“Why Wouldn’t God Let Me Commit Suicide?”

Hi Sue,

I just read your article Do People Who Commit Suicide Go to Hell?”. I believe everything you say to be true and biblical…and then I get stuck.

I have bi-polar depression, I thank God that I am now stable, but last year there were many times when I seriously considered suicide. I believe in God, His grace, and Christ’s death for all sinners, and I believe, like Romans 8 says that we can never be separated from Him – but my one question is, “Why am I still here? Wouldn’t it have been/be much easier to die and be with Him in His glory for eternity?” I mean I’m not sure that the suffering is worth it…

I believe God kept me from suicide…but I still wonder if it’s so easy to be with Him (in death) then where’s the catch?

Dear _____,

Bless your heart. I have friends who are bipolar and we have gone through some DEEP depression with our son over this.

What’s the catch, you ask?

Well, to make what’s probably a weak analogy, are you familiar with the NBA draft that has signed young basketball players just out of high school? Oh wait, I see you are in another country. Oh well—I bet you can appreciate it anyway. . . There is a promise of money and fame and glory for these young athletes, so why “waste” their time in college when they could be making big bucks playing basketball? Sounds good—only, they are too young to appreciate the maturing process that happens in college. So often, they crash and burn once they turn

professional because they're not ready. The trials of being a college student, it turns out, are deeply beneficial for maturity and character development; they prepare students for life as professional athletes.

Our life on earth isn't a holding tank or a detention center where we impatiently wait out our time until we're given a "green light" to die and go to heaven. (I know, it's easy to think of it this way, particularly for sensitive people who really hate living in a fallen world.) God's purpose in leaving us on earth once we are saved is to grow holiness and maturity and strength in us, a process that would be short-circuited by an early death. It would mean we enter heaven in a state of "arrested development," so to speak. Since the scriptures speak of being given power, authority and responsibilities in heaven, the only place and time we have to develop our stewardship is here on earth.

I understand your feelings of not being sure if the suffering is worth it, but that's because of not having an adequate view of God and of heaven and of your future, not to mention not understanding the value of suffering. (If I may be so bold as to recommend my own article on that subject. . . it's the best thing I've ever written: "The Value of Suffering.")

Yes, it would be a lot easier to be in heaven than to continue to live in a fallen world and a fallen body on earth, but God isn't into "easy," God is passionately committed to fashioning us into the image of His Son. I'm afraid there are no shortcuts, but you can be assured that every difficult day you endure, every trial and every heartache, is being used to achieve that "weight of glory" in you (2 Cor. 4:17). God never wastes suffering, not a scrap of it. He redeems all of it for His glory and our blessing. Every single tear you have shed is so precious to your heavenly Father that He has them stored in a heavenly bottle. He hasn't turned away or forgotten you.

_____, I pray you will know His comfort and peace like a warm

blanket enveloping your soul.

Sue Bohlin

Probe Ministries

(Follow-up e-mail from Sue)

I have continued to think about your question and my answer, and the Lord put it on my heart to send you a P.S.

I have a young friend (early 20's) who attempted suicide several years ago but survived. She couldn't understand why God didn't just take her to heaven, either. Why wouldn't He honor her (seemingly) reasonable request to be with Him in glory?

Well, not too long after her suicide attempt she met a wonderful man, got married, and just had a precious little baby. On both her wedding day and then especially when she first held her newborn infant in her arms, she was overwhelmed with thanksgiving that God DIDN'T take her home to be with Him when she wanted it. She realized that God still had blessings to lavish on her that couldn't come in heaven. As a cystic fibrosis patient, she understands that she also has certain trials and pain ahead of her, but the joy far outshines the darkness.

This brings up one of answers to the question, What is the purpose of life? —For God to bring glory to Himself by lavishing His love and grace on us. All of creation, including the unseen realities in the heavenlies, is given the opportunity to see evidence of God's character and heart as He pours out His blessings on the people He made in His image. And that's one of the reasons why so many people who have been tempted to kill themselves are prevented from doing so—because God still has blessings in store and we need to be HERE on earth to receive them.

Warmly,

Sue

Depression

Jerry Solomon offers a compassionate, holistic examination of depression from a Christian perspective, with helpful suggestions for those who long to help.

One Person's Story

Depression—a word that is used frequently in our time. Does it apply to you, someone you love, or someone you know? Since 17 percent of the population suffers from major depression at some point in their lives,{1} it is probable you have been touched by it in some way. Perhaps the following account will "ring true" in light of your experiences. (This story really happened, but the name of the character has been changed.)

For many years Stan, an evangelical Christian, struggled with varying degrees of depression. These bouts were incapacitating on occasion, irritating or highly frustrating sometimes, but always persistent in their visits. Eventually the struggle came to a crisis point. He was not able to respond to any emotional stimulus that was offered; he had totally isolated himself from family, friends, and work. In retrospect he realized this isolation was done purposefully. The true causes of his struggle had never been addressed, and he was tired of pulling himself out of one depressed state only to find another staring him in the face. So he refused to repeat the pattern that had plagued him for so many years. It was time to find the root causes, instead of repeatedly dodging them.

After talking with a good friend who was a counselor, he decided he should consider admitting himself to a psychiatric hospital. He immediately contacted such a place and entered the “first phase,” or initial analysis prior to admittance. This analysis indicated he should become a patient. The next day he became part of an extraordinary program of discovery that was to last more than three weeks. In fact, those weeks were so extraordinary, he will tell you they provided the impetus for dramatic, positive change in his life and thought.

During those days of concentration, Stan dealt with several important issues that subsequently have led to a more stable life. First, he faced the trauma of abuse he had experienced. Second, through the ministry of a compassionate chaplain and a counselor, he realized he was weary of learning about God, without at the same time knowing God in the personal way the Bible frequently indicates. He was hungry to couple Biblical precepts with personal experience. Third, the sense of community among those in the hospital with him led him to consider the social “games” he had been playing in his evangelical Christian setting outside the hospital. Even though many of the patients were not Christians, that did not deter them from intimacy, trust, and truth. There were no hidden agendas, no political posturing, no hypocritical fronts. They listened to one another, cried together, encouraged one another, challenged one another, laughed together, and even disciplined one another. Fourth, Stan was challenged to consider whether he should take medication in light of his trust in God’s healing power. He was put on medication that is still part of his life after eight years. Fifth, he was led to consider his thought life, especially as it applied to expectations he had of himself.

Unfortunately, there are many Christians who continue to wrestle with what Winston Churchill called the “black dog” of depression. They struggle without finding help. This essay is offered with the hope that it will encourage those who need

help, and that it will prompt many to respond with patience and love to those who are depressed.

Who Suffers with Depression?

Some have said depression is "the common cold of emotional disorders, and it appears to be on the rise. People of both genders get depressed, although women are twice as likely as men to suffer from major depressive disorders."{2} Who are these people? As we will see, they are both famous and infamous people; they are normal people; they are even people we know from the Bible.

Depression can be described as "a condition of general emotional dejection and withdrawal; sadness greater and more prolonged than that warranted by any objective reason."{3} Dejection, withdrawal, sadness, and other similar terms are familiar to many. Vincent Van Gogh, Abraham Lincoln, Edgar Allen Poe, Marilyn Monroe, Rod Steiger, Mike Wallace, and many other notable people have struggled with depression. In 1972 Senator Thomas Eagleton acknowledged his depression, and the Democrats dropped him as the Vice Presidential candidate. In 1995 Alma Powell, the wife of General Colin Powell, revealed her history of depression, and her husband urged others to get help.{4} Martin Luther and Charles Spurgeon, two great men in the history of the church, frequently lived with the dark shadow of despondency.

Even some great biblical characters wrestled with depression. At one point in his life, Moses wanted to die (Exodus 32:32). While struggling with his suffering, Job "cursed the day of his birth" (3:1). He said, "I will speak in the anguish of my spirit, I will complain in the bitterness of my soul" (7:11). In addition, he cried, "My spirit is broken, my days are extinguished, the grave is ready for me" (17:1). Elijah was incapacitated with depression soon after he had been an integral player in one of the great demonstrations of God's power (I Kings 19). After Jonah witnessed the astounding grace

of God among the wicked Ninevites, he angrily said, “Death is better to me than life” (Jonah 4:3). The great prophet Jeremiah declared, “Why did I ever come forth from the womb to look on trouble and sorrow?” (Jeremiah 20:18)

The amazing prophecy of Isaiah 53:3 states that the Suffering Servant, the Lord Jesus, was “a man of sorrows, and acquainted with grief.” *Sorrows* and *grief* can refer to both physical and mental pain, which could include depression.{5} Consider the thoughts of Lydia Child, the 19th century abolitionist, in light of Isaiah 53:

Whatever is highest and holiest is tinged with melancholy. The eye of genius has always a plaintive expression, and its natural language is pathos. A prophet is sadder than other men; and He who was greater than all the prophets was “a man of sorrows and acquainted with grief.”{6}

A well-known spiritual says, “No one knows the trouble I’ve seen,” a sentiment that is understood by those who are depressed. J.B. Phillips, author of the classic *Your God is Too Small*, dealt with depression all his life. In one of his many letters, he offered these comments to one who also was struggling: “As far as you can, and God knows how difficult this is, try to relax in and upon Him. As far as my experience goes, to get even a breath of God’s peace in the midst of pain is infinitely worth having.”{7}

We have seen that depression has been experienced since ancient times. No one is immune, but, praise God, those in His family are not alone. The Lord Himself is with us.

Depression: Symptoms and Explanations

- *I feel so tired!*
- *I feel weak; my arms are heavy.*
- *I feel so agitated!*
- *I feel anxious about everything, it seems.*

- *I feel so fearful—of death, of tomorrow, of people.*
- *I can't concentrate!*
- *I can't remember things I used to remember.*
- *I can't face people; I want to be alone.*
- *I'm not interested in sex anymore.*
- *I can't sleep!*
- *I sleep to escape!*
- *I only eat because I have to.{8}* • *I hate myself!*
- *I feel angry all the time!*
- *Everything and everyone is stupid!*

Such comments are familiar to those who are dealing with depression. Usually these phrases are not descriptive of what is objectively true, but they are descriptive of how a depressed person is responding to his predicament. One who hears them can be tempted to dismiss the one who made the statements with well-meaning but trite responses that betray a lack of understanding. It often is difficult for someone who has not wrestled with depression to understand.

So how can we understand? Why does a person get depressed? There is no simple answer to this question, contrary to what some people think. As Dr. John White has written, "Depression has many faces. It cannot be relieved on the basis of one simple formula, arising as it does by numerous and complex mechanisms, and plummeting sometimes to depths where its victims are beyond the reach of verbal communication. There are mysteries about it which remain unsolved. No one theoretical framework is adequate to describe it."{9} It is meaningful for a Christian to understand this. Sometimes a response to the depressed can focus on a principle without regard for the person. For example, the 17th century English bishop Jeremy Taylor wrote: "It is impossible for that man to despair who remembers that his Helper is omnipotent."{10} This assumes that remembering something will automatically change one's thoughts and feelings. The person who is depressed doesn't necessarily make that connection. Mentally healthy

people have reasonable thought processes, but they are not the norm in a depressed person's clouded life. "Mental health is like physical health. We are all vulnerable to its loss."{11} A truly depressed person is not mentally healthy.

As we have stated, there is no one all-encompassing answer to the "Why?" of depression. But there are a number of models that suggest answers.

- Aggression turned inward, or unexpressed anger.
- Object loss, as in the loss of a parent.
- Loss of self-esteem.
- Incorrect thinking.
- Learned helplessness, or inability to respond to unpleasant experiences.
- Loss of reinforcement, as in lack of sympathy.
- Loss of role status, as in loss of power or prestige.
- Loss of meaning of existence.
- Impairment of brain chemistry, as in neurotransmitters.
- Neurophysiological malfunction of brain cells.{12}

When we ponder these models in the light of a Christian worldview, we find that none of them can stand alone. Each one taken separately reduces us to only one element, whereas a Christian worldview sees man holistically. Man is not to be seen solely as a product of his past, his thought life, his societal conditioning, or his biology. The one who is depressed should be approached as Christ would: as a whole person made in God's image.

Depression and the Whole Person

"What is man, that you are mindful of him, the son of man that you care for him?" These memorable phrases from Psalm 8 pose crucial questions in regard to the subject of depression. The answers we give to such questions will provide a beginning point for responding to those who are depressed. As Leslie Stevenson has written, "The prescription for a problem depends

on the diagnosis of the basic cause."{13} A Christian is challenged to consider a prescription for depression that sees both the material and immaterial aspects of a total person. Such considerations lead to concerns as to whether one should take medication, submit to some type of psychological analysis, or simply trust God to provide healing. Or, as a prominent Christian psychiatrist asks, "Is [depression] a disease of the mind or of the body?"{14} Is it both/and, or either/or? These are issues that tend to stir controversy among Christians. Too frequently the controversy is focused on "clumsy clichés, …subtly damning exhortations, breezy banalities, and the latest idiocy in pop psychology. Or else…unnecessary pills."{15}

The history of the church demonstrates that one of the reasons for such a response is found in an ancient struggle between Greek and Hebrew influences. More often than not we tend to side with the Greeks and divide humans "into a less important physical part (body and brain) and a more important immaterial part (mind and soul)."{16} This unbiblical division creates problems, because "just as music is more than the orchestra that plays it, so I am more than my body."{17} I am also more than my mind and soul.

When this unity of human nature is ignored two extreme views can be found among Christians. "One is that we submit to all suffering, sickness, pain&mdashwhether mental or physical—as from God."{18} The other asserts that "through the exercise of faith and by the power of Jesus' name we can banish every sickness, every difficulty. Sickness, tragedy, pain must be resisted, for all come from Satan. Unhappiness is a sign of defeat and unbelief."{19} This means that seeking help from physicians, psychologists, or psychiatrists "is a tacit admission that the resources in Christ and the Scripture are inadequate."{20} Both of these views are too simplistic, but there are certainly elements of the truth in them. How can we reconcile them?

Quite simply and obviously, the one who is depressed should be treated as a whole person. Consider the statements of John White, a practicing Christian psychiatrist, author of a thought-provoking book on depression and suicide entitled *The Masks of Melancholy*, and many other books. He wrote:

> I will no more treat mind as distinct from body than body as distinct from mind. By the grace of God I will treat persons, not pathology, sinners rather than syndromes, and individuals rather than illnesses. And however primitive our weapons may be, there are effective weapons and we must use them.{21}

As one who has fought with depression, I have come to realize the wisdom of Dr. White's comments. The treatment I have received has come from family, friends, physicians, psychologists, and psychiatrists who understand how God has created us. Their compassionate, godly responses to my struggle have been instrumental in my recovery. To paraphrase the apostle Paul, "I thank my God in all my remembrance of [them]" (Philippians 1:3). They were the Lord's servants in my time of need.

Responding to Depression

Sarah's husband has been isolating himself from her for several weeks. He won't communicate with her. He doesn't eat much. He shows no emotion other than a sense of sadness and gloom. He sits in the dark for hours. He has called his office several days to report he is taking a sick day. He does none of the things he once did that gave him a sense of joy and accomplishment. He shows no interest in making love with her. He has disappeared for hours in his car and will not say where he has been. Sarah wonders if she has done something to upset him and is desperate to get him to talk with her so she can discover what is happening.

Perhaps this scenario is familiar to you or someone you know.

How can we respond to such a crisis? How can we help the one who is depressed?

First, understand the difference between someone who is sad or disheartened and someone who is truly depressed. Sadness or a "blue mood" are experienced by most of us. Depression is much more debilitating and long-lasting. There are at least three levels of depression. One can be called *major depression*, which "is manifested by a combination of symptoms that interfere with the ability to work, sleep, eat, and enjoy once pleasurable activities." Another, called *dysthymia*, is less severe but keeps one "from functioning at 'full steam' or from feeling good." The third level is called *manic-depressive*, or bipolar depression. This "involves cycles of depression and elation or mania."{22}

Second, if you believe someone is struggling continually with depression, encourage him or her to seek help. Suggest that your friend see a trusted pastor, counselor, or physician. The earlier you can suggest this, the better.

Third, at the first sign of depression, encourage conversation and then listen carefully. The deeper a person sinks into a depressed state, the more difficult it is to talk with anyone, even those she loves most. Make yourself available and gently pursue communication as often as you can. But leave time for silence when you are with her.

Fourth, give emotional support that indicates you are taking the person seriously. "Do not accuse the depressed person of faking illness or of laziness, or expect him or her 'to snap out of it'."{23}

Fifth, be an encourager. Affirm the one who is depressed with statements of truth about his character and abilities, as well as your love for him.

Sixth, if he will let you, pray for him in his presence.

Seventh, if you hear remarks about suicide, take them seriously and seek advice from an expert.

Eighth, act as a "mental mirror." She probably isn't thinking reasonably and is in need of gentle reminders of a clearer image of the world and herself.

Ninth, don't chastise him if he expresses anger, even anger at God. Listen carefully to discover why he is angry and help him begin to think how he can best express that anger.

Tenth, on a larger scale, do what you can to develop an atmosphere in your church that allows one who is depressed to find trust, truth, and compassion.

These ten suggestions, as helpful as they can be, do not constitute the ultimate response to the depressed. We need to remember that ultimate healing rests in the hands of our loving God, who makes all things new.

Notes

1. Clark E. Barshinger, Lojan E. LaRowe, and Andres Tapia, "The Gospel According to Prozac," *Christianity Today* (14 August, 1995), 35.
2. Siang-Yang Tan, "The ABCs of Depression: A Review of the Basics," *Christian Counseling Today* (Fall 1995), 10.
3. *The Random House Unabridged Dictionary*, 1967.
4. "Fighting the Stigma," *Newsweek* (20 May 1996), 22-23.
5. F. Duane Lindsey, *The Servant Songs* (Chicago: Moody, 1985), 116.
6. The New Dictionary of Thoughts, 1936 ed., s.v. "Melancholy."
7. Vera Phillips and Edwin Roberstson, *J.B. Phillips: The Wounded Healer* (Grand Rapids, MI: Eerdmans, 1984), 110.
8. John White, *The Masks of Melancholy* (Downers Grove, IL: InterVarsity, 1982), 77-82.
9. Ibid., 18.

10. The New Dictionary of Thoughts, s.v. “Despair.”
11. White, 25.
12. Ibid., 103-125.
13. Leslie Stevenson, *Seven Theories of Human Nature* (New York:
Oxford, 1987), 6.
14. White, 53.
15. Ibid.
16. Ibid., 41.
17. Ibid., 45.
18. Ibid., 47.
19. Ibid., 49.
20. Ibid.
21. Ibid., 220.
22. National Institute of Mental Health, “Depression: What you need to know” (Indianapolis: Eli Lilly, n.d.), 1-3.
23. Ibid., 9.

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Homosexual Myths – Exposed from a Biblical Perspective

Sue Bohlin looks a common myths concerning homosexual behavior that are prevalent in our society. These myths prevent us from looking at homosexuality with a biblical worldview and from dealing with this sin in a loving and consistent manner.

 *This article is also available in Spanish.*

In this essay we’ll be looking at some of the homosexual myths that have pervaded our culture, and hopefully answering their arguments. Much of this material is taken from Joe Dallas’

excellent book, *A Strong Delusion: Confronting the "Gay Christian" Movement*.{1} While the information in this essay may prove helpful, it is our prayer that you will be able to share it calmly and compassionately, remembering that homosexuality isn't just a political and moral issue; it is also about people who are badly hurting.

10% of the Population Is Homosexual.

In 1948, Dr. Alfred Kinsey released a study called *Sexual Behavior in the Human Male,* claiming that between 10 and 47% of the male population was homosexual.{2} He got his figures from a pool of 5,300 male subject that he represented as your average "Joe College" student. Many of the men who gave him the data, though, actually consisted of sex offenders, prisoners, pimps, hold-up men, thieves, male prostitutes and other criminals, and hundreds of gay activists.{3} The 10% figure was widely circulated by Harry Hay, the father of the homosexual "civil rights" movement, urging that homosexuality be seen no longer as an act of sodomy but as a 10% minority class.{4}

Kinsey's figures were exposed as completely false immediately afterwards, and by many other scientists since. The actual figure is closer to 2-3%.{5} But the 10% number has been so often reported in the press that most people think it's valid. It's not.

People Are Born Gay.

Ann Landers said it, and millions of people believe it. The problem is, the data's not there to support it. There are three ways to test for inborn traits: twin studies, brain dissections, and gene "linkage" studies.{6} Twin studies show that something other than genetics must account for homosexuality, because nearly half of the identical twin studied didn't have the same sexual preference. If homosexuality were inherited, identical twins should either be

both straight or both gay. Besides, none of the twin studies have been replicated, and other twin studies have produced completely different results.{7} Dr. Simon LeVay's famous study on the brains of dead subjects yielded questionable results regarding its accuracy. He wasn't sure of the sexual orientation of the people in the study, and Dr. LeVay even admits he doesn't know if the changes in the brain structures were the cause *of* homosexuality, or caused *by* homosexuality.{8} Finally, an early study attempting to show a link between homosexuality and the X-chromosome has yet to be replicated, and a second study actually contradicted the findings of the first.{9} Even if homosexuality were someday proven to be genetically related, *inborn* does not necessarily mean *normal*. Some children are born with cystic fibrosis, but that doesn't make it a normal condition.

Inborn tendencies toward certain behaviors (such as homosexuality) do not make those behaviors moral. Tendencies toward alcoholism, obesity, and violence are now thought to be genetically influenced, but they are not good behaviors. People born with tendencies toward these behaviors have to fight hard against their natural temptations to drunkenness, gluttony, and physical rage.

And since we are born as sinners into a fallen world, we have to deal with the consequences of the Fall. Just because we're born with something doesn't mean it's normal. It's not true that "God makes some people gay." All of us have effects of the Fall we need to deal with.

What's Wrong with Two Loving, Committed Men or Women Being Legally Married?

There are two aspects to marriage: the legal and the spiritual. Marriage is more than a social convention, like being "best friends" with somebody, because heterosexual marriage usually results in the production of children.

Marriage is a legal institution in order to offer protection for women and children. Women need to have the freedom to devote their time and energies to be the primary nurturers and caretakers of children without being forced to be breadwinners as well. God's plan is that children grow up in families who provide for them, protect them, and wrap them in security.

Because gay or lesbian couples are by nature unable to reproduce, they do not need the legal protection of marriage to provide a safe place for the production and raising of children. Apart from the sexual aspect of a gay relationship, what they have is really "best friend" status, and that does not require legal protection.

Of course, a growing number of gay couples are seeking to have a child together, either by adoption, artificial insemination, or surrogate mothering. Despite the fact that they have to resort to an outside procedure in order to become parents, the presence of adults plus children in an ad hoc household should not automatically secure official recognition of their relationship as a family. There is a movement in our culture which seeks to redefine "family" any way we want, but with a profound lack of discernment about the long-term effects on the people involved. Gay parents are making a dangerous statement to their children: lesbian mothers are saying that fathers are not important, and homosexual fathers are saying that mothers are not important. More and more social observers see the importance of both fathers and mothers in children's lives; one of their roles is to teach boys what it means to be a boy and teach girls what it means to be a girl.

The other aspect of marriage is of a spiritual nature. Granted, this response to the gay marriage argument won't make any difference to people who are unconcerned about spiritual things, but there are a lot of gays who care very deeply about God and long for a relationship with Him. The marriage relationship, both its emotional and especially its sexual components, is designed to serve as an earthbound illustration

of the relationship between Christ and His bride, the church.{10} Just as there is a mystical oneness between a man and a woman, who are very different from each other, so there is a mystical unity between two very different, very "other" beings—the eternal Son of God and us mortal, creaturely humans. Marriage as God designed it is like the almost improbable union of butterfly and buffalo, or fire and water. But homosexual relationships are the coming together of two like individuals; the dynamic of unity and diversity in heterosexual marriage is completely missing, and therefore so is the spiritual dimension that is so intrinsic to the purpose of marriage. Both on an emotional and a physical level, the sameness of male and male, or female and female, demonstrates that homosexual relationships do not reflect the spiritual parable that marriage is meant to be. God wants marriage partners to complement, not to mirror, each other. The concept of gay marriage doesn't work, whether we look at it on a social level or a spiritual one.

Jesus Said Nothing about Homosexuality.

Whether from a pulpit or at a gay rights event, gay activists like to point out that Jesus never addressed the issue of homosexuality; instead, He was more interested in love. Their point is that if Jesus didn't specifically forbid a behavior, then who are we to judge those who engage in it?

This argument assumes that the Gospels are more important than the rest of the books in the New Testament, that only the recorded sayings of Jesus matter. But John's gospel itself assures us that it is not an exhaustive record of all that Jesus said and did, which means there was a lot left out!{11} The gospels don't record that Jesus condemned wife-beating or incest; does that make them OK? Furthermore, the remaining books of the New Testament are no less authoritative than the gospels. All scripture is inspired by God, not just the books with red letters in the text. Specific prohibitions against

homosexual behavior in Romans 1:26-27 and 1 Corinthians 6:9,10 are every bit as God-ordained as what is recorded in the gospels.

We do know, however, that Jesus spoke in specific terms about God's created intent for human sexuality: "From the beginning of the creation God made them male and female. For this cause shall a man leave his father and mother, and cleave to his wife; and the two shall be one flesh. . . What therefore God has joined together, let not man put asunder" (Matt. 19:4-6). God's plan is holy heterosexuality, and Jesus spelled it out.

The Levitical laws against homosexual behavior are not valid today.

Leviticus 18:22 says, "Thou shalt not lie with a man as one lies with a woman; it is an abomination." Gay theologians argue that the term "abomination" is generally associated with idolatry and the Canaanite religious practice of cult prostitution, and thus God did not prohibit the kind of homosexuality we see today.

Other sexual sins such as adultery and incest are also prohibited in the same chapters where the prohibitions against homosexuality are found. All sexual sin is forbidden by both Old and New Testament, completely apart from the Levitical codes, because it is a moral issue. It is true that we are not bound by the rules and rituals in Leviticus that marked Yahweh's people by their separation from the world; however, the nature of sexual sin has not changed because immorality is an affront to the holiness and purity of God Himself. Just because most of Leviticus doesn't apply to Christians today doesn't mean none of it does.

The argument that the word "abomination" is connected with idolatry is well answered by examining Proverbs 6:16-19, which describes what else the Lord considers abominations: a proud look, a lying tongue, hands that shed innocent blood, a heart

that devises evil imaginations, feet that are swift in running to mischief, a false witness that speaks lies, and a man who sows discord among brothers. Idolatry plays no part in these abominations. The argument doesn't hold water.

If the practices in Leviticus 18 and 20 are condemned because of their association with idolatry, then it logically follows that they would be permissible if they were committed apart from idolatry. That would mean incest, adultery, bestiality, and child sacrifice (all of which are listed in these chapters) are only condemned when associated with idolatry; otherwise, they are allowable. No responsible reader of these passages would agree with such a premise.{12}

Calling Homosexuality a Sin Is Judging, and Judging Is a Sin.

Josh McDowell says that the most often-quoted Bible verse used to be John 3:16, but now that tolerance has become the ultimate virtue, the verse we hear quoted the most is "Judge not, lest ye be judged" (Matt. 7:1). The person who calls homosexual activity wrong is called a bigot and a homophobe, and even those who don't believe in the Bible can be heard to quote the "Judge not" verse.

When Jesus said "Do not judge, or you too will be judged," the context makes it plain that He was talking about setting ourselves up as judge of another person, while blind to our own sinfulness as we point out another's sin. There's no doubt about it, there is a grievous amount of self-righteousness in the way the church treats those struggling with the temptations of homosexual longings. But there is a difference between agreeing with the standard of Scripture when it declares homosexuality wrong, and personally condemning an individual because of his sin. Agreeing with God about something isn't necessarily judging.

Imagine I'm speeding down the highway, and I get pulled over

by a police officer. He approaches my car and, after checking my license and registration, he says, “You broke the speed limit back there, ma’am.” Can you imagine a citizen indignantly leveling a politically correct charge at the officer: “Hey, you’re judging me! Judge not, lest ye be judged!'” The policeman is simply pointing out that I broke the law. He’s not judging my character, he’s comparing my behavior to the standard of the law. It’s not judging when we restate what God has said about His moral law, either. What is sin is to look down our noses at someone who falls into a different sin than we do. That’s judging.

The Romans 1 Passage on Homosexuality Does Not Describe True Homosexuals, but Heterosexuals Who Indulge in Homosexual Behavior That Is Not Natural to *Them*.

Romans 1:26-27 says, “God gave them over to shameful lusts. Even their women exchanged natural relations for unnatural ones. In the same way the men also abandoned natural relations with women and were inflamed with lust for one another. Men committed indecent acts with other men, and received in themselves the due penalty for their perversion.” Some gay theologians try to get around the clear prohibition against both gay and lesbian homosexuality by explaining that the real sin Paul is talking about here is straight people who indulge in homosexual acts, because it’s not natural to them. Homosexuality, they maintain, is not a sin for *true* homosexuals.

But there is nothing in this passage that suggests a distinction between “true” homosexuals and “false” ones. Paul describes the homosexual behavior itself as unnatural, regardless of who commits it. In fact, he chooses unusual words for men and women, Greek words that most emphasize the biology of being a male and a female. The behavior described

in this passage is unnatural for males and females; sexual orientation isn't the issue at all. He is saying that homosexuality is biologically unnatural; not just unnatural to heterosexuals, but unnatural to anyone.

Furthermore, Romans 1 describes men "inflamed with lust" for one another. This would hardly seem to indicate men who were straight by nature but experimenting with gay sex.{13} You really have to do some mental gymnastics to make Romans 1 anything other than what a plain reading leads us to understand all homosexual activity is sin.

Preaching Against Homosexuality Causes Gay Teenagers to Commit Suicide.

I received an e-mail from someone who assured me that the blood of gay teenagers was on my hands because saying that homosexuality is wrong makes people kill themselves. The belief that gay teenagers are at high risk for suicide is largely inspired by a 1989 report by a special federal task force on youth and suicide. This report stated three things; first, that gay and lesbian youths account for one third of all teenage suicides; second, that suicide is the leading cause of death among gay teenagers, and third, gay teens who commit suicide do so because of "internalized homophobia" and violence directed at them.{14} This report has been cited over and over in both gay and mainstream publications.

San Francisco gay activist Paul Gibson wrote this report based on research so shoddy that when it was submitted to Dr. Louis Sullivan, the former Secretary of Health and Human Services, Dr. Sullivan officially distanced himself and his department from it.{15} The report's numbers, both its data and its conclusions, are extremely questionable. Part of the report cites an author claiming that as many as 3,000 gay youths kill themselves each year. But that's over a thousand more than the total number of teen suicides in the first place! Gibson

exaggerated his numbers when he said that one third of all teen suicides are committed by gay youth. He got this figure by looking at gay surveys taken at drop-in centers for troubled teens, many of which were gay-oriented, which revealed that gay teens had two to four times the suicidal tendencies of straight kids. Gibson multiplied this higher figure by the disputed Kinsey figure of a 10% homosexual population to produce his figure that 30% of all youth suicides are gay. David Shaffer, a Columbia University psychiatrist who specializes in teen suicides, pored over this study and said, "I struggled for a long time over Gibson's mathematics, but in the end, it seemed more hocus-pocus than math."{16}

The report's conclusions are contradicted by other, more credible reports. Researchers at the University of California-San Diego interviewed the survivors of 283 suicides for a 1986 study. 133 of those who died were under 30, and only 7 percent were gay and they were all over 21. In another study at Columbia University of 107 teenage boy suicides, only three were known to be gay, and two of those died in a suicide pact. When the Gallup organization interviewed almost 700 teenagers who knew a teen who had committed suicide, not one mentioned sexuality as part of the problem. Those who had come close to killing themselves mainly cited boy-girl problems or low self-esteem.{17}

Gibson didn't use a heterosexual control group in his study. Conclusions and statistics are bound to be skewed without a control group. When psychiatrist David Shaffer examined the case histories of the gay teens who committed suicides in Gibson's report, he found the same issues that straight kids wrestle with before suicide: "The stories were the same: a court appearance scheduled for the day of the death; prolonged depression; drug and alcohol problems; etc."{18}

That any teenager experiences so much pain that he takes his life is a tragedy, regardless of the reason. But it's not fair

to lay the responsibility for gay suicides, the few that there are, on those who agree with God that it's wrong and harmful behavior.

Notes

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9. Ibid., 116.
10. Ephesians 5:25-32
11. John 20:30
12. Dallas, 193.
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Euthanasia: The Battle for Life from a Christian Viewpoint

Dr. Bohlin approaches this issue from a biblical worldview. As a Christian, he looks at current events and attitudes in this sad area and points out that popular sentiments may be far from biblical and godly.

Physician-Assisted Suicide in the United States

On March 6, 1996, the Ninth U. S. Circuit Court of Appeals struck down Washington state's ban on physician-assisted suicide. By a surprisingly commanding 8-3 vote, the court ruled that terminally- ill adults have a constitutional right to end their lives. Essentially, the court decided that an individual's right to determine the time and manner of his own death outweighed the state's duty to preserve life. This ruling will also likely uphold Oregon's voter approved doctor-assisted suicide law that has been bogged down in the courts.

The only recourse now is the Supreme Court, which is not expected to overrule the Appeals Court's decisions. On April 2, the Second U.S. Circuit Court of Appeals ruled that New York state's bans on assisted-suicide were "discriminatory." Then on May 15, 1996, Dr. Jack Kevorkian, the infamous "Dr. Death," was acquitted for a third time of doctor-assisted

suicide in the state of Michigan.

The stage is set for a revolution in the law concerning euthanasia in this country. Kevorkian's escapes from the law and these recent rulings from the Appeals Courts will further encourage the "right- to-die" lobby which seeks to make doctor-assisted suicide the law of the land. What will be overlooked is over 2,000 years of medical practice and ethical codes. The Hippocratic Oath, originating in 400 B.C., and the standard for medical practice ever since, states, "I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect."

Allowing doctors to end life as well as preserve life would change the face of the entire medical community.The doctor/patient relationship will be forever compromised. Is your doctor's advice truly in your best interests or in his best interest to rid the hospital and himself of a pesky patient and situation?

Dr. Thomas Beam, chairman of the Medical Ethics Commission of the Christian Medical and Dental Society points out, "While the act of physician-assisted suicide seems compassionate on the surface, it is often the abandonment of the patient in their most needy time. Instead of support, the patient may only find confirmation of the hopelessness of their condition and physician-assisted suicide is legitimized as the only 'way.'"(1) It is not terribly difficult to see how this circumstance would undermine the delicate relationship between a doctor and his patient.

Surely, you say, most people don't agree with the policy of doctor- assisted suicide. However, the *New England Journal of Medicine* reported a poll from the state of Michigan which indicated that "66 percent of state residents and 56 percent of Michigan doctors would prefer that doctor-assisted suicide be legalized not outlawed."(2) And even though doctor-assisted

laws were defeated in referendums in California and Washington, the defeats were narrow. And a similar law was finally passed in Oregon in 1994. In addition, 23 states are now considering such legislation. And as mentioned earlier, two different Appeals Courts have ruled in favor of doctor-assisted laws. In this essay I will examine why so many favor legalization of assisted suicide. I will take a close look at Dr. Jack Kevorkian, the most visible proponent of assisted suicide. Also, I will examine what the Bible has to say about life, death, and God's sovereignty. Finally, I will discuss some test cases and inform you about what you can do to combat this growing evil in our land.

Who is Dr. Jack Kevorkian and Why Do People Seek His Help?

Why is such a large segment of our society, over 60% in some communities, enamored with the possibility of physician-assisted suicide? While there can be many roads that will lead to this conclusion, the primary one is fear. People today fear being at the mercy of technology, of being kept alive with no hope of recovery by machines. Few seem to realize that it is already legal for a terminally ill patient to refuse life-prolonging measures. We must realize that there is a difference between simply allowing nature to take its course when someone is clearly dying and taking direct measures to hasten someone's death. Former Surgeon General C. Everett Koop acknowledges,

> *If someone is dying and there is no doubt about that, and you believe as I do that there is a difference between giving a person all the life to which he is entitled as opposed to prolonging the act of dying, then you might come to a time when you say this person can take certain amounts of fluid by mouth and we're not going to continue this intravenous solution because he is on the way out.(3)*

Extraordinary measures are not required to keep a dying person alive at all costs. But some people fear exactly that. Removing this fear will take a lot of the wind out of the euthanasia sails.

Secondly, people fear the pain of the dying process. Intractable pain is a real fear, but few people today realize that most of the pain of terminally ill patients can be dealt with. Many doctors, particularly in the U.S., are not aware of all the measures at their disposal. There are new ways of administering morphine, for example, that can achieve effective pain management with lower doses and therefore a lower risk of respiratory complications.

Dr. Paul Cundiff, practicing oncologist and hospice care physician with 18 years of experience treating dying patients says,

> *It is a disgrace that the majority of our health care providers lack the knowledge and the skills to treat pain and other symptoms of terminal disease properly. The absence of palliative caretraining for medical professionals results in sub-optimal care for almost all terminally ill patients and elicits the wish to hasten their own deaths in a few.(4)*

But many would even be willing to live with the pain if they knew that they would not be left alone. The growth in the hospice movement will help alleviate this fear as well. The staff at a hospice is trained to deal not only with physical pain, but with psychological, social, and spiritual pain as well. If you have seen pictures of the many people Jack Kevorkian has assisted to commit suicide, you cannot help but notice that these are lonely, miserable people. Pain has had little to do with their desire to commit suicide. As a nation we have in large part abandoned our elderly population. When God commanded Israel to honor their fathers and their mothers, this was understood to mean primarily in their older years.

Extended families no longer live together even when the medical needs of parents are not severe or terribly limiting. No one wants to be a burden or to be burdened.

Dr. Jack Kevorkian is a retired pathologist with essentially no training in patient care. He is simply on a personal mission to bring about legalized physician-assisted suicide to help usher in a code of ethics based totally on relativism. "Ethics must change as the situation changes," he says. "That's the way to keep control. Not by an inflexible maxim that applies for two thousand years, but an ethical code that will change a decade later."(5) Right now Kevorkian's victims are the few lonely and desperate individuals who seek him out. The future victims of his crusade will not only be those who wish to die, but those whom doctors and relatives feel should die.

The Lessons of Holland

One of the primary reasons for concern about the legalization of physician-assisted suicide is the now runaway death culture of Holland. Doctor-assisted suicide was essentially legalized in Holland in 1973 by two court decisions. While not officially legalizing euthanasia in Holland, the courts simply said that if you follow certain guidelines you will not be prosecuted.

The problem is that any such regulations are not enforceable. As a result, the government of Netherlands reported in 1991 that only 41% of the doctors obey the rules and 27% admitted to performing involuntary euthanasia. That is, without the patient's consent! In addition, over 2% of the deaths in Holland in 1990 were the result of direct voluntary euthanasia, but 6% of all deaths were the result of involuntary euthanasia.

Many people in Holland today carry around a card that states they are not to be euthanized without their consent! That is

precisely where we are headed. Once a right to physician-assisted suicide is established as it was in Holland, it soon degenerates into others being willing and able to make the decision for you.(6)

In Holland, doctors performed involuntary killing because they thought the family had suffered too much; some were tired of taking care of patients, and one was mad at his patient!(7) Even the conditions of allowed voluntary euthanasia are appalling. Robin Bernhoft, a U.S. surgeon of the liver and pancreas, relates an incident where a doctor in Holland told of a 26 year-old ballerina with arthritis in her toes requesting to be euthanized. Apparently since she could no longer pursue her career as a dancer, she was depressed and no longer wished to live. Amazingly, the doctor complied with her request. His only justification was to say that "One doesn't enjoy such things, but it was her choice!"(8)

With this in mind, when the discussion of guidelines comes up, remember that in Holland, guidelines were useless. Enforcement is near impossible, and families and doctors as well as patients will succumb to the pressures of pain, depression and inconvenience. Sadly, pain and depression are treatable. There have been tremendous advancements in pain management which the American medical community is only recently being brought up to speed on. Depression can also be addressed but some patients, families, and doctors are often too impatient and lacking in genuine compassion to do the hard work to bring someone out of a depression. It is easier to offer help in suicide.

The lessons of Holland need to reinforce in our minds the necessity of making as many people aware of the dangers as possible. Since our society is now dominated by a worldview that prizes individual autonomy and shuns any mention of Biblical ethics, it can be very easy, yet ultimately, deadly, to go along with the crowd.

Why Life Is Worth Living: What the Bible Teaches

As we discuss the issue of euthanasia and physician-assisted suicide, it is critical that we not only understand what is going on in the world around us but that we also understand what the Bible clearly teaches about, life, death, pain, suffering, and the value of each human life.

First, The Bible teaches that we are made in the image of God and therefore, every human life is sacred (Genesis 1:26). In Psalm 139:13-16 we learn that each of us is fearfully and wonderfully made. God himself has knit us together in our mother's womb. We must be very important to Him if He has taken such care to bring us into existence.

Second, the Bible is very clear that God is sovereign over life, death and judgement.In Deuteronomy 32:39 The Lord says, "See now that I myself am He! There is no god besides me, **I** put to death and **I** bring to life, **I** have wounded and **I** will heal, and no one can deliver out of my hand." Psalm 139:16 says that it is God who has ordained all of our days before there is even one of them.Paul says essentially the same thing in Ephesians 1:11.

Third, to assist someone in committing suicide is to commit murder and this breaks God's unequivocal commandment in Exodus 20:13.

Fourth, God's purposes are beyond our understanding. We often appeal to God as to why some tragedy has happened to us or someone we know. Yet listen to Job's reply to the Lord in Job 42:1-3:

> *I know that you can do all things; no plan of yours can be thwarted. [You asked,] 'Who is this that obscures My counsel without knowledge?' Surely I spoke of things I did not understand,things too wonderful for me to know.*

We forget that our minds are finite and His is infinite. We cannot always expect to understand all of what God is about. To think that we can step in and declare that someone's life is no longer worth living is simply not our decision to make. Only God knows when it is time. In Isaiah 55:8-9 the Lord declares, "For my thoughts are not your thoughts, neither are your ways my ways. As the heavens are higher than the earth, so are my ways higher your ways and my thoughts higher than your thoughts."

Fifth, our bodies belong to God anyway. Paul reminds us in 1 Corinthians 6:15,19 that we are members of Christ's body and that we have been bought with a price. Therefore we should glorify God with our bodies. The only one to receive glory when someone requests doctor-assisted suicide is not God, not the doctor, not even the family but the patient for being willing to "nobly" face the realities of life and "unselfishly" end everyone else's misery. There is no glory for God in this decision.

Lastly, suffering draws us closer to God. In light of the euthanasia controversy, listen to Paul's words from 2 Corinthians 1:8:

> *We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead.*

Not only does He raise the dead but there is nothing that can separate us from His love (Romans 8:38). For an inspiring and thoroughly biblical discussion of the euthanasia issue, read Joni Earickson Tada's book *When is it Right to Die?* (Zondervan, 1992). Her testimony and clear thinking is in stark contrast to the conventional wisdom of the world today. We must do the same.

What Will You Do? What Can You Do?

The Christian Medical and Dental Society has produced an excellent resource on physician-assisted suicide titled *The Battle for Life.*(9) As a part of the package they provide several cases to test your grasp of the principles involved and to help Christians be aware of the tough decisions that have to be made. I would like to share two of those with you and then discuss what you can do now to combat the "right to die" forces in this country.

Here is test case one:

> *Your 80 year-old grandmother has been fighting cancer for some time now and feels the emotional strain. She feels like she'll become a burden to the family. Her doctor notes that she seems to have lost her desire to live. Should she be able to have her doctor give her a prescription expressly designed to kill her?*

This is precisely what the courts have legalized in recent months and precisely what God's word says is wrong. It is wrong because it would be taking her life into our hands and violating God's sovereignty. Because physician-assisted suicide goes beyond letting someone die naturally to actually causing the death, it violates God's commandment, You shall not murder. There is a clear distinction between allowing death to take its natural course in someone who is clearly dying with no hope of a cure, and taking specific measures to end someone's life. There comes a time when the body is imminently dying. Bodily functions begin to shut down. At this point, people should be made as comfortable as possible, be supported and encouraged by their family and doctors, and allowed to die. This is death with dignity. Taking a lethal injection or breathing poisonous carbon monoxide takes life out of God's hands and into our own.

Test case number two:

> *Your spouse has an incurable fatal disease, has lost control of bodily functions and is unable to communicate. Special treatment and equipment can extend your spouse's life for a few weeks or even months but will involve much pain and exhaustion. Would it be morally right for you to not arrange for the treatment?*

Many would accept a decision not to arrange for treatment because that would not be killing but simply allowing death to take its natural course. Such decisions are not always clear-cut, however, and a physician and family members must take into account the pros and cons of intervention versus a faster natural death. Sometimes we rationalize that we need to keep the patient alive as long as possible because God may still work a miracle. But just how much time does God need to work a miracle? If God is going to intervene He will do so on His time and not ours.

Now that we have a better understanding of the issues, you may be wondering just what we can do about this threat among us. Three things:

Pray – Pray that God will turn the hearts of people back to Himself and back to protecting life. Pray for righteousness and justice in our legal system, that we enact laws that preserve life, punish the guilty and protect the innocent.

Speak Out – Present this information to other groups. Talk with your friends and family and discuss the reasons for protecting life.Contact your state and federal legislators and tell them to stand against physician-assisted suicide.

Reach Out – Visit the elderly, care for those who can't care for themselves, comfort the sick. Consider joining or starting a church ministry to the elderly, handicapped, or other individuals with special needs. As Christians we must lead the

way with our hearts and actions and not just our words. If we devote our energies to providing quality and loving care and effective pain control, the euthanasia issue will die from a lack of interest.

Notes

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9. *The Battle for Life* is an educational resource kit produced by the Christian Medical and Dental Society. The Kit includes an award winning video, *Euthanasia: False Light*, a leader's presentation guide with discussion questions, handouts for Christian and secular audiences, overhead transparencies, Biblical principles summary, research synopsis, cassette tape of public service announcements, and bulletin inserts. The Kit is available from the Christian Medical and Dental Society, P.O. Box 5, Bristol, TN 37621, Phone (615) 844-1000, FAX: (615) 844-1005. The retail price for the complete kit is $30.

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