post-modern" and in the literature often likened to the psychical presentation of the psychotic. Post-modernism has been described in terms of culturally generalized psychosis. A few cultural examples: The emptying of the star of any personal identity is analogous to the depersonalization of the psychotic. We know nothing of the personal lives of the members of ABBA, a very different approach to the star than the pages of gossip about personal lives that fill the traditional "Hollywood" popular press. This depersonalization is perhaps best exemplified in the title of the rock group, "Talking Heads." No identities, no subjective substance, just a thing out of which flows discourse, the new post-modern non-subject. Rather than considering the subject to be some sort of totalizable unity, the post-modern creature is a kind of universalized "bad object" in the Kleinian sense of the term. The lead singer of the "Sex Pistols" calls himself "Johnny Rotten." Rock groups, even in their performances, go to great measure to eradicate the subject as the source and amplification of sound. "Kraftwerk"--factory work--presents a concert in which the members of the group do not appear on stage, merely tend the computers from behind the scene. This production is likeable to the "Disembodied eye" of the psychotic subject that has no continuity in time and place and exists nowhere; the habit of jet-setting, so well practiced by post-modern theorists as well, being yet another manifestation of an individual who exists nowhere, unpositioned as a subject in time and space. Subjects don't exist, rather personae are manufactured for a temporary experience and then remade for another set of desires and experiences, a bit like being made up cosmetically (pp. 5-6).

Despite widespread agreement among social scientists and psychoanalysts regarding such psychosocial shifts, I believe they have more to do with the manifest forms and expressions of character and psychopathology than with their latent dynamics. It is often claimed that in today's "culture of narcissism" (Lasch, 1979) analysands seldom present with the defined psychoneurotic symptoms characteristic of the patients of Freud's day. But if we look more closely we are usually able to find a myriad of hysterical and obsessional manifestations in our contemporaries and, in any case, the patients Freud regarded as oedipal-level neurotics look highly narcissistic, borderline and even psychotic by current diagnostic standards. Nevertheless, it seems to be the case that in contemporary society manifest symptomatology has shifted toward the subjective states of emptiness, detachment, painful social isolation and unrelatedness, fragmentation anxiety, narcissistic self-obsession and the various newer forms of hysteria (chronic fatigue syndrome, fibromyalgia syndrome, multiple chemical sensitivity, environmental illness, dissociative identity disorder, the "alternative health" obsession with internal pollutants and parasitic infestation, etc.) some of which Showalter (1997) calls *Hystories* and that I (Carveth & Hantman, 2003) consider variants of an *hystero-paranoid syndrome*. But despite such manifest changes, on the latent level psychodynamic processes with which we have long been familiar, especially the unconscious operations of the persecutory superego, still obtain in these conditions. Although they arise from guilt-evasion, in

much contemporary post-Freudian and post-Kleinian (i.e., guilt-evading) psychoanalysis, which even now is not the only kind of psychoanalysis, they are more likely to be conceptualized in terms of deficit than in those of conflict and defence.

This is not the place to discuss the complex technical issues involved in the clinical handling of these problems. Suffice it to say that persons suffering from a persecutory superego are all too ready to hear its confrontation and interpretation as accusation or attack and to flee from or, alternately, submit to and even be gratified in being, as they imagine, attacked in this way. But the fact that the sadistic superego can turn interpretations of the sadistic superego to its own purposes does not mean that the sadistic superego does not exist or need, eventually, to be interpreted. It merely means that it must be approached tactfully, skilfully and strategically. It is here that respect for patients' resistances is most important. Such patients have good reasons for **evading guilt by resorting automatically to self-torment**: fixed in the paranoid-schizoid position as they are, **any admission of fault appears to confront them with a traumatic and unbearable sense of badness, inadequacy and shame.**

## V

**While it is true that no one can feel guilt about the damage one has done or wished to do to others without simultaneously feeling ashamed of the fact that one is the sort of person who has done or wished to do such damage, the reverse does not follow.** It is possible to experience shame without guilt—that is, to be so self-obsessed that one loses sight of the object altogether except as a mirror or audience or resource for the self. In this sense, while it may be incorrect to say that guilt is a more mature emotion than shame—in that mature people continue to experience both—it is certainly true that the person who can experience guilt is more mature than the person who can experience only shame. In such a mature person, despite shame for the self, concern for the object (i.e., guilt) is maintained. On the more primitive level of Klein's paranoid-schizoid position one may experience predominantly shame—one can be suffused with shame without having to cease one's self-obsession long enough to feel any concern for the object. If, as the old saying has it, the superego is soluble in alcohol, then in narcissism it may be liquidated altogether. On the other hand, one may mature to the point of becoming ashamed of one's narcissism and incapacity to experience guilt. This is perhaps a turning point initiating an advance to a level of object-relating, Klein's depressive position, at which "the capacity for concern" (Winnicott, 1963) is finally achieved.

This is not to say that guilt may not seem at times to be a defence against shame, as Fairbairn (1952) recognized in describing "the moral defence" in which the **unloved child attempts to escape traumatic helplessness through the illusion of control afforded by blaming the self for the parental failure to love.** In order to escape intolerable shame in the face of one's unmet needs and one's helpless dependence on others who cannot be controlled, one resorts to an illusion of guilt which at least moves the trauma into the field of one's own (defensive) omnipotence. There is no doubt that this mechanism exists and is important in psychopathology. But, far from constituting an argument for reducing guilt to an underlying shame, it merely points to a spurious or false guilt. For such "guilt" that exists to escape a painful state of shame is entirely narcissistic: it reflects no genuine sense of concern for the object; its function is purely defensive. The very idea that the phenomenon of human guilt could be reduced to such pseudo-guilt and in this way made subordinate to shame is itself a symptom of a widespread desperation to somehow find a way to sidestep the real guilt that is an inevitable part of mature object-relations. The motive for this wish to reduce guilt to shame is simply the wish to continue to forget the superego, to continue to live in a

culture of narcissism, with a "psychology of the self" that evades concern for the object and rejects as a "health and maturity morality" (Kohut, 1979, p.12) the developmental demand that we move beyond issues of shame and the self and take up the cross of object-relating and the inevitable struggles with guilt that such relating entails.

Towards the end of his perceptive essay on shame, Karen (1992) writes of a patient whom he says wants to know "the real me" but is afraid to find out. She is afraid to face "the shameful fact that she is a shrew to her husband and children ... [and suffers from] the desperate fear that she will be found in the wrong" (p.69). In other words, overwhelming shame, itself a symptom of pathological narcissism, prevents her from being able to acknowledge her guilt. Karen goes on to explain the narcissistic basis of this flight from or inability to experience guilt: "To stop running and experience the shame is to give herself a chance to recognize that being in the wrong for acting like a shrew does not mean that her husband isn't also in the wrong in his way, nor does it make her into a poisonously deformed and unlovable thing" (p.69). In other words, it requires a certain level of self-esteem and a certain cohesion or constancy of the self to be able to acknowledge guilt without feeling totally annihilated—that is, without regressing from the depressive position of guilt and concern to the paranoid-schizoid sense of the self as all-bad.

According to Karen, "Putting shame into words with a trusted companion enables one to step outside it—it no longer seems to permeate one's entire being—and allows some self-forgiveness to emerge" (p.70). This, he suggests, is what used to be accomplished, to some degree, in the days when the Judeo-Christian discourse of sin and redemption was still culturally available and when, every Sabbath, in the company of an entire congregation, one confessed one's sins and accepted forgiveness for them and acceptance back into the community of the faithful. "In medieval Christendom," he writes, "the belief that all people were sinners ... used this sense of universal defect to bind the community ... and ... to drain off some shame that might otherwise have become individual and narcissistic. From our distant perspective in a diametrically different world, we can only imagine how comforting it might have been to know that one was not alone in one's flaws and vulnerabilities, to feel assured of one's place despite everything, to be confident that all were equal in God's eyes" (p.70).

However appealing such sociohistorical speculation may be, especially for those who wish to re-valorize a culturally marginalized Judeo-Christian discourse of sin and redemption, it must be pointed out that such beliefs and practices, however useful they may have been to those already struggling to work through depressive anxieties, seem to have been of limited use in helping those caught up in schizoid and paranoid processes to overcome the sadomasochism, scapegoating, magical thinking and other individual and collective forms of destructiveness that have been far from absent in ages and communities of faith. Carroll (1985) describes the typical man of the Middle Ages as "violent, immoderate, perceiving the world in childlike extremes, his mind inhabited by a phantasmagoria of devils and angels, ghosts and holy relics" (p. 97) and states that "The disposition of medieval man was that of the delinquent. It was violent and impulsive, without capacity for restraint or moderation. Tempestuous uninhibited passion was never far from the surface. Everything was in extreme, of the cruelest punishment one moment, mercy the next, barbarism giving way to copious weeping" (p. 102). In calling for the reculturing of guilt and the provision of cultural forms for its expression, we must keep in mind this disjunction between the level of cultural discourse on the one hand and that of the actual experience and psychic functioning of individuals and groups on the other.

Without denying the role of broader social processes in shaping the familial and childhood experiences that structure character and disposition, it seems to me that **guilt is and always has been hard to bear and guilt-evasion is and always has been prevalent**. Aside from the sociocultural factors that shape and channel guilt, the forms taken by guilt-evasion vary as different cultures and historical periods offer differing versions of what Shorter (1992) has called the "legitimate symptom-pool" (p.x). If one culture legitimates hysterical paralyzes and compulsions, another recognizes multiple personality disorder and environmental illness. The guilty subject who cannot bear feeling guilty will evade guilt-feeling one way or another.

"A person will spend his whole life writhing in the clutches of the superficial, psychological symptoms of guilt unless he learns to speak its true language" (Carroll, 1985, p.15). One of such superficial psychological symptoms is the manifestly absent subjectivity of the so-called "postmodern psychotic non-subject." The challenge facing this self-evading subject is that of recognizing it is a subject after all and, like all culpable subjects, of facing and bearing its guilt, integrating as a part of the tragic dimension of human existence the reality of our primordial ambivalence, and accepting as an aspect of "common human unhappiness" the need to shoulder the burden of responsibility to make reparation and to change that genuinely facing our guilt entails. Facing and bearing guilt opens the path toward restoration of a sense of inner goodness through reparative processes mediating identification with resurrected, surviving, good and forgiving internal objects. If advance in civilization entails an increased capacity to confront and bear guilt, then a first step may be to learn to speak its true language, not least by ceasing to confuse it with the self-torment that represents its evasion.

### Notes

\* This is a substantially revised version of a paper originally presented at an International symposium on Freud's *Civilization and Its Discontents*, McMaster University, Hamilton, Ontario, September 1999, and that subsequently appeared in *Psychoanalytic Studies* 3, 1 (March 2001): 9-21.

<sup>[2]</sup> I think true guilt or concern may be temporarily repressed, but if its repression is at all extended it rather quickly ceases to be guilt at all—that is, its repression represents the beginning of a regression in which the superego resorts to self-punishment as a substitute for and a defense against guilt.

<sup>[3]</sup> Although in principle it should be possible to punish oneself and simultaneously make reparation to the other, there seems to be a tendency, as described in Freud's (1914) U-tube theory, to invest either in narcissism or object love, to attend to the wounded other or allow him to bleed while self-flagellating instead of bandaging. Perhaps this is another instance of the question as to whether paranoid-schizoid and depressive dynamics can operate simultaneously or necessarily oscillate.

<sup>[4]</sup> When Freud refers to the "torments--the pangs of conscience" by which "a conscious sense of guilt, a consciousness of guilt, expresses itself" (p. 166), one wonders whether such pangs represent authentic guilt or the self-torment that so often defends against it. Experiencing the pangs of conscience either initiates reparative efforts that tend to reduce self-torment by restoring some positive self-esteem, or leads to chronic, conscious or unconscious, self-punishment. In my view, bearing guilt does not mean suffering perpetual pangs, but acknowledging and seeking insofar as possible to repair the damage done, in this way restoring one's good objects and one's self-esteem, yet living in the awareness of the badness that inevitably accompanies one's goodness.

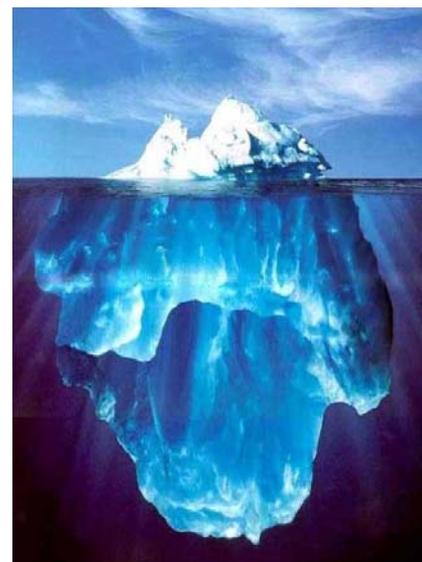
<sup>[5]</sup> Painful pangs of conscience can either lead to constructive reparative activity or substitute for it. In the latter case, self-torment replaces guilt. I am defining guilt in terms of its consequences. By its fruits you shall know it. If it results in reparation toward the object, it is guilt. If it results in self-torment it is not.

<sup>[6]</sup> This inability to be bad while at the same time being good—not needing to be all-good as the only alternative to being all-bad—interferes with the subject’s enjoyment of the pleasures of playful transgression and leads to a flattening, an impoverishment, in the domain of sexual and other forms of play and creativity. As Stoller (1974) and Kernberg (1991) have both emphasized, “Sadomasochism, an ingredient of infantile sexuality, is an essential part of normal sexual functioning and love relations, and of the very nature of sexual excitement”—as are “bisexual identifications, the desire to transgress oedipal prohibitions and the secretiveness of the primal scene, and to violate the boundaries of a teasing and withholding object” (Kernberg, 1991, p.333).

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**“Every day is a day of devotion.”**

**Please Mother and Father, may I receive Your LOVE.**

**God's Divine Love: Pray for it, ask for it, and receive it.**

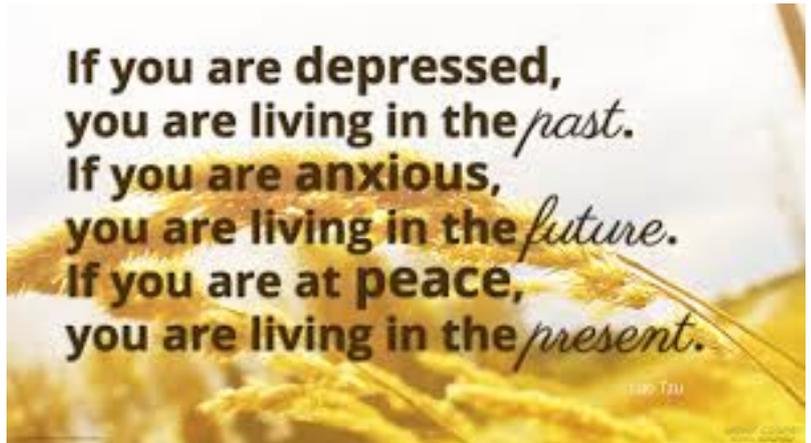
**Our salvation IS the embracing of Feeling Healing process and Divine Love.**

**By living true to ourselves, true to our feelings, we are living true to God. It's that simple.**

**ERROR, LOVE and TRUTH:**

Shining Toward Spirit by Zara Borthwich and Nicholas Arnold  
 Message 417 14 Nov 2014 to 14 Mar 2015

In a human and a spirit's experience of their memories, memory represents the past. There is a short-term memory and long-term memory. Memory is memory for people to process experience in terms of past, present and future. **The brain and the spirit-mind store these memories and these memories can be recalled visually.** These visual experiences are forms of energy that can have an emotional impact upon the individual. The one word that defines convergence of memory with past, present and future is the word relationship. People and spirits relate with their memories in terms of relationships. When a person or spirit begins their receipt of Divine Love, a new relationship is being formed, a relationship with the Soul, the Father and new experiences in this relationship create and form new memories that in one's future will reveal a timeline of experience of how this relationship began and the experiences lived. Celestial spirits can recall their memories of their experiences that have defined their relationship with the Father.



When we look at the expression 'soul condition', we are looking at a soul relationship and the condition that one's soul is in, that condition will reveal the kind of relationships one has with one's self, their past and present relationships.

In a relationship with the Father involving the Divine Love, the soul condition begins to change. Any memories that are disharmonious in one's relationship with their past, will be streamlined into the present so that one can learn how to forgive any such memory that resulted in a degradation of their natural love.

People and spirits are finite. Even when we include the Divine Love that originates from an infinite Source of energy, we, as personalities, remain finite. Our memories are finite. To perfect one's natural love is a finite experience and there is not an infinite number of ways or causes that have shaped one's soul condition to be less than perfect in its natural love. To perfect the soul requires one to isolate all the effects from their memories down to a single finite cause. This may sound a vast thing to do, but upon careful reflection and sensitive observation, gradually a perception can be realised that can pinpoint a single finite cause that has resulted in disharmonious way of living, that has formed memories of this past carried into one's present and future.

To highlight and illustrate this example I will utilise the resource of spirits who are about to enter the Celestial Heaven. In their receipt of the Love and with gradual observation their awareness is with the insight that due to a single finite cause, this cause has affected their soul condition. There are only a small number of finite causes and you can count them on one hand. Nearly every spirit upon entering the Celestial Heaven will be able to clearly state that a single finite cause to disharmony of one's natural love was one of a lack of self-worth; or a lack of self-acceptance; or arrogance and pride; or self-loathing and

hatred; and a lack of self-awareness. Just about every other aspect on why one has an imperfection in their natural love is due to an extension of one of these traits and all these traits that I have mentioned relate back to one single finite Truth, which in its cause is a **lack of self-love**. The lack of self-love by example to one's self is the cause, the root cause, on why there is so much fear within individuals, the human world and the lowest spheres in the spirit world. The individual will have a memory that describes how this lack of self-love appears and many people deny this existence of the lack of self-love within themselves because it hurts too much to see it.

When we look at perfect natural love in a perfect mortal finite soul, we will not see an image of a soul with an inability to love one's self. Self-love is very significant and must be distinguished as being different than self-serving! When you listen to spirits who have isolated their root cause, which has resulted from their **lack of self-love** their way to free themselves of this self imposed condition is with the Truth of unconditional acceptance and forgiveness of one's self for being so out of love within one's self that has caused one's soul condition to live in a disharmonious manner.

Your friend and teacher, Tristan

### LACK of SELF- LOVE:

- A composite of:**
- a. lack of self-worth
  - b. lack of self-acceptance
  - c. arrogance and pride
  - d. self-loath and hatred
  - e. lack of self-awareness.

**Why one has imperfection in their natural love is due to an extension of one of these traits, and all these traits relate back to one single finite Truth, which in its cause is a lack of self-love. The lack of self-love to one's self is the cause, the root cause, on why there is so much fear within individuals, the human world and the lowest spheres in the spirit world. The individual will have a memory that describes how this lack of self-love appears and many people deny this existence of the lack of self-love within themselves because it hurts too much to see it.**



**Feelings first**

**LIVE FEELINGS FIRST**

**FEELINGS FIRST For Kids**

**“I love you Father.” “Let the Divine Love proclaim its energy into my soul.”**

**“Mother and Father, I desire your Love and I am loving you.”**

**“Soul God, I love you and I love receiving and experiencing your Divine Love.”**

**Try it; give the Love a go! If you want to shine, receive the Love.**

**One can simply receive the Love without following any religious or spiritual teaching taught by man!**

**Our perfect soul is founded on natural love. Our soul may become encased / encrusted in error bringing about lack of self love.**

**To dissolve the errors encrusting our perfect soul, ask for and receive the Love from our Mother and Father, that ultimate high octane super fuel, to transform our soul into that which is Divine.**

**Feeling Healing with our Mother and Father’s Divine Love will slowly dissolve those encrusting errors and bring about a perfection of one’s natural love. Slowly but surely, with the Divine Love, our soul’s condition will grow and grow. With the Love this will fit one to enter the Celestial Heavens, and beyond, being in the love of all that surpasses man’s imagination. Try the experiment.**



**Our Mother and Father simply desire for us to ask for Their Love.**

**Note:** Following the writings of James Moncrief, one could consider that any reference to the Father, by other relevant writers, may be read as a reference to ‘our Mother and Father’. Further, when considering soul healing, then reference to Divine Love could be referred to as ‘Feeling Healing with Divine Love’.

**TEEN SUICIDE:**

[http://www.kidshealth.org/teen/your\\_mind/mental\\_health/suicide.html](http://www.kidshealth.org/teen/your_mind/mental_health/suicide.html)

Ethan felt like there was no point going on with life. Things had been tough since his mom died. His dad was working two jobs and seemed frazzled and angry most of the time. Whenever he and Ethan talked, it usually ended in yelling.

Ethan had just found out he'd failed a math test, and he was afraid of how mad and disappointed his dad would be. In the past, he always talked things over with his girlfriend — the only person who seemed to understand. But they'd broken up the week before, and now Ethan felt he had nowhere to turn.

Ethan knew where his dad kept his guns. But as he was unlocking the cabinet, he heard his kid sister arriving home from school. He didn't want Grace to be the person to find him, so he put the gun back and went to watch TV with her instead. Later, when he realized how close he'd come to ending his life, Ethan was terrified. He summoned the courage to talk to his dad. After a long conversation, he realized how much his dad cared. All he could think of was how he'd almost thrown it all away.

**Why Do Teens Try to Kill Themselves?**

Most teens interviewed after making a suicide attempt say that they did it because they were trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings. Like Ethan, they didn't want to die as much as they wanted to escape from what was going on. And at that particular moment dying seemed like the only way out.

Some people who end their lives or attempt suicide might be trying to escape feelings of rejection, hurt, or loss. Others might be angry, ashamed, or guilty about something. Some people may be worried about disappointing friends or family members. And some may feel unwanted, unloved, victimized, or like they're a burden to others.

We all feel overwhelmed by difficult emotions or situations sometimes. But most people get through it or can put their problems in perspective and find a way to carry on with determination and hope. So why does one person try suicide when another person in the same tough situation does not? What makes some people more resilient (better able to deal with life's setbacks and difficulties) than others? What makes a person unable to see another way out of a bad situation besides ending his or her life?

The answer to those questions lies in the fact that most people who commit suicide have depression.

**Depression**

Depression leads people to focus mostly on failures and disappointments, to emphasize the negative side of their situations, and to downplay their own capabilities or worth. Someone with severe depression is unable to see the possibility of a good outcome and may believe they will never be happy or things will never go right for them again.

Depression affects a person's thoughts in such a way that the person doesn't see when a problem can be overcome. It's as if the depression puts a filter on the person's thinking that distorts things. That's why

depressed people don't realize that suicide is a permanent solution to a temporary problem in the same way that other people do. A teen with depression may feel like there's no other way out of problems, no other escape from emotional pain, or no other way to communicate their desperate unhappiness.

Sometimes people who feel suicidal may not even realize they are depressed. They are unaware that it is the depression — not the situation — that's influencing them to see things in a "there's no way out," "it will never get better," "there's nothing I can do" kind of way.

When depression lifts because a person gets the proper therapy or treatment, the distorted thinking is cleared. The person can find pleasure, energy, and hope again. But while someone is seriously depressed, suicidal thinking is a real concern.

People with a condition called bipolar disorder are also more at risk for suicide because their condition can cause them to go through times when they are extremely depressed as well as times when they have abnormally high or frantic energy (called mania or manic). Both of these extreme phases of bipolar disorder affect and distort a person's mood, outlook, and judgment. For people with this condition, it can be a challenge to keep problems in perspective and act with good judgment.

### Substance Abuse

Teens with alcohol and drug problems are also more at risk for suicidal thinking and behaviour. Alcohol and some drugs have depressive effects on the brain. Misuse of these substances can bring on serious depression. That's especially true for some teens who already have a tendency to depression because of their biology, family history, or other life stressors.

The problem can be made worse because many people who are depressed turn to alcohol or drugs as an escape. But they may not realize that the depressive effects alcohol and drugs have on the brain can actually intensify depression in the long run.

In addition to their depressive effects, alcohol and drugs alter a person's judgment. They interfere with the ability to assess risk, make good choices, and think of solutions to problems. Many suicide attempts occur when a person is under the influence of alcohol or drugs.

This doesn't mean that everyone who is depressed or who has an alcohol or drug problem will try to kill themselves, of course. But these conditions — especially both together — increase a person's risk for suicide.

### Suicide Is Not Always Planned

Sometimes a depressed person plans a suicide in advance. Many times, though, suicide attempts happen impulsively, in a moment of feeling desperately upset. A situation like a breakup, a big fight with a parent,



Unfortunately, teens are vulnerable to depression. That's because hormones and sleep cycles, which both change dramatically during adolescence, can affect mood. The good news is that depression is treatable - most teens get better with the right help.



Girls attempt suicide more often than guys, but guys are about four times more likely to succeed when they try to kill themselves. This is because guys tend to use more deadly methods, like guns or hanging. More than half of all suicide deaths involve a gun.

an unintended pregnancy, being outed by someone else, or being victimized in any way can cause someone to feel desperately upset. Often, a situation like this, on top of an existing depression, acts like the final straw.

Some people who attempt suicide mean to die and some don't. For some, a suicide attempt is a way to express deep emotional pain. They can't say how they feel, so, for them, attempting suicide feels like the only way to get their message across. Sadly, even when a suicide attempt is a cry for help and the person doesn't mean to die, there's no way to control it. Many people who really didn't mean to kill themselves end up dead or critically ill.

### **Warning Signs**

There are often signs that someone may be thinking about or planning a suicide attempt. Here are some of them:

- talking about suicide or death in general
- talking about "going away"
- referring to things they "won't be needing," and giving away possessions
- talking about feeling hopeless or feeling guilty
- pulling away from friends or family and losing the desire to go out
- having no desire to take part in favourite things or activities
- having trouble concentrating or thinking clearly
- experiencing changes in eating or sleeping habits
- engaging in self-destructive behaviour (drinking alcohol, taking drugs, or cutting, for example)

### **What if This Is You?**

If you have been thinking about suicide, get help right away. Depression is powerful. You can't wait and hope that your mood might improve. When a person has been feeling down for a long time, it's hard to step back and be objective.

Talk to someone you trust as soon as you can. If you can't talk to a parent, talk to a coach, a relative, a school counsellor, a religious leader, or a teacher. Call a suicide crisis line (such as 1-800-SUICIDE or 1-800-999-9999 ) or your local emergency number (911). These toll-free lines are staffed 24 hours a day, 7 days a week by trained professionals who can help you without ever knowing your name or seeing your face. All calls are confidential — no one you know will find out that you've called. They are there to help you figure out how to work through tough situations.

### **What if it's Someone You Know?**

It is always a good thing to start a conversation with someone you think may be considering suicide. It allows you to get help for the person, and just talking about it may help the person to feel less alone and more cared about and understood.

Talking things through may also give the person an opportunity to consider other solutions to problems. Most of the time, people who are considering suicide are willing to talk if someone asks them out of

concern and care. Because people who are depressed are not as able to see answers as well as others, it can help to have someone work with them in coming up with at least one other way out of a bad situation.

Even if a friend or classmate swears you to secrecy, you must get help as soon as possible — your friend's life could depend on it. Someone who is seriously thinking about suicide may have sunk so deeply into an emotional hole that the person could be unable to recognize that he or she needs help. Tell an adult you trust as soon as possible.

If necessary, you can also call the toll-free number for a suicide crisis line or a local emergency number (911). You can find local suicide crisis or hotline numbers listed in your phone book or check out the ones listed in the resources tab. These are confidential resources and the people at any of these places are happy to talk to you to help you figure out what is best to do.

Sometimes, teens who make a suicide attempt — or who die as a result of suicide — seem to give no clue beforehand. This can leave loved ones feeling not only grief stricken but guilty and wondering if they missed something. It is important for family members and friends of those who die by suicide to know that sometimes there is no warning and they should not blame themselves.

When someone dies by suicide the people who knew them can be left with a terrible emotional pain. Teens who have had a recent loss or crisis or who had a family member or classmate who committed suicide may be especially vulnerable to suicidal thinking and behaviour themselves. If you've been close to someone who has attempted or committed suicide, it can help to talk with a therapist or counsellor — someone who is trained in dealing with this complex issue. Or, you could join a group for survivors where you can share your feelings and get the support of people who have been in the same situation as you.

### **Coping With Problems**

Being a teen is not easy. There are many new social, academic, and personal pressures. And for teens who have additional problems to deal with, such as living in violent or abusive environments, life can feel even more difficult.

Some teens worry about sexuality and relationships, wondering if their feelings and attractions are normal, or if they will be loved and accepted. Others struggle with body image and eating problems; trying to reach an impossible ideal leaves them feeling bad about themselves. Some teens have learning problems or attention problems that make it hard for them to succeed in school. They may feel disappointed in themselves or feel they are a disappointment to others.

These problems can be difficult and draining — and can lead to depression if they go on too long without relief or support. We all struggle with painful problems and events at times. How do people get through it without becoming depressed? Part of it is staying connected to family, friends, school, faith, and other support networks. People are better able to deal with tough circumstances when they have at least one person who



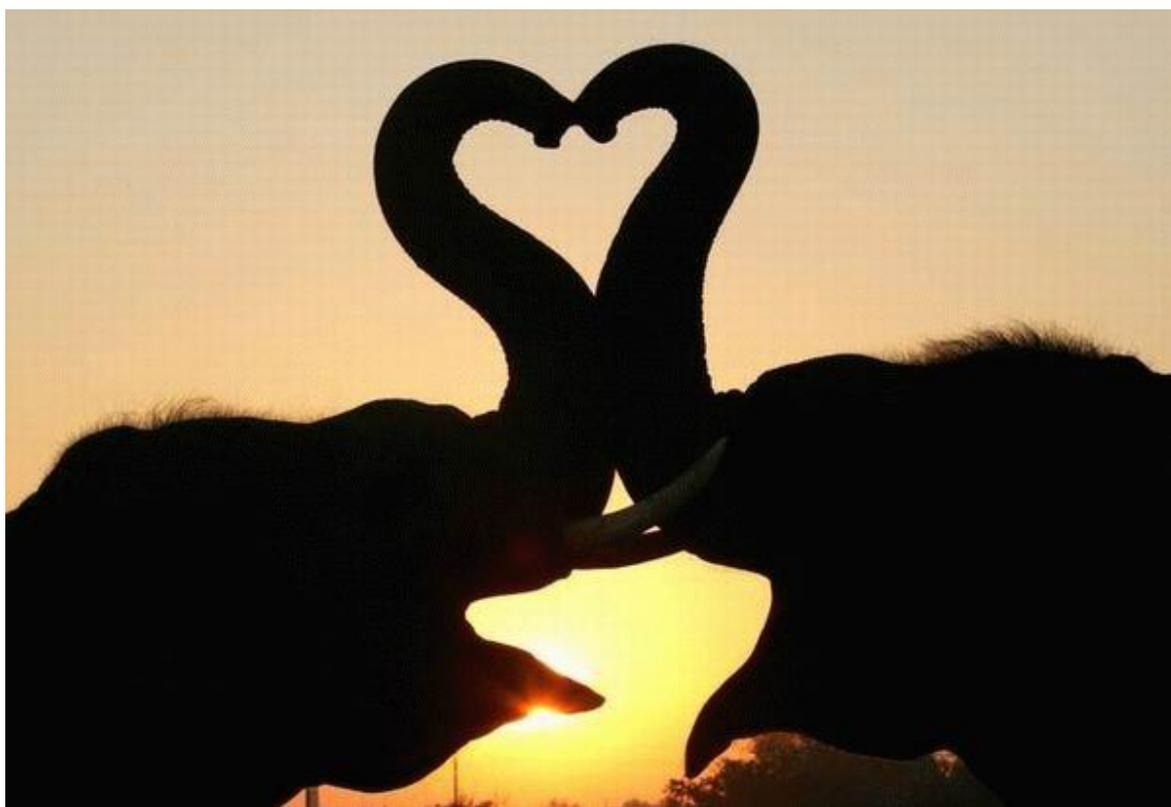
**Suicide attempts are highest during middle adolescence. By about age 17 or 18, the rate of suicide attempts drops. This may be because older teens have learned to tolerate sad or upset moods, know how to get the support they need, and have developed better coping skills.**

believes in them, wants the best for them, and in whom they can confide. People also cope better when they keep in mind that most problems are temporary and can be overcome.

When struggling with problems, it helps to:

- Tell someone you trust what's going on with you.
- Be around people who are caring and positive.
- Ask someone to help you figure out what to do about a problem you're facing.
- Work with a therapist or counsellor if problems are getting you down and depressed — or if you don't have a strong support network, or feel you can't cope.

Counsellors and therapists can provide emotional support and can help teens build their own coping skills for dealing with problems. It can also help to join a support network for people who are going through the same problems — for example, anorexia and body image issues, living with an alcoholic family member, or sexuality and sexual health concerns. These groups can help provide a caring environment where you can talk through problems with people who share your concerns. Check out your phone book to find local support groups, or ask a school counsellor or a youth group leader to help you find what you need.



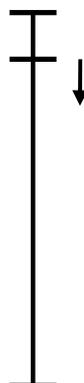
**DESIRE / FEAR PENDULUM:**

**DESIRE**



Desires need to be higher than the fear to feel the emotion.

**FEAR**



Reduce fear with truth.

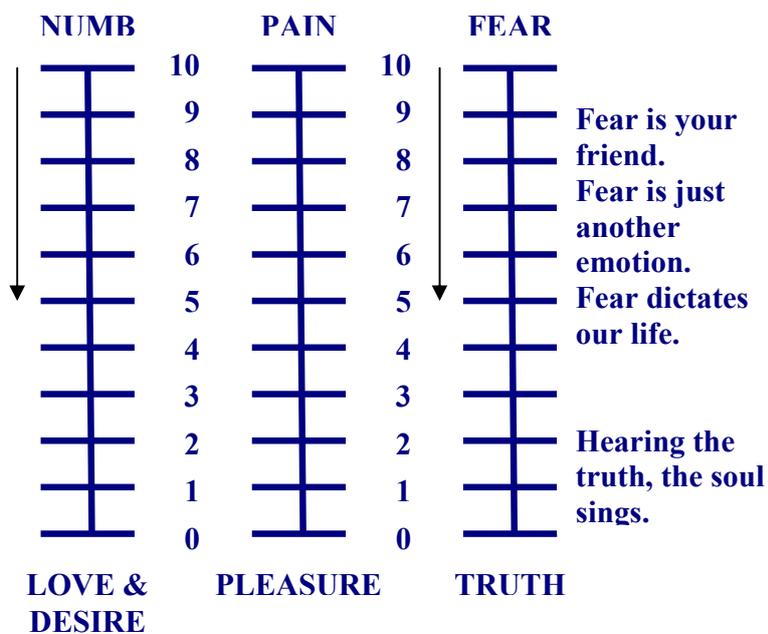


**DESIRE NEEDS**

To enter emotions:

- Pray to grow our desires.
- Pray to feel truth.
- Nurture feelings that are positive.
- Lessen the fear that suppresses the desire.

**TRUTH (all happens emotionally)**



Fear is your friend.  
 Fear is just another emotion.  
 Fear dictates our life.  
 Hearing the truth, the soul sings.

If your fear is greater than pain we will not deal with the pain.

We are accepting the fear more than pain.

We need to get fear lower than pain / desire so we can address the pain.

Pain is error leaving.

*if you are thinking about*  
**suicide... read this first**

<http://www.metanoia.org/suicide/>

If you are feeling suicidal now, please stop long enough to read this. It will only take about five minutes. I do not want to talk you out of your bad feelings. I am not a therapist or other mental health professional – only someone who knows what it is like to be in pain.

I don't know who you are, or why you are reading this page. I only know that for the moment, you're reading it, and that is good. I can assume that you are here because you are troubled and considering ending your life. If it were possible, I would prefer to be there with you at this moment, to sit with you and talk, face to face and heart to heart. But since that is not possible, we will have to make do with this.

I have known a lot of people who have wanted to kill themselves, so I have some small idea of what you might be feeling. I know that you might not be up to reading a long book, so I am going to keep this short. While we are together here for the next five minutes, I have five simple, practical things I would like to share with you. I won't argue with you about whether you should kill yourself. But I assume that if you are thinking about it, you feel pretty bad.

Well, you're still reading, and that's very good. I'd like to ask you to stay with me for the rest of this page. I hope it means that you're at least a *tiny* bit unsure, somewhere deep inside, about whether or not you really will end your life. Often people feel that, even in the deepest darkness of despair. Being unsure about dying is okay and normal. The fact that you are still alive at this minute means you are still a little bit unsure. It means that even while you want to die, at the same time some part of you still wants to live. So let's hang on to that, and keep going for a few more minutes.

Start by considering this statement:

“Suicide is not chosen; it happens  
 when pain exceeds  
 resources for coping with pain.”

That's all it's about. You are not a bad person, or crazy, or weak, or flawed, because you feel suicidal. It doesn't even mean that you really *want* to die – it only means that you have more pain than you can cope with right now. If I start piling weights on your shoulders, you will eventually collapse if I add enough weights... no matter how much you want to remain standing. Willpower has nothing to do with it. Of course you would cheer yourself up, if you could.



Don't accept it if someone tells you, “that's not enough to be suicidal about.” There are many kinds of pain that may lead to suicide. Whether or not the pain is

bearable may differ from person to person. What might be bearable to someone else, may not be bearable to you. The point at which the pain becomes unbearable depends on what kinds of coping resources you have. Individuals vary greatly in their capacity to withstand pain.

When pain exceeds pain-coping resources, suicidal feelings are the result. Suicide is neither wrong nor right; it is not a defect of character; it is morally neutral. It is simply an imbalance of pain versus coping resources.

You can survive suicidal feelings if you do either of two things: (1) find a way to reduce your pain, or (2) find a way to increase your coping resources. Both are possible.

Now I want to tell you five things to think about.

1. You need to hear that people *do* get through this -- even people who feel as badly as you are feeling now. Statistically, there is a very good chance that you are going to live. I hope that this information gives you some sense of hope.
2. Give yourself some distance. Say to yourself, "I will wait 24 hours before I do anything." Or a week. Remember that feelings and actions are two different things – just because you *feel* like killing yourself, doesn't mean that you have to actually *do* it right this minute. Put some distance between your suicidal feelings and suicidal action. Even if it's just 24 hours. You have already done it for 5 minutes, just by reading this page. You can do it for another 5 minutes by continuing to read this page. Keep going, and realize that while you still feel suicidal, you are not, at this moment, acting on it. That is very encouraging to me, and I hope it is to you.
3. People often turn to suicide because they are seeking relief from pain. Remember that relief is a *feeling*. And you have to be *alive* to feel it. You will not feel the relief you so desperately seek, if you are dead.
4. Some people *will* react badly to your suicidal feelings, either because they are frightened, or angry; they may actually increase your pain instead of helping you, despite their intentions, by saying or doing thoughtless things. You have to understand that their bad reactions are about *their* fears, not about you.



But there *are* people out there who can be with you in this horrible time, and will not judge you, or argue with you, or send you to a hospital, or try to talk you out of how badly you feel. They will simply care for you. Find one of them. Now. Use your 24 hours, or your week, and tell someone what's going on with you. It is okay to ask for help. Try:

- Send an anonymous e-mail to [The Samaritans](#) .
- Call 1-800-SUICIDE in the U.S.
- Teenagers, call Covenant House NineLine, 1-800-999-9999.

- Look in the front of your phone book for a crisis line.
- Call a psychotherapist.
- Carefully choose a friend or a minister or rabbi, someone who is likely to listen.

But don't give yourself the additional burden of trying to deal with this alone. Just talking about how you got to where you are, releases an awful lot of the pressure, and it might be just the additional coping resource you need to regain your balance.

5. Suicidal feelings are, in and of themselves, traumatic. After they subside, you need to continue caring for yourself. Therapy is a really good idea. So are the various self-help groups available both in your community and on the Internet.

Well, it's been a few minutes and you're still with me. I'm really glad.

Since you have made it this far, you deserve a reward. I think you should reward yourself by giving yourself a gift. The gift you will give yourself is a coping resource. Remember, back up near the top of the page, I said that the idea is to make sure you have more coping resources than you have pain. So let's give you another coping resource, or two, or ten...! until they outnumber your sources of pain.

Now, while this page may have given you some small relief, the best coping resource we can give you is another human being to talk with. If you find someone who wants to listen, and tell them how you are feeling and how you got to this point, you will have increased your coping resources by one. Hopefully the first person you choose won't be the last. There are a lot of people out there who really want to hear from you. It's time to start looking around for one of them.

Now: I'd like you to call someone.

And while you're at it, you can still stay with me for a bit. Check out these sources of online help.

Additional things to read at this site:

- How serious is our condition? ...*"he only took 15 pills, he wasn't really serious..." if others are making you feel like you're just trying to get attention... read this.*
- Why is it so hard for us to recover from being suicidal? ...*while most suicidal people recover and go on, others struggle with suicidal thoughts and feelings for months or even years. Suicide and post-traumatic stress disorder (PTSD).*
- Recovery from grief and loss ...*has anyone significant in your life recently died? You would be in good company... many suicidal people have recently suffered a loss.*
- The stigma of suicide *that prevents suicidal people from recovering: we are not only fighting our own pain, but the pain that others inflict on us... and that we ourselves add to. Stigma is a huge complicating factor in suicidal feelings.*
- Resources about depression ...*if you are suicidal, you are most likely experiencing some form of depression. This is good news, because depression can be treated, helping you feel better.*

Do you know someone who is suicidal... or would you like to be able to help, if the situation arises? Learn what to do, so that you can make the situation better, not worse.

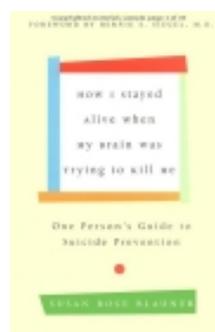
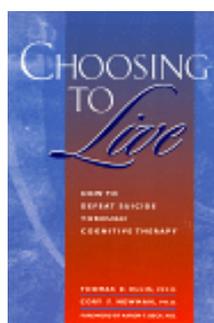
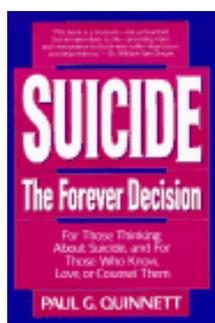
- Handling a call from a suicidal person ...a very helpful ten-point list that you can print out and keep near your phone or computer.
- What can I do to help someone who may be suicidal? ...a helpful guide, includes **Suicide Warning Signs**.

Other online sources of help:

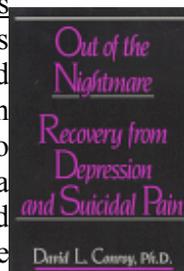
- The Samaritans – trained volunteers are available 24 hours a day to listen and provide emotional support. You can call a volunteer on the phone, or e-mail them. Confidential and non-judgmental. Short of writing to a psychotherapist, the best source of online help.
- Talk to a therapist online – Read this page to find out how.
- Depression support group online: Walkers in Darkness – Please note: this is a very big group, but amidst all the chatter (and occasional bickering), it is possible to find someone who will hear you and offer support.
- Psych Central has a good listing of online resources for suicide and other mental health needs.
- Still feel bad? These jokes might relieve the pressure for a minute or two.
- If you want help finding a human being to talk with in person, who can help you live through this, try reading this article about how to Choose a Competent Counsellor.

Sometimes people need additional private help before they are ready to talk with someone in person. Here are three books you could read on your own in private. I know from personal experience that each one has helped someone like you.

- **Suicide: The Forever Decision** by Paul G. Quinnett, PhD (Continuum, 1989, \$8.95, ISBN 0-8264-0391-3). Frank and helpful conversation with a therapist who cares. Order the book
- **Choosing to Live: how to defeat suicide through cognitive therapy** by Thomas E. Ellis PsyD and Cory F. Newman PhD (New Harbinger Publications, 1996, \$12.95, ISBN 1-57224-056-3). Another conversational book with practical help for suicidal persons. Order the book
- **How I Stayed Alive When My Brain Was Trying to Kill Me: One Person's Guide to Suicide Prevention** by Susan Rose Blauer (William Morrow, 2002, \$17.47, ISBN 0066211212). A very practical survival guide by an actual survivor. Order the book



I make no profit whatever on the books. Every penny received is given to [The Samaritans](#) to support their lifesaving work. The volunteers give generously of themselves, but it costs them money to continue operating and saving lives – money for facilities, phones and computers. Money is a reality. They need it; we give it. Sending them this small donation is our way of thanking them and helping them continue to help others. If you would like to know where the money goes, [visit the Samaritans website](#). If you prefer not to make a donation to the Samaritans, take the book information above to your local bookstore and order the books there instead. If you would like to make a donation directly to the Samaritans, [click here](#).



**Out of the Nightmare: Recovery From Depression And Suicidal Pain**, by David L. Conroy, PhD (Authors Choice Press, 2006, ISBN 0595414974). As if suicidal persons weren't feeling bad enough already, our thoughtless attitudes can cause them to feel guilt and shame, and keep them from getting help in time. Dr. Conroy blasts apart the myths of suicide, and looks at suicidal feelings from the inside, in a down to earth, non-judgmental way. This is a book that will save lives by washing away the stigma of suicide and opening the door to a real way out of the nightmare. [More info and reviews](#).



**SUICIDE:**

P.124 Echoes of the Soul by Echo Bodine

When a soul chooses suicide it is usually a desperate attempt to stop feeling pain, but what is important to realise is that it only aggravates pain. In the suicide cases I (Echo Bodine) have done readings on, 98% regretted it afterward. Some choose not to go to the other side, and they linger in limbo and watch our side for a body to inhabit – what we call possession or connection – this is impossible to achieve. Others go on to the next dimension and are either aware of their suicides and depressed about it, or they are in “hospitals” slowly recovering if they destroyed their bodies with large amounts of drugs. Almost all wish they would have sought help here and had not done this to themselves or their families. They see how futile it was because they still have to recover from the pain they’re in. And they also see what a great amount of pain they have created for their families.

Our emotional pain is not only in the body, it’s also in the soul and spirit mind. So many professionals today treat depression as if it’s just a chemical imbalance, which gives the message that it’s simply a physical condition. Destroying the body will not destroy the pain. There may be a chemical imbalance, but deeper issues need to be addressed as well.

Several years ago a good friend who suffered from alcoholism and depression asked me for a psychic reading on his condition. The guides told him he was not to commit suicide in this lifetime (we only have one physical life). The guides said we have to honour our bodies and our lives, and suicide is the exact opposite. Suicide is an act of destruction and is only rarely chosen by the soul as a lesson.

Those who commit suicide and do go to the other side eventually get on with their lives, but they may always have a feeling of unfinished business. Whatever they didn’t want to deal with, or didn’t know how to deal with, still must be taken care of – to heal all that unresolved soul pain. I have seen clients who feel driven to kill themselves.

Someone I knew well killed himself a few years ago. About a year after his death, I asked my guides if it was possible for me to talk to his soul. I was able to see his soul on the other side, and he told me he deeply regretted his decision but was slowly getting on with his life. His unfinished Earth life was a constant thorn in his side, and he just couldn’t make peace with it. He was such a great guy when he was here; so many people loved him. It’s really a shame that we hold the misconception that suicide is some kind of solution, because it’s not.

The first young man, Brian, told me he simply knew it was time to go. He knew all his life he would not be here past age twenty, and he had told his mother that since childhood. He always talked in terms of what his soul was here to accomplish. At age twenty he had a great job, a loving relationship, was well liked by everyone he knew, and he seemed happy most of the time. One day, for no apparent reason, he shot himself in the head and ended his life abruptly.

When his mother came for a healing about her grief, Brian’s soul came into my office and handed me (in spirit) a white chrysanthemum to give to her. He asked me to please tell her that, although he missed everyone, things were going well and it was good to be Home. His mother told me that many times throughout his life, Brian would bring her a single white mum. She also had always had a peaceful feeling about his death. We decided that that peaceful feeling must have been coming from him.

Todd the other young man, was very much the same: He had everything going for him, and then one day he abruptly took his life. When his soul came to visit his father in the reading, his soul told us that suicide was one of the lessons he came here to experience (we have only one incarnation ever). He wanted to know what it felt like because he was going to work with suicide victims on the other side.

Both examples are not typical suicide stories, which is why I say **98% of them are a desperate – and useless – attempt to stop the pain.**

Our souls are on a journey to develop to our highest potential so that we can someday live in the Celestial Heavens. This we all will achieve should we embrace the greatest gift in the universe, the Father's Love, Divine Love, which is a substance that slowly transforms us and in so doing removes the encrustment of emotional errors and injuries perfecting our natural love soul.



**PASCAS  
HEALTH**



**Feeling  
Healing with  
Divine Love is  
the key!**



**The HELLS are UNIMAGINABLE PLACES of DARKNESS: 3 SPHERES of DISHARMONY**

Consider this; you awaken during the very early hours of the morning. There is no moon out, the sky is clouded, no light from stars, there is no light coming from anywhere outside of your home or from inside your home. You cannot even see your own hand when you put it in front of your eyes. There is no one else in your home. You add a blind fold that cannot be removed.

This darkness has no relief. It is twenty four hours a day, it continues week after week after week, month after month, year on end for decades, then centuries.

You are on your own, all you have is the repeating thoughts, memories and visions of your worst events. This is continuous. It just goes on and on.

Occasionally you are not on your own. However this other spirit or spirits have exactly the same soul injuries as you do. The like are put together with the like in the same plane. You all have exactly the same issues to resolve and in this darkness you have no outside help. This continues year after year.

This is hell, being a Sphere of Disharmony. This continues while you have to satisfy the Law of Compensation.

The darkness is so complete that you can only consider it being like in a dungeon which is a very long way underground, and there is no way out. 'Further, the spiritual vision is not dependent on sunlight, but it is rather another form of "light," which determines the brightness of one's environment or of one's spirit bodies.' (HR 5 Sept 2001 – Judas of Kerioth)

**The magic key to growth:**

**Always look up and look for the brighter spirits, then always ask them to tell you about the Feeling Healing process as well as about Divine Love and Divine Truth. A brighter spirit will always know more than you and anyone else around you.**



Angels actually do not have wings.

Upon entry to the Celestial Heavens you are referred to as an angel.



# Suicide

First published Tue 18 May, 2004

<http://plato.stanford.edu/entries/suicide/>

Suicide is an enigmatic and disconcerting phenomenon. Because of others' inability to directly occupy the mental world of the suicidal, suicide appears to elude easy explanation. This inexplicability is stunningly captured by Jeffrey Eugenides in his novel *The Virgin Suicides*. In the novel, the narrator describes the reactions of several teenaged boys to the suicides of five sisters. The boys keep a collection of the dead girls' belongings, repeatedly sifting through them in a vain attempt to understand their deaths.

In the end we had the pieces of the puzzle, but no matter how we put them together, gaps remained, oddly shaped emptinesses mapped by what surrounded them, like countries we couldn't name. (Eugenides 1993, 246)

Undoubtedly, the challenge of simply fathoming suicide accounts for the vast array of attitudes toward suicide found in the history of Western civilization: bafflement, dismissal, heroic glorification, sympathy, anger, moral or religious condemnation. Suicide is now an object of multidisciplinary scientific study, with sociology, anthropology, psychology, and psychiatry each providing important insights into suicide. Particularly promising are the significant advances being made in our scientific understanding of the neurological basis of suicidal behaviour (Stoff and Mann 1997) and the mental conditions associated with it. Nonetheless, certain questions about suicide seem to fall at least partially outside the domain of science, and indeed, suicide has been a focus of philosophical examination in the West since at least the time of Plato. For philosophers, suicide raises a host of conceptual, theological, moral, and psychological questions. Among these questions are: What makes a person's behaviour suicidal? What motivates such behaviour? Is suicide morally permissible, or even morally required in some extraordinary circumstances? Is suicidal behaviour rational? This article will examine the main currents of historical and contemporary philosophical thought surrounding these questions.

- 1. Characterizing Suicide
- 2. Highlights of Historical Thought
  - 2.1 Ancient and Classical Views of Suicide
  - 2.2 The Christian Prohibition
  - 2.3 The Enlightenment and Modern Developments
- 3. The Morality and Rationality of Suicide
  - 3.1 Moral Permissibility
  - 3.2 The Deontological Argument from the Sanctity of Life
  - 3.3 Religious Arguments
  - 3.4 Libertarian Views and the Right to Suicide
  - 3.5 Social, Utilitarian, and Role-Based Arguments
  - 3.6 Autonomy, Rationality, and Responsibility
  - 3.7 Duties Toward the Suicidal
- 4. Conclusion
- Bibliography
  - 1. Historical (pre-1900) Works Cited
  - 2. Works Cited, 1900-Present
  - 3. Further Reading

- [Other Internet Resources](#)
- [Related Entries](#)

## 1. *Characterising Suicide*

Surprisingly, philosophical difficulties emerge when we even attempt to characterize suicide precisely, and attempts to do so introduce intricate issues about how to describe and explain human action. In particular, identifying a set of necessary and sufficient conditions for suicide that fits well with our typical usage of the term is especially challenging. A further challenge is that because suicide is strongly coloured by negative emotional or moral connotations, efforts to distinguish suicidal behaviour from other behaviour often clandestinely import moral judgments about the aims or moral worth of such behaviour. That is, views about the nature of suicide often incorporate, sometimes unknowingly, views about the prudential or moral justifiability of suicide and are therefore not value-neutral descriptions of suicide. Definitions of suicide are "sometimes dependent on prior judgments about its justifiability." (Lebacqz & Englehardt 1980, 701.) Theorists about suicide often fail to divorce questions about whether an act was suicide from whether its motives were admirable or odious. Hitler, most people contend, was clearly a suicide, but Socrates and Jesus were not. (Though on Socrates, see Frey 1978) Suicide still carries a strongly negative subtext, and on the whole, we exhibit a greater willingness to categorize self-killings intended to avoid one's just deserts as suicides than self-killings intended to benefit others (Beauchamp & Childress 1983, 93-94.) Some go so far as to deny the possibility that an act of self-killing motivated by altruism can count as suicide (Margolis 1980.)

Such conceptual slipperiness befuddles moral arguments about the justifiability of suicide by permitting us to 'define away' self-killings we believe are justified as something other than suicide, whereas it would be desirable to identify first a defensible non-normative conception of suicide and then proceed to discuss the moral merits of various acts of suicide (Kupfer 1990.) Some philosophers, on the other hand, have embraced the apparently value-laden character of suicide, suggesting that word 'suicide' has as one its functions the ascription of moral responsibility, and insofar as disagreements about the extent to which agents themselves (as opposed to social conditions, medical facts, etc.) are morally responsible for their deaths persist, so too will apparently conceptual disagreements about the nature of suicide persist (Stern-Gillett 1987.)

Supposing, however, that a purely descriptive account of suicide is possible, where should it begin? While it is tempting to say that suicide is any self-caused death, this account is vulnerable to obvious counterexamples. An individual who knows the health risks of smoking or of skydiving, but wilfully engages in these behaviours and dies as a result, could be said to be causally responsible for her own death but not to have committed suicide. Similarly, an individual who takes a swig of hydrochloric acid, believing it to be lemonade, and subsequently dies causes her own death but does not engage in suicidal behaviour. Moreover, not only are there self-caused deaths that are not suicides, but there are behaviours that result in death and are arguably suicidal in which the agent is not the cause of her own death or is so only at one remove. This can occur when an individual arranges the circumstances for her death. A terminally ill patient who requests that another person inject her with a lethal dose of tranquilizers has, intuitively, committed suicide. Though she is not immediately causally responsible for her death, she appears morally responsible for her death, since she initiates a sequence of events which she intended to culminate in her death, a sequence which cannot be explained without reference to her beliefs and desires. (Such a case might also be an example of [voluntary euthanasia](#).) Likewise, those who commit 'suicide by

cop,' where an armed crime is committed in order to provoke police into shooting its perpetrator, are responsible for their own deaths despite not being the causes of their deaths. In these kinds of cases, such agents would not die, or would not be at an elevated risk for death, were it not for their initiating such causal sequences. (See Brandt 1975, Tolhurst 1983, Frey 1981, but for a possible objection see Kupfer 1990).

Furthermore, many philosophers (Fairbairn 1995, chapter 5) doubt whether an act's actually resulting in death is essential to suicide at all. It is common to speak of 'attempted' or 'failed' suicides, instances where because of agents' false beliefs (about the lethality of their behaviour, for example), unforeseen factual circumstances, others' interventions, etc., an act which might have resulted in an agent's death does not.

Hence, suicidal behaviour need not result in death, nor must the condition that hastens death be self-caused. It follows, therefore that, first, a correct account of suicide (contra Durkheim 1897) must emphasize the *non-accidental* relationship between suicidal behaviour and death (i.e., death is in some respect the *aim* of suicidal behaviour). Second, what appears essential for a behaviour to count as suicide is that the person in question *chooses* to die. Suicide is an attempt to *inflict* death upon oneself and is "intentional rather than consequential in nature." (Fairbairn 1995, 58) These conclusions imply that suicide must rest upon an individual's *intentions* (where an intention implicates an individual's beliefs and desires about her action. (See Brandt 1975, Tolhurst 1983, Frey 1978, O'Keefe 1981) One intention-based account of suicide (similar to Graber 1981, 57) would say, roughly, that

1. A person *S*'s behaviour *B* is suicidal if
  - a. *S* believed that *B*, or some causal consequence of *B*, would make her death at least highly likely, and
  - b. *S* intended to die by engaging in *B*.

This account renders the notion of suicide as self-inflicted attempted death more precise, but it is not without its shortcomings.

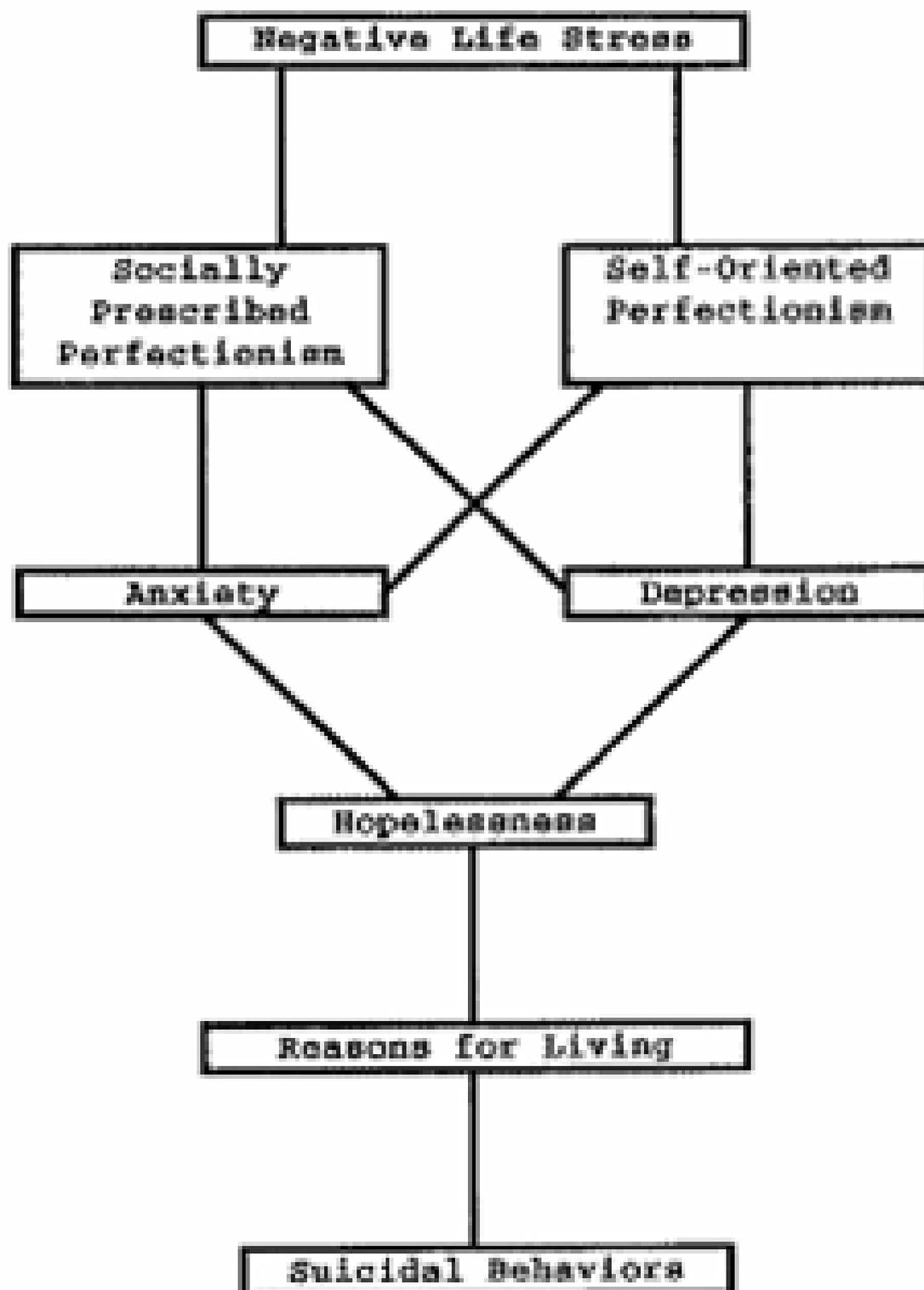
Condition (a) is a *doxastic* condition, and is meant to rule out as suicides deaths (or increased risks for death) caused by an individual's behaviour where the individual causes these outcomes but does so out of ignorance of the relevant risks of her behaviour, as when an individual accidentally takes a lethal dose of a prescription drug. At the same time, (a) accounts for cases such as the aforementioned terminally ill patient whose death is caused only indirectly by her request to die. Condition (a) does not require that *S* know that *B* will put her at a significantly greater risk for death, nor even that *S*'s beliefs about *B*'s lethality be true or even justified. Suicidal individuals often have false beliefs about the lethality of their chosen suicide methods, greatly overestimating the lethality of over the counter painkillers while underestimating the lethality of handguns, for instance. An individual could believe falsely, or on the basis of inadequate evidence, that placing one's head in an electric oven significantly increases one's chances of dying, but that behaviour is nonetheless suicidal. The demand that *S* believe that *B* makes death highly likely is admittedly inexact, but it permits us to navigate between two extreme and mistaken views. On the one hand, it rules out as suicidal behaviour that which is in fact only marginally more likely to cause a person's death (you are more likely to die in your car than in your living room) and is rarely utilized as a suicide method anyway. On the other hand, to demand that *S* believe that *B* certainly or almost certainly will cause *S*'s death is too strict, since it will rarely be the case (given the possibility of intervening conditions,

etc.) that *B* will necessarily cause *S*'s death, and in fact, many suicidal individuals are ambivalent about their actions, an ambivalence which is turn reflected in their selecting suicide methods that are far from certain to cause death. It also allows us to distinguish genuinely suicidal behaviour from suicidal *gestures*, in which individuals engage in behaviour they believe is *not* likely to cause their death but is nonetheless associated with suicide attempts, while in fact having some other intention (e.g., gaining others' sympathy) in mind.

Condition (b), however, is far more knotty. For what is it to intend by one's behaviour that death result? There are examples in which condition (a) is met, but whether (b) is met is more problematic. For instance, does a soldier who leaps upon a live grenade tossed into a foxhole in order to save his comrades engage in suicidal behaviour? Many, especially partisans of the doctrine of double effect, would answer 'no': Despite the fact that the soldier knew his behaviour would likely cause him to die, his intention was to absorb the blast so as to save the other soldiers, whereas his death was only a foreseen outcome of his action. Needless to say, whether a clear and non-manipulable divide exists between foreseen and intended outcomes is controversial (Glover 1990, ch. 6) (It is of course possible that whether death is foreseen or intended has no bearing on whether an act counts as suicide but still bears on whether that suicide is justified.) Some would argue that given the near certainty of his dying by jumping on the grenade, his death was at least weakly intended, in Alvin Goldman's sense (Tolhurst 1983.) At the same time, cases that are commonly viewed as suicide do not exhibit a full-fledged intention to die.

Current psychiatric theory holds that many examples of suicidal behaviour do not aim at death but are "cries for help." In such cases, the person does not *wish* to die, but intends to gain others' attention in such a fashion that holds out the possibility of death. However, it seems correct to say that when a person who issues a cry for help does die, despite not intending to die, their death is neither foreseen, since the person actually intends *not* to die, nor wholly accidental, since the person knowingly engaged in behaviour that she believed will make her death significantly more likely, making her death in an obvious sense self-inflicted. (But see Graber 1981, 58) Such a case might indicate the need for a third category besides intentional suicide and accidental death, call it unintentional death or unintended suicide.

The essential logical difficulty here resides in the notion of intending to die, for acting so as to produce one's death nearly always has some *other* aim or justification. That is, death is generally not chosen for its own sake, or is not the end of suicidal behaviour. Suicidal behaviour can have any number of objectives: the relief of physical pain, the relief of psychological anguish, martyrdom in the service of a moral cause, the fulfilment of perceived societal duties (*suttee* and *seppuku*, e.g.), the avoidance of judicial execution, revenge on others, protection of others' interests or well-being. (See Fairbairn 1995, ch. 9, for a taxonomy of the varieties of suicide.) Therefore, it is not the case that suicidal individuals intend death *per se*, but rather that death is perceived, rightly or wrongly, as a means for the fulfilment of another of the agent's aims. (Graber 1981, 56) In short, there does not appear to be any compelling examples of "non-instrumental" self-killings in which "the overriding intention is simply to end one's life and there is no further independent objective involved in the action." (O'Keefe 1981, 357) Nor does requiring that the individual *wish* to be dead (Fairbairn 1995, ch. 6) address this issue, since again, what one wishes is presumably not death itself but some outcome of death. Both the grenade-jumping soldier and the depressed individual issuing a 'cry for help' may wish not to die insofar as they might prefer that their desires could be satisfied without dying or without putting themselves at the risk thereof. However, this is consistent with their willingly choosing to die in order to satisfy their aims.



Some might wish to add a further condition to (a) and (b) above:

- c. *S* was not coerced into *B*-ing.

Yet again, both the concept of coercion and its applicability to instances of risky or self-harming behaviour is unclear. Typically, coercion denotes interference by others. So, according to condition (c), a spy threatened with torture lest he relinquish crucial military secrets who then poisons himself did not commit suicide, some would contend, since the spy's captors compelled him to take his life. However, one can imagine a similar situation in which the agent of "coercion" is not another person. An extremely ill patient may opt to take his own life rather than face a future fraught with physical pain. But why should we not say that this patient was coerced by his situation and therefore did not commit suicide? Because of their desires, loyalties, and values, both the spy and the ill patient saw themselves as having no other alternative, given their ends, but to cause their own deaths. In both instances, the economy of the individuals' reasons for actions was modified by circumstances outside their control so as to make death a rational option where it previously was not. Thus, there does not appear to be grounds for restricting coercion only to interference by other people, since factual circumstances can be similarly coercive. Either *any* factor, natural, human, or otherwise, that influences an individual's reasoning so as to make death the most rational option counts as coercion, at which point condition (c) hardly functions as a restriction at all, or cases such as the spy facing torture are suicides too and (c) is unnecessary. (See Tolhurst 1983, 113-115)

This brief attempt at conceptual analysis of suicide illustrates the frustrations of such a project, as the unclear notion of suicide is apparently replaced by equally unclear notions such as intention and coercion. We may be attracted to increasingly baroque or impractical analyses of suicide (Donnelly 1998, 20) or accept that suicide is an 'open textured' concept instances of which are bound together only by weak Wittgensteinian family resemblance and hence resistant to analysis in terms of strict logical conditions. (Windt 1981)

An alternative to providing necessary and sufficient conditions for suicidal behaviour is to view it along a continuum. In the psychological sciences, most suicidologists view suicide not as an either/or notion but as a gradient notion, admitting of degrees based on individuals' beliefs, strength of intentions, and attitudes. The Beck Scale for Suicidal Ideation is perhaps the best example of this approach. (See Beck 1979)

## ***2. Highlights of Historical Thought***

### **2.1 Ancient and Classical Views of Suicide**

Philosophical discourse about suicide stretches back at least to the time of Plato. Still, prior to the Stoics at least, suicide tended to get sporadic rather than systematic attention from philosophers in the ancient Mediterranean world. As John Cooper has noted (Cooper 1989, 10), neither ancient Greek nor Latin had a single word that aptly translates our 'suicide,' even though most of the ancient city-states criminalized self-killing.

Plato explicitly discussed suicide in two works. First, in *Phaedo*, Socrates expresses guarded enthusiasm for the thesis, associated with the Pythagoreans, that suicide is always wrong because it represents our releasing ourselves (i.e., our souls) from a "guard-post" (i.e., our bodies) the gods have placed us in as a

form of punishment (*Phaedo* 61b-62c.) (God never punishes.) Later, in the *Laws*, Plato claimed that suicide is disgraceful and its perpetrators should be buried in unmarked graves. However, Plato recognized four exceptions to this principle: (1) when one's mind is morally corrupted and one's character can therefore not be salvaged (*Laws* IX 854a3-5), (2) when the self-killing is done by judicial order, as in the case of Socrates, (3) when the self-killing is compelled by extreme and unavoidable personal misfortune, and (4) when the self-killing results from shame at having participated in grossly unjust actions. (*Laws* IX 873c-d) Suicide under these circumstances can be excused, but, according to Plato, it is otherwise an act of cowardice or laziness undertaken by individuals too delicate to manage life's vicissitudes. Aristotle's only discussion of suicide (*Nicomachean Ethics* 1138a5-14) is a difficult and confusing passage in which he attempts to explain how suicide can be unjust and deserving of punishment if the individual who could be treated unjustly is the suicidal individual herself. He concludes that suicide is somehow a wrong to the state, though he does not outline the nature of this wrong or the specific vices that suicidal individuals exhibit.

What is perhaps most striking about Plato's and Aristotle's texts on suicide is the relative absence of concern for individual well-being or autonomy. Both limit the justifications for suicide largely to considerations about an individual's social roles and obligations. In contrast, the Stoics largely believed that the moral permissibility of suicide did not hinge on the moral character of the individual pondering it. Rather, the Stoics held that whenever the means to living a naturally flourishing life are not available to us, suicide may be justified, regardless of the character or virtue of the individual in question. Our natures require certain "natural advantages" (e.g., physical health) in order for us to be happy, and a wise person who recognizes that such advantages may be lacking in her life sees that ending her life neither enhances nor diminishes her moral virtue.

When a man's circumstances contain a preponderance of things in accordance with nature, it is appropriate for him to remain alive; when he possesses or sees in prospect a majority of the contrary things, it is appropriate for him to depart from life.... Even for the foolish, who are also miserable, it is appropriate for them to remain alive if they possess a predominance of those things which we pronounce to be in accordance with nature. (Cicero, III, 60-61)

Hence, not only may concerns related to one's obligations to others justify suicide, but one's own private good is relevant too. The Roman Stoic Seneca, who was himself compelled to commit suicide, was even bolder, claiming that since "mere living is not a good, but living well", a wise person "lives as long as he ought, not as long as he can." For Seneca, it is the quality, not the quantity, of one's life that matters.

## 2.2 The Christian Prohibition

The advent of institutional Christianity was perhaps the most important event in the philosophical history of suicide, for Christian doctrine has by and large held that suicide is morally wrong, despite the fact that no passage in Scripture unequivocally condemns suicide. Although the early church fathers opposed suicide, St. Augustine is generally credited with offering the first thoroughgoing justification of the Christian prohibition on suicide (Amundsen 1989.) He saw the prohibition as a natural extension of the fifth commandment:

The law, rightly interpreted, even prohibits suicide, where it says 'Thou shalt not kill.' This is proved especially by the omission of the word 'thy neighbour', which are inserted when false witness is forbidden

in the commandment there is no limitation added nor exception made in favour of any one, and least of all in favour of him on whom the command is laid! (Augustine, book I, chapter 20)

Suicide, Augustine determined, was an unrepentable sin (False). St. Thomas Aquinas later defended this prohibition on three grounds. (1) Suicide is contrary to **natural self-love**, whose aim is to preserve us. (2) Suicide injures the community of which an individual is a part. (3) Suicide violates our duty to God because God has given us life as a gift and in taking our lives we violate His right to determine the duration of our earthly existence (Aquinas 1271, part II, Q64, A5.) This conclusion was codified in the medieval doctrine that suicide nullified human beings' relationship to God, for our control over our body was limited to *usus* (possession, employment) where God retained *dominium* (dominion, authority). Law and popular practice in the Middle Ages sanctioned the desecration of the suicidal corpse, along with confiscation of property and denial of Christian burial.

The rediscovery of numerous texts of classical antiquity was one of the spurs of the Renaissance, but for the most part, Renaissance intellectuals generally affirmed the Church's opposition to suicide and were not sympathetic to the more permissive attitudes toward suicide found among the ancient pagans. Two intriguing sixteenth century exceptions were Thomas More and Michel de Montaigne. In his *Utopia*, More appears to recommend voluntary suicide for those suffering from painful and incurable diseases, though the satirical and fantastical tone of that work makes it doubtful that More supported this proposal in reality. In his *Essais*, Montaigne relates several anecdotes of individuals taking their own lives and intersperses these anecdotes with quotations from Roman writers praising suicide. While his general scepticism prevented Montaigne from staking out a firm moral position on suicide, he gives only a nod to the orthodox Christian position and conceptualizes the issue not in traditional theological terms but as a matter of personal judgment or conscience (Ferngren 1989, 160-161.)

The Protestant Reformers, including Calvin, condemned suicide as roundly as did the established Church, but held out the possibility of God treating suicide mercifully and permitting repentance. Interest in moral questions concerning suicide was particularly strong in this period among England's Protestants, notably the Puritans. Nonetheless, the traditional Christian view prevailed well into the late seventeenth century, where even an otherwise liberal thinker such as John Locke echoed earlier Thomistic arguments, claiming that though God bestowed upon us our natural personal liberty, that liberty does not include the liberty to destroy oneself (Locke 1690, ch. 2, para. 6.)

In all likelihood, the first comprehensive modern defence of suicide was John Donne's *Biathanatos* (c. 1607.) Not intended for publication, *Biathanatos* drew upon an array of classical and modern legal and theological sources to argue that Christian doctrine should not hold that suicide is necessarily sinful. His critique is in effect internal, drawing upon the logic of Christian thought itself to suggest that suicide is not contrary to the laws of nature, of reason, or of God. Were it contrary to the law of nature mandating self-preservation, all acts of self-denial or privation would be similarly unlawful. Moreover, there may be circumstances in which reason might recommend suicide. Finally, Donne observes, not only does Biblical Scripture lack a clear condemnation of suicide, Christian doctrine has permitted other forms of killing such as martyrdom, capital punishment and killing in wartime (Minois 1999, 20-21.)

## Warning Signs That Someone Is Suicidal

Recognizing the signs that a friend or relative may be suicidal can help save a life, experts say.

### Warning signs that someone is in imminent danger:

- Talking about killing themselves, having no reason to live, being a burden to others, seeking revenge or feeling trapped.
- Increased use of alcohol or drugs.
- Researching methods for killing themselves; hoarding pills or buying a gun.
- Acting recklessly.
- Withdrawing from activities.
- Sleeping too much or too little.
- Saying goodbye to people.
- Giving away prized possessions.
- Experiencing panic attacks.

### Risk factors that increase the chance that a person may attempt suicide:

- Mental health problems.
- Alcohol and drug abuse.
- Previous suicide attempts; a family history of suicide attempts.
- Being bullied or bullying others.
- Access to pills or firearms.
- Barriers to accessing mental health services.

### Factors that can mitigate the risk of suicidal behavior:

- Good problem-solving skills.
- Strong connections to family, friends and the community.
- Restricted access to lethal means of suicide.
- Access to mental health services.
- Cultural or religious beliefs that discourage suicide.

Source: Nadine Kaslow, "Teen Suicides: What Are the Risk Factors?" Child Mind Institute, May 2013, <http://tinyurl.com/keefD9k>; "Warning Signs and Risk Factors," American Foundation for Suicide Prevention, undated, <http://tinyurl.com/lgo24gn>

## 2.3 The Enlightenment and Modern Developments

Donne's casuistical treatise was an early example of the liberalized Enlightenment attitudes of the 1700's. The Thomistic natural-law stance on suicide came under increasing attack as suicide was examined through the lens of science and psychology. Where Christian theology has understood suicide as "an affair between the devil and the individual sinner" (Minois 1999, 300) (devil does not exist). Enlightenment philosophers tended to conceive of suicide in secular terms, as resulting from facts about individuals, their natural psychologies, and their particular social settings. David Hume gave voice to this new approach with a direct assault on the Thomistic position in his unpublished essay "On suicide" (1783.) Hume saw traditional attitudes toward suicide as muddled and superstitious. According to the Thomistic argument, suicide violates the order God established for the world and usurps God's prerogative in determining when we shall die. Hume's argument against this thesis is intricate, as he tends to juxtapose distinguishable but closely related considerations, but in essence Hume attacks the seemingly arbitrary and contradictory notions of natural law used to condemn suicide. Hume's argument is more or less as follows:

1. If by the 'divine order' is meant the causal laws created by God, then it would always be wrong to contravene these laws for the sake of our own happiness. But clearly it is not wrong, since God frequently permits us to contravene these laws, for he does not expect us not to respond to disease or other calamities. Therefore, there is not apparent justification, as Hume put it, for God's permitting us to disturb nature in some circumstances but not in others. Just as God permits us to divert rivers for irrigation, so too ought he permit us to divert blood from our veins.
2. If by 'divine order' is meant the natural laws God has willed for us, which are (a) discerned by reason, (b) such that adherence to them will produce our happiness, then why should not suicide conform to such laws when it appears rational to us that the balance of our happiness is best served by suicide?
3. Finally if by 'divine order' is meant simply that which occurs according to God's consent, then God appears to consent to *all* our actions (since an omnipotent God can presumably intervene in our acts at any point) and no distinction exists between those of our actions to which God consents and those to which He does not. If God has placed us upon the Earth like a "sentinel," then our choosing to leave this post and take our lives occurs as much with his cooperation as with any other act we perform. (We have free will and the Father never interferes with our free will.)

Furthermore, suicide does not necessarily violate any duties toward other people, according to Hume. Reciprocity may require that we benefit society in exchange for the benefits it provides, but surely such reciprocity reaches its limit when by living we provide only a "frivolous advantage" to society at the expense of significant harm or suffering for ourselves. In more extreme situations, we are actually burdens to others, in which case our deaths are not only "innocent, but laudable."

Finally, Hume rejects the thesis that suicide violates our duties to self. Sickness, old age, and other misfortunes can make life sufficiently miserable that continued existence is worse than death. As to worries that people are likely to attempt to take their lives capriciously, Hume replies that our natural fear of death ensures that only after careful deliberation and assessment of our future prospects will we have the courage and clarity of mind to kill ourselves.

In the end, Hume concludes that suicide "may be free of imputation of guilt and blame." His position is largely utilitarian, allied with a strong presumption of personal liberty. The Enlightenment was of course not univocal in its comparatively permissive attitudes toward suicide. The most vociferous opponent of suicide in this period was Immanuel Kant. Kant's arguments, though they reflect earlier natural law arguments, draw upon his view of moral worth as emanating from the autonomous rational wills of individuals. (Cholbi 2000) For Kant, our rational wills are the source of our moral duty, and it is therefore a kind of practical contradiction to suppose that the same will can permissibly destroy itself. Given the distinctive worth of an autonomous rational will, suicide is an attack on the very source of moral authority.

To annihilate the subject of morality in one's person is to root out the existence of morality itself from the world as far as one can, even though morality is an end in itself. Consequently, disposing of oneself as a mere means to some discretionary end is debasing humanity in one's person... (Kant 423)

The nineteenth and early twentieth centuries brought several developments that, while not explicitly philosophical, have shaped philosophical thought about suicide. The first was the emergence, in novels by Rousseau, Goethe, and Flaubert, of a Romantic idealized 'script' for suicide, according to which suicide was the inevitable response of a misunderstood and anguished soul jilted by love or shunned by society (Lieberman 2003.) The second was the recognition of psychiatry as an autonomous discipline, populated by experts capable of diagnosing and treating melancholy, hysteria and other ailments responsible for suicide. Lastly, largely thanks to the work of sociologists such as Durkheim and Laplace, suicide was increasingly viewed as a social ill reflecting widespread alienation, anomie, and other attitudinal by-products of modernity. In many European nations, the rise in suicide rates was thought to signal a cultural decline. These latter two developments made suicide prevention a bureaucratic and medical preoccupation, leading to a wave of institutionalization for suicidal persons. All three conspired to suggest that suicide is caused by impersonal social or psychological forces rather than by the agency of individuals.

Suicide was of central concern for the twentieth century existentialists, who saw the choice to take one's life as impressed upon us by our experience of the absurdity or meaninglessness of the world and of human endeavour. Albert Camus illustrated this absurdity in his philosophical essay *The Myth of Sisyphus*. For Camus, Sisyphus heroically does not try to escape his absurd task, but instead perseveres and in so doing resists the lure of suicide. Suicide, Camus contends, tempts us with the promise of an illusory freedom from the absurdity of our existence, but is in the end an abdication of our responsibility to confront or embrace that absurdity head on. (Campbell and Collinson 1988, 61-70). Jean-Paul Sartre was likewise struck by the possibility of suicide as an assertion of authentic human will in the face of absurdity. Suicide is, according to Sartre, an opportunity to stake out our understanding of our essence as individuals in a godless world for the existentialists, suicide was not a choice shaped mainly by moral considerations but by concerns about the individual as the sole source of meaning in a meaningless universe.

### **3. The Morality and Rationality of Suicide**

#### **3.1 Moral Permissibility**

The principal moral issue surrounding suicide has been

1. Are there conditions under which suicide is morally justified, and if so, which conditions?

Several important historical answers to (1) have already been mentioned.

Note that this question should be distinguished from three others:

1. Should other individuals attempt to prevent suicide?
2. Should the state criminalize suicide or attempt to prevent it?
3. Is suicide ever rational or prudent?

Obviously, answers to any one of these four questions will bear on how the other three ought to be answered. For instance, it might be assumed that if suicide is morally permissible in some circumstances, then neither other individuals nor the state should interfere with suicidal behaviour (in those same circumstances). However, this conclusion might not follow if those same suicidal individuals are irrational and interference is required in order to prevent them from taking their lives, an outcome their more rational selves might regret. Furthermore, for those moral theories that emphasize rational autonomy, whether an individual has rationally chosen to take her own life may settle all four questions. In any event, the interrelationships among suicide's moral permissibility, its rationality, and the duties of others and of society as a whole is complex, and we should be wary of assuming that an answer to any one of these four questions decisively settles the other three.

### **3.2 The Deontological Argument from the Sanctity of Life**

The simplest moral outlook on suicide holds that it is necessarily wrong because human life is sacred. Though this position is often associated with religious thinkers, especially Catholics, we find similar positions in Kant and in Ronald Dworkin (Dworkin 1993.) According to this 'sanctity of life' view, human life is inherently valuable and precious, demanding respect from others and reverence for oneself. Hence, suicide is wrong because it violates our moral duty to honour the inherent value of human life, regardless of the value of that life to others or to the person whose life it is. The sanctity of life view is thus a deontological position on suicide.

The great merit of the sanctity of life position is that it reflects a common moral sentiment, namely, that killing is wrong in itself. The chief difficulties for the sanctity of life position are these:

First, its proponents must be willing to apply the position consistently, which would also morally forbid controversial forms of killing such as capital punishment or killing in wartime. But it would also forbid forms of killing that seem intuitively reasonable, such as killing in self-defence. To accept the sanctity of life argument seems to require endorsing a thorough going pacifism.

Secondly, the sanctity of life view must hold that life itself, wholly independent of the happiness whose life it is, is valuable. Many philosophers reject the notion that life is intrinsically valuable, since it suggests, e.g., that there is value in keeping alive an individual in a persistent vegetative state simply because she is biologically alive. It would also suggest that a life certain to be filled with limitless suffering and anguish is valuable just by virtue of being a human life. Peter Singer (Singer 1994) and others have argued against the sanctity of life position on the grounds that the value of a continuing life is not intrinsic but extrinsic, to be judged on the basis of the individual's likely future quality of life. If the value of a person's continued life is measured by its likely quality, then suicide may be permissible when that quality is low (see [section 3.5](#)) (This is not to suggest that quality of life assessments are straightforward or uncontroversial. See Hayry 1991 for discussion).

Finally, it is not obvious that adequate respect for the sanctity of human life prohibits ending a life, whether by suicide or other means. Those who engage in suicidal behaviour when their future promises to be extraordinarily bleak do not necessarily exhibit insufficient regard for the sanctity of life. (Dworkin 1993, 238) To end one's life before its natural end is not necessarily an insult to the value of life. Indeed, it may be argued that suicide may be life-affirming in those circumstances where medical or psychological conditions reduce individuals to shadows of their former fully capable selves. (Cholbi 2002)

### 3.3 Religious Arguments

Two general categories of arguments for the moral impermissibility of suicide have emerged from the Christian religious tradition. The first of these is the aforementioned Thomistic natural law tradition, critiqued by Hume (see [section 2.3](#)). According to this tradition, suicide violates the natural law God has created to govern the natural world and human existence. This natural law can be conceived of in terms of (a) natural causal laws, such that suicide violates this causal order, (b) teleological laws, according to which all natural beings seek to preserve themselves, or (c) the laws governing human nature, from which it follows that suicide is 'unnatural' (Pabst Battin 1996, 41-48.) These natural law arguments are no longer the main focus of philosophical discussion, as they have been subjected to strenuous criticism by Hume and others. These criticisms include that the natural law arguments cannot be disentangled from a highly speculative theistic metaphysics; that these claims are not confirmed by observations of human nature (e.g., the existence of self-destructive human behaviours casts doubt on the claim that we "naturally" preserve ourselves); and that other acts (e.g., religious martyrdom) which God is assumed not to condemn, also violate these natural laws, making the prohibition on suicide appear arbitrary.

The second general category of religious arguments rest on analogies concerning the relationship between God and humanity. For the most part, these arguments aim to establish that God, and not human individuals, have the proper moral authority to determine the circumstances of their deaths. One historically prominent analogy (suggested by Aquinas and Locke) states that we are God's property and so suicide is a wrong to God akin to theft or destruction of property. This analogy seems weak on several fronts. First, if we are God's property, we are an odd sort of property, in that God apparently bestowed upon us free will that permits us to act in ways that are inconsistent with God's wishes or intentions. It is difficult to see how an autonomous entity with free will can be subject to the kind of control or dominion to which other sorts of property are subject. Second, the argument appears to rest on the assumption that God does not wish his property destroyed. Yet given the traditional theistic conception of God as not lacking in any way, how could the destruction of something God owns (a human life) be a harm to God or to his interests? (Holley 1989, 105.) Third, it is difficult to reconcile this argument with the claim that God is all-loving. If a person's life is sufficiently bad, an all-loving God might permit his property to be destroyed through suicide. Finally, some have questioned the extent of the duties imposed by God's property right in us by arguing that the destruction of property might be morally justified in order to prevent significant harm to oneself. If the only available means to saving myself from a ticking bomb is to stash it in the trunk of the nearest car to dampen the blast, and the nearest car belongs to my neighbour, then destroying his property appears justified in order to avoid serious harm to myself. Likewise, if only by killing myself can I avoid a serious future harm to myself, I appear justified in destroying God's property (my life).

Another common analogy asserts that God bestows life upon us as a gift, and it would be a mark of ingratitude or neglect to reject that gift by taking our lives. The obvious weakness with this "gift analogy"

is that a gift, genuinely given, does not come with conditions such as that suggested by the analogy, i.e., once given, a gift becomes the property of its recipient and its giver no longer has any claim on what the recipient does with this gift. It may perhaps be imprudent to waste an especially valuable gift, but it does not appear to be unjust to a gift giver to do so. As Kluge put it, "a gift we cannot reject is not a *gift*" (Kluge 1975, 124.) A variation of this line of argument holds that we owe God a debt of gratitude for our lives, and so to kill ourselves would be disrespectful or even insulting to God, (Ramsey 1978, 146) or would amount to an irresponsible use of this gift. Yet this variation does not really evade the criticism directed at the first version: Even if we owe God a debt of gratitude, disposing of our lives does not seem inconsistent with our expressing gratitude for having lived at all (Beauchamp 1992.) Furthermore, if a person's life is rife with misery and unhappiness, it is far from clear that she owes God much in the way of gratitude for this apparently ill-chosen "gift" of life. Defenders of the gift analogy must therefore offer a theodicy to defend the claim that life, because it is given to us by a loving God, is an expression of God's benevolent nature and is therefore necessarily a benefit to us (Holley 1989, 113-114.)

In addition, there is a less recognized undercurrent of religious thought that *favours* suicide. For example, suicide permits us to reunite with deceased loved ones (not true), allows us those who have been absolved of sin to assure their entrance to heaven (not true), and releases the soul from the bondage of the body. In both Christian and Asian religious traditions, suicide holds the promise of a vision of, or union with, the divine (false belief) (Pabst Battin 1996, 53-64.)

### 3.4 Libertarian Views and the Right to Suicide

For libertarians, suicide is morally permissible because individuals enjoy a *right* to suicide. (It does not of course follow that suicide is necessarily rational or prudent.) Libertarianism, which has historical precedent in the Stoics and in Schopenhauer, is strongly associated with the 'anti-psychiatry' movement of the last half century. According to that movement's critics, attempts by the state or by the medical profession to interfere with suicidal behaviour are essentially coercive attempts to pathologize morally permissible exercises of individual freedom (Szasz 2002.)

Libertarianism typically asserts that the right to suicide is a *right of non-interference*, to wit, that others are morally barred from interfering with suicidal behaviour. Some assert the stronger claim that the right to suicide is a *liberty right*, such that individuals have no duty not to commit suicide (i.e., that suicide violates no moral duties), or a *claim right*, according to which other individuals are morally obliged not only not to interfere with a person's suicidal behaviour but are in fact morally required to assist in that suicidal behaviour. Our having a claim right to suicide implies that we also have rights of noninterference and of liberty and is a central worry about physician-assisted suicide (Pabst Battin 1996, 163-164.) Since whether we have a liberty right to suicide concerns whether it violates other moral obligations, including obligations to other people, I shall leave discussion of that issue to [section 3.5](#) and focus here on whether there is a right of non-interference.

A popular basis for the claim that we enjoy a right to suicide is the claim that we own our bodies and hence are morally permitted to dispose of them as we wish. (In [section 3.3](#), we observed that some religious arguments for the impermissibility of suicide depend on God's ownership of our bodies.) On this view, our relationship to our bodies is like that of our relationship to other items over which we enjoy property rights: Just as our having a right to a wristwatch permits us to use, improve, and dispose of it as we wish, so too does our having a right to our bodies permit us to dispose of it as we see fit. Consequently,

since property rights are exclusive (i.e., our having property rights to a thing prohibits others from interfering with it), others may not interfere with our efforts to end our lives. The notion of self-ownership invoked in this argument is quite murky, since what enables us to own ordinary material items is their metaphysical distinctness from us. We can own a wristwatch only *because* it is distinct from us, and even under the most dualistic views of human nature, our selves are not sufficiently distinct from our bodies to make ownership of the body by the self a plausible notion. Indeed, the fact that certain ways of treating ordinary property are not available to us as ways of treating our bodies (we cannot give away or sell our bodies in any literal sense) suggests that self-ownership may be only a metaphor meant to capture a deeper moral relationship (Kluge 1975, 119.) In addition, uses of one's property, including its destruction, can be harmful to others. Thus, in cases where suicide may harm others, we may be morally required to refrain from suicide. (See [section 3.5](#) for arguments concerning duties to others)

Another rationale for a right of non-interference is the claim that we have a general right to decide those matters that are most intimately connected to our well-being, including the duration of our lives and the circumstances of our deaths. On this view, the right to suicide follows from a deeper right to self-determination, a right to shape the circumstances of our lives so long as we do not harm or imperil others. As presented in the "death with dignity" movement, the right to suicide is presented as the natural corollary of the right to life. That is, because individuals have the right not to be killed by others, the only person with the moral right to determine the circumstances of a person's death is that person herself and others are therefore barred from trying to prevent a person's efforts at self-inflicted death.

This position is open to at least two objections. First, it does not seem to follow from having a right to life that a person has a right to death, i.e., a right to take her own life. Because others are morally prohibited from killing me, it does not follow that anyone else, including myself, is permitted to kill me. This conclusion is made stronger if the right to life is inalienable, since in order for me to kill myself, I must first renounce my inalienable right to life, which I cannot do (Feinberg 1978.) It is at least possible that *no one* has the right to determine the circumstances of a person's death! Furthermore, as with the property-based argument, the right to self-determination is presumably circumscribed by the possibility of harm to others.

### **3.5 Social, Utilitarian, and Role-Based Arguments**

A fourth approach to the question of suicide's permissibility asks not whether others may interfere with suicidal behaviour but whether we have a liberty right to suicide, whether, that is, suicide violates any moral duties to others. Those who argue that suicide can violate our duties to others generally claim that suicide can harm either specific others (family, friends, etc.) or is a harm to the community as a whole.

No doubt the suicide of a family member or loved one produces a number of harmful psychological and economic effects. In addition to the usual grief, suicide "survivors" confront a complex array of feelings. Various forms of guilt are quite common, such as that arising from (a) the belief that one contributed to the suicidal person's anguish, or (b) the failure to recognize that anguish, or (c) the inability to prevent the suicidal act itself. Suicide also leads to rage, loneliness, and awareness of vulnerability in those left behind. Indeed, the sense that suicide is an essentially selfish act dominates many popular perceptions of suicide (Fedden 1938, 209.) Still, some of these reactions may be due to the strong stigma and shame associated with suicide, in which case these reactions cannot, without logical circularity, be invoked in arguments that suicide is wrong because it produces these psychological reactions (Pabst Battin 1996, 68-

69.) Suicide can also cause clear economic or material harm, as when the suicidal person leaves behind dependents unable to support themselves financially. Suicide can therefore be understood as a violation of the distinctive "role obligations" applicable to spouses, parents, and other caretakers. However, even if suicide is harmful to family members or loved ones, this does not support an absolute prohibition on suicide, since some suicides will leave behind few or no survivors, and among those that do, the extent of these harms is likely to differ such that the stronger these relationships are, the more harmful suicide is and the more likely it is to be morally wrong. Besides, from a utilitarian perspective, these harms would have to be weighed against the harms done to the would-be suicide by continuing to live a difficult or painful life. At most, the argument that suicide is a harm to family and to loved ones establishes that it is sometimes wrong.

A second brand of social argument echoes Aristotle in asserting that suicide is harm to the community or the state. One general form such arguments take is that because a community depends on the economic and social productivity of its members, its members have an obligation to contribute to their society, an obligation clearly violated by suicide (Pabst Battin 1996, 70-78.) For example, suicide denies a society the labour provided by its members, or in the case of those with irreplaceable talents such as medicine, art, or political leadership, the crucial goods their talents enable them to provide. Another version states that suicide deprives society of whatever individuals might contribute to society morally (by way of charity, beneficence, moral example, etc.) Still, it is difficult to show that a society has a moral claim on its members' labour, talents, or virtue that *compels* its members to contribute to societal well-being no matter what. After all, individuals often fail to contribute as much as they might in terms of their labour or special talents without incurring moral blame. It does not therefore seem to be the case that individuals are morally required to benefit society in whatever way they are capable, regardless of the harms to themselves. Again, this line of argument appears to show only that suicide is sometimes wrong, namely, when the benefit (in terms of future harm not suffered) the individual avoids by dying is less than the benefits she would deny to society by dying.

A modification of this argument claims that suicide violates a person's duty of reciprocity to society. On this view, an individual and the society in which she lives stand in a reciprocal relationship such that in exchange for the goods the society has provided to the individual, the individual must continue to live in order to provide her society with the goods that relationship demands. Yet in envisioning the relationship between society and the individual as quasi-contractual in nature, the reciprocity argument reveals its principal flaw: The conditions of this "contract" may not be met, and once met, impose no further obligations upon the parties. If a society fails to fulfil its obligations under the contract, namely to provide individuals with the goods needed for a decent quality of life, then the individual is not morally required to live in order to reciprocate an arrangement that society has already reneged on. As Baron d'Holbach wrote:

If the covenant which unites man to society be considered, it will be obvious that every contract is conditional, must be reciprocal; that is to say, supposes mutual advantages between the contracting parties. The citizen cannot be bound to his country, to his associates, but by the bonds of happiness. Are these bonds cut asunder? He is restored to liberty. Society, or those who represent it, do they use him with harshness, do they treat him with injustice, do they render his existence painful?... Chagrin, remorse, melancholy, despair, have they disfigured to him the spectacle of the universe? In short, for whatever cause it may be, if he is not able to support his evils, let him quit a world which from thenceforth is for him only a frightful desert. (d'Holbach 1970, 136-137)

Moreover, once an individual has discharged her obligations under this societal contract, she no longer is under an obligation to continue her life. Hence, the aged or others who have already made substantial contributions to societal welfare would be morally permitted to commit suicide under this argument.

To this point, we have addressed arguments that concern whether a moral *permission* to engage in suicidal behaviour exists. Yet the social arguments against suicide are fundamentally consequentialist, and some act-utilitarians have discussed the correlative possibility that the good consequences of suicide might so outweigh its bad consequences as to render suicide admirable or even morally *obligatory* (Coscolluela 1995, 76-81.) In fact, in some cases, suicide may be honourable. Suicides that are clearly other-regarding, aiming at protecting the lives or well-being of others, or at political protest, may fall into this category (Kupfer 1990, 73-74.) Examples of this might include the grenade-jumping soldier mentioned earlier, or the spy who takes his life in order not to be subjected to torture that will lead to his revealing vital military secrets. Utilitarians have given particular attention to the question of end-of-life euthanasia, suggesting that at the very least, those with painful terminal illnesses have a right to voluntary euthanasia (Glover 1990, chs. 14-15, Singer 1993, ch. 7.) Yet utilitarian views hold that we have a moral duty to maximize happiness, from which it follows that when an act of suicide will produce more happiness than will remaining alive, then that suicide is not only morally permitted, but morally required. Critics worry that a moral requirement to commit suicide raises the sinister and totalitarian prospect that individuals may be obliged to commit suicide against their wishes. (Moreland & Geisler 1990, 94, Pabst Battin 1996, 94-95) This worry may reflect an implicit acceptance of a variation of the sanctity of life view (see [section 3.2](#)) or may reflect concerns about infringements upon individual's autonomy (see [section 3.6](#)). One alternative for utilitarians is to adopt a rule-utilitarian standpoint according to which suicide would be morally forbidden because general adherence to a rule prohibiting suicide would produce better overall consequences than would general adherence to a rule permitting suicide (Brandt 1975, Pabst Battin 1996, 96-98.)

### 3.6 Autonomy, Rationality, and Responsibility

A more restricted version of the claim that we have a right to non-interference regarding suicide holds that suicide is permitted so long as — leaving aside questions of duties to others — it is rationally chosen, or to put it in a Kantian vernacular, if it is undertaken autonomously. This position is narrower than the libertarian view, in that it permits suicide only when performed on a rational basis and permits others to interfere when it is not performed on that basis.

This approach has given rise to a rich philosophical literature concerning the conditions for rational suicide. For the most part, this literature divides the conditions for rational suicide into *cognitive conditions*, conditions ensuring that individuals' appraisals of their situation are rational and well-informed, and *interest conditions*, conditions ensuring that suicide in fact accords with individuals' considered interests. Richard Brandt captures the spirit of this approach:

The person who is contemplating suicide is obviously making a choice between future world-courses: the world-course that includes his demise, say, an hour from now, and several possible ones that contain his demise at a later point... The basic question a person must answer in order to determine which world-course is best or rational for him to choose, is which he *would* choose under conditions of optimal use of information, when *all* of his desires are taken into account. It is not just a question of what we prefer *now*, with some clarification of all the possibilities being considered. Our preferences change, and the

preferences of tomorrow are just as legitimately taken into account in deciding what to do now as the preferences of today (Brandt 1975.)

Other examples of this approach include Glenn Graber, who states that a suicide is rationally justified "if a reasonable appraisal of the situation reveals that one is better off dead." (Graber 1981, 65.) An appraisal is reasonable, according to Graber, if one judges rationally about the likelihood of her present and probable future values and preferences being satisfied. On Graber's view, a suicide is rational if it results from a clearheaded assessment of how suicide would further or impede one's overall interests. Margaret Battin identifies three cognitive conditions for rational suicide (a facility for causal and inferential reasoning, possession of a realistic world view, and adequacy of information relevant to one's decision), along with two interest conditions (that dying enables one to avoid future harms, and that dying accords with one's most fundamental interests and commitments) (Pabst Battin 1996, 115.)

For the most part, suicidal individuals do not manifest signs of *systemic* irrationality, much the less the signs of legally definable insanity, (Radden 1982) and with the exception of severe psychopaths, engage in suicidal conduct voluntarily. However, these facts are consistent with the choice to engage in suicidal behaviour being irrational, and serious questions can be raised about just how often the conditions for rational suicide are met in actual cases of self-inflicted death. Indeed, the possibility of rational suicide requires that certain assumptions about suicidal individuals' rational autonomy be true which may not be in many cases. A person's choice to undertake suicidal behaviour may not be a reflection of her true self and her self-inflicted death could be an act that she would, in calmer and clearer moments, recoil at. In other words, even if there is a right to self-determination which in turn implies a right to suicide, it seems to imply a right to commit suicide only when one's true self is making that determination, and there are numerous factors that may compromise a person's rational autonomy and hence make the decision to engage in suicidal behaviour not a reflection of one's considered values or aims. Some of these factors cognitively distort agents' deliberation about whether to commit suicide. The act of suicide is often impulsive and poorly thought out, reflecting the intense psychological vulnerability of suicidal persons and their proclivity toward volatility and agitation (Cholbi 2002.) Suicidal persons can also have difficulty fully acknowledging the finality of their death, believing that (assuming there is no afterlife) they will continue to be subjects of conscious experience after they die. In what are known as dyadic suicides, the suicidal individual actually looks forward to the moment when she will (posthumously) enjoy having insulted or having exacted revenge upon another person.

**Particularly worrisome is the evident link between suicidal thoughts and mental illnesses such as depression.** While disagreement continues about the strength of this link (Pabst Battin 1996, 5) little doubt exists that the presence of depression or other mood disorders greatly increases the likelihood of suicidal behaviour. **Some studies of suicide indicate that over 90% of suicidal persons displayed symptoms of depression before death, while others estimate that suicide is at least 20 times more common among those with clinical depression than in the general population.** In cases of suicide linked with depression, individuals' attitudes toward their own death are coloured by strongly negative and occasionally distorted beliefs about their life situations (career prospects, relationships, etc.). As Brandt (Brandt 1975) observed, depression can "primitivize one's intellectual processes," leading to poor estimation of probabilities and an irrational focus on present suffering rather than on possible good future states of affairs. The suicidally depressed also exhibit romanticized and grandiose beliefs about the likely effects of their deaths (delusions of martyrdom, revenge, etc.) Furthermore, suicidal persons are often hesitant about their own actions, hoping that others will intervene and signalling to others the hope that

they will intervene (Shneidman 1985.) Finally, although repeated suicide attempts by the same individual are common, the impulse to suicidal behaviour is often transient and dissipates of its own accord (Blauner 2003). Taken together, these considerations indicate that, even if there is a right of self-determination, the scope of suicidal conduct that genuinely manifests fully informed and rational self-evaluation may be rare and so only occasionally will suicide be rational or morally permissible, even when excusable because irrational. (Philip Devine has even argued that suicide is *necessarily* irrational: Because no one has experience of death, a suicidal individual lacks the knowledge needed to judge continued life with its alternative (Devine 1978).) Moreover, if suicide is frequently not an expression of individuals' rational self-determination about their well-being, that suggests that others may have a *prima facie* reason to interfere with suicidal behaviour and so there is no general right to non-interference. (See [section 3.7](#))

### 3.7 Duties Toward the Suicidal

With the exception of the libertarian position that each person has a right against others that they not interfere with her suicidal intentions, each of the moral positions on suicide we have addressed so far would appear to justify others intervening in suicidal plans, at least on some occasions. Little justification is necessary for actions that aim to prevent another's suicide but are non-coercive. Pleading with a suicidal individual, trying to convince her of the value of continued life, recommending counselling, etc. are morally unproblematic, since they do not interfere with the individual's conduct or plans except by engaging her rational capacities (Coscolluela 1994, 35, Cholbi 2002, 252.) The more challenging moral question is whether more coercive measures such as physical restraint, medication, deception, or institutionalization are ever justified to prevent suicide and when. In short, the question of suicide intervention is a question of how to justify paternalistic interference.

As mentioned in [section 3.6](#), the impulse toward suicide is often short-lived, ambivalent, and influenced by mental illnesses such as depression. While these facts together do not appear to justify intervening in others' suicidal intentions, they are indicators that the suicide may be undertaken with less than full rationality. Yet given the added fact that death is irreversible, when these factors are present, they justify intervention in others' suicidal plans on the grounds that suicide is not in the individual's interests as they would rationally conceive those interests. We might call this the 'no regrets' or 'err on the side of life' approach to suicide intervention (Martin 1980, Pabst Battin 1996, 141, Cholbi 2002). Since most situations in which another person intends to kill herself will be ones where we are unsure of whether she is rationally choosing to die, it is better to temporarily prevent "an informed person who is in control of himself from committing suicide" than to do "nothing while, say, a confused person kills himself, especially since, in all likelihood, the would-be suicide could make another attempt if this one were prevented and since the suicidal option is irreversible if successful." (Coscolluela 1994, 40.) Further psychiatric or medical examinations may settle the matter regarding the rationality of the suicidal individual's decision. The coerciveness of the measures used should be proportional to the apparent seriousness of the suicidal person's intention to die.

A neglected aspect of our duties toward the suicidal is the possibility that we may have a moral duty to aid others to commit suicide. (This possibility is directly related to physician-assisted suicide and the larger question of whether the right to suicide is a claim right.) If there are circumstances that justify our intervening to prevent suicide undertaken irrationally or contrary to a person's self-interest, then the same paternalistic rationale would justify our helping to promote or enable those suicides that are rational and in accordance with a person's self-interest. The widespread moral acceptance of aiding others to commit

suicide may portend substantial moral perils, as it opens up the possibility that assisted suicide could be vulnerable to various forms of abuse, manipulation, or undue pressure that make an otherwise irrational suicide rational (Pabst Battin 1996, 145-157). For example, the family members and health care providers of a terminally ill patient might grow weary of the financial or personal burdens of caring for such a patient and decide to provide substandard palliative care in order to make suicide more attractive to that patient. Hence, by giving license for others to assist in suicides, we may unwittingly permit them to encourage suicides not because those suicides are in fact in the best interests of the individual in question, but because those suicides advance the interests of other people or of institutions. Indeed, a good deal of the apprehension surrounding physician-assisted suicide arise from worries about whether laws and institutional practices can be formulated that both permit others to aid in rational suicide while also preventing abuses and manipulation.

#### **4. Conclusion**

As the foregoing discussion indicates, suicide has been and continues to be a rich field of philosophical investigation. Recent advances in medical technology are responsible for the extensive philosophical attention paid to one kind of suicide, euthanasia or physician-assisted suicide (PAS), while more "run-of-the-mill" suicide motivated by psychological anguish is somewhat overlooked. This is somewhat unfortunate: Euthanasia and physician-assisted suicide raise issues beyond those associated with other suicides, including the allocation of health care resources and the patient-physician relationship. However, many of the same issues and concerns that surround PAS and euthanasia also surround run-of-the mill suicide, and many writers who address the former often disregard the vast literature on the latter.

Not only is suicide worthy of philosophical investigation in its own right, it is source of insight for various philosophical sub disciplines: moral psychology, ethical theory, social and political philosophy, the metaphysics of personhood, free will and action theory. Suicide is also an area where philosophical interests intersect with those of the empirical sciences. The collective efforts of philosophers and others continue to illuminate what has struck many people as the most incomprehensible and most troubling of human behaviours.

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### **Other Internet Resources**

- [American Association of Suicidology](#)
- [American Foundation for Suicide Prevention](#)
- [Ethics Updates](#), information on euthanasia, maintained by Lawrence M. Hinman, University of San Diego
- [Links on Suicide and Philosophy](#), maintained by Matt Pianalto, University of Arkansas
- [Bibliography on assisted suicide and public policy](#), by Jason F. Arnold, Institute of Human Values in Health Care. (PDF file)

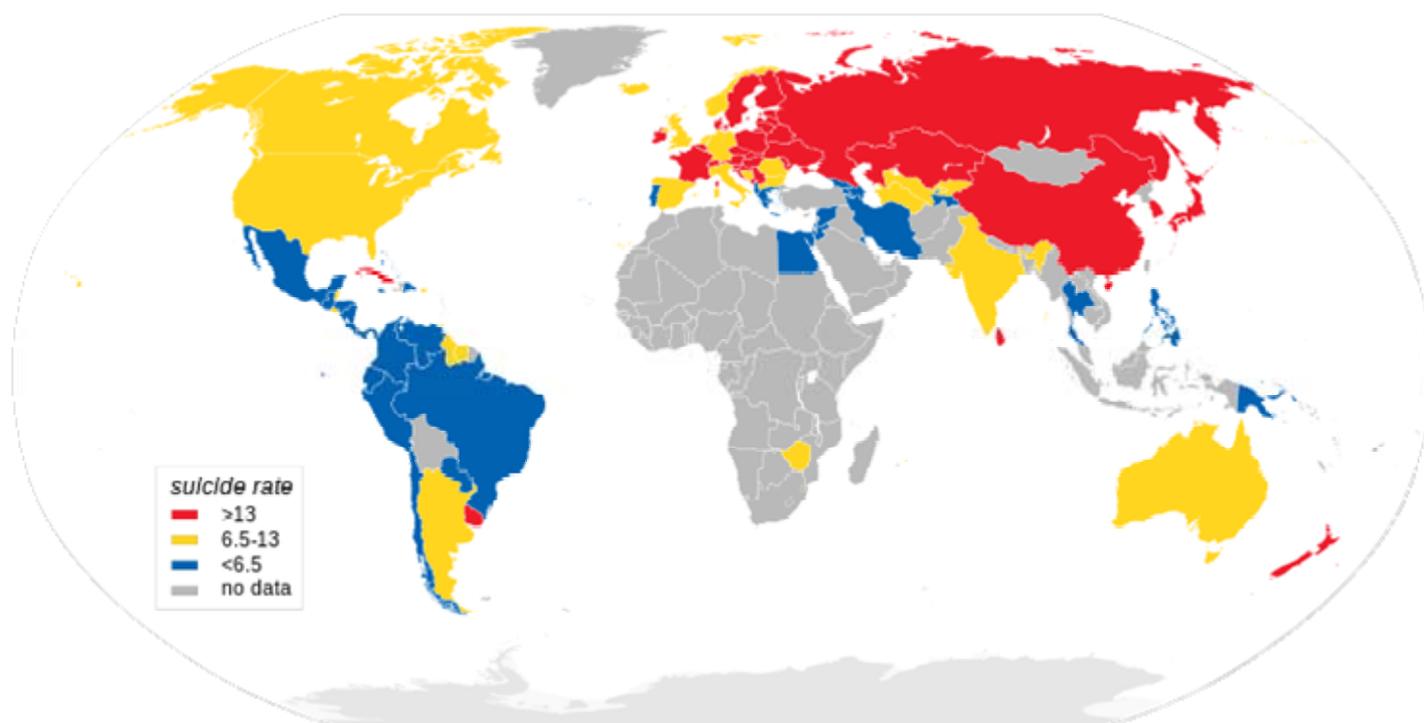


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## Suicidal Thoughts, Suicide Attempts, Major Depressive Episode, and Substance Use among Adults

- Among adults aged 18 or older who experienced a past year major depressive episode (MDE), 56.3 percent thought, during their worst or most recent episode, that it would be better if they were dead, 40.3 percent thought about committing suicide, 14.5 percent made a suicide plan, and 10.4 percent made a suicide attempt.
- Adults with a past year MDE who reported past month binge alcohol or illicit drug use were more likely to report suicidal thoughts and suicide attempts than their counterparts with a past year MDE who had not engaged in past month binge drinking or illicit drug use.
- In 2004, an estimated 106,079 emergency department (ED – USA) visits were the result of drug-related suicide attempts by persons aged 18 or older.
- A psychiatric condition was diagnosed in 41 percent (43,176) of the drug-related suicide attempts treated in the ED; the most frequent psychiatric diagnosis was depression.

### Introduction



**Suicide is a major public health problem in the United States. In 2003, suicide was the 11th leading cause of death among adults and accounted for 30,559 deaths among people aged 18 or older.<sup>1</sup> Suicide rates vary across demographic groups, with some of the highest rates occurring among males, whites, and the older population.<sup>2</sup> Suicide also is strongly associated with mental illness and substance use disorders.<sup>3</sup>**

**Individuals who die from suicide, however, represent a fraction of those who consider or attempt suicide. In 2003, there were 348,830 nonfatal emergency department (ED) visits by adults aged 18 or older who had harmed themselves.<sup>4</sup> Research suggests that there may be between 8 and 25 attempted suicides for every suicide death.<sup>3</sup> As with suicide completions, risk factors for attempted suicide in adults include depression and substance use.<sup>5,6</sup>**

**The mission of the Office of Applied Studies (OAS) in the Substance Abuse and Mental Health Services Administration (SAMHSA) is to collect, analyse, and disseminate critical public health data. OAS manages two national surveys that offer insight into suicidal ideation and attempts and, in particular, drug-related suicide attempts: the National Survey on Drug Use and Health (NSDUH) and the Drug Abuse Warning Network (DAWN).**

**NSDUH is the Nation's primary source of information on the prevalence of illicit drug use among the civilian, non-institutionalized population aged 12 or older and also provides estimates of alcohol and tobacco use and mental health problems in that population. NSDUH data provide information about the relationships between suicidal thoughts, suicide attempts, and substance use among adults aged 18 or older who have had at least one major depressive episode (MDE) during the past year.**

**DAWN is a public health surveillance system that measures some of the health consequences of drug use by monitoring drug-related visits to hospital emergency departments (EDs) in the United States. Data from DAWN provide information about the patients, types of drugs, and other characteristics of suicide-related DAWN ED visits.**

### **NSDUH Methods and Findings**

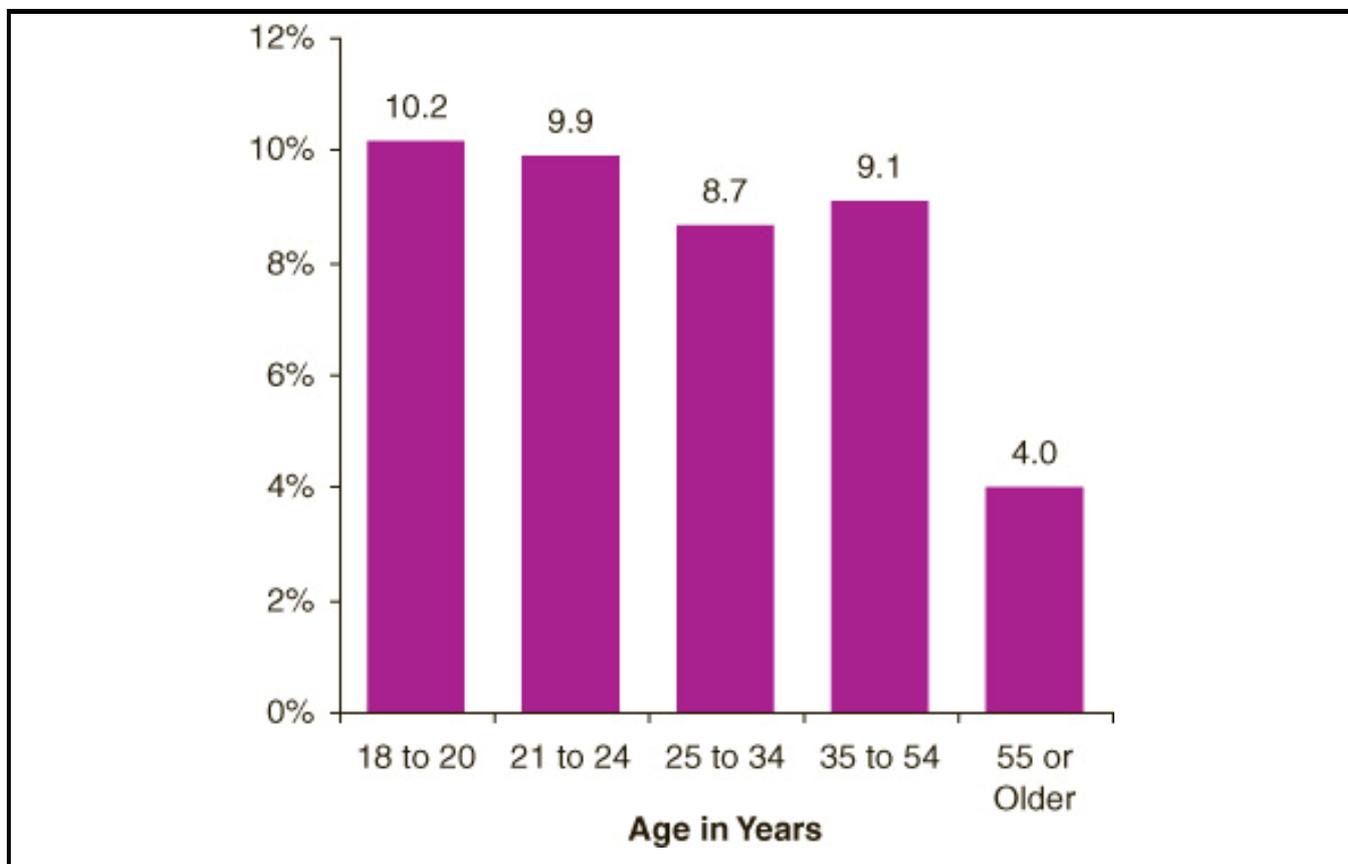
NSDUH asks adults aged 18 or older questions to assess lifetime and past year major depressive episodes (MDEs). MDE is defined using diagnostic criteria from the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,<sup>7</sup> which specifies a period of 2 weeks or longer during which there is either depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.<sup>8</sup> Suicide-related questions are administered to respondents who report having had a period of 2 weeks or longer during which they experienced either depressed mood or loss of interest or pleasure. These questions ask if (during their worst or most recent<sup>9</sup> episode of depression) respondents thought it would be better if they were dead, thought about committing suicide, and, if they had thought about committing suicide, whether they made a suicide plan and whether they made a suicide attempt.

NSDUH also asks all respondents about their use of alcohol and illicit drugs during the 12 months prior to the interview. *Binge alcohol use* is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. *Any illicit drug* refers to marijuana / hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type drugs used nonmedically.<sup>10</sup>

This section of the report examines the prevalence of suicidal thoughts among adults who experienced at least one MDE during the past year. Because mental illness and substance use commonly co-occur,<sup>11</sup> the prevalence of past year MDE, suicidal thoughts, and suicide attempts is also examined by substance use status.

**Prevalence of MDE.** In 2004-2005, 14.5 percent of persons aged 18 or older (31.2 million adults) experienced at least one MDE in their lifetime, and 7.6 percent (16.4 million adults) experienced an MDE in the past year. Females were almost twice as likely as males to have experienced a past year MDE (9.8 vs. 5.4 percent). Rates of past year MDE varied by age group, with adults aged 55 or older being less likely to have had a past year MDE than adults in all other age groups (Figure 1).

**Figure 1. Percentages of Adults Aged 18 or Older Reporting a Past Year Major Depressive Episode (MDE), by Age Group: 2004 and 2005 NSDUHs**



**Figure 1 Table. Percentages of Adults Aged 18 or Older Reporting a Past Year Major Depressive Episode, by Age Group: 2004 and 2005 NSDUHs**

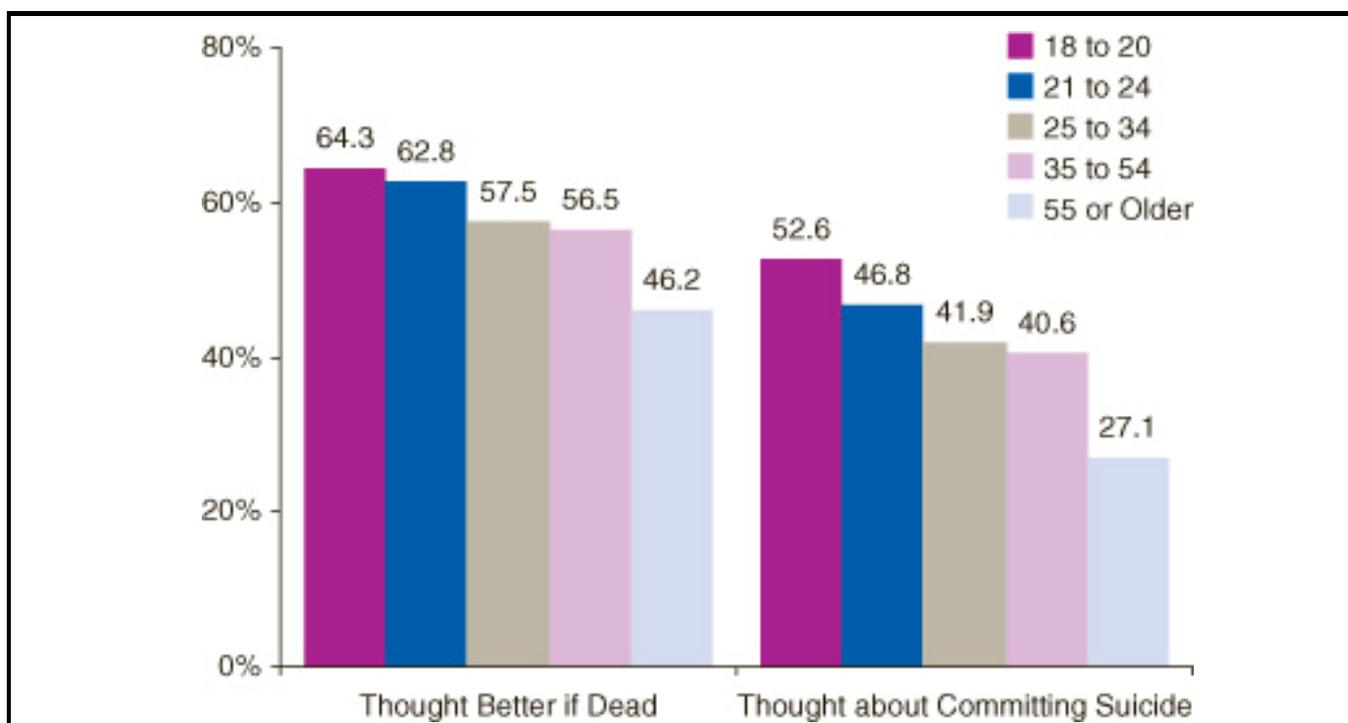
Age	Percentage
18 to 20	10.2

21 to 24	9.9
25 to 34	8.7
35 to 54	9.1
55 or Older	4.0

Source: SAMHSA, 2004 and 2005 NSDUHs.

**Suicidal Thoughts among Adults with MDE.** Among adults aged 18 or older who experienced a past year MDE, 56.3 percent thought, during their worst or most recent MDE, that it would be better if they were dead, and 40.3 percent thought about committing suicide. There were some differences in suicidal thoughts by gender and age. Although males and females with past year MDE did not differ significantly in the percentage who thought that it would be better if they were dead, males were more likely than females to have thought about committing suicide (45.5 vs. 37.6 percent). Among adults with a past year MDE, those aged 55 or older were less likely than individuals in all other age groups to have thought that it would be better if they were dead and to have thought about committing suicide (Figure 2). There were no significant differences in the prevalence of suicidal thoughts by region or urbanicity.

**Figure 2. Percentages Reporting Suicidal Thoughts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Age Group: 2004 and 2005 NSDUHs**



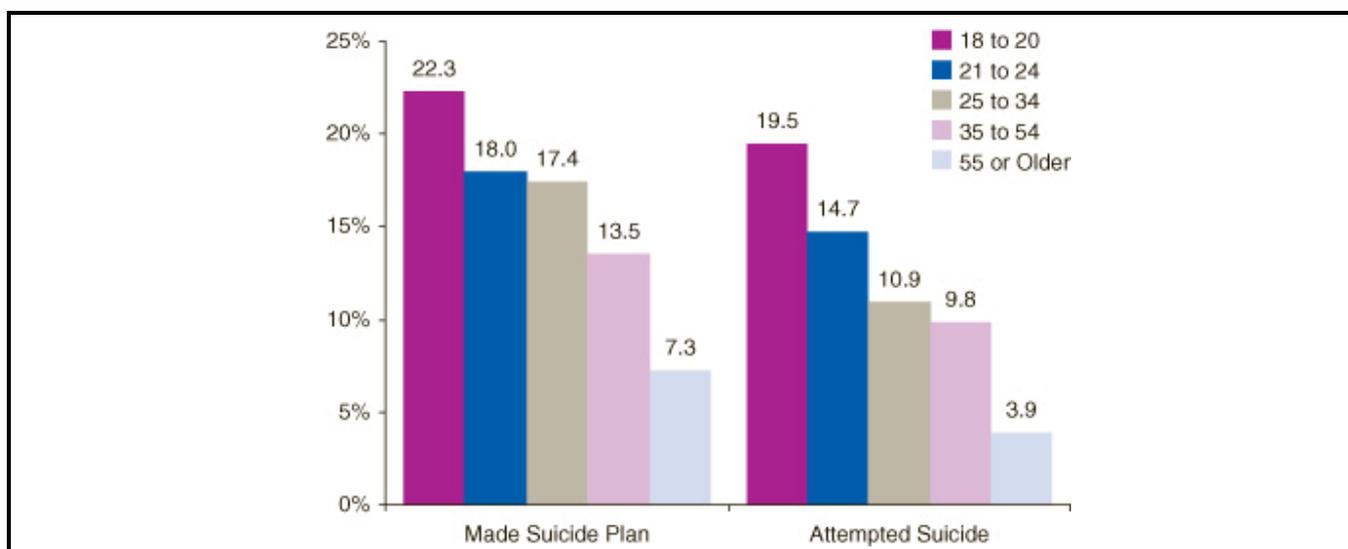
**Figure 2 Table. Percentages Reporting Suicidal Thoughts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Age Group: 2004 and 2005 NSDUHs**

	Age				
	18 to 20	21 to 24	25 to 34	35 to 54	55 or Older
Thought Better if Dead	64.3	62.8	57.5	56.5	46.2
Thought about Committing Suicide	52.6	46.8	41.9	40.6	27.1

Source: SAMHSA, 2004 and 2005 NSDUHs.

**Suicide Plans and Attempts among Adults with MDE.** Among persons aged 18 or older with a past year MDE, 14.5 percent made a suicide plan during their worst or most recent MDE. Also, 10.4 percent (1.7 million adults) made a suicide attempt during such an episode. There were no significant differences between males and females in attempting suicide, but males were more likely than females to have made a suicide plan (17.9 percent vs. 12.7 percent). There were also a few differences by age. Adults aged 55 or older with past year MDE were less likely than their counterparts in other age groups to have made a suicide plan (Figure 3). Adults aged 18 to 20 were more likely than adults in all other age groups to have attempted suicide. Among adults aged 18 or older with past year MDE, there were no significant differences in suicide planning or attempts by region or urbanicity.

**Figure 3. Percentages Reporting Suicide Plans and Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Age Group: 2004 and 2005 NSDUHs**



**Figure 3 Table. Percentages Reporting Suicide Plans and Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Age Group: 2004 and 2005 NSDUHs**

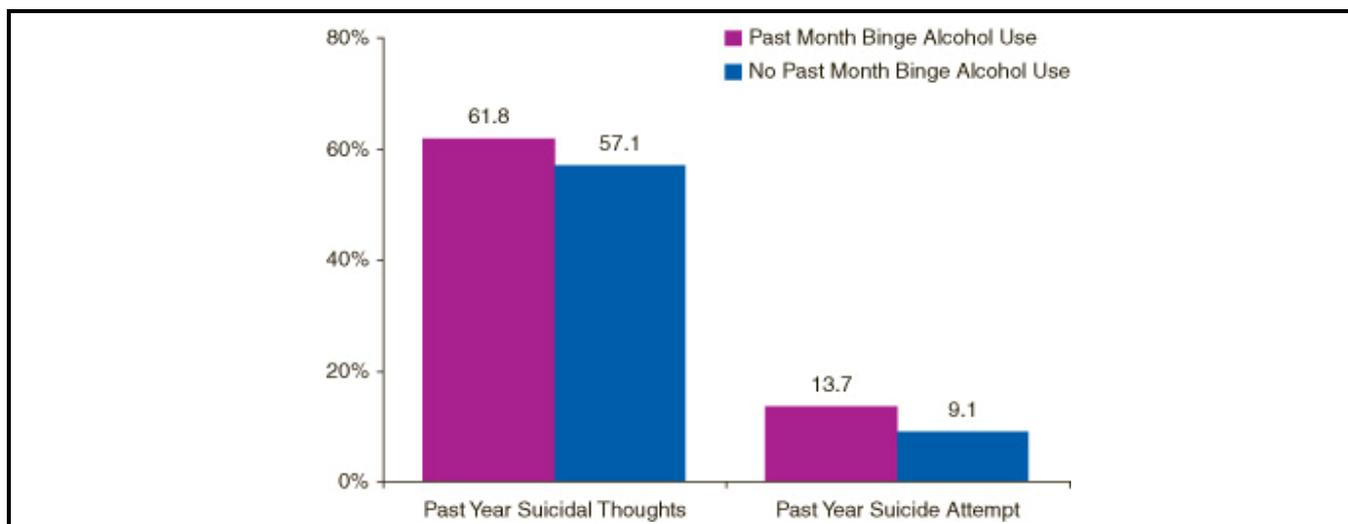
Age

	18 to 20	21 to 24	25 to 34	35 to 54	55 or Older
Made Suicide Plan	22.3	18.0	17.4	13.5	7.3
Attempted Suicide	19.5	14.7	10.9	9.8	3.9

Source: SAMHSA, 2004 and 2005 NSDUHs.

**Past Month Substance Use, MDE, and Suicidal Thoughts and Behaviours.** Adults aged 18 or older who reported binge alcohol use were more likely to report past year MDE than their counterparts who had not engaged in binge drinking (8.7 vs. 7.3 percent). In addition, adults with past year MDE and past month binge alcohol use were more likely to report past year suicidal thoughts and past year suicide attempts than those with MDE who did not binge drink (Figure 4).

**Figure 4. Percentages Reporting Suicidal Thoughts and Suicide Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Past Month Binge Alcohol Use: 2004 and 2005 NSDUHs**



**Figure 4 Table. Percentages Reporting Suicidal Thoughts and Suicide Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Past Month Binge Alcohol Use: 2004 and 2005 NSDUHs**

	Past Month Binge Alcohol Use	No Past Month Binge Alcohol Use
Past Year Suicidal Thoughts	61.8	57.1

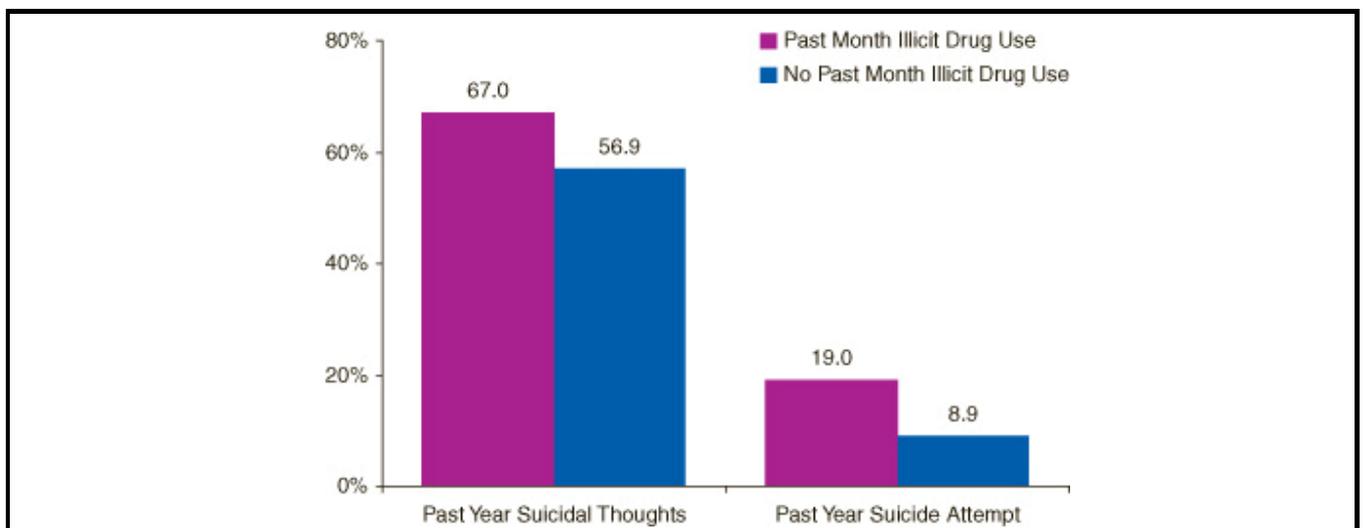
**Figure 4 Table. Percentages Reporting Suicidal Thoughts and Suicide Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Past Month Binge Alcohol Use: 2004 and 2005 NSDUHs**

	Past Month Binge Alcohol Use	No Past Month Binge Alcohol Use
Past Year Suicide Attempt	13.7	9.1

Source: SAMHSA, 2004 and 2005 NSDUHs.

Similarly, adults aged 18 or older who reported having used illicit drugs during the past month were more likely to report past year MDE than adults who had not used illicit drugs during the past month (14.2 vs. 7.1 percent). Rates of past year suicidal thoughts and suicide attempts were also higher among adults with past year MDE who had used illicit drugs during the past month than adults with past year MDE who had not used illicit drugs (Figure 5).

**Figure 5. Percentages Reporting Suicidal Thoughts and Suicide Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode (MDE), by Past Month Illicit Drug Use: 2004 and 2005 NSDUHs**



**Figure 5 Table. Percentages Reporting Suicidal Thoughts and Suicide Attempts among Adults Aged 18 or Older with a Past Year Major Depressive Episode, by Past Month Illicit Drug Use: 2004 and 2005 NSDUHs**

	Past Month Illicit Drug Use	No Past Month Illicit Drug Use
Past Year Suicidal Thoughts	67.0	56.9
Past Year Suicide Attempt	19.0	8.9

Source: SAMHSA, 2004 and 2005 NSDUHs.

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## DAWN Methods and Findings

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DAWN is a public health surveillance system that monitors drug-related ED visits in the United States. Data are collected from a nationally representative sample of short-stay, general, non-Federal hospitals that operate 24-hour EDs.<sup>12</sup> In DAWN, a drug-related ED visit is defined as any ED visit related to drug use. The drug must be implicated in the ED visit, either as the direct cause or as a contributing factor. For each drug-related ED visit, information is gathered from medical records about the number and types of drugs involved. These include illegal or illicit drugs, such as cocaine, heroin, and marijuana;<sup>13</sup> prescription drugs; over-the-counter medications; dietary supplements; inhalants; and alcohol.<sup>14</sup> DAWN differs from NSDUH in that it captures medical as well as nonmedical use of pharmaceuticals and includes pharmaceuticals sold over the counter as well as by prescription. DAWN also collects demographic information about the patients, their diagnoses, and their disposition (i.e., outcome) at the time of their discharge from the ED.

In this report, ED visits associated with drug-related suicide attempts<sup>15</sup> among persons aged 18 or older are examined. Although DAWN includes only those suicide attempts that involve drugs, these attempts are not limited to overdoses. Also included are suicide attempts made by other means (e.g., by firearm) when drugs are involved. National estimates of the number of ED visits involving drug-related suicide attempts in 2004 are presented, along with percentages of visits and visit rates per 100,000 population. The patients, types of drugs, and other characteristics of drug-related suicide attempts treated in EDs are described.<sup>16</sup>

**Characteristics of Patients Involved in ED Visits for Drug-Related Suicide Attempts.** In 2004, an estimated 106,079 ED visits were the result of drug-related suicide attempts by persons aged 18 or older. Females had a higher rate of these drug-related suicide attempts (57 visits per 100,000 population) than males (39 visits per 100,000 population) (Table 1). Comparing age groups, adults aged 18 to 34 had the highest rates of drug-related suicide attempts treated in the ED (from 75 to 90 visits per 100,000 population), while adults aged 55 or older had the lowest rate (10 visits per 100,000 population). Comparisons based on race and ethnicity are not possible because the racial / ethnic categories used by the Census Bureau are incompatible with the categories used by DAWN. Therefore, population data are not available to calculate rates.

<p><b>Table 1. Demographic Characteristics of Patients Aged 18 or Older Treated in Emergency Departments (EDs) for Drug-Related Suicide Attempts: National Estimates, 2004 DAWN</b></p>
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<b>Demographic Characteristics</b>	<b>Population (in millions)</b>	<b>Estimated ED Visits</b>	<b>ED Visits per 100,000 Population</b>
<b>Gender<sup>+</sup></b>			
Male	144.5	41,430	39
Female	149.1	64,632	57
<b>Age in Years<sup>++</sup></b>			
18-20	12.4	11,145	90
21-24	16.9	13,180	78
25-34	40.0	30,076	75
35-54	85.7	45,111	53
55 or Older	65.4	6,568	10

Source: SAMHSA, 2004 DAWN (September 2005 update).

A psychiatric condition was diagnosed in 41 percent (43,176) of the drug-related suicide attempts treated in the ED. The most frequent psychiatric diagnosis was depression, which was documented in 36 percent of the total visits (37,886 visits).

**Substances Involved in Drug-Related Suicide Attempts Treated in EDs.** In 2004, an average of 2.3 drugs were implicated in suicide attempts by adults aged 18 or older that were treated in the ED. Over 33 percent (35,560 visits) involved only one drug, 51.3 percent involved two or three drugs, and 15.2 percent involved four or more drugs.

About one third of the drug-related suicide attempts treated in the ED involved alcohol (Table 2). Alcohol is always reported to DAWN if the patient was younger than age 21. If the patient was aged 21 or older, alcohol is reported only if it was used with another drug. Although it is an illegal substance for persons under age 21, alcohol was involved in approximately 25 percent (2,504 visits) of the suicide-related DAWN ED visits by patients aged 18 to 20 and frequently was combined with another drug (2,504 visits). The suicide-related DAWN ED visits involving patients aged 55 or older had the lowest rate of alcohol involvement, although it should be noted that DAWN only captured these visits for adults if alcohol was used with another drug.

**Table 2. Selected Drugs Involved in Emergency Department (ED) Visits for Drug-Related Suicide Attempts among Persons Aged 18 or Older: National Estimates, 2004 DAWN**

<b>Selected Drug Category/Drug</b>	<b>Estimated ED Visits</b>	<b>Percentage of ED Visits</b>
------------------------------------	----------------------------	--------------------------------

<b>Alcohol</b>	35,242	33.2
<b>Illicit Drugs</b>	30,109	28.4
Cocaine	13,620	12.8
Marijuana	8,490	8.0
<b>Psychotherapeutic Medications</b>	62,502	58.9
Antidepressants	23,359	22.0
Anxiolytics/sedatives/hypnotics	41,188	38.8
Antipsychotics	11,968	11.3
<b>Pain Medications</b>	38,238	36.0
Opioids	15,706	14.8
Nonsteroidal anti-inflammatory agents (NSAIDs)	8,167	7.7
Acetaminophen/combinations	14,410	13.6
<b>Anticonvulsants</b>	7,961	7.5
<b>Cardiovascular Medications</b>	5,859	5.5

Source: SAMHSA, 2004 DAWN (September 2005 update).

Illicit drugs<sup>13</sup> were involved in an estimated 28.4 percent (30,109 visits) of the drug-related suicide attempts treated in the ED (Table 2). The most frequently reported illicit drug was cocaine (13,620 visits), followed by marijuana (8,490 visits).

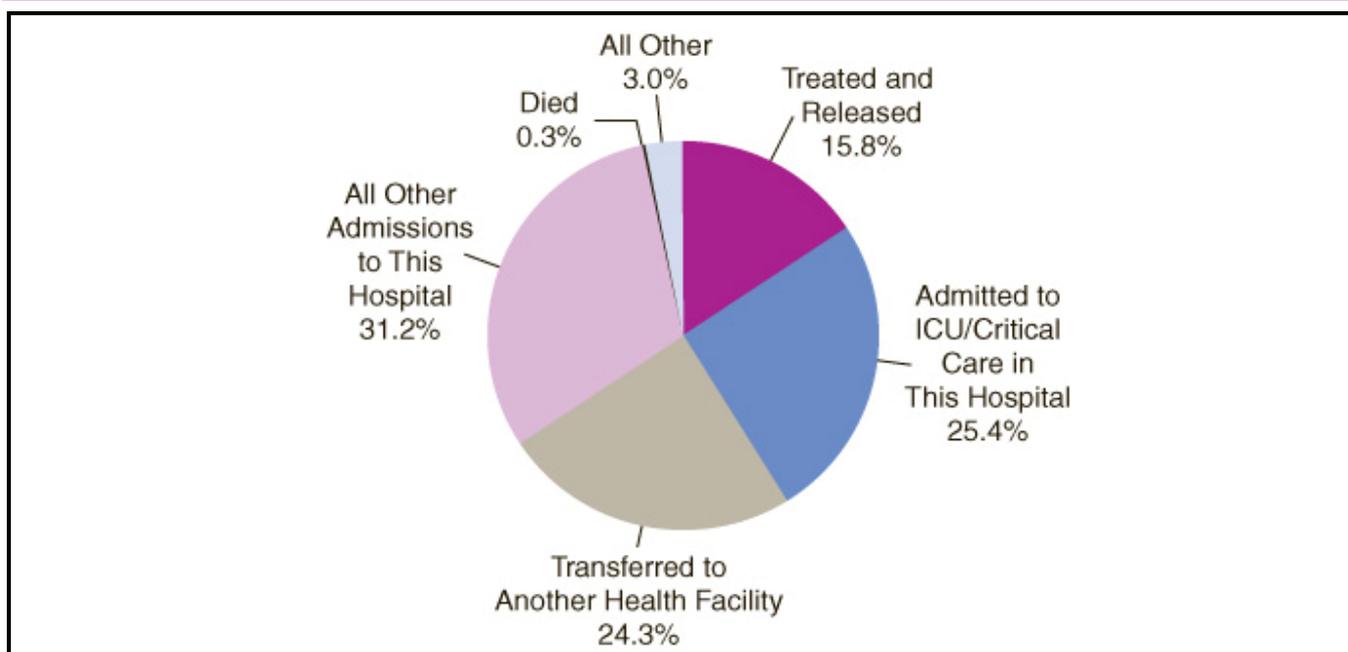
Almost 59 percent (62,502) of the drug-related suicide attempts treated in the ED involved a psychotherapeutic drug. Among these, drugs used to treat anxiety and sleeplessness (anxiolytics, sedatives, and hypnotics) were involved in 38.8 percent (41,188) of the drug-related suicide attempts; most of the drugs reported in these visits were benzodiazepines. Antidepressants were involved in 22.0 percent (23,359) of the visits. It should be noted that it is not possible in the DAWN system to distinguish the patients who had been prescribed antidepressants to treat pre-existing depression and other mental health problems from those who obtained antidepressants by other means.

Pain medications (analgesics) were involved in 36.0 percent (38,238) of the drug-related suicide attempts treated in the ED. Analgesics containing opiates were involved in an estimated 15,706 suicide attempts. They were followed in frequency by drugs containing acetaminophen (14,410 visits) and nonsteroidal anti-inflammatory agents (NSAIDs) (8,167 visits).

**Outcomes from Drug-Related Suicide Attempts.** The disposition of an ED visit provides information about the patient's outcome, as well as clues to the suicide attempt's severity (Figure 6). Of the estimated

106,079 drug-related suicide attempts treated in EDs, less than 1 percent ended in death in the ED. However, this estimate is based solely on ED records, which do not include patients who died before coming to the ED or after leaving the ED (e.g., after admission to the hospital). Patients in about 81 percent (85,789) of the visits received further treatment, either as inpatients at the same hospital (60,020) or by transfer to another health care facility (25,769). In an estimated 16 percent (16,811) of visits, the patients were released after treatment in the ED.

**Figure 6. Disposition from ED Visits for Drug-Related Suicide Attempts among Adults Aged 18 and Older: National Estimates, 2004 DAWN**



**Figure 6 Table. Disposition from ED Visits for Drug-Related Suicide Attempts among Adults Aged 18 and Older: National Estimates, 2004 DAWN**

Disposition	Percentage
Treated and Released	15.8
Admitted to ICU/Critical Care in This Hospital	25.4
Transferred to Another Health Facility	24.3
All Other Admissions to This Hospital	31.2
Died	0.3
All Other	3.0

**Source: SAMHSA, 2004 DAWN (September 2005 update).**

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**End Notes**

- <sup>1</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [Producer]. (2006, January 30). *Web-based Injury Statistics Query and Reporting System (WISQARS): Leading causes of death reports, 1999-2003*. Retrieved June 19, 2006, from <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>
- <sup>2</sup> See p. 8 of Anderson, R. N., & Smith, B. L. (2005). Deaths: Leading causes for 2002. *National Vital Statistics Reports*, 53(17), 1-89. [Available as a PDF at [http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53\\_17.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_17.pdf)]
- <sup>3</sup> Moscicki, E. K. (2001). Epidemiology of completed and attempted suicide: Toward a framework for prevention. *Clinical Neuroscience Research*, 1, 310-323.
- <sup>4</sup> Centers for Disease Control and Prevention, National Center for Injury Prevention and Control [Producer]. (2005, November 30). *Web-based Injury Statistics Query and Reporting System (WISQARS): Nonfatal injury reports*. Retrieved June 19, 2006, from <http://webappa.cdc.gov/sasweb/ncipc/nfirates2001.html>
- <sup>5</sup> Kessler, R. C., Borges, G., & Walters, E. E. (1999). Prevalence of and risk factors for lifetime suicide attempts in the National Comorbidity Survey. *Archives of General Psychiatry*, 56, 617-626.
- <sup>6</sup> Petronis, K. R., Samuels, J. F., Moscicki, E. K., & Anthony, J. C. (1990). An epidemiologic investigation of potential risk factors for suicide attempts. *Social Psychiatry and Psychiatric Epidemiology*, 25, 193-199.
- <sup>7</sup> American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- <sup>8</sup> In assessing MDE, no exclusions were made for MDE caused by medical illness, bereavement, or substance use disorders.
- <sup>9</sup> Individuals who could not recall the period of time when their depression was the worst were asked to report about the most recent time period.
- <sup>10</sup> NSDUH measures the nonmedical use of prescription-type pain relievers, sedatives, stimulants, or tranquilizers. Nonmedical use is defined as the use of prescription-type drugs not prescribed for the respondent by a physician or used only for the experience or feeling they caused. Nonmedical use of any prescription-type pain reliever, sedative, stimulant, or tranquilizer does not include over-the-counter drugs.
- <sup>11</sup> Hasin, D. S., & Nunes, E. (1997). Comorbidity of alcohol, drug and psychiatric disorders: Epidemiology. In H. R. Kranzler & B. Rounsaville (eds.), *Dual diagnosis and treatment: Substance abuse and comorbid mental and psychiatric disorders* (pp. 1-31). New York: Marcel Dekker Inc.
- <sup>12</sup> Specialty hospitals, including children's hospitals, are not eligible for DAWN.
- <sup>13</sup> In DAWN, *illicit drugs* include the following: cocaine, heroin, marijuana, stimulants (amphetamines and methamphetamine), MDMA (3,4-methylenedioxyamphetamine, or Ecstasy), GHB (gamma hydroxybutyrate), Flunitrazepam (Rohypnol), Ketamine, LSD (d-lysergic acid diethylamide), PCP (phencyclidine), miscellaneous hallucinogens, and inhalants.
- <sup>14</sup> For patients of all ages, alcohol is reported in the DAWN system if it was present in combination with other drugs. For patients under age 21, for whom alcohol use is illegal, alcohol also is reported if it was the only drug present.
- <sup>15</sup> In DAWN, a drug-related ED visit is classified as a suicide attempt if the ED medical record indicated that the patient tried to kill himself or herself, tried to end his or her life, or attempted suicide. Drug-related ED visits for which the medical record indicated that the patient had suicidal ideation, suicidal gestures, suicidal thoughts, or expressed that he or she wanted to hurt himself or herself but did not attempt suicide are not categorized as suicide attempts.
- <sup>16</sup> Because DAWN does not collect direct patient identifiers, it is not possible to identify patients who make return visits to the ED in a year. Therefore, DAWN generates annual estimates of drug-related ED visits, not estimates of patients who visit EDs.

**To liberate one's real self, one's will, being one's soul, is begun by embracing Feeling Healing, so as to clear emotional injuries and errors. With the Divine Love, then one is also Soul Healing. We are to feel our feelings, identify what they are, accept and fully acknowledge that we're feeling them, express them fully, all whilst longing for the truth they are to show us.**

**Release one's pain through expressing one's feelings.**

**in conjunction with**

**Longing for the Truth when also longing for Divine Love.**

### **WAY FORWARD:**

Statistics, we do not need anymore off.

To comprehend the mineral deficiencies, sciences may shortly enable the full periodic table of minerals to be assayed for the body so that deficiencies (singular or multiple) can be addressed with an accuracy and economy never before available. Presently, only about 15 of the some 60 minerals can be assayed at significant cost and time and some with questionable accuracy.

The Canadian program, available through Life Line, being a two day training agenda for health carers, called Applied Suicide Intervention Skills Training (ASIST) is a suicide prevention course for consideration.

Clearly, whatever assistance that can be introduced to those in such pain, can and should be complimented with programs such as:

Journey Process as developed by Brandon Bays.

Emotion Code as developed by Dr Bradley Neslon.

However, Feeling Healing as shared by James Moncrief is the way to proceed.

It is the share of love and listening to those who are in such pain is the most positive way forward. The body is such a sacred thing. It is a temple for your soul, being your real self, which is imbedded within your spirit body.

Firstly, we must be able to recognise those in crisis.



***“Never can one man do more for another man than by making it known of the availability of the Feeling Healing process and Divine Love.” JD***



LivingWorks

enhancing resources today · saving lives for tomorrow

LivingWorks  
invites you to

asIST®

## Applied Suicide Intervention Skills Training

A two-day interactive workshop in suicide first-aid

Suitable for all kinds of caregivers ~ professional workers, volunteers, people responding to family, friends and co-workers

*Make a difference ~ Come to ASIST ~ Learn how to help.*



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email: [info@livingworks.org.au](mailto:info@livingworks.org.au)

### About LivingWorks

Our mission is to create learning experiences that help communities prevent suicide. LivingWorks has been widely accepted and valued in Australia since its introduction in 1995. Starting in Canada in the early 1980s, LivingWorks is now available in many other countries including Norway, the USA, New Zealand and the UK. Almost half a million have participated worldwide - over 25,000 in Australia.

ASIST trainers complete a 5-day LivingWorks train the trainer course. Over 250 trainers in Australia and New Zealand combine their knowledge of local communities with the benefits of standardised LivingWorks training and materials.

LivingWorks' commitment to quality also includes reviewing feedback, updating content, improving learning processes, ongoing evaluation and trainer support.

Other LivingWorks programs are companions to ASIST. They seek to increase awareness of suicide and explore ways the whole community might respond.

Find out more : [www.livingworks.org.au](http://www.livingworks.org.au)

LivingWorks in Australia and the South Pacific is auspiced by Lifeline

**Whilst we are receiving our Heavenly Parents' Divine Love, and that this Love is causing change within our soul and spirit attributes, the greatest Truth known to man and spirit is that this is the way our Mother and Father are actually loving us! When we progress, it is God's way of loving us into love and then we live what we are, love.**

## The challenge

### *Create a life-assisting community . . .*

Most people with thoughts of suicide would rather live.

How can we hear their distress and at the same time strengthen their reasons for living?

How can we reduce the number of people who die by suicide or sustain injuries through acts of self-harm?

While suicide rates in Australia have been declining in recent years, 45 people still take their own lives each week.

Suicide first aid helps meet some of the challenges in reducing suicidal behaviour. It could help save a life.

## The opportunity

### *It begins with you . . .*

Most people thinking about suicide signal and share their pain - they offer us opportunities to respond.

Suicide intervention training can help all of us see, hear and respond to these invitations.

Suicide first aid is an important part of intervention training. It can make us more alert to invitations for help. It can also increase our confidence to ask about suicide when someone's safety may be in the balance.

If someone is at risk, suicide first aid prepares us to work with them to increase their immediate safety and get further help.

# ASIST

Applied  
Suicide Intervention  
Skills Training

## The workshop

### *Learn suicide first aid . . .*

ASIST trains participants to reduce the immediate risk of a suicide and increase the support for a person at risk.

The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help.

It encourages honest, open and direct talk about suicide as part of preparing people to provide suicide first aid. Participants also consider how personal attitudes and experiences might affect their helping role with a person at risk.

Active participation is encouraged. It is stimulated by audio-visuals and working with others in small groups. A suicide first aid model provides a framework for skills practice.

Attendance at the full two days is essential.

## The benefits

### *The benefits live on . . .*

ASIST helps people apply suicide first aid in many settings - with family, friends, co-workers and in more formal helping relationships. Benefits can be found in everyday situations, professional work, or volunteering.

Become better prepared to:

- recognise invitations to help
- reach out and offer support
- review the risk of suicide
- work with persons at risk to develop their safeplan
- link with community resources.

People remember and use what they learned at ASIST.

Benefits live on in the lives of those we help.

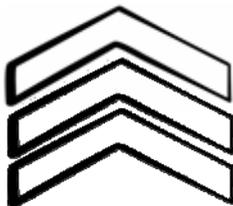
**“Father, open my soul to this Gift, Your Love. Open my soul and may Your Holy Spirit touch my soul and pour within it your essence, your Love that I may be transformed, that I might be your true child, embraced and carried, lit along my life’s path in the glory of your Light and care and protection.”**

**Jesus 11 May 2016**

**Celestial Truth:**

Truly all-loving;  
 Living true to oneself;  
 Mind supporting Feelings;  
 Living with the Divine Love;

Fully Healed of the Rebellion and Default.

**THE FEELING WAY**

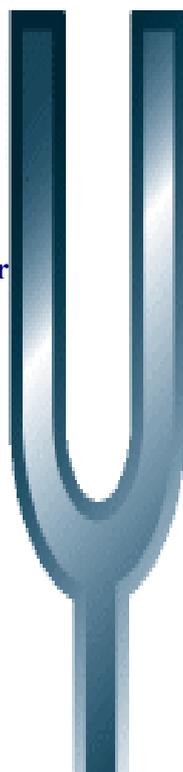
Feeling – Ascendance  
 Unlimited progression

- Living true to your untruth;
- Honouring all your bad feelings;
- Expressing feelings to uncover their truth;
- Healing the Rebellion and Default within yourself;
- Feeling unloved; being unloving;
- Feeling as bad as you can feel;
- Feeling like you are no one special;
- Longing for the Divine Love.

**The CHOICE is OURS to MAKE:****THE MIND WAY**

Mind – Transcendence  
 Limited progression

- Enlightenment, Nirvana, feeling all-loving;
- All false, mind-contrived. Anti-truth, anti-love;
- Still evolving the Rebellion and Default within yourself;
- Feeling and believing you are the Superior One;
- Living with your mind in control of your feelings;
- Living rejecting all your bad feelings;
- Living with your mind contriving you feel loved;
- Rejecting the Divine Love.



All religions, New Age, agnostic,  
 atheists, no spiritual interest,  
 Living the Rebellion and Default.

Hell:  
 Exploiting the Rebellion and Default.

The Feelings are the doer; the Mind the teller. So we are to go with our feelings, which we can't be told to do with our mind. So the longing for the Divine Love, doing our Healing by expressing our feelings and longing for their truth, are all feelings and doing it with longing. Whereas the mind just wants to tell us what to do and how to be, no feelings in it, all how our parents have treated us.

## Our FEELINGS are our SUPREME GUIDES:

# Feelings!

Feelings are what guide us through our ascension of truth. So they are really our Supreme Guides. Many people look for a person, spirit, angel, even God, for supreme guidance, however it's all right there already built in – in our feelings. We just have to submit to them, allowing them to take us where they will, expressing all the parts we want to express, letting the emotion drive that expression if it's there to be expressed, or just talking about all we feel and how feeling that feeling is making us feel – or, how we feel about having that feeling, all whilst longing for the truth of our feelings. Longing for the truth of our feelings is really: Longing for the truth of our self, because: we are our feelings. So life stirs up our feelings, we feel being alive; or, being alive means we are feeling, always feeling; and when we work out what and why we are feeling what we are, so then we know the truth of how we are. And over time the truth accumulates, and our mind expands our understanding of ourselves, all being driven from our feelings. Kevin 26 Sep 2017

## Using our feelings to uncover the whole truth of our negative or anti truth and anti love state.

Kevin: So whilst we're of an untrue state, then all we have got to help us understand why we feel bad, why we are wrong, why we are negative and anti love and truth, is our feelings. So if we focus on our bad feelings, they will lead us to the truth of why we're feeling bad. Which will be the truth of what happened to us to make us be this wrong way, and how we took on the wrong way and keep it going making us feel bad.

## FEELING HEALING

**Note:** The vital difference between emotion and feeling is that emotions have their roots in the past, and feelings relate to the present moment. Emotions represent our feelings which were not previously expressed, and these accumulate with time.

**Note:** Our feelings are soul-based. Our soul is always in truth. It is our soul based feelings, that when allowed to be freely recognised, we will begin to express and be who we are. This takes time and perseverance as we have encrusted our souls with layers upon layers of errors and false beliefs, it is these layers that will confuse the truth that our soul is conveying to us. Only by our progression with our Feeling Healing will our soul's expression of truth become clear and free of all cloudiness and contamination.



“What our soul needs in accordance with our own, individual, **Soul-Light-Plan-Of-Destiny** (your life's true destiny plan), They, being our Mother and Father, will give you as required. The only way we can know truly what we need is to honour and follow our true feelings. They, springing from our soul, literally telling us what we need, and so when we genuinely feel we need something, we apply our will to get it. The hard part is knowing if our feelings are true, and until we have done our whole soul-healing, they won't be clear and total true.” James – Introduction Course to Divine Love Spirituality

# FEELING HEALING + SOUL HEALING

To heal one's self is to simply look to see what feelings we are refusing to let ourself feel, and accept them instead of denying them. And to fully accept them, one needs to express them, speak about them, let them have their say, rather than pushing them aside, refusing to let them make you feel bad.

Doing this all with the intention of seeking the truth of why you are feeling them, of speaking about and expressing all such feelings; all feelings you have, but ALL WITH the INTENTION of UNCOVERING the TRUTH THEY WANT YOU TO SEE ABOUT YOURSELF. And it's the wanting to see the truth of them that is very important, because if you just look to accept them and speak and express them, but not seek their truth, then that's all you'll be doing, speaking and expressing them, but not healing their causes, so not fixing the things within you that are making you feel bad. And it's the truth part of it, seeking the truth of your feelings, and so, seeking the truth through your feelings, that's vitally important. It's the truth of yourself, life, nature and God, that is the spiritual aspect to it all.

You CAN'T find the truth of yourself, or anything else, through and with only your mind. You HAVE to engage and look to your feelings. And so if you choose to allow your feelings to 'Show You the Way', then the truth will come as you express them. So to do our Soul-Healing consists of these steps, all of which are ongoing until it's done:

- **Admit you are feeling bad.**
- **Accept your bad feelings, identify what they are.**
- **Honour fully your bad feelings by expressing them, speaking about them to someone who is willing to hear you talk about them, or tell them out loud to our Heavenly Parents. Long for the truth of them. Long for the truth of why you feel bad – what deep within you is causing your bad feelings?**
- **And remember, bad feelings are Good! Not bad. They are not to be despised. And as hard as it is to accept them, they are still you, and a very real part of you. And if you persist in denying them and not allowing yourself to fully live them, then you are only going to keep yourself in your errors making things harder for yourself.**
- **All sickness and suffering, all bad things that happen to you, all your problems, all your addictions – your whole feeling-denying and untrue life, is all caused by your denial of bad feelings.**
- **Every problem in the world is brought about because everyone has been brought up to deny feelings, and in particular, most of their bad ones.**

If one is intent on spiritually evolving and growing in truth, then it's vital, and this is the key, that one looks to use one's feelings as the means to gain and have access to the truth of oneself. You CAN'T find the truth of yourself or anything else through and with only your mind. You HAVE to engage and look to your feelings. And so if you choose to allow your feelings to 'Show You the Way', then the truth will come as you express them.

Doing your Soul-Healing with the Divine Love, is really doing your 'Feeling-Healing'. We are designed — created — to be self-revealing of truth, and so we are all to uncover the truth within ourselves and for ourselves, and all being done by living true to our feelings. **If you accept, express and seek the truth of your feelings, then truth will come to you, and you'll grow spiritually. It's as easy as that. Also it is as easy as it is to long for, ask for and receive Divine Love.**

## Feeling bad is Good! It's okay to feel bad.

Feeling bad is good.  
 Feeling bad is GOOD!  
 It's not bad to feel bad – it's good.  
 FEELING BAD IS GOOD!  
 Very good!!!

And feeling really bad is also good.  
 And feeling worse is even better.  
 It's all very good!

It's okay to feel bad.  
 Bad feelings are okay.  
 It's good to feel bad.  
 Bad feelings are GOOD!

It's good to feel bad about feeling bad.  
 Your bad feelings are YOUR feelings.  
 YOUR bad feelings have a right.  
 A right to exist.  
 A right for you to feel them.

Your bad feelings are a part of you.  
 Bad feelings are good and they are your feelings!  
 ACCEPT THEM!

It's okay to feel bad, there is nothing wrong with feeling bad.  
 You might not like feeling bad, but it's okay to feel bad.  
 You are allowed to feel bad. Give yourself permission to feel bad.  
 Bad feelings shouldn't be dismissed.  
 Bad feelings already feel unwanted, why make them feel more rejected?  
 You are your bad feelings – if you reject them, you are rejecting yourself.  
 Why are you rejecting yourself? Why are you rejecting your bad feelings?  
 Is this how you want to live – rejecting a natural part of yourself?  
 Is this how you want to live, rejecting your bad feelings?

Feeling bad is normal. We all feel bad. We all feel bad a lot of the time, even if we won't admit it, or even if we're not aware of it.

There are many bad feelings, all sorts of different bad feelings, and they are a normal part of

you – of everyday life.  
 Bad feelings – your bad feelings – are to be welcomed. Bad feelings are to be wanted. Bad feelings are to be accepted.  
 Bad feelings are to be loved.

If you ignore or deny or dismiss or reject your bad feelings, what are you really doing? Denying, dismissing, rejecting yourself. Is this what you want to do? Because if you do, you'll only make yourself feel even worse.

You are your bad feelings – Your bad feelings are you.  
 Bad feelings have just as much right to life as good feelings.  
 Be true to your bad feelings – acknowledge, honour and accept them!  
 Accept your feelings.  
 Accept yourself.

### So Remember:

## Feeling bad is Good! Accept your bad feelings.

The full acceptance of your bad feelings, and the seeing of the truth they are trying to show you, comes from having expressed – spoken – about them. And speaking about them to someone who cares about you: a friend.

As you vent your feelings, the pent up ‘bad’ energy goes, often leaving you with the understanding of what they are all about: why you are feeling them. And once you understand and know this truth, then you are healed and free of them.

As young children we were all stopped from freely and fully expressing all our bad feelings. Things were done to us, we were forced to behave in ways we didn't want to, all of which made us feel bad. But we couldn't complain about how unjustly we were being treated. We tried, but often only to be met with harsher rejection treatment.

As adults we still have all this bad treatment going on within us. We formed patterns when we were young based around all the negative unloving parenting we had. And now being unconscious of these patterns we still (also unconsciously) expect bad things to happen to us to make us feel bad – and to feel just as bad as we did back then. And so bad things do happen. And we do feel bad.

So as an adult, we are experiencing life in the moment now as the adult, together with all we felt back when we were young, only we are unaware of it. Something will make us feel bad, and on the surface of it we might know why we are feeling bad, yet underneath, deeper within us, it will key into and trigger repressed bad feelings making us feel even worse in the situation than we might have otherwise felt.

So in doing our Feeling-Healing: healing our repressed childhood bad feelings through the feeling-

experiences of our current adult life, we need to use every bad feeling to help take us back 'down' inside ourselves, to connect with what made us feel the same bad feeling when we were young.

We are our bad feelings, and like them, WE ARE STILL WAITING TO BE HEARD.

The honouring, accepting and expressing of our bad feelings is our attempt to speak up and finally be listened to: to be accepted and loved – not rejected. And as an adult we can now do this, whereas, a child we could not.

And so if you no longer want to feel bad then through complete self-acceptance is the ONLY way to heal yourself – allowing yourself to feel as bad as you do feel. If you don't feel good about anything in your life or about anything to do with yourself – if you have one bad feeling at all, that feeling or bad thing will somehow be connected all the way through you to your early childhood. And so simply, if you feel bad about anything, if you are sick or don't like any aspect of yourself or your life, it's all because of how you were treated during your early childhood, and it's still going on deep within you. Your childhood has ended but the resulting mental and will patterns that dictate to a high degree your emotional and feeling state are all still in existence, still unconsciously controlling you. And because you are denying yourself the knowledge of these patterns, so too are you denying yourself the resulting feelings from them – all your bad feelings.

When you see the truth, the whole truth of your negative self-denial state, then with your will you can stop living in rebellion against yourself and choose to live positively. And in that choice you are healed.

### The aim of Feeling-Healing

The real aim of doing your feeling-healing is to perfect your relationship with yourself, with others, with nature, and in the end, with God.

Until we are living true to all our feelings and living wanting to grow in truth from our feeling experiences, we can't live a perfect relationship. If we live denying any part of our self we can't have true relationships.

Until we accept all of those parts of us we're denying, and understand why and how our denial came about, we can't live as our soul desires us to, as we have been created to live.

And when we do honour all our feelings and live the truth revealed by them, then naturally without any effort or mind control we'll just be perfect.

Many people try to seek God, try to understand the Greatest of all Mysteries before they try to understand themselves. We will never be able to understand or relate properly to God until we can understand and relate properly to ourselves. We come first. We have to learn how to fully honour and totally accept ourselves and then we can move out into the world and greater universe.

**We are to be true to our soul by living true to our feelings.**

To want to live true; true to how you feel, is to want to be perfect.  
And your feelings are the way.

## Prayers to our Mother and Father

From 'Religion of Feelings' by James Moncrief

**Please Mother and Father** help me accept my untrue state and bring up all my repressed feelings so I can see the full truth of why I feel so unloved and all that's wrong with me.

**Please Mother and Father** help me see the truth of myself through my feelings.

**Please my beloved Heavenly Parents**, fill my soul with Your Divine Love. I long for Your Divine Love; please answer my prayer and yearning to be at-one with You and do Your Will by living true to myself and all my feelings. Please fill my heart and soul with Your Divine Love – please make my soul like Yours – Divine.

**Please Mother and Father**, I want to uncover the whole truth of myself through my feelings. I want to be able to feel and accept just how bad I am, how bad I feel I am, how bad I've been in my life. I want to know the whole ugly truth of myself, see it and feel it and understand how I came to be it. Please reveal to me through my feelings all the truth of myself You want me to see. I want to be as You want me to be; I want to be true and perfect, Healed of all my rebelliousness and self- and feeling-denial; I want to be good, loving, true and happy, please help me become true to myself, true to my soul, true to You.

**Please Mother and Father help me**, I'm in such bad pain, I feel so alone, so miserable, so scared, what's going to become of me, I don't understand, what's the point of me, why have You made me; please help me see the truth of myself – all the truths of myself, nature, how to be in the world, of You both. I want to know, I want to know it all through my feelings, all that there is to see, the whole truth and nothing but the truth. Please help all my pain come to the surface of me so I can embrace and accept and express it out of me. I want to use my feelings to uncover the truth they are to show me; please help me to do that.

**Please Mother and Father love me**. I want You to love me. I want to feel fully loved by You. I don't want anything else, only to be with You. Please, that is all I am asking.

**Please make me feel how unloving I am**. Please show me the horrible truth that I am. I want to see and feel and understand the worst of me, please take me into my darkest scariest ugliest unwanted rejected places within myself. I don't want to feel all the dreadful pain that I know is there locked away inside me, yet I do also want it all to come up and out of me, and I want to use it to see the truth of my wrongness, the truth of how evil I am, the truth of my fucked up state. I no longer want to be false, pretending I am okay, using my mind to make me falsely believe I am good, happy, loved and loving, when I know I'm not. For how can I be when You've brought me into my unloving state, making me be of it. And as You want me to experience being this negative way, please show me the whole truth of it. I no longer want to deny any part of myself, or any of my bad feelings. I want them all to come up so I can express them, emoting their pain, feeling how bad You've made me feel all my life and all through my early life; I want to see why, and so reveal all the truth to myself. I want to be the living truth of myself, living true to my feelings and the truth they give rise to. Please help me to do my Healing, and please fill my soul with Your Divine Love.

The mind way is the 'dead' way; the feelings way is the 'alive' way.

### Examples of some prayers to God:

From 'Feeling Healing' by James Moncrief

**Please God** show me the truth of myself through my feelings.

Please help me see the truth about myself You want me to see.

And please help me feel all my repressed pain; please bring up all my bad feelings so I can express them and see what it is they are to show me about myself, my life, and You.

And please help me work through my blocks, I want to Heal myself, I want to become true to myself and true to my feelings and true to You – please help me do that.

**Heavenly Mother and Father**, I feel so bad, and I know I'm doing it to myself, but I can't help it. I can't stop my compulsive addictions, so will you please bring up the buried feelings in me and show me the reasons why I can't stop. Please! I want to know – I REALLY WANT TO KNOW why I do them. Please help me Mother and Father to uncover the truth of myself. Please, I beg you, please, please, please show me the truth of them so I can give them up. I hate feeling bad, yet I know I must so I can keep expressing my bad feelings to see the truth You want me to see, so please help me feel bad.

**Please Mother and Father** fill my heart and soul with Your Divine Love. Please give me Your Love. Please love me and make me feel loved by You. I want to feel You close to me, I want You to hold me, make me feel loved by You. I only want You and to do Your Will. Please help me bring up all my repressed feelings so I can express them and uncover their truth. Please help me do my Healing. Please give me Your Love.

**I hate you Mother and Father**; why have You given me such a shit awful life? I hate myself, I hate You, I hate everything about my life. I feel so bad all the time. I've expressed so many bad feelings and still I feel bad. It's not fair, it's not fair what You've done to me. I hate You! And I want You to help me Heal myself, so I can stop feeling bad. You put me in the shit for whatever reasons, and I want You now to help me get out of it and show me what it's all been about. Please help me to Heal myself so I no longer hate You.

**I long for Your Divine Love** Mother and Father. Please fill my soul with it. And please help me uncover the truth of myself through my feelings. I want to see it all! And please make it all end, I'm so tired of always feeling so bad, please take all my bad feelings away by making me feel them and showing me the truth I am to see.

**LOVE**  
is  
**Feelings First Spirituality, The New Way**

*Feelings First Spirituality, The New Way* is a contemporary ‘religion’ based on living true to yourself through your feelings. Understanding that all you need in life is contained within your soul and is shown to you through your feelings. And by loving your feelings, by attending to them properly (talking or writing them out of you) and not denying them, you can use them to uncover the truth of yourself – the truth of your soul.

*Feelings First Spirituality* is not a formalised religion that tells you how to be, that is too controlling and is actually bad for you, limiting your spiritual growth. You can be wholly self-revealing of the truths you need to be, being the person God created you to be, all by living true to your feelings.

*Feelings First Spirituality* has no formal structure because we understand we don't need one, our soul contains within it all the truth of our spiritual ascent. If we look to our feelings for the truth they want us to see about ourselves, nature and God, then what more do we need! Our true spiritual path is the path our feelings will lead us down, that is, provided we allow them to. This is the most spiritual we can be.

**Living the New Way of Feelings First Spirituality**

You come to the understanding from your life experiences that how you are is not right, it doesn't make you feel good – that you are wrong in some way. And you want to change yourself, you want to become right, true and perfect – you want to be like God is.

*And to do this you need to do your Healing*

Your Feeling-Healing is looking to your feelings for the truth of yourself, the truth being hidden in many of the feelings you are not wanting to face in life. So you have to end your feeling denial, accepting all your bad feelings (and good ones), express them (yet not necessarily acting upon them), whilst longing to uncover the truth they are to show you.

Or, you can do your Soul-Healing, which is your Feeling-Healing together with including longing directly to God for God's Divine Love. When you receive the Divine Love into your soul, it will cause your soul to become divine, and it will deepen your personal relationship with God. Long with all your heart to God for God's Divine Love.

<http://religionoffeelings.weebly.com/>

## **Feelings First Spirituality**

### **The New Way**

<p><b>By living true to ourselves, true to our feelings, we are living true to God. It's that simple.</b></p>
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# FEEL *for* TRUTH

The beauty of it all, is the truth comes to you through your own feelings. You don't need to be told it by anyone. You can work it all out for yourself. We are self-revealing of truth, it's how God created us to be, and by being it we'll feel the happiest we can feel. Truth is our great comforter, so when you feel it come up within you, ah it feels so good and you feel just right – perfect!

We know only how to deny feelings, now we can get to know how to accept them. And always with the truth being the most important part.

## FEELING TRUTH

If you don't want to uncover the truth of your feelings, then you can keep on expressing them forever but you will never fully heal yourself. Seeing the truth results in the Healing. And to see the truth you need to express all the pain out of you. The two things go hand in hand.

You can accept and express your bad feelings, letting off steam all day long, yet nothing will heal and nothing much will come of it. So this is where wanting your feelings to show you the truth of why you're feeling as you are is so important.

Don't go fishing with your mind, that will shut the truth out from rising up for you. **KEEP YOUR MIND OUT OF IT.** It's a feeling thing, doing your Feeling-Healing. (This is where we erred previously, and this how other modalities are in error.)



You long when you can, then stop longing and keep expressing. And at some point, and it might not even happen immediately, it might happen after days or weeks of expressing the same bad feelings, truth will come to you. And it does, it just comes up suddenly into your consciousness. You just know. You see the picture and you feel it's true. And you know it's true. And THEN your mind can come in and start sorting it out and putting in context.

It's the Truth that we are seeking. It's the End Point. The Reason for doing your Healing. You are to see the whole Truth of yourself. And to begin with, that's the whole truth of your unloving self, of your wrongness, of your evilness, of why you are as you are in your negative unloving mind-controlling state. To be able to fully accept yourself as you are, warts and all. To not fight or resist or try and change yourself, just to accept all you feel and all the truth of all those bad feelings you feel about yourself. And when you do, so you will be healed. You CAN'T heal yourself unless you uncover the truth of your pain, suffering and so the truth of all your bad feelings.

Through our Feeling-Healing we long for the truth of what we're feeling whenever we can. So as often as you can. You want, and REALLY WANT WITH ALL YOUR BEING, ALL YOUR WILL, to know why you are feeling bad. You yearn, want, long and beg and beg and BEG God to show you the truth of yourself through your feelings. So when you are expressing your bad feelings you can stop and long for the truth to show you what's going on, why do you feel so bad, and you can do it any time you think of it or feel to do it.

Notes from 'Feeling Healing' by James Moncrief

Heartfelt TRUTH

## Feelings First Spirituality The New Way

**Feelings First**  
**FF**  
**Feeling Free**

The New Way, Feelings First Spirituality  
Learn to live with God through your Feelings

Accept, express and long for the truth of your feelings

Be free in your feelings  
Free your feelings from your mind's control  
Live true to your feelings; your feelings are your true self  
Live true to yourself through your feelings



Live true to yourself by living true to your feelings.  
Long for the truth of your feelings.

Accept / Express / Bring out ALL of your good, and most importantly,  
BAD feelings.  
Want to understand why you're feeling them.  
Use your surface feelings to take you deeper into your repressed and  
hidden feelings.



The Feeling Way is the True Way.  
Your feelings are your spiritual guide.  
Your feelings will take you to God.



Your feelings will show you the truth of your relationships, including your relationship with God; and if anything is wrong, untrue and unloving, then why it is.

Our feelings are sacrosanct and we should respect them accordingly. And we should NEVER block them out, ignore, override, banish, deny or reject them, because if we do, we're only doing that to ourselves, as Our Feelings Are Our Self.

Our feelings are the gateway to our soul. Our feelings are the closest we can get to our soul. Knowing the truth of our feelings is knowing the truth of our soul, and knowing the truth of God.

Feelings First Spirituality is the True path for humanity.  
It embraces all people.  
It completely unifies the world.  
Everyone can relate to everyone else through their feelings.  
And we can all live the truth that comes from our feelings, all sharing the same truths as we express and have the same feelings.  
No one need be left out; no one is more special than anyone else – we are all united in Truth through our feelings.  
So with and through our truth we live our lives, therefore without the need of any man-made mind-laws, rules and restrictions that limit self-expression as inspired by our feelings.



The New Way, Feelings First Spirituality is what is to replace all man-made, mind-contrived religions that so many people have enslaved themselves to. The New Way, Feelings First Spirituality will set us free of all that control, ending the Rebellion and Default within ourselves as we do our Feeling-Healing, and ending such control and spiritual stagnation in the world.

Bring on the End Times – get it over and done with! Let's all see that Jesus is not going to come again, that Prophecy has failed all the mind-controlled platforms. Allow such false systems of belief to die their long-awaited natural death, they've overstayed their welcome, it's now time they fade away. So let us show such antiquated, erroneous systems of belief the exit and bring on the fresh liberation of discovering the truth of how we are to live for ourselves, each of us personally in our lives, and all by looking to our own feelings for it. Self-revelation through our feelings is the way to go.

The Way of the Mind is ending, and is really the End Times – the End of our mind control, and **it's about time!** With the Way of our Feelings replacing it.

The End Times means the end and therefore a New Beginning. And that new beginning is a whole new Spiritual Age – an age based on self-revelation of truth through one's feelings, coupled with and supported by higher revelations from the Celestial spirits, angels and nature spirits.



The Feelings First Spirituality is the True Way to God because it helps you get to know God, helping you to reach out, connect and be personal with God, and do God's Will, all through your feelings. It is the only true way of getting to know the God of Feelings – our beloved Heavenly Mother and Father, the Great Soul of Divine Love.

Love comes through our feelings and not our mind, as we've all been wrongly led to believe.

**Feelings First; then comes The Truth; then comes Love.**

**LOVE is the Religion of Feelings, being:**

**Feelings First Spirituality, The New Way**



my  
**House** is your  
**Paradise**  

**HOME**

**WE are meant to grow up LIVING FULLY CONNECTED to our FEELINGS:**

Humanity has always had an awareness and involvement with spirits, with life on the other side, because we are all heading that way, we all end up dying and becoming one of the spirits, and were humanity living rebellion-free, then nearly everyone would enjoy some level of spirit involvement either directly or indirectly, loving such an expansive awareness in life.

**We are meant to grow up living fully connected with our feelings in our physical reality, and at the same time with full feeling awareness of spirits and life after death, because after all, God is the greatest Spirit of us all.**

And so having an awareness and involvement with spirits can, and should, help us have more of an awareness with our Mother and Father. And it's not with just spirits, it's also with the angels who are with us all the time, and the nature spirits should we be open to them, and even higher spirits if we are to work with them, such as the Melchizedeks or Trinity Teacher Pairs. But mostly for those people involved with the Divine Love, it will be with the Celestials spirit group that is assigned to help them.



It is very important to understand that spirits and spirit life is meant to be part of life on Earth. However that's not to say everyone need to have an ongoing relationship with their spirit friends, but they can at least still be aware of spirits and spirit life and where we will be going and something about what to expect once we die. And when you are open to it, lessening the grip of one's fears about it, then we will find it will be just another aspect or level of life, and one that can give us quite a lot of comfort.

**TRUTH LOVING SOUL V ERROR INFLICTED MIND**



**Feeling  
Healing with  
Divine Love is  
the key!**



**To liberate one's real self, one's will, being one's soul, is by embracing Feeling Healing so as to clear emotional injuries and errors. With the Divine Love, then one is also Soul Healing. We are to feel our feelings, identify what they are, accept and fully acknowledge that we're feeling them, express them fully, all whilst longing for the truth they are to show us.**

# REVELATIONS



**Revelation 1:** Our soul becomes encrusted with harmful ways of life, plus negative and erroneous beliefs, these mainly stem from our childhood upbringing and environment. Thus we live untrue to ourselves, we become 'evil'. Whilst we hold to these injuries we limit the amount of Love that we can receive into our soul. To open our soul to the Love we must firstly and progressively feel into our emotional injuries and allow them to be released. Until we emotionally experience past errors and injuries we hold onto them.



To free our soul of damage and toxic emotions we must open ourselves to experiencing them. This is a progressive, slow and uncomfortable cleansing process that we must all experience. Only by addressing the generational injuries will we, as humanity, evolve in love.



To fully divest one's self of our badness, we have to 'go into' our feelings. Call this process of clearing toxic emotions as 'Letting Go', 'Emotional Processing', 'Journey Process' or 'Feeling Healing'. Embracing Divine Love then Feeling Healing becomes Soul Healing.

As part of our Feeling-Healing we will have to work our way into all our feelings to see if indeed they are coming truly from our heart and soul, or if they are being heavily influenced by our mind. And this will then lead us into questioning and uncovering the truth, if there is any, to our beliefs and why we behave the way we do; and is such behaviour based on truth, or is it based once again on untruth, belief, and rules of our mind.

**Revelation 2:** We can long for, ask for and receive the Mother and Father's Divine Love. The greater our soul is free of error and injury, the more of the Divine Love can be received and assimilated into our natural love formed soul. The Love does not free us of injury, however, it strengthens our resolve to continue on our journey to be free of error and injury, to step away from evil aspects that have been encapsulated within our humanness and soul. It is this Love, the Divine Love, that brings about immortality of our soul and it is this Love that will eventually fit us to enter the Celestial Heavens and progress for ever more onwards to Paradise. These two revelations free us from error and enable us to grow in love ever more.



**Immortality with the Love.**

# Steps UP!

## Quantum Jump 1



**REVELATION 1**  
James Padgett 1914 – 1923

James Padgett bravely introduced the availability of the Mother and Father's Divine Love and a great deal of additional guidance and information, all of which has been supplemented by Samuels, Judas, Reid and Arnold. All writers were under restrictions of personality and circumstances. Revelation 1 opened the door for humanity.

## Quantum Jump 2

**REVELATION 2**  
Marion and James Moncrief 2002  
– ongoing

Marion and James Moncrief have recognised the need for one to engage in Feeling Healing and, by their actions, removed restrictions that James Padgett and others above endured, thus JM is able to critique the writings of the past 100 years resolving points of confusion as well as expand on what has been written. Revelation 2 is humanity's turning point.

Due to the extra-ordinary nature of Revelations 1 and 2, humanity with the first Revelation would have continued on into its negative pathway of living, however, combining the first Revelation with Revelation two, now humanity can embrace this turning point and commence its evolutionary growth that has required two thousand years to put in place. This is the greatest event in the history of humanity and very few are aware of such, until we enable others to become aware.



Negative Spirit Influence  
blocked  
22 March 2017  
Law of Compensation  
quickenning  
22 May 2017



GEMS for ALL PEOPLE of all AGES to EMBRACE:

The GOLDEN AGE!

***Cause No Harm*** < to OTHERS  
to MYSELF

**Strive to love others as I am to love myself**

At any time, any where, and in any way you so please:

Approach our Heavenly Parents, in reverence, without fear or trepidation, just as we, as a child, approach our earthly parents knowing that open loving arms are extended to receive us at all times. As one's love grows for our Mother and Father in the Heavens, we come to know with absolute clarity and certainty that our Heavenly Parents, loves you and me and everyone in return, at all times, and that fear is an illusion created by man's mind.

God, who is our Heavenly Mother and Father, is almighty, all powerful, infinite, and all loving. The love of the Heavenly Parents for Their children, man, has been and is always infinite and ever present. As one's faith evolves, one's love for our Heavenly Parents will have no limit. As we grow in Their love, so will we grow in love for all of God's creations and our fellow man.

The Source Soul, our Heavenly Parents, simply desires for us to ask for Their Love.

God's Divine Love: Pray for it, ask for it, and receive it.

"I love you Father." "Let the Divine Love flow its energy into my soul."

"Mother, Father, I desire your Love and I am loving you."

"Soul God, I love you and I love receiving and experiencing your Divine Love."

"True Soul God, I am here, I am aware of your Love. Please hear my aspiration for your Love and as I approach you from my soul, I can feel your Love in the way that you are loving my soul."

"Please Mother and Father, may I receive Your LOVE."



Maybe we could simply long for and ask:

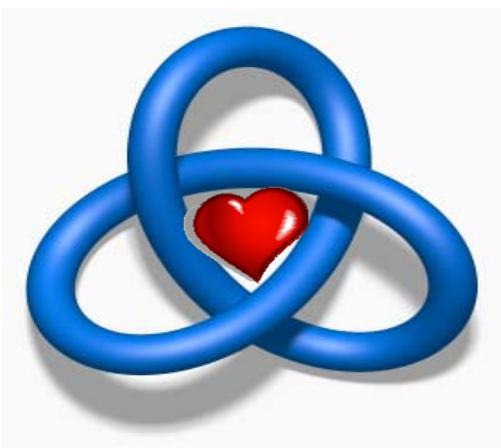
*Please, Mother and Father, I want some more of your Love!*



MoC 1,471



# PASCAS PERS



**Immortality with the Love.**

**Feeling  
Healing with  
Divine Love is  
the key!**



- Three Great Truths:**
- **God is Soul, being our Heavenly Mother and Father;**
  - **that each individual soul is a duplex – both male and female;**
  - **and Feeling Healing with Divine Love is the pathway to Paradise.**

**DIVINE LOVE:**<http://www.fcdt.org/divinelove.htm>

The words "Divine Love" have been used in many contexts to convey different meanings. But in the context of our Heavenly Father, Divine Love is the greatest gift in all the universe. It transcends all else that can assist humankind fulfil their dreams of happiness and have them resolved within themselves. God's Divine Love is the one thing in all of God's infinite universe that can bring about eternal life and everlasting happiness in the Celestial Kingdom.

***What is Divine Love?***

The Divine Love differs from the natural love of man with which he was endowed when created, which belongs to all humans, and which they all possess in a more or less perfect condition in this: that the Divine Love is that Love which belongs to or is a part of God, possessing His Nature and composed of His Substance, and which, when possessed by a human soul to a sufficient degree, makes him divine and of the nature of God.

***What is the New Birth?***

The New Birth is simply the effect of the flowing of this Divine Love of the Father into the soul of a man and the disappearing of everything that tends to sin and error. As the Divine Love takes possession of the soul, sin and error disappear. It, the soul, becomes of a quality like the Great Soul of the Father. And with the Soul of the Father being Divine and immortal in Its quality of Love, so, when the soul of man becomes possessed of this quality of Love, the soul being the man, this soul becomes divine also. Then, the image becomes the substance; the mortal becomes the immortal; and the soul of man, as to love and hope, becomes a part of the Father's Divinity.

### *How does one receive the Divine Love?*

The only way is simply this: that men shall believe with all the sincerity of their minds and souls that this great Love of the Father is waiting to be bestowed upon each and all of them; and that when they come to the Father in faith and earnest aspirations, this Love will not be withholden from them. And, in addition to this belief, that they pray with all the earnestness and longings of their souls that the Father will open up their souls to the inflowing of this Love, and that then may come the Holy Spirit to them to bring this Love into their souls in such abundance that their souls may be transformed into the very Essence of the Father's Love. The soul who will thus believe and pray will never be disappointed, and the Way to the Kingdom will be his as certainly as that the sun shines by day upon the just and unjust alike.

### *Take the test.*

Too often we are told to believe something based on what we are told. You don't have to "believe" anymore. Now you can have physical proof of the existence of God and His Love for you?

*"test my teachings that the Father's Love was now available, and pray for it to the Father in earnest prayer, and see whether, if this was done in sincerity, the Father's Love, conveyed through the Holy Spirit, would burn and glow in the soul, by which sign they would realize His Love was present therein." – Jesus*

[http://www.fcdt.org/Publications/NTRJ/ntr\\_1\\_9\\_22.htm](http://www.fcdt.org/Publications/NTRJ/ntr_1_9_22.htm)

Date: June 14 and November 5, 1955

Author: Jesus of Nazareth

Medium: Dr. Daniel G Samuels

Publication: New Testament Revelations of Jesus of Nazareth, p. 22

Take it to heart – earnestly pray for God's Divine Love and feel the glowing of His Love in your soul. Jesus gave us the Prayer for Divine Love to help us in our prayers to the Father.



**Note:** Following the writings of James Moncrief, one could consider that any reference to the Father, by other relevant writers, may be read as a reference to 'our Mother and Father'. Further, when considering soul healing, then reference to Divine Love could be referred to as 'Feeling Healing with Divine Love'.

# Divine Love

## The Gift that keeps Giving

*A general universal platform on how to experience Divine Love*

As more people become aware of the *Divine Love*, how to experience the Divine Love required a need to provide a general universal platform that is simple yet an effective way for one to experience *Divine Love*. People may learn about the availability of *Divine Love* by word of mouth or from reading literature that introduces this gift for our soul, and also by participating with group dynamics where the *Divine Love* is introduced and discussed. The essence of this standard platform is its independence so that the individual may feel guided to include this simple platform in their daily life and experience of *Divine Love*.

The platform introduced here is a technique that is simple, constant, practical and has been utilised in the general public for over 20 years with good consistent results, accommodating participants and their diversity of belief and cultural background. This platform is a reliable place to begin with the experience of *Divine Love*. It needs to be confirmed that accepting *Divine Love* rests with our soul and heart and that to experience this Love will comfort one in their individual faith experience as we all aspire toward the greater reality of Love, Truth and Spirit.

### A Universal Platform on How to Experience the Divine Love:

Firstly, you are aware now that you can experience the *Divine Love*.

Find a comfortable chair; sit down in a relaxed and normal position.

Close your eyes and take 3 deep single breaths in through your nose and out through your mouth to clear energy and to relax into this experience. Have a little faith and proceed without great expectations.

Gently turn your inner heart and voice to the Soul, God in faith when you feel ready, ask the Soul, God with your own loving voice for an inflowing of *Divine Love*. Having asked sincerely, there is no need to continuously ask. The Soul, God hears sincere love in the asking and so The Spirit that brings the Love acts, and *Divine Love* is now flowing.

Having asked once, you will be receiving the *Divine Love*.

Proceed without expectation on what will happen as you experience the Love.

Sometimes your mind may wander – or there are thoughts, feelings or physical sensations. Experiencing the *Divine Love* is never a forceful experience.

Continue for as long as you feel you would like to. This may be for 5 minutes or 20 minutes or an hour. Time will vary for the needs of the individual or group.

Take another few deep breaths to assist your focus. Give our love to the Soul, God and in our own voice inwardly say this Soul, God that you love this Soul and are grateful to receive this *Divine Love*.

Then when you feel ready, open your eyes and take another deep breath or two, and this closes the experience.

### Some helpful hints:

- This general universal platform on how to experience the *Divine Love* is uncomplicated. Some people have utilised this platform for over 20+ years, never needing to change.
- The essence of this standard platform is to experience the *Divine Love* in a comfortable way therefore this technique needs to be simple, effective and inclusive.
- Experiencing the *Divine Love* can be a long-term experience so to have a practical, simple, functional standard platform solves a lot of problems about *how to experience the Divine Love*.
- From this general platform people who like prayer or meditation, reflection, spirit communication, or just being *in* and *with* the Love can extend their experience from this standard position.
- Lastly, enjoy! And know that when a person is experiencing the *Divine Love* that one is in the tender care of the Soul God, and that no spirit interference will happen, for no spirit can interfere with the Sovereignty of *Divine Love*, which is God's Alone!
- Enjoy, Celebrate and Shine!

6<sup>th</sup> June 2014 Melbourne, Australia

A gift of experience from Zara and Nicholas endorsed by many, many others.



**Feelings first**

### **DIVINE LOVE – what does it do?**

The divine gift from asking for and receiving Divine Love will steadily, but with certainty, raises one's quality of life and also of all those around such person who is seeking and receiving this love.

The receiving of Divine Love, which is a substance, with certainty, progressively:

- Raises one's love for those around them, whilst embracing one's Feeling Healing.
- Raises one's perception of all things – naturally grows one's intelligence – soul intelligence.
- Enables one to feel and resolve negative emotional issues more readily during Feeling Healing.
- Humility becomes self evident. Humility enables one to feel their errors and emotions.
- Divine Love strengthens one's resolve to express errors, emotional injuries and untruths.
- Divine Love with Feeling Healing to remove emotional errors, enhances one's health.
- Divine Love enables one to become more childlike – not adult serious at all times.
- Divine Love raises one's capability of feeling – no longer needing to be mind controlling.
- By becoming feeling orientated, one no longer is mind / intellectually dominated.
- The strength to fight and overcome sin and error is strengthened through the Divine Love.
- The Law of Compensation process is more resolved by Feeling Healing with Divine Love.
- Receipt of Divine Love grows one's faith, beliefs become faith and then knowing.
- As our faith grows our intensity to ask and then receive Divine Love grows.
- We begin to follow our passions and desires, no longer fear and mind driven.
- Truth being told at all times then progressively becomes a way of life.
- Our quality of life blossoms, our finances and relationships prosper.
- Man creates his own environment, seeking Divine Love can vastly improve one's environment.
- Health carers receiving Divine Love enhance healing outcomes beyond comprehension.
- Receiving Divine Love may assist in bringing a struggling marriage back into harmony.
- You progressively become dependent upon our Heavenly Parents, not self dependent.
- Personal growth in love directly assists the soul condition growth of one's children.
- Divine Love assists one's rate of soul condition to progress whilst embracing Feeling Healing.
- Divine Love is a substance that changes the human soul to that of the Divine.
- Without Divine Love, one cannot progress into the Celestial Spheres (8<sup>th</sup> sphere and higher).
- Divine Love, with Feeling Healing, enables everlasting Love and Life in the Celestial Heavens.

“The Law of Compensation doesn't operate on isolated actions, but on the overall condition of people's souls, because the deeds are the consequence of this condition. Our behaviour is the reflection of our souls. Never see isolated deeds, always see souls whose condition leads to certain deeds. It is the soul condition which determines the motive and consequently the action. It is our lack of trust in God, this ultimate and definitive trust, which only soul development may give us. This lack is why we suffer.”

Judas of Kerioth 5<sup>th</sup> October 2001

As you grow in love, illness issues abate, financial security improves, and your treatment of your fellow man is the same as how you would like to be treated. You grow in natural intelligence, your perception on many subjects becomes profoundly more loving and supportive of and for your way of life and how you interact with your fellow man.

This quality of life and love permeates and extends into every facet of your physical life and continues to grow as you progress on your journey within the spirit world.

Your capabilities to ask for and receive Divine Love is a gift between you and your creator, God. You do not need an intermediary, nor do you need to join with any organisation. This is your own personal journey and experience. You can share this with others, but no one can take it away from you.

This Love will elevate the human soul to a condition that it may perceive the spiritual truths which God has waiting to be revealed to His children who aspire to understand the nature of the divine and what their true relationship to Him and their family of souls is.

“Keep faith with God, and be open to His Love, and you will overcome with confidence and, indeed, peace of mind, optimism and happiness, those circumstances that seem to mar the fulfilment of your years.” Mary (mother) <http://new-birth.net/ntr/samuels14.htm>

### **Natural Love Flow**

***Natural love is Creation's love;***

***One can swap back and forwards between paths***

***I am God***

***Intellectual***

***Self reliant (trust myself)***

***Self-determination way of life***

***Mind dominates***

***Adult like***

***Control***

***Millions of paths (man created)***

***Peak possibility is 6th sphere***

***time to complete path:***

***100 years to over 1,000 years***

### **Divine Love Flow**

***Divine Love is Soul's love.***

***I am God's son / daughter / child***

***Emotional***

***God reliant (God relationship)***

***Soul-spirit living harmony***

***Soul dominates***

***Child like***

***Feeling***

***Defined path (God created)***

***Peak possibility is infinity***

***(sphere / mansion world are same)***

***5 years to over 10 years to at-onement***

‘The difference between what are regarded as two paths, the Natural Love Path and the Divine Love Path, is, essentially, the amount of Divine Love that beings have been able to acquire.’  
Quote from Celestial Spirit Richard 22 Dec 2012



**Prayer for Divine Love: (extract)**

**“We pray that Thou will open up our souls to the inflowing of Thy love, and that then may come Thy Holy Spirit to bring into our souls this, Thy love in great abundance, until our souls shall be transformed into the very essence of Thyself; and that there may come to us faith--such faith as will cause us to realize that we are truly Thy children and one with Thee in very substance and not in image only.”**



**Oliver Twist asked:**

*Please, sir, I want some more!*

**Maybe we should simply ask:**

*Please, Mother and Father, I want some more!*

**Feelings first**

**“I love you Father.” “Let the Divine Love proclaim its energy into my soul.”**

**“Mother and Father, I desire your Love and I am loving you.”**

**“Soul God, I love you and I love receiving and experiencing your Divine Love.”**

**Try it; give the Love a go! If you want to shine, receive the Love.**

**One can simply receive the Love without following any religious or spiritual teaching taught by man!**

LUMINOSITY of the SOUL grows with LOVE:

**DIVINE LOVE is a SUBSTANCE**

Angels actually do not have wings.



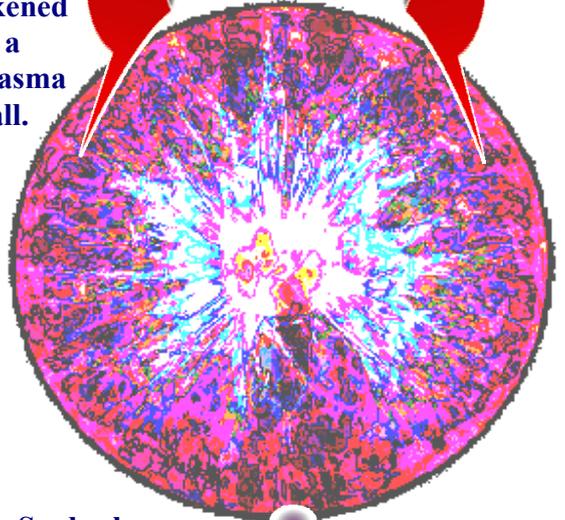
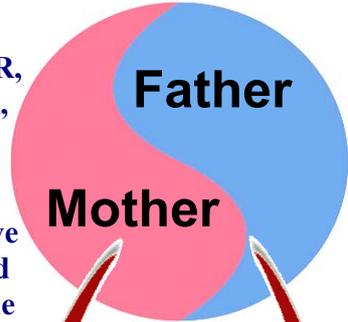
One's soul can grow from the condition of a dark dried up pea to that of a Celestial Angel by asking for and receiving Divine Love. Divine Love changes the essence of the soul to that of the Divine. Nothing else can do this.



**CREATOR,  
MOTHER,  
FATHER,  
GOD.**

Divine Love is delivered through the Holy Spirit, should you ask for Their Love.

Your soul can be likened to a plasma ball.



Soul releases errors and negative emotions via one's Feeling Healing with Divine Love.



**WE ALL ARE BEING GUIDED HOME:**

We need the Spirits of Truth of the Avonal Pair to Heal ourselves; then once Healed, (and for support (overshadowing) as well through your Healing), we need the Creator Pair, Mary Magdalene and Jesus’ Spirits of Truth to see us through the Celestial spheres, while at all times embracing our Heavenly Mother and Father.

Until Mary and Jesus died and liberated their Spirits of Truth, no one from any of the worlds could leave Nebadon, because no one knew the way to do so. Nebadon is our local universe containing some 3.8 million inhabited physical worlds and their associated spirit worlds.

When we embrace the truths Mary and Jesus are revealing, and start to do our Feeling Healing, or with Divine Love, Soul Healing, we are then freeing ourselves up from our parental and self control.

Thus our journey to Paradise, to the home of our Heavenly Parents, is of our choosing as to when we progress, however, there is only one way:

**HUM:** Humanity is to ascend. We are self contained. Our soul is always in truth and perfect at all times. **By living true to ourself, true to our feelings, we are living true to God. It’s that simple.**

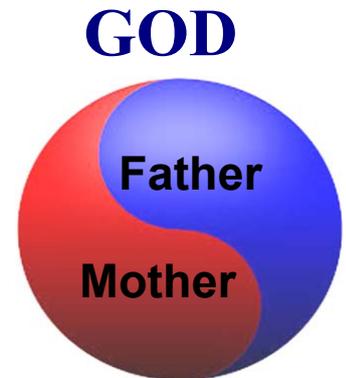
We are to recognise that being engaged and dominated by our mind is the wrong way for us to evolve and grow in truth. We are to discard the mind enslavement that has been imposed upon as by all of our parents. We are to express our feelings, both good and bad and free ourselves of the indoctrination that humanity has embraced worldwide.

Live true to your feelings, and you ARE living true, not only to your own soul, but also true to God’s soul. So doing your Healing by honouring all your feelings, IS living the will of God. And being fully Healed, IS living even more truly the Will of our Mother and Father.

**AVO:** We are to embrace the truths and guidance of the Avonal Pair through their Spirits of Truth. It is the Avonal Pair’s guidance that will lead us through our Feeling Healing, and with Divine Love, we will be able to ascend through the 7 spirit Mansion Worlds and enter the Celestial Heavens where we also interact with other world’s spirits.

**J&M:** We are also to embrace the truths and guidance of the Paradise Pair, Mary and Jesus, who will then lead us through the 3 Celestial Heavens that are aligned with Earth, and then further on through Nebadon where we will then depart beyond on towards Paradise.

**M&F:** Beyond the universal zone of Nebadon, we will be guided by our Heavenly Mother and Father onwards through the universes to Paradise where we will be welcomed by them, home for us all, as we are all Children of God.



**M&F**



**J&M**



**AVO**

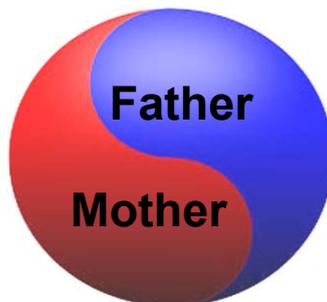


**HUM**



**WE ALL ARE BEING GUIDED HOME – NOW, HOW TO COMMENCE THE JOURNEY:**

**GOD**



**M&F**

For 200,000 years, we have been misled into embracing our mind's distortion of wisdom and truth. All such traditional understandings only lead us in the wrong direction, from which we must turn back from. Our soul based feelings are always in truth. Our minds are to follow our soul based truths and feelings, not the other way round, as we have been brought up to embrace.

We are to connect with our deeper repressed feelings.  
We are to long for the truth of what we are feeling.  
We are to live true to our selves; by living true to our feelings.

Use your surface day-to-day feelings to connect with your deeper repressed feelings. Express your surface feelings and your deeper repressed feelings to uncover the truth of yourself.



**J&M**

We all have feelings which we communicate and share with each other. And we all have deeper buried and hidden repressed feelings. Feelings from our early childhood we felt, yet weren't allowed to express. These feelings are still within us, waiting to have their say. These feelings, because they are repressed, cause us all our problems.

And as we look to uncover, bring out and accept these deeper feelings, so we're taken into new ways of looking at ourselves, our feelings, and our life. We're setting ourselves free of the controlling patterns that govern our unloving behaviour.

In this way, we progressively begin to express the personality that our Heavenly Mother and Father gave us, not the one imposed upon us by our physical parents and carers. We are to be our true and real selves.



**By living true to ourself, true to our feelings, we are living true to God. It's that simple.**

**AVO**



**HUM**

As we, humanity, long for the truth of our feelings, we can also be assisted by the Spirits of Truth of the Avonal Pair who are our spiritual teachers for Earth over this coming 1,000 years, to assist us through the Great U-Turn, away from mind dominance to being soul based feeling lead. They will assist us through the seven levels of the spirit Mansion Worlds.

Then the Creator Pair, Jesus and Mary, will lead us through Nebadon and into the greater universe. Then our Heavenly Mother and Father lead us home to Paradise.

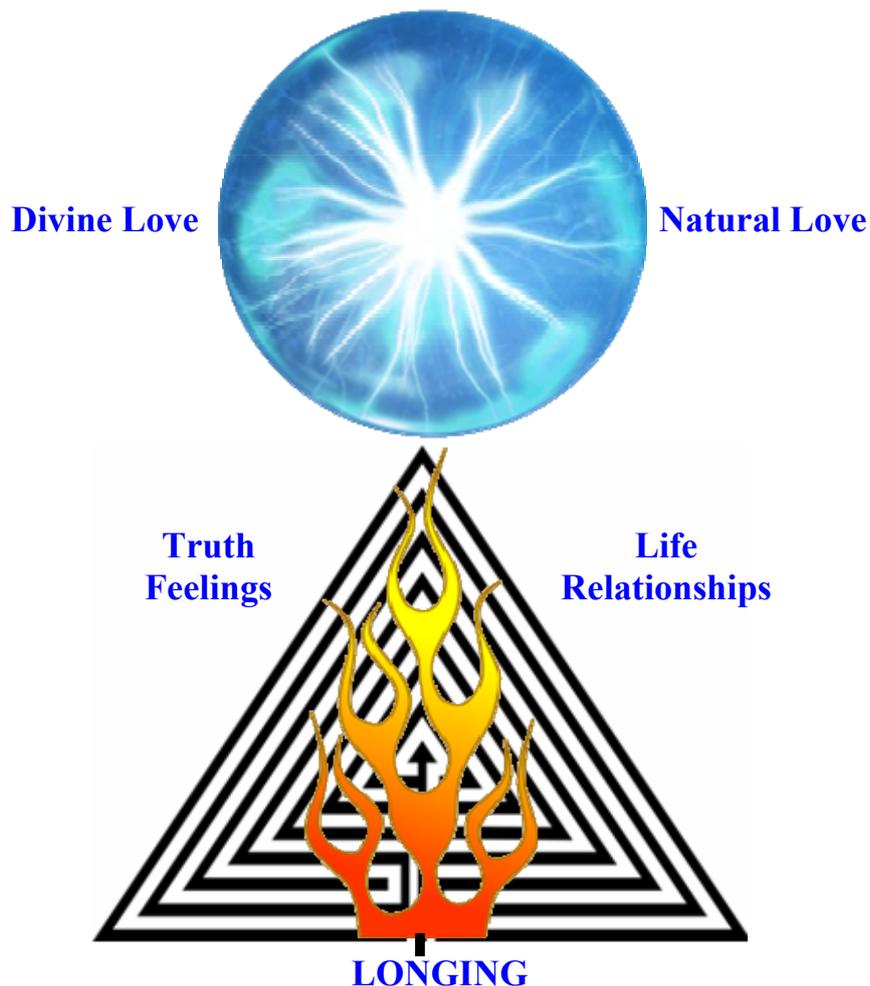
Collectively, should we embrace them all, as we are to, then our pathway home is a journey in the hands of the Spirits of Truth of the Avonal and Paradise Pairs overseen by our Heavenly Parents.

**WE ARE Children of God**

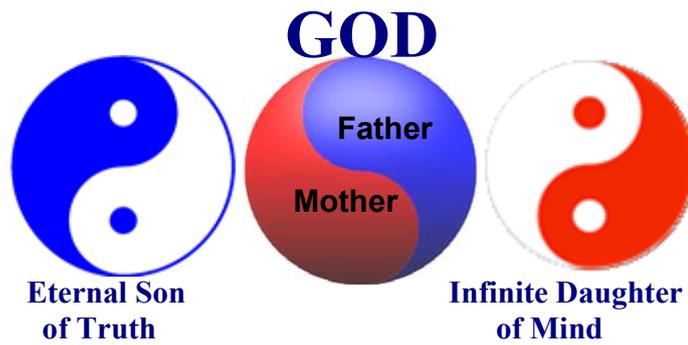
## HOW TO GET TO PARADISE:

Long for the Divine Love  
 Long for the Truth  
 Long for the truth of your feelings  
 Don't deny any feelings: accept, express and want to know the truth of them  
 Know your feelings are the key; your feelings are the Way  
 Want to end your falseness and being untrue  
 Want to understand the truth of your early life  
 Use your surface feelings to move deeper into yourself, bringing up your repressed feelings  
 Want and long to know the whole truth of yourself  
 Want to do it all with God, your Heavenly Mother and Father – long to Them for help.

## The Key



Our longing drives our life. We long with feelings. We can wish for things using our mind, yet long for things with our heart. These things in the pyramid are what to long for. Longing for them, when the longing comes naturally. Longing because you feel you really want them. Long to be true with all your heart. Long to live true to your feelings. Long to understand the whole truth of yourself.



PARADISE TRINITY:

1. **Our MOTHER and FATHER (God) (MF) – Divine Love**  
SOUL (God) – One SOUL that is expressing its two PERSONALITIES, our Heavenly Mother and Heavenly Father (Soulmates)
2. **ETERNAL SON (ES) – Divine Truth**
3. **INFINITE DAUGHTER (ID) – Divine Mind**

Then: The Second and Third Persons of the Paradise Trinity (ES and ID) are stepped down to the local universe trinity (Mary and Jesus, Divine Minister (DM), and her Holy Spirit.

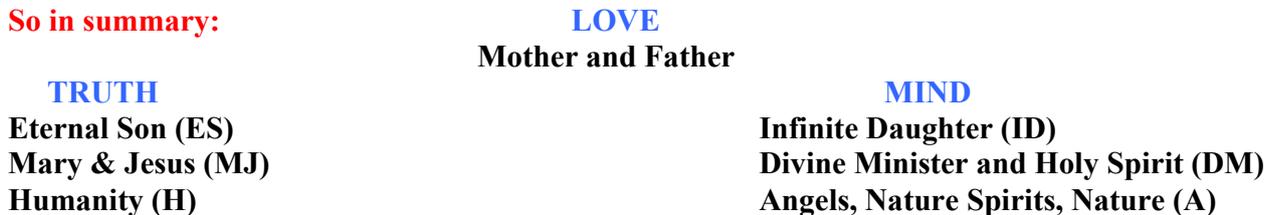
The LOCAL UNIVERSE TRINITY:

1. **MARY M and JESUS (MF) – Love – the Living Truth**
2. **DIVINE MINISTER (ID) – Mind (and her Holy Spirit)**
3. **HUMANITY – Natural love, sons and Daughters – Truth, and our Angels – Mind**

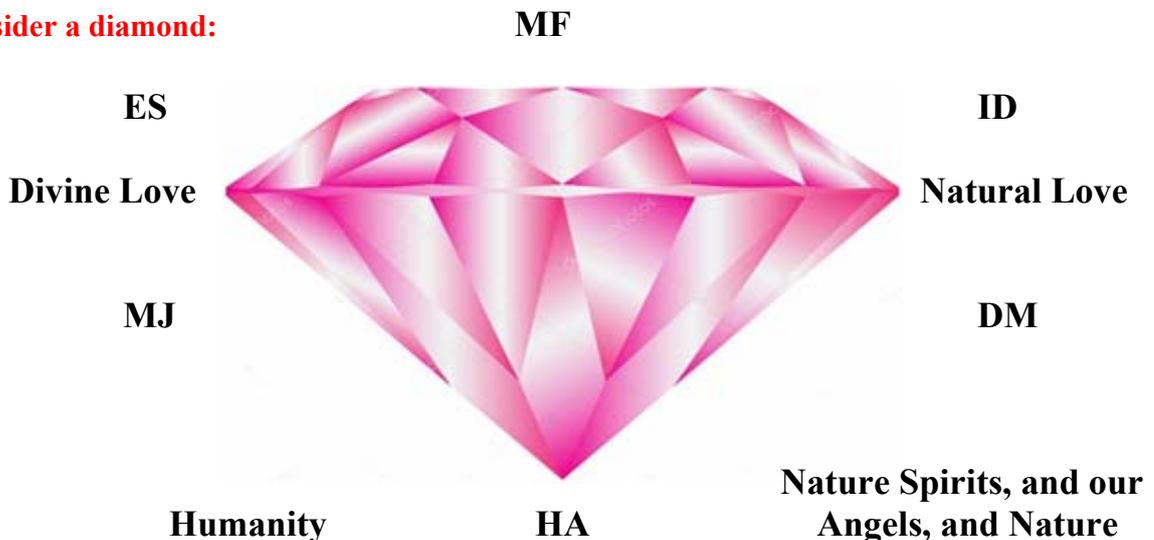
PLANETS that engage in REBELLION:

1. **AVONAL SOULMATE PAIR – the Feeling Healing process – incarnate**
2. **DAYNAL – TEACHER PAIRS – they do not incarnate**

**So in summary:**



**Consider a diamond:**



# Mother and Father Heavenly Parents

Creator Son & Daughter  
Jesus and Mary

Avonals  
as soulmate pairs

Trinity Teachers  
as soulmate pairs

Melchizedeks – who have taken over from the Caligastians and Daligastians being also all as soulmate pairs.

Mortal Souls – human beings who individualise on Earth, then progress through the spirit Mansion Worlds, then into the Celestial Heavens, and beyond.

Mortal Souls – also being ascending spirits, upon completing their Soul Healing, join with their soulmate, then join their soul group of 24 mortal spirits, being 12 soul pairs. It is only as a soulgroup that anyone can progress beyond Nebadon.

The Paradise Pairs are all ONLY concerned with the SPIRITUAL wellbeing and upliftment of the planets and local universe. Currently to do with Earth:

Mary and Jesus – spiritual wellbeing and upliftment of the whole of Nebadon region.

Avonal Pair – Daynal pairs (Trinity Teacher Daughters and Sons) – Spiritual wellbeing and upliftment of individual planets and their associated Mansion Worlds.

The Local universal Sons and Daughters are all about the running of the worlds under their jurisdiction, and ensuring the higher spiritual elements can be employed, or sent astray, as in our cases through the Rebellion and Default.

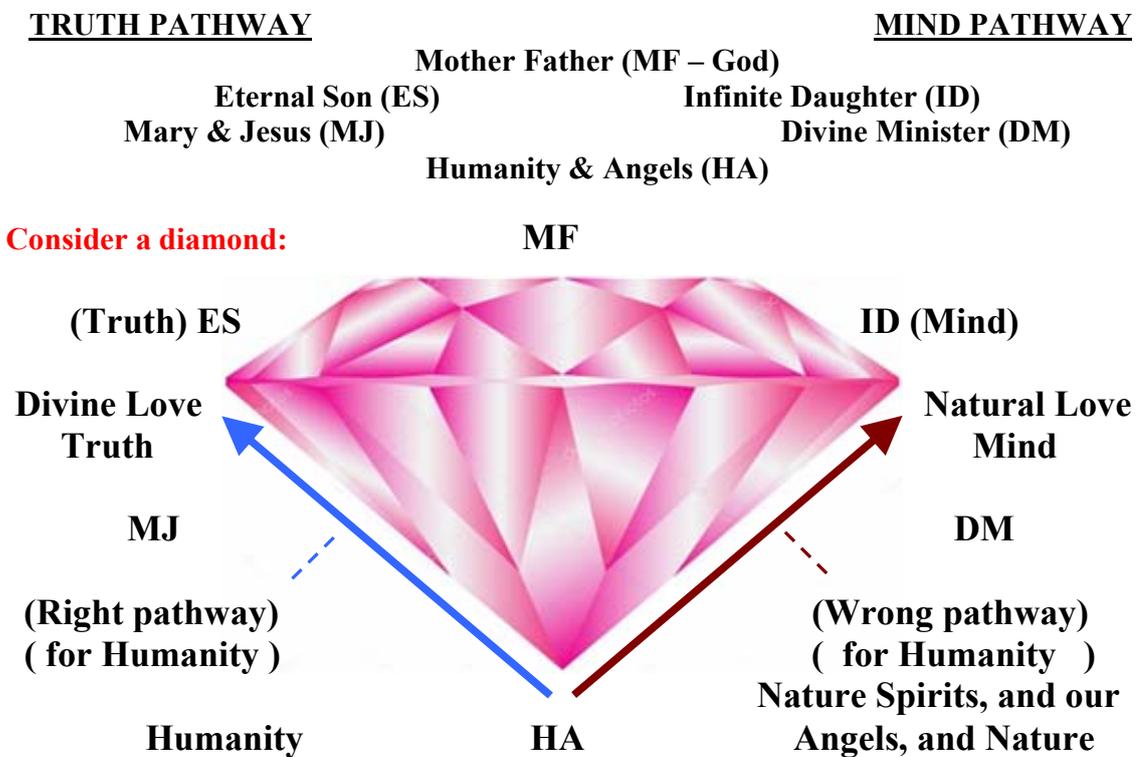
Lanonandeks – Melchizedeks (and others, such as Life Carriers and Eve and Adam).

As the Lanonandeks all rebelled – the Lucifers, Satans, Caligastias and Daligastias soulmate pairs – so the Melchizedeks have taken over their roles, as well as doing their own.

So the Melchizedeks are the governors, overseers, the administrators and advisors and so on for Earth; they are the ‘controllers’, and they will instigate all that needs to be done to do with the ending of the Rebellion and Default. And they will enlist the willing help of ascending mortal pairs, so the mortal Celestials spirits (soulmates when available, and others waiting to unite with their partner), and at times mortal spirits in the Divine Love Healing Mansion Worlds. And the angels help all of us.

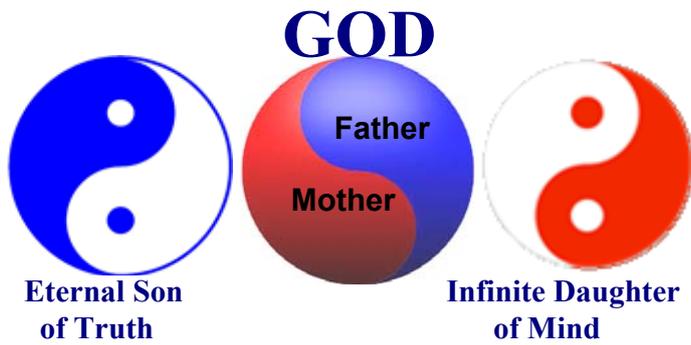
Currently the whole of Creation exists for the ascension of mortal souls from their earth planets to Paradise. It’s all one vast Grand Ascension Scheme. With all the higher and lower spiritual Daughters and Sons, together with all the many different angels and other universal spirit personalities, and even including nature and our very own pets, assisting women and men with their Ascension Journey. It being: and Ascension of Truth. Everything we do is done to help us grow in truth. (Only everything we do in our negative state is to deny ourselves our truth from our feelings, which is why we have to do our Healing.) All women and men are ascending (or growing) in truth through their experiences. And as we grow in truth by looking to our feelings to show us that truth, so we’re ascending, moving inwards and upwards through all the worlds and spheres of the Grand Universe to one day arrive on Paradise and meet our Heavenly Parents. God is providing us, Their children, with this spiritual journey called our Ascension of Truth. And by living true to our feelings, so we are progressing on our true Spiritual Path – our Ascension Path.

Live true to your feelings, and you ARE living true, not only to your own soul, but also true to God’s soul. So doing your Healing by honouring all your feelings, IS living the will of God. And being fully Healed, IS living even more truly the Will of your Mother and Father.



**Humanity** is to pursue the pathway for Truth through one’s soul based feelings, this is the right pathway. However, humanity commences its journey founded on natural love, which we now know is to be perfected through one’s Feeling Healing process and then made divine through asking for and receiving our Heavenly Parents’ Divine Love.

For 200,000 years, **humanity** has pursued the pathway of the Mind, being that of the brain, this is the wrong pathway. The Mind is the pathway for Angels and that of all of Nature.



**CREATION of SOUL and SPIRIT:**

God is *The Paradise Trinity* — the eternal Deity union of the Personalities: the Universal Mother and Father; the Eternal Son of Truth; and the Infinite Daughter Spirit of Mind.

The soul of each human personality (sons and daughters of truth) is existential, driving our personality expression in the experiential. The soul of each human finds truth by embracing one's feelings and longing for the truth of them. We are to attain the Eternal Son of Truth. We are a creation of Truth.

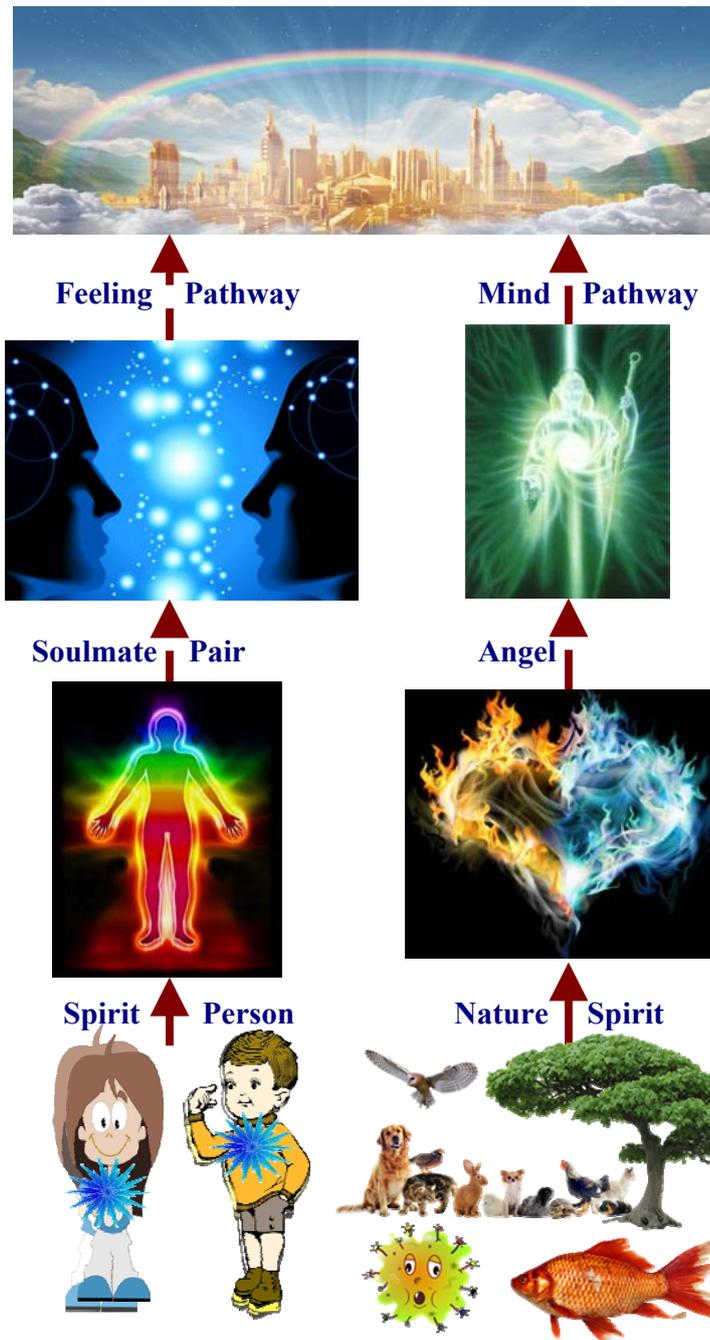
The soul of angels is experiential, evolving through their experience by continually progressing in mind development. Angels are to attain the Infinite Daughter (Spirit) of Mind. Angels are a creation of Mind. Our soul is duplex (we have a soulmate) and is created by our Heavenly Parents. Through our Feeling Healing we perfect ourselves enabling the union with our soulmate, as we progress in truth up through the Mansion Worlds, celestial heavens and all the way to Paradise.

The soul of angels is also duplex, yet of the mind, and they progress in mind evolution to Paradise. Animals, plants and nature spirits are also creations of Mind.

Neither we nor animals reincarnate. We never die; upon death, we move into the spirit Mansion Worlds on our journey to Paradise. When animals and plants die, be they the tiny microbe to the mighty elephants of the land and the whales of the ocean, their spirit energy returns to the Spirit Collective

Energy. And from this energy are drawn other animals and the nature spirits, who then in turn move onto becoming angels through increasing mind experience.

A nature spirit is an angel in waiting.



**WE EACH have a Nature Spirit pair, Spirit Guide pair, and an Angelic Pair:**

For those doing their Healing or are interested in doing it will from that time have their own personal angels, spirit guides and nature spirits with them, with whom they are to develop their own relationships should they want to. It is not about 'sharing' the same angels or guides or nature spirits, it is about you relating specifically to your 'own' ones because they are provided for YOU. It's all for you, to maximise the experiences we each need.

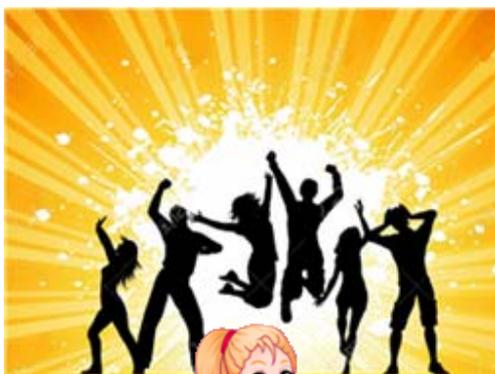


We are all to have our own pure relationships. And it's the same of course in life with your friends, however over there, in spirit, dealing with Nature Spirits, Spirit Guides, and Angels, it's more personal and private and 'JUST FOR YOU'. So we have our own separate, unique relationships.

For example, Nature Spirit Verna has been assigned to be specifically and only with James, and she ain't going to be assigned to anyone else, so she won't be sharing herself around.

This is SO IMPORTANT to understand so that in future there won't be all these people claiming to be speaking with Verna or Mary Magdalene or Jesus or Nanna Beth or anyone else who is part of it all in such capacity. Mary M and Jesus have spoken with James as they have, making it quite clear he is all they are speaking with.

We each have a band of a Nature Spirit pair, Spirit Guide pair, and an Angelic pair, each pair being in their 'soulmate' relationship. Even though we are ascending mortals having a soulmate, even our soulmate has his or her own group of six personalities assisting him or her. Our assigned Nature Spirits do not continue with us into spirit, our Spirit Guides may for a time assist upon entry to the spirit Mansion Worlds, however, our personal Angelic pair continues with us to Paradise, and then even possibly being with us throughout eternity.



**Feelings first**

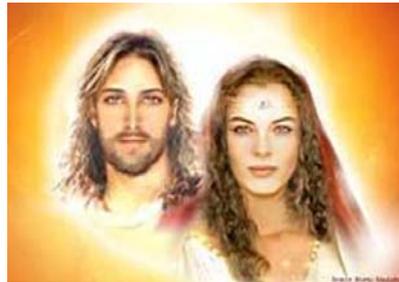
**OUR GUIDANCE to PARADISE, the home of our HEAVENLY PARENTS:**

There are three distinct phases of our progression to the home of our Heavenly Parents which is Paradise that is within the circle of seven Super Universes, each containing many Local Universes.

Once we progress beyond our Local Universe of Nebadon, then we are assisted and guided by our Heavenly Parents, our true Mother and Father all the way home to Paradise.

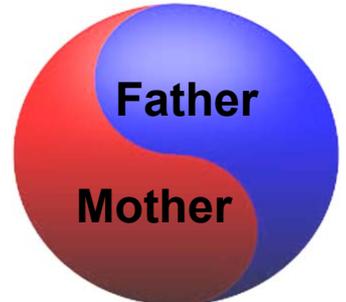
Before then, once we have completed our soul healing, we are guided through the Celestial Heaven worlds which are those that interact with humanity on Earth, then further on into and then out through Nebadon, our Local Universe. The regents of Nebadon are Mary and Jesus.

However, before then, we are to embrace our healing. That is, we are to realise who we truly are. We are not the personalities that our parents imposed upon us. We are to put aside our childhood suppression and repression and free our true personality that our Heavenly Parents gave us, and to do this we are now able to embrace the guidance of the Avonal Pair who will lead us through our healing here on Earth and through the Spirit Mansion Worlds to be able to enter the Celestial Heavens.



# MUM & DAD THIS WAY

## GOD



HEAVENLY PARENTS



JESUS & MARY



AVONALS



**I'D TURN BACK IF I WERE YOU!**

AVONAL PAIR

MARY & JESUS

GOD

Through out the Avonal Age of 1,000 years, their Spirits of Truth will assist us in embracing and engaging with our Feeling Healing and with Divine Love our Soul Healing, they will assist us to develop our soul well into Celestial Heaven status should we persevere with such a goal. To the extent that the Avonal Pair develop themselves while here in the physical on Earth is the level that their Spirits of Truth will be able to assist us. Then it will be Mary and Jesus' Spirits of Truth that will assist us up and out of Nebadon, where our Heavenly Parents will then assist us onto Paradise, Their home.



**NATURAL LOVE or FEELING HEALING with DIVINE LOVE:**

Accounts of spirit people who's condition have been so poor to fit them only for the hells, namely the Spheres of Disharmony, show that even they can progress from the lowest of conditions to being within the Celestial Heaven, way above the highest sphere of the Natural Love spheres, within or around five to ten years or so. Some achievements discussed in messages have been:

James Padgett entered the Celestial Heaven within 28 months of his passing.

Helen Padgett was in the Celestial Heaven within 12 months of passing through Feeling Healing.

Nita Padgett progressed from low 1<sup>st</sup> sphere to Celestial Heaven within 24 months of passing.

Kevin Cooper died 10 August 2012, through Feeling Healing became Celestial on 7 August 2017.

Bradley Cooper, son of Kevin, suicided 21 September 1999 and early April 2018, became Celestial.

Emperor Nero progressed out of the low hells to Celestial Heaven by receiving Divine Love.

Emperor Julius Caesar moved from the hells to 3<sup>rd</sup> sphere within 19 months from receiving the Love.

George Butler progressed from the hells to the 3<sup>rd</sup> sphere within 38 months by receiving the Love.

President Grover Cleveland moved from dark spheres / hells to 3<sup>rd</sup> sphere in 20 months with Love.

President John F Kennedy achieved Celestial status following 15 years of Feeling Healing process.

R. Ross Perry progressed from the hells to 3<sup>rd</sup> sphere over 30 months by receiving the Love.

**It is only through Feeling Healing with the Love, that forgives sin, dissolves the errors and fits a person for a higher habitat.** Man, left to his own devices, can require many centuries to grow and then cannot enter the Celestial Heaven.

Man, can know and knows God only because he possesses a soul, and he can never know God if he seeks Them intellectually and with his mind alone. Doubt and speculation is a product of the mind, but faith is a product of the soul and we know that God exists through our soul perceptions, so that we can create the spiritual link with our Heavenly Parents through prayer. Not a mental prayer, but a prayer that comes from man's soul – earnest, sincere, full of longing, faith and love.



**SPHERES of PARADISE**

**INFINITE and UNIVERSAL SPHERES**

**ETERNAL SPHERES**

**CELESTIAL HEAVENS**

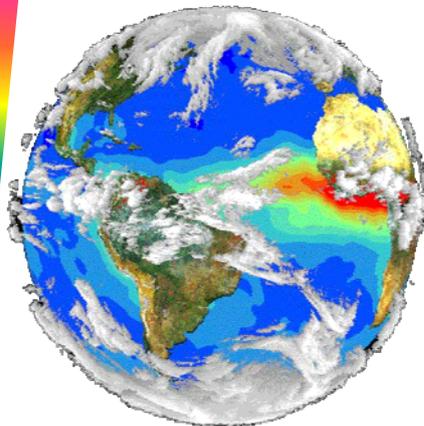
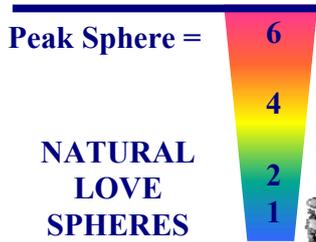
**Soul spheres  
are not  
numbered.**

**Soul spheres  
are to:**



**The New Birth = Become at one with God: sphere 8**

**Spirit body  
spheres are  
1 – 7**



**DIVINE  
LOVE  
SPHERES**

**Earth sphere is for  
the physical body.**

**SUPPORTING REFERENCES:**

In addition to:

Cure by Crying	by Thomas A Stone
Homecoming	by John Bradshaw
Shining Toward Spirit Vol I, II, III	by Zara Borthwick and Nicholas Arnold

Pascas Library has available in the library section at [www.pascashealth.com](http://www.pascashealth.com)

1. Pascas Care – Suicide Prevention
2. Pascas Care – Suicide & Unconscious Guilt
3. Pascas Care – Cure by Crying
4. Pascas Care – Emotions
5. Pascas Care – Emotions determine Genes
6. Pascas Care – Emotions and Health
7. Pascas Care – Emotion Code
8. Pascas Care – Feeling vs Emotion
9. Pascas Care – Harmony of the Universe Healing & Telepathy
10. Pascas Care – Heal Your Own Pain
11. Pascas Care – How Illness Manifests
12. Pascas Care – Judgment and Love
13. Pascas Care – Kids of the World Vol XI – Child Illness
14. Pascas Care – Kinesiology
15. Pascas Care – Natural Love or Man Made Endowed Emotions
16. Pascas Care – Negative Emotions Generate Illness
17. Pascas Care – Our Emotions & Physical Health
18. Pascas Care – Total Recall
19. Pascas Care – Towards Love and Light
20. Pascas Care – Transcending the Levels of Consciousness
21. Pure Spirit – All There Is
22. Pure Spirit – Father Power or willpower
23. Pure Spirit – Free Will and Will
24. Pure Spirit – Suicide and Recovery from Darkness

<http://www.pascashealth.com/index.php/library.html>

## Library Downloads – Pascas Papers

All papers may be freely shared. The fortnightly mailouts are free to all, to be added into the mailout list, kindly provide your email address. [info@pascashealth.com](mailto:info@pascashealth.com)

<b>Primary recommended reading:</b>	<b>consider commencing with:</b>	<b>Paul – City of Light</b>	
<b>The Book of Truths</b>	<b>1914 – 1923</b>	<b>xxx</b>	<b>– Joseph Babinsky</b>
<b>containing the Padgett Messages or</b>			
<b>Little Book of Truths</b>			<b>– Joseph Babinsky</b>
<b>True Gospel Revealed anew by Jesus Vol I, II, III, IV</b>		<b>xxx</b>	<b>– Geoff Cutler</b>
<b>The Rejected Ones</b>	<b>2002 – 2003</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Messages from Mary &amp; Jesus</b>	<b>2003</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Paul – City of Light</b>	<b>2005</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Mary Magdalene and Jesus'</b>			
<b>comments on the Padgett Messages</b>	<b>2007 – 2010</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Speaking with Mary Magdalene &amp; Jesus</b>	<b>2013 – 2014</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Sage and the Healing Angels of Light</b>	<b>2017</b>	<b>xxx</b>	<b>– James Moncrief</b>
<b>Road map of Universe and history of Universe:</b>			
<b>The Urantia Book</b>	<b>1925 – 1935</b>	<b>xxx</b>	<b>as primary reading</b>
<b>Divine Love supporting reading:</b>			
<b>Revelations</b>	<b>1954 – 1963</b>		<b>– Dr Daniel Samuels</b>
<b>Judas of Kerioth</b>	<b>2001 – 2003</b>		<b>– Geoff Cutler</b>
<b>The Golden Leaf</b>	<b>2008</b>		<b>– Zara &amp; Nicholas</b>
<b>The Richard Messages</b>	<b>2012 – 2013</b>		<b>– James Reid</b>
<b>The Divine Universe</b>	<b>2012 – 2013</b>		<b>– Zara &amp; Nicholas</b>
<b>Family Reunion Afterlife Contact</b>	<b>2014 – 2015</b>		<b>– Joseph Babinsky</b>
<b>Traveller, An Immortal Journey</b>	<b>2014 – 2015</b>		<b>– Zara &amp; Nicholas</b>
<b>Destiny, Eternal Messages of Divine Love</b>	<b>2015 – 2016</b>		<b>– Zara &amp; Nicholas</b>
<b>Feeling Healing</b>	<b>2017</b>		<b>– James Moncrief</b>
<b>Religion of Feelings</b>	<b>2017</b>		<b>– James Moncrief</b>
<b>The Way of Divine Love</b>			<b>– Joseph Babinsky</b>
<b>Divine Love – The Greatest Truth in the World</b>			<b>– Joseph Babinsky</b>
<b>The Human Soul</b>			<b>– Joseph Babinsky</b>
<b>Divine Love Flowing</b>			<b>– Joseph Babinsky</b>
<b>The Truth</b>			<b>– Werner Voets</b>
<b>Through the Mists, The Life Elysian, The Gate of Heaven</b>			<b>– Robert James Lees</b>
<b>Life in the World Unseen</b>			<b>– Anthony Borgia</b>
<b>Gone West</b>			<b>– J M S Ward</b>
<b>Post Mortem Journal</b>			<b>– Jane Sherwood</b>
<b>After Death / Letters from Julia</b>			<b>– William T Stead</b>
<b>Thirty Years Among the Dead</b>			<b>– Carl A Wickland</b>
<b>A Wanderer in the Spirit Land</b>			<b>– Franchezzo</b>
<b>Life Beyond the Veil Vol I thru to V – Rev George Vale Owen</b>			<b>– Geoff Cutler</b>
<b>The Holy Bible from the Ancient Eastern Text</b>			<b>– Dr George M Lamsa</b>
<b>Available generally from:</b>			
<a href="http://www.lulu.com">www.lulu.com</a>	<a href="http://www.amazon.com">www.amazon.com</a>	<a href="http://www.bookdepository.com">www.bookdepository.com</a>	
<b>For Divine Love focused websites and forums:</b>			
<b>Pascas Health:</b>	<a href="http://www.pascashealth.com/index.php/library.html">http://www.pascashealth.com/index.php/library.html</a>		
<b>Spiritual Development:</b>	<a href="http://new-birth.net/spiritual-subjects/">http://new-birth.net/spiritual-subjects/</a>		
<b>Padgett Books:</b>	<a href="http://new-birth.net/padgetts-messages/">http://new-birth.net/padgetts-messages/</a>		
	<a href="http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.htm">http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.htm</a>		

**James Moncrief's books, the Padgett Messages and The Urantia Book at:**

**DIVINE LOVE SPIRITUALITY – DLS:**

<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

All Padgett Messages (for condensed versions – see below) 1914 – 1923 Pages 945  
The Urantia Book (see suggested papers to read below)

**James Moncrief Books:**

	MoC		
The Rejected Ones – the Feminine Aspect of God	1,490	Nov 2002 – Jan 2003	228
Messages from Mary and Jesus book 1	1,485	Feb – Apr 2003	189
Messages from Mary and Jesus book 2	1,485	Apr – Oct 2003	170
Mary Magdalene and Jesus' comments on the Padgett Messages – book 1		Aug 2007	164
Messages from 31 May 1914 – 12 January 1915	1,495		
Mary Magdalene and Jesus' comments on the Padgett Messages – book 2		Sep 2010	177
Messages from 13 January 1915 – 29 August 1915	1,494		
Speaking with Mary Magdalene and Jesus blog – book 1	1,490	Jan – Apr 2013	206
Speaking with Mary Magdalene and Jesus blog – book 2	1,489	Apr – May 2013	229
Speaking with Mary Magdalene and Jesus blog – book 3	1,490	Oct – Jan 2014	187
Speaking with Mary Magdalene and Jesus blog – book 4	1,491	Jan – May 2014	191
Mary Magdalene comments on Revelation from the Bible KJV	1,485	Dec 2013 – Jan 2014	84
		This group being pages of	1,825

Paul – City of Light	1,488.5	2005	149
Ann and Terry		2013	235
Feeling bad? Bad Feelings are GOOD!	feeling-healing book 1	2006	179
Feeling bad will make you feel BETTER – Eventually!	feeling-healing book 2	2006	159
Breaking the Golden Rule.	feeling-healing book 3	2006	168
Feeling-Healing exercises, and other healing points to consider.		2009	175
Cathy and Mark – a novel introducing Feeling-Healing.		2010	151
Introduction course to Divine Love Spirituality		2006	139
Speaking with the Dead, Death and Dying		2009	173
Spirits and their Childhood Repression Healing		2010	179
With Verna – a nature spirit		2008	279
Communication with spirits – meet a spirit friend		2010	37
Introduction to Divine Love Spirituality website			362
Sage – and the Healing Angels of Light		2017	260
Divine Love Spirituality	1,500	2017	201
Feeling Healing – you can heal yourself through your feelings		2017	153
Religion of Feelings	1,500	2017	47
		This group being pages of	3,046

**Religion of Feelings**

**Introduction to Divine Love Spirituality**

**Main website of DLS**

**Childhood Repression website**

**DLS and CR forum**

<http://religionoffeelings.weebly.com/>

<http://dls spirituality.weebly.com/>

<http://divinelovesp.weebly.com/>

<http://childhoodrepression.weebly.com/>

<http://dls cr.freeforums.net/>

<http://withmarymagdaleneandjesus.weebly.com/blog---and-free-books-speaking-with-mary-and-jesus>

**FEELING HEALING and SOUL HEALING with the DIVINE LOVE:****James Moncrief Publications:****all publications are free downloads:**<http://divinelovesp.weebly.com/my-free-books-and-free-padgett-messages.html>

It is suggested for one to consider reading as follows:

**Speaking with Mary Magdalene and Jesus – books 1 – 4**

These four books encapsulate the second of the revelations with the first having been introduced by James Padgett one hundred years previously. These four books provide a wide range of guidance that has never previously been made available.

**Paul – City of Light**

As a gentle intro into the Divine Love and Healing; being James Moncrief's first novel and it's been criticised as being too heavily clichéd, but that's the point because it's a reflection of how he was back then.

**Ann and Terry**

For an example of people who might want to immediately start working on themselves and doing their Healing.

**Feeling Bad? Bad Feelings are GOOD**

For more understanding about our denial of our feelings and why we should not deny our feelings, and it includes how it all came about for James, using himself as an example.

**Feeling bad will make you feel BETTER – Eventually!**

This includes specific examples of Marion and James working on expressing particular bad feelings, again with the hope that it will help others gain something of an idea as to what's involved in doing your Feeling Healing.

**Sage – and the Healing Angels of Light**

Through Sage who's 13 years old, the story is primarily about the two aspects of healing; that being, with the help of our angels, and the full Healing we can do by looking to our feelings for their truth.

**Religion of Feelings  
Feeling Healing****Welcome to LOVE – the Religion of Feelings  
you can heal yourself through your feelings**

So these books, including the four Speaking with Mary Magdalene and Jesus books, provide the essence of it all and are examples of James' work. Then it's up to whatever takes one's fancy. Other reading to consider may include:

**The Padgett Messages being published as:****The True Gospel Revealed Anew by Jesus volumes 1 – 4****Book of Truths by Joseph Babinsky****The Urantia Book****Release one's pain through expressing one's feelings.****in conjunction with****Longing for the Truth when also longing for Divine Love.**

### **FEELING HEALING with DIVINE LOVE is SOUL HEALING:**

*A collection of 'papers' that draw together specific topics including all of the above and more from other sources of information and revelation designed to help increase one's awareness about why we have the problems we do and how to heal them, all whilst living a more healthy and sustainable life. They provide a brief snapshot of the more complicated topics and issues.*

**Firstly, consider discovering the truth of your emotional pain through Feeling Healing.**

**Secondly, consider longing for our Heavenly Parents' Love as you progress with your healing.**

**Primary and most important readings are the writings of James Moncrief.**

**Then consider the Padgett Messages, and then The Urantia Book.**

Pascas Papers, being free, are located within the Library Downloads [www.pascashealth.com](http://www.pascashealth.com)

<http://www.pascashealth.com/index.php/library.html>

### **PASCAS – document schedule.pdf      downloadable index to all Pascas Papers.**

FH denotes Feeling Healing; SH denotes Soul Healing, which is: Feeling Healing with the Divine Love; DL denotes Divine Love – living with the Love.

**PASCAS INTRODUCTION NOTES:** *All papers below can be found at Library Downloads link..*

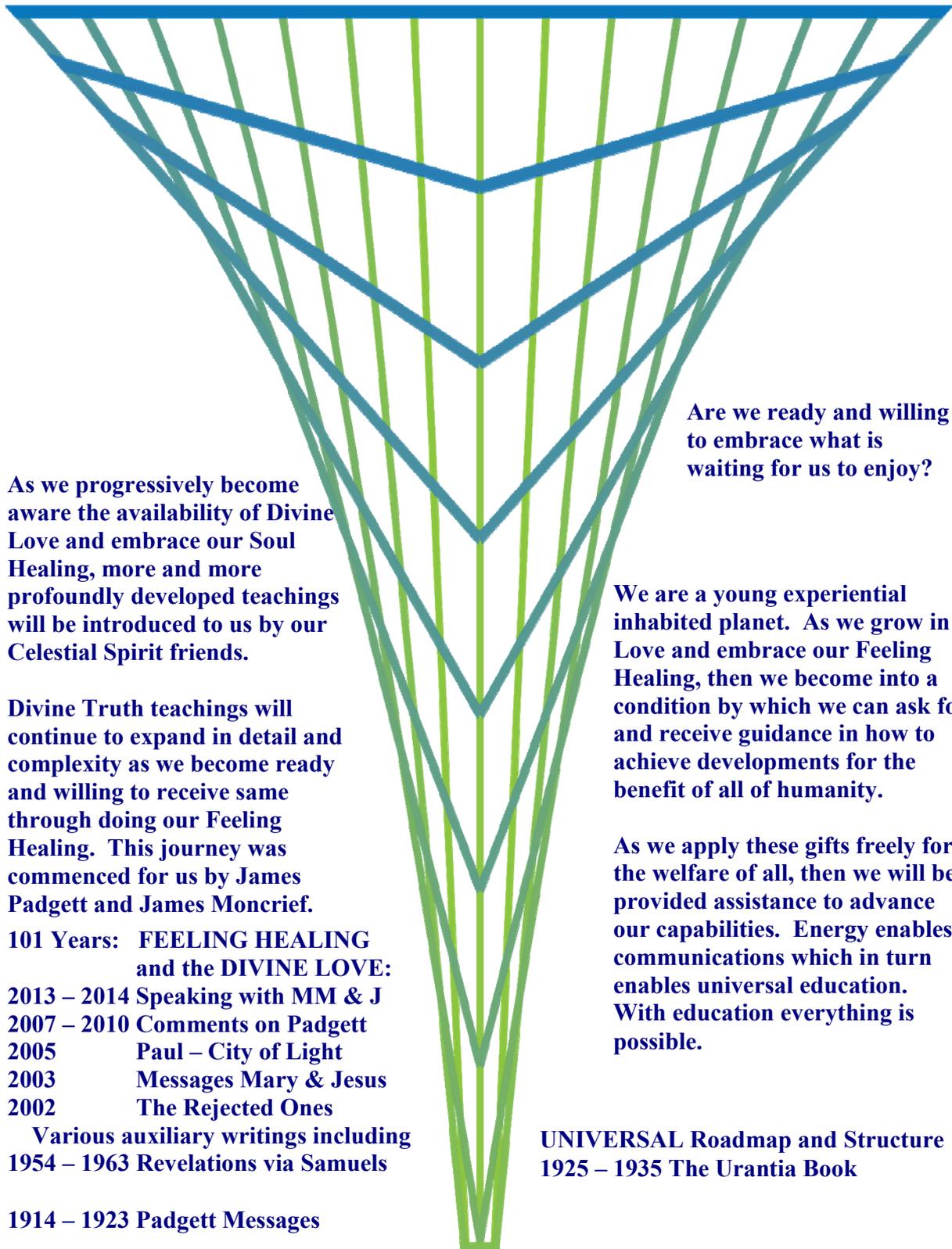
- Pascas Care Letters A Huge Upturn
- Pascas Care Letters Big Revelation
- Pascas Care Letters Feeling Healing Benefits Children
- Pascas Care Letters Feeling Healing Way
- Pascas Care Letters Little Children
- Pascas Care Letters Women's Liberation and Mother

### **MEDICAL – EMOTIONS:**

- Pascas Care – Feeling Healing
- Pascas Care – Feeling Healing All is Within
- Pascas Care – Feeling Healing and Health
- Pascas Care – Feeling Healing and History
- Pascas Care – Feeling Healing and Parenting
- Pascas Care – Feeling Healing and Rebellion
- Pascas Care – Feeling Healing and Starting
- Pascas Care – Feeling Healing and Will
- Pascas Care – Feeling Healing Angel Assistance
- Pascas Care – Feeling Healing Being Unloved
- Pascas Care – Feeling Healing Child Control
- Pascas Care – Feeling Healing Childhood Repression
- Pascas Care – Feeling Healing End Times
- Pascas Care – Feeling Healing is Rebelling
- Pascas Care – Feeling Healing Live True
- Pascas Care – Feeling Healing Mary Speaks
- Pascas Care – Feeling Healing My Soul
- Pascas Care – Feeling Healing Perfect State
- Pascas Care – Feeling Healing Revelations X 2
- Pascas Care – Feeling Healing the Future
- Pascas Care – Feeling Healing Trust Yourself
- Pascas Care – Feeling Healing Versus Cult

**PASCAS  
PAPERS**

**DIVINE LOVE and DIVINE TRUTH Revelations and Teachings escalating:**



# PASCAS CARE

## "Beacons of Light"

### around the globe



This document overall:

Map of Consciousness calibration 880