Pathways to Hope:

Engaging Faith in Contemporary Suicide Prevention

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Abstract

This study explores the potential of engaging a person's faith in suicide prevention efforts, unpacking foundational, practical, and pastoral theologies of hope rooted in bringing believers closer to the Divine, and bringing those theologies into conversation with methods of suicide prevention. Decreased or debilitated resiliency and measurements of hopelessness are directly connected with suicide, but psychologists have more recently found that there is a normative quality in the trajectory of resiliency. People have pathways to resilience that exist within their everyday processes of coping, and an understanding of the elements that make up those processes can point to effective, preventative measures against suicide. Informed and guided by two contemporary suicide prevention models that engage faith–Catholic University of America's Suicide Prevention Lab and Stanford University's Muslim Mental Health and Islamic Psychology Lab–this paper engages the role of theology, specifically the theology of hope, in resiliency. Contemporary questions on hope and despair shape a reading of two voices from Muslim and Catholic backgrounds, al-Ghazali and Aquinas, with systematic accounts of the theological virtue of hope. The result is the emergence of a comparative theology of hope with fruits of Muslim and Christian traditions that continue to speak to and provide practical responses to a difficult, real, human problem of suicide.

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1. Introduction

The below study brings theology into conversation with psychology, exploring how the Muslim and Christian faiths can provide pathways to hope in response to despair– specifically in response to the phenomena of high suicide rates within the U.S based context.[1] I intended to research the virtue of hope as embedded and cultivated in relationship to lived faith and, through a comparative study, unpack the theological virtue of hope by two significant accounts in Muslim and Christian traditions. My initial motivations for this study were twofold: I was professionally motivated by my experiences as a Catholic chaplain on an interfaith hospital chaplaincy team, where I journeyed with my Muslim chaplain peers in attempting to meaningfully respond to patterns of despair. Personally, as a U.S. military veteran, I have had more friends and fellow service members die by suicide than any other cause. I struggle to make sense of those losses, and be a part of a preventative solution.[2]

The pastoral need for interfaith collaboration around suicide prevention that I saw at the grassroots chaplaincy level was crystalized statistically in a 2021 JAMA study reporting that American Muslims are two times more likely to have attempted suicide than other groups, with the American Catholic identity group following two percentage points behind their Muslim peers.[3] There is a pastoral urgency to respond to the needs of religious communities–to examine, foster and share the normative spiritual exercises and habits within our traditions that cultivate pathways in developing the theological virtue of hope.

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[1] The CDC reports the United States, the suicide rate has increased 33% from 1999 to 2021, with an average of 14 suicides per 100,000 people.The highest suicide rate was among adults between 45 and 54 years of age but suicide is also now the second leading cause of death in people age 15-29.

[2] Please see CFIG's Associate Jose Serna's blog on the role of military chaplains in preventing active duty military and veteran suicide: https://rumiforum.org/role-of-chaplains-in-veteran-suicide-prevention/ and forthcoming paper "Exploring the Roles and Resources that Chaplains provide in Healthcare Settings."

[3] Awaad, R., El-Gabalawy, O., Jackson-Shaheed, E., et al. "Suicide Attempts of Muslims Compared With Other Religious Groups in the US". *JAMA Psychiatry*. 2021;78(9):1041–1044.

"... There is a pastoral urgency to respond to the needs of religious communities–to examine, foster and share the normative spiritual exercises and habits within our traditions that cultivate pathways in developing the theological virtue of hope."

The current work of Catholic University of America (CUA)'s Suicide Prevention Lab, lead by David Jobes and Stanford University's Muslim Mental Health and Islamic Psychology (MMHIP) Lab under the direction of Rania Awaad, provide insights on two contemporary suicide-prevention methods underway that engage the religious element. Their methods provide a springboard to explore the potential of bringing theological accounts of the virtue of hope into conversation with psychological accounts of hope toward preventing suicide. For individuals who identify as holding a Christian or Muslim belief system, the future-oriented virtue of hope could be a practical ally in the fight to save a life. This paper explores that potential, unpacking foundational, practical, and pastoral theologies of hope rooted in bringing believers closer to the Divine, and bringing those theologies into conversation with methods of suicide prevention.

2.   The Complex Role of Religion in Suicide Prevention

In the U.S., the relationship of religion to suicide and suicide prevention efforts is a complex one: a 2021 JAMA study reporting that U.S.-based Muslims are two times more likely to have attempted suicide than other groups, with the U.S.-based Catholic identifying individuals following closely behind, at two percentage points behind their Muslim peers.[4] There is a body of research connecting spirituality and religion as positive influences on life satisfaction and mental health, acting as protective factors against depression and the extreme psychological crisis of suicide: "Religious affiliation may be associated with a lower risk for both suicide attempt and death through multiple mechanisms, including the promotion of social support, personal

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[4] The unique factors and pressures contributing to suicide rates within these particular U.S.-based faith communities is beyond the scope of this paper, but it is important to consider that both these religious populations contain higher percentages of immigrant populations, and the detrimental effect on mental health of high rates of xenophobia and Islamophobia in the U.S. context.

> *"For individuals who identify as holding a Christian or Muslim belief system, the future-oriented virtue of hope could be a practical ally in the fight to save a life."*

empowerment, healthy lifestyle, and commitment to religious life-preserving morals."[5] But another meta analysis of psychology and religion has highlighted that the role of religion as a protective factor is not clear cut, and that there are intrinsic and extrinsic elements that contribute to the overall effect, whether positive or negative, of religious/spiritual elements on a person's mental and spiritual wellness.[6] This is to say, any effort undertaken to bring religion into conversation with suicide prevention must do so with an upfront recognition that *religion* has in the past and into the present, acted as a barrier to mental health.

A 2023 article by MMHIP Lab addresses this barrier upfront, highlighting that much of their work since the Lab's inception has been focused on community-based relationship building efforts that respond to the "known obstacles to Muslims' utilization of mental health services, such as stigma and institutional mistrust."[7] The Lab's suicide prevention training program addresses the complexity of factors, including spiritual factors, that may be contributing to suicidal thoughts/attempts including: *"Being upset with Allah," "feeling abandoned by Allah," "believing one is beyond forgiveness,"* experiencing *"withdraw or rejection from community"* and/ or *"religious discrimination."*[8] A CUA case study described by Jobes in a 2019 interview provides similar insights into the complex relationships between faith and suicide in the Catholic context: Jobes detailed the example of a particular suicidal individual, a military veteran, who, based on his Catholic belief system, felt that he was damned to hell based on his actions while in the military. His religious belief system was a contributor to his suicidal state.

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[5] Awaad, El-Gabalawy, Jackson-Shaheed, et al. "Suicide Attempts of Muslims Compared with Other Religoius Groups in the US," 1041.

[6] Kirkpatrick, L. A. and Hood, R. W. "Intrinsic-Extrinsic Religious Orientation: The Boon or Bane of Contemporary Psychology of Religion?," *Journal for the Scientific Study of Religion* 29, no. 4 (1990): 442–62.

[7] Awaad, R., Obaid, E., Kouser, T., Ali, S. "Addressing Mental Health Through Community Partnerships in a Muslim Community". *Psychiatr Serv*. 2023;74(1):96–99.

[8] *Suicide Prevention in the Muslim Community - Learning Circle (Dr. Rania Awaad & Imam Mohamed Magid), 2022*.

For both CUA`s Suicide Prevention Lab and Stanford University's MMHIP Lab, the fact that spiritual factors can contribute to suicidal states does not mean that faith should be left untouched in treating and preventing suicide. Neuropsychologist Nicholas Humphrey and psychotherapist Cliffor Soper, in their study of the evolution of suicide, concluded that "humans have developed a set of defenses, such as *religious beliefs*, that are crucial elements of our culture and psychology" in preventing suicide (emphasis added),[9] and both Jobes and Awaad, in different ways, have reached to engage that normative set of defenses. Both labs operate with the logic that if there are faith factors contributing to suicidal states, there is an antidote to be found within the tradition. For CUA's Suicide Prevention Lab, this antidote is found in integrating forms of faith-based re-orientation toward a *"way to live"* post-suicidal crisis, while Stanford's MMHIP Lab suicide prevention efforts focus on community systems rooted in, and supported by, the Muslim faith tradition.

2.1   Integrating Faith within Treatment at Catholic Univeristy of America's Suicide Prevention Lab

Questions over the role of faith in hope and despair shaped my desired course of study for a Ph.D. program, and I found a home at CUA's School of Theology and Religious Studies and their program in Religion and Culture, where there is over a century of interdisciplinary study between theology and psychology. I saw the Suicide Prevention Lab's being housed within a university founded by the Catholic bishops of the U.S. as a very public response of investment that stands in contrast to a history of silence and pastoral malpractice around suicide in the

> *"For both CUA`s Suicide Prevention Lab and Stanford University's MMHIP Lab, the fact that spiritual factors can contribute to suicidal states does not mean that faith should be left untouched in treating and preventing suicide."*

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[9] Culotta, E. "Probing an Evolutionary Riddle," *Science* 365, no. 6455 (August 23, 2019): 748–49.

Catholic community.[10] The Lab is a continuation of a unique interdisciplinary history at CUA, where in 1890 CUA became the first Catholic University psychological laboratory in the U.S., employing a Neo-Scholastic framework that "provided a path for American Catholic psychologists to assimilate almost seamlessly into the broader and less problematic mainstream."[11] Over time, CUA evolved toward a more humanistic approach that considered the "concept of the person,"[12] an adaption of phenomenology and humanistic psychology into philosophical psychology that better reflected elements of human freedom and choice, as well as significance and meaning.

Today, CUA's Suicide Prevention Lab method of treatment of suicide focuses on the ecology of a suicidal person as a sum of many parts. The Collaborative Assessment and Management of Suicidality (CAMS) model, developed by Jobes, presents an interdisciplinary model within which spiritual wellness can be integrated in the treatment of suicidal ideation. This clinical philosophy of care has over thirty years of evidence-based research supporting "a therapeutic framework for suicide-specific assessment and treatment of a patient's suicidal risk. It is a flexible approach that can be used across theoretical orientations and disciplines for a wide range of suicidal patients across treatment settings and different treatment modalities."[13] Potentially the most significant aspect of the CAMS model is its *collaborative* nature, in that the suicidal individual is the "co-author" of a treatment focused on the "patient-defined suicidal

"I saw the Suicide Prevention Lab's being housed within a university founded by the Catholic bishops of the U.S. as a very public response of investment that stands in contrast to a history of silence and pastoral malpractice around suicide in the Catholic community."

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[10] Antus, E., "'The Silence of the Dead': Remembering Suicide Victims and Reimagining the Communion of Saints," *Theological Studies* 81, no. 2 (July 17, 2020).

[11] Robert Kugelmann, *Psychology and Catholicism: Contested Boundaries* (Cambridge University Press, 2011), 105.

[12] Ibid., 115.

[13] David Jobes, *The CAMS Framework: Managing Suicidal Risk*, 2nd Edition (New York: The Gulford Press, 2016).

drivers" i.e., how they got to where they are, and the plan for moving away from suicide.[14] Within the CAMS Manual, the clinician is directed to recognize and emphasize the free will and choice of the individual within the first meeting.

> **"** *...CUA's Suicide Prevention Lab method of treatment of suicide focuses on the ecology of a suicidal person as a sum of many parts.*

Also of significance in the CAMS model is the focus not only on preventing suicide but on building future thinking and purpose. The optimal outcome of the CAMS model is: 1) no suicide; 2) no suicide attempts; 3) elimination of suicidal ideation; 4) the meaningful reduction of general symptom distress; and 5) clear development and internalization of alternative ways of coping 6) development of reasons for living, *improved ability to think about the future, and the development of existential purpose and meaning* (emphasis added).[15] In the case of the suicidal persons in treatment, they seek not only to keep on living but have a life worth living, a flourishing life, a happy life.

In the case detailed in the previous section, where the Lab was journeying with a military veteran struggling with suicidal ideation, the Lab worked with the patient and a chaplain trained in the CAMS philosophy to integrate spiritual direction and the sacrament of Reconciliation within the interdisciplinary treatment plan for the suicidal individual. Integrating the man's faith into the treatment plan not only used meaningful resources to treat the suicidal crisis, but also incorporated faith as a form of re-orientation toward a *way to live* post-suicidal crisis. This method's emphasis on *the agency of the human person*–treatment developed in collaboration and in response to the needs of the individual–and the emphasis on *developing future oriented thinking* will be further unpacked as connection points to virtue ethics for both the Catholic and Muslim traditions.

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[14] Ibid., 4.

[15] Ibid., 116.

2.2 Suicide Prevention Rooted in Faith at Stanford University's Muslim Mental Health and Islamic Psychology Lab

Unlike CUA's Suicide Prevention Lab's mission, which does not explicitly address the Catholic Church's complex history in regards to suicide as one of its motivating factors, Awaad's team directly addresses the stigma around mental health in the Muslim community, arguing that perpetuation of this stigma is in contradiction to the Muslim tradition's history of promoting wellness. The frank addressing of the problem set of suicide underpins the powerful potential of the Standford Lab to reshape the landscape on suicide prevention, not only for the Muslim community, but as an exemplar model for faith-based suicide prevention. The Lab supports tradition-based research exploring the historical connection between Islam and psychology, to illustrate how the prevalent stigma and distrust of mental health resources results in a failure to engage resources originating from and contained within the Muslim tradition itself.[16]

> **In the case of the suicidal persons in treatment, they seek not only to keep on living but have a life worth living, a flourishing life, a happy life.**

While CUA's CAMS model is rooted in treating the aspects driving an individual person to suicide, the Stanford MMHIP Lab has focused on the responsibility of community, bridge building outward to create networks and support systems to prevent suicide. For Awaad and her team, suicide prevention is one part of a larger effort of building bridges between the contemporary Muslim community and mental health. The Lab has built its now international reputation through a multipronged effort that has quickly expanded since its 2014 founding. This multipronged effort includes: the funding and housing of research teams to study Muslim ethics and suicide, developing accessible resources rooted in and originating from within the tradition itself, and providing training to over 500 Muslim leaders nation-wide on suicide and Islamic resources toward prevention.

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[16] H. Keshavarzi et al., eds., *Applying Islamic Principles to Clinical Mental Health Care: Introducing Traditional Islamically Integrated Psychotherapy.* (Routledge, 2020); Rania Awaad et al., "The Need for Deen: Muslim Mental Health During the COVID-19 Pandemic.," *Journal of the British Islamic Medical Association 7*, no. 3 (May 4, 2021).

"The frank addressing of the problem set of suicide underpins the powerful potential of the Standford Lab to reshape the landscape on suicide prevention, not only for the Muslim community, but as an exemplar model for faith-based suicide prevention.

In this last effort, and reflecting a commitment to research that contributes directly back to the Muslim community, the Lab has joined in partnership with a non-profit, Maristan, also under the direction of Awaad, to disseminate and train leaders through the Muslim Community Suicide Response Manual. The partnership between Maristan and the Lab emphasizes the legacy that exists between Islam and mental health care–with *Maristan* being the name given to institutions for mental healing in the Muslim world beginning in the tenth century, rooted in Islamic teachings in the Qur'an and Sunnah.[17] The training program for Muslim religious leaders responds and provides context to address the popular concerns and questions of the community around suicide, making space to address the more legalistic concerns such as praying for, and the burial of, a person who died by suicide, and suicide as *haram* (Arabic term meaning "forbidden" by God/Islamic law), while maintaining a focus on the need to build a faith-based community capacity that can respond before suicidal crisis. The Lab's faith-based model, with the theological emphasis on 1) finding meaning and connection to Allah within the experiences of suffering found within the human condition, and the emphasis on 2) the relational responsibility of the community to respond to and care for its members, will be points of connection to virtue ethics for both traditions.

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[17] Awaad, R., Elsayed, D., and Helal, H. "Holistic Healing: Islam's Legacy of Mental Health," *Yaqeen Institute for Islamic Research*, May 27, 2021, 1–15.

3.   Hope as Resilience

The work and findings of both these labs has pushed me, as someone working in the field of comparative theology and interreligious studies, to ask where there are opportunities to bring our traditions into deeper conversation in suicide prevention. In response to the impactful work of both these labs, where is there space for partnership and mutual learning toward aiding those in our communities who are on the precipice of despair?

Both Jobes' and Awaad's work highlight the role of resilience in preventing suicide, as resiliency of suicidal individuals is depleted and potentially incapacitated, and Awaad specifically underlines that tools of resiliency exist within the Muslim tradition.[18] There is a normative quality in the trajectory of resiliency—people have pathways to resilience that exist within their everyday processes of coping, and an understanding of the elements that make up those processes can point to effective, preventative measures. Clinical psychologist George Bonanno states that resilience pertains to the ability of the individual, in the face of adversity and difficult challenges, "...to maintain relatively stable, healthy levels of psychological and physical functioning."[19] In comparison to recovery, *resiliency* reflects an ability to "maintain a stable equilibrium", but this equilibrium represents more than a lack of psychopathology, resilient

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[18] Ibid.

[19] Bonanno, G. A. "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?," *American Psychologist* 59, no. 1 (2004): 20.

individuals exhibit "a stable trajectory of healthy functioning across time, as well as the capacity for generative experiences and positive emotions."[20]

> *"There is a normative quality in the trajectory of resiliency—people have pathways to resilience that exist within their everyday processes of coping, and an understanding of the elements that make up those processes can point to effective, preventative measures."*

Psychologists have specifically identified *hope* as a measurable feature that promotes resilience and acts as a determinant of positive outcomes. Jobes' research has found that "there is no single risk-factor that has been more highly correlated with completed suicide than hopelessness,"[21] and argues that "developing treatments that specifically target future thinking and endeavor to actively build a sense of hope is a clinical imperative."[22] The dominant psychological theory of hope defines hope as having two parts—*feelings* of hope and *cognitive states* of hope. Positive psychology focuses on the cognitive state of hope, a *plasticity of hope* that "rationalizes a certain optimism that individual developmental pathways can change, and change for the better."[23] Psychologist Rick Snyder defines this hope as "a cognitive set that is composed of a reciprocally derived sense of successful (1) agency (goal directed determination) and (2) pathways (planning of ways to meet goals)."[24]

> *For those immediately experiencing the darkest of feelings, the concept that those feelings do not harbor or define their own virtue to hope can be particularly meaningful, and in the hope equation, meaning matters.*

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[20] Ibid., 21.

[21] Jobes, *The CAMS Framework: Managing Suicidal Risk*, 21.

[22] Ibid., 19.

[23] Kristina Callina, Nancy Snow, and Elise Murray, "The History of Philosophical and Psychological Perspectives on Hope: Toward Defining Hope for the Science of Positive Human Development," in *The Oxford Handbook of Hope*, ed. Matthew W. Gallagher and Shane J. Lopez (New York: Oxford University Press, 2018), 11.

[24] Matthew W. Gallagher, "Introduction to the Science of Hope," in *The Oxford Handbook of Hope*, ed. Matthew W. Gallagher and Shane J. Lopez (New York: Oxford University Press, 2018), 4.

> *"Jobes` emphasis on agency and reorientation of future thinking as a means to thrive post-suicidal crisis, along with Awaad's stress on theological orientation and community responsibility provide pathways to bring suicide prevention into conversation with the virtue of hope."*

These psychological descriptions of hope, not as a static trait but as a malleable feature, provide parallels to Christian and Muslim theories of virtue as something beyond natural disposition–*a virtue learned and acquired through practice within a particular way of life.*[25] Moral theologian David Elliot articulates the significance of the theological virtue of hope's existence outside of feelings, or outside the passions, stating that: "…losing feelings of hope does not entail losing the virtue of hope. However horrible it may seem, those who feel no hope can still go on hoping. And having an alternative to despair is itself a kind of consolation."[26] For those immediately experiencing the darkest of feelings, the concept that those feelings do not harbor or define their own virtue to hope can be particularly meaningful, and in the hope equation, meaning matters. The data connecting hope to resiliency, along with understanding that faith can operate as an access point to virtue development, point to a significant theological opportunity toward prevention: within the Christian and Muslim traditions, the future-oriented virtue of hope is a potential ally in the fight to save a life.

Psychologists have explicitly called for further interdisciplinary study into theologies and philosophies that provide insight into pathways of hope. In my own research, bringing contemporary questions about hope and despair to a reading of theological sources, I have found that al-Ghazali's Book 33 of the *Revival of the Religious Sciences*, and Aquinas' Questions 18 (*The Subject of Hope*) and 19 (*The Gift of Fear*) of the Secunda Secundæ Partis in the *Summa Theologiæ* provide foundational, practical, and pastoral theologies of hope that can inform and challenge

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[25] Elizabeth M. Bucar, "Islam and the Cultivation of Character," in *Cultivating Virtue: Perspectives from Philosophy, Theology and Psychology*, ed. Nancy Snow (New York: Oxford University Press, 2015); Cloutier, D., and Ahrens, A., "Catholic Moral Theology and the Virtues: Integrating Psychology in Models of Moral Agency," *Theological Studies* 81, no. 2 (2020): 326–47.

[26] David Elliot, *Hope and Christian Ethics* (Cambridge University Press, 2017), 10.

contemporary psychological accounts of hope. The remainder of the paper will bring al-Ghazali and Aquinas' practical, and pastoral theologies of hope into conversation with contemporary concerns of suicide prevention, with the aim of providing interreligious perspectives that support the further development of methods and models of faith-based suicide prevention. Jobes` emphasis on agency and reorientation of future thinking as a means to thrive post-suicidal crisis, along with Awaad's stress on theological orientation and community responsibility provide pathways to bring suicide prevention into conversation with the virtue of hope.

3.1. Future Thinking and Theological Reorientation

While certain human beings have a disposition toward feelings of optimism, the development of cognitive hope is rooted in meaning. The psychological theory of hope directly connects *hope* to *meaning*, stating:

> We posited that hope should relate strongly to meaning because it is through our self-re flections about the goals that one has selected and the perceived progress in the journey toward those goals that person constructs meaning in his or her life (Snyder, 1994c)… Thus, we believe that hope theory offers a new angle for looking at the nature of meaning.[27]

Misplaced or weak objects of direction or goals will result in short-lived, or weak hope; the focus of hope needs rootedness. Al-Ghazali and Aquinas present the virtue of hope as rooted in God.

3.1.1 Al-Ghazali

Al-Ghazali's *The Book of Fear and Hope* is the thirty-third of forty books contained within *The Revival of the Religious Sciences*,[28] bringing together Sunni theology with Sufi mysticism. In reading the text through the lens of suicide prevention it is relevant for the reader to consider the context in which text was written: Al-Ghazali was moved to write *The Revival* after he had having been "prostrated by a tremendous inner crisis and had been swamped by intellectual

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[27] C.R. Snyder, Kevin Rand, and Ramon Sigmon, "Hope Theory: A Member of the Positive Psychology Family," in *The Oxford Handbook of Hope* (Oxford University Press, 2018), 36.

[28] Abu Hamid Muḥammad ibn Muhammad al-Ghazali, Revival of the Religious Sciences: Book of Fear and Hope, trans. William McKane (Leiden: EJBrill, 1962).

doubt and spiritual debility."[29] One cannot help but wonder how his own experiences shaped his pastoral, compassionate and vivid descriptions of the real difficulties and limitations faced within the human experience, and how those experiences shaped his understanding of the relationship between hope and fear.

> *"Al-Ghazali was moved to write The Revival after he had having been "prostrated by a tremendous inner crisis and had been swamped by intellectual doubt and spiritual debility." One cannot help but wonder how his own experiences shaped his pastoral, compassionate and vivid descriptions of the real difficulties and limitations faced within the human experience, and how those experiences shaped his understanding of the relationship between hope and fear."*

Al-Ghazali pairs hope and fear together as therapeutic motivators to "repair deficiencies and to correct excesses, and so restore a proper balance to the soul."[30] Fear and hope are intended to be used as correctors of imbalance. While fear is meant to correct "a person (who) suffers from false sense of security, and deluded as to their true condition by a brash self-assurance,"[31] al-Ghazali defines the detrimental effects of *misdirected fear* (fearing the wrong thing), or *misguided fear* (fear unmitigated by hope). He states:

> The extremist is he whose fear is strong and transgresses the limit of equilibrium, so that it goes out towards hopelessness and despair, and...stultifies action. Fear may also issue in sickness and weakness and depression and bewilderment and intellectual atrophy.[32]

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[29] Ibid., ix.

[30] Ibid.

[31] Ibid.

[32] Ibid., 30.

Al-Ghazali's defined forms of despair—despair through misplaced hope, a crippling sense of one's unworthiness, or an unbalanced sense of fear of the unknown. Hope is described as a therapy to be used for two types of individuals, "those overcome by fear and those paralyzed by despair."[33] Hope is a therapy to shift the person's focus on internal shortcomings outward to God's benevolent care, urging a person "to be optimistic about his prospects with God and to fasten his thoughts on His pardon rather than on his own sinfulness."[34]

> **The virtue of hope is relevant because it incorporates the arduous–the "profound and seemingly unbearable suffering that exists at the heart of every suicidal drama," –within the theological paradigm.**

3.1.2 Aquinas

Al-Ghazali's descriptions of hope as a therapy aiming toward equilibrium, and the necessity of hoping toward right ends rooted in love of God, enlighten and intensify elements of Aquinas' theology of hope in *Summa Theologiae*. Aquinas' *Summa*, written two hundred years after *the Revival*, defines *hope* as one of the three theological virtues (faith, hope and charity) whose ultimate goods point to God as ultimate ends. Aquinas' virtue of hope re-orients the suicidal individual toward her ultimate ends, or *telos*, connecting the good of human flourishing on earth to the ultimate good of growing towards God. Ultimate ends of eschatological union with the Creator give purpose and ordering to human actions.

Aquinas' theology of hope is not an "opioid of the masses" or a calling for disinterest in the human experience in seeking out the disconnected eschatological afterlife. He defines hope as "a movement or a stretching forth of the appetite towards an arduous good."[35] The virtue of hope is relevant because it incorporates the arduous–the "profound and seemingly unbearable suffering

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[33] Ibid., ix.

[34] Ibid.

[35] Thomas Aquinas. *The Summa Theologiæ of St. Thomas Aquinas*, trans. Fathers of the English Dominican Province, 1920, II-II.17.3.

that exists at the heart of every suicidal drama,"–within the theological paradigm.[36] The argument is that these immediate experiences of suffering and fear is real, and needs to be courageously unpacked in relationship to ultimate ends. In his book *Hope and Christian Ethics*, moral theologian David Elliot argues that hope "benefits from its 'gift of fear'. While most would like to return that gift unopened, I suggest that spiritual fear, understood with serious nuances, has a unique and valuable moral role that rewards examination."[37]

Al-Ghazali's emphasis on a shift in orientation and Aquinas' incorporation of the gift of fear within hoping is significant to consider in light of contemporary psychological analysis of factors contributing to suicide. Jobes has made the argument that "suicidal states might exist on a spectrum anchored by intrapsychic versus interpsychic poles", and that there are both direct and indirect drivers contributing to the consideration of suicide.[38] I would translate this to mean that spiritual fear for the suicidal person can exist as a combination of internal and external elements. This is supported by Awaad, who, as previously stated, presents spiritual factors that can contribute to suicidal ideation, including external elements, "withdraw or rejection from community" and/or experiencing "religious discrimination", as well as internal, "believing one is beyond forgiveness."[39] These external and internal spiritual fears can, over time, be transformed and elevated by the virtue of hope, in that hope can direct even our proximate fears toward ultimate ends.

> **I would argue that within the process of hoping, the process of unpacking human fear and orienting it toward right ends is the most valuable contribution that faith has to offer suicide prevention efforts.**

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[36] Jobes, *The CAMS Framework: Managing Suicidal Risk*, 15.

[37] Elliot, *Hope and Christian Ethics*, 9.

[38] Jobes, *The CAMS Framework: Managing Suicidal Risk*, 23.

[39] *Suicide Prevention in the Muslim Community - Learning Circle (Dr. Rania Awaad & Imam Mohamed Magid)*.

A person who has theological hope has a framework of orientation and perspective, and may move to order and "have hope for such things in reference to its principal object."[40] I am not talking here of transcendence, but a hope rooted in the will of the person to survive the dark night, to not go over, but move through the experience of deep suffering, and know that the current pain is not our greatest end. I would argue that within the process of hoping, the process of unpacking human fear and orienting it toward right ends is the most valuable contribution that faith has to offer suicide prevention efforts.

3.2   Agency and Community in Building Hope

Both al-Ghazali and Aquinas affirm the agency of the human person, creating a bridge between Jobes` method of suicide prevention that focuses on collaboration with, and emphasis on the free will and choice of the suicidal individual. They recognize a person's ability to choose to turn away from or toward God, and both affirm God's endless benevolence and mercy in embracing His creation. Al-Ghazali's writing reflects:

> When the creature commits a sin, it is recorded against him. So a nomadic Arab said: And, if he repents of it? He said: It is erased from him. He said: If he returns to sin? The Prophet said: It is recorded against him. The nomad said: And, if he repents? He said: It is blotted out from his page. He said: For how long? He said: For as long as he begs pardon and repents towards God.[41]

God's pardon is limitless. Aquinas uses an analogy of the sun to describe God's grace, describing it as the warming light, shining down on the person, and sin as our putting up an object that shields us from receiving that light. The shield does not stop the sun from shining, in the same way that God's grace does not stop freely pouring forth. But a stretching toward the good and a movement through or beyond what is blocking the light is needed to fully receive the warmth and light of God's grace.

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[40] Aquinas, *Summa Theologiæ*, II-II.17.2.

[41] Al-Ghazali, *Revival of the Religious Sciences*, 15.

3.2.1 Al-Ghazali

Al-Ghazali defines the essence of hope as both wavering "state" (*ḥal*) and permanent "station" (*maqam*)."[42] Existing in a station of hope represents a "simple constancy of vision" and is given when hope in God "is permanent and endures."[43] A state of hope in God is the more common human experience, that which is still in development and has not reached permanence, as the soul of the seeker flags and wavers and is affected by the uncertain realities of the human experience.[44]

> **Al-Ghazali's descriptions of hope as an action-based process of growth pairs with Aquinas' descriptions of habit and the will.**

> *"Al-Ghazali calls the despairing to reflect on the delicate details of that creation, the fingers and nails and variation of the eyes, points to the loving detail with which God has shown his creation, and "since the Divine Providence has not left His creatures deficient in the instances of these minutiae, so that He was not content for His creatures that accessories and refinements in respect of adornment and necessity should pass them by, how will He take pleasure in driving them to everlasting destruction?"*

Al-Ghazali describes how hope is not a wish, but a justifiably realistic expectation for the future that requires action on part of the believer.[45] A person's hope in God becomes more stable and constant through the practice of reflection and the reciting of Qur'an, traditions and

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[42] Ibid., 2.

[43] Ibid., 26.

[44] Ibid., 3.

[45] Ibid., 5. Al-Ghazali references Yahya B. Muadh's quote *"You hope for salvation and you have not trodden its paths. But the ship does not progress on dry land."* to highlight that hope in God requires action.

reports.[46] Through parables,[47] the despairing person is led to wonder at God's infinite desire to bring His creation closer to Him, turning to look at her own life with new eyes of gratitude."[48] Within the *Book of Fear and Hope*, Al-Ghazali builds on and references the preceding section, the *Book of Gratitude* (or the *Book of Patience and Thankfulness* in another translation), unpacking the relationship of God as Creator and people as part of the created. Al-Ghazali calls the despairing to reflect on the delicate details of that creation, the fingers and nails and variation of the eyes, points to the loving detail with which God has shown his creation, and "since the Divine Providence has not left His creatures deficient in the instances of these minutiae, so that He was not content for His creatures that accessories and refinements in respect of adornment and necessity should pass them by, how will He take pleasure in driving them to everlasting destruction?"[49]

> **Aquinas' Beatific Vision involves an arduous movement to be in relationship with God that complements al-Ghazali's therapeutic descriptions.**

Gratitude and trust in God's care for His creation directly connects to the future oriented element of hope. Al-Ghazali provides the parable of sowing the seed of faith, and watering it with obedience, weeding the soul of "vicious moral traits" so that when he hopes for God's mercy and pardon, his expectation is justified.[50] This expectation through work gives "an incentive for perseverance and endurance" through trial and difficulty.[51]

The Book of Fear and Hope assesses the tendencies of the human condition and prescribes pastoral, and practical therapies of fear and hope to straighten and make clear one's path to God.

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[46] Ibid., 11.

[47] Ibid., 15.

[48] Ibid., 22.

[49] Ibid., 11.

[50] Ibid., 4.

[51] Ibid., 4.

Al-Ghazali's descriptions of hope *as an action-based process of growth* pairs with Aquinas' descriptions of habit and the will.

> "*Al-Ghazali reaches out to assure those in the midst of deconstructing false hope, that are faced with an increasing sense of their own lack of ultimate power and control, asking, "You have done what was in your power, do you then think that I (God) shall not do what is in My power?"*

3.2.2 Aquinas

For Aquinas, cultivating hope occurs through the person's intrinsic action, a deliberate habit of practices that develops an increasing openness to receiving infused grace from God. *Aquinas' allocation of hope as residing in the will and formed by habit echoes the process of personal evolution defined by al-Ghazali.*[52] Aquinas argues that it is the person's will, informed by knowledge, that operates beyond immediate passions, and the development of virtue is a shaping of a skill, "developing an intellectual disposition, increasing your understanding of what you are doing and why."[53] Locating hope as residing in the will allows it to *exist as something beyond the immediate situation.*[54] Through the cultivation of habit, one is infused with grace, and grows into a more steady, permanent focus on God's hope, forming a resilient hope that can withstand the vacillating circumstances of the human experience.

Aquinas' *Beatific Vision* involves an *arduous* movement to be in relationship with God that complements al-Ghazali's therapeutic descriptions.[55] Christ's gift of the beatitudes "depict the paradigmatic form of the hopeful life: one in which we pursue the future kingdom while

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[52] Ibid., 26.

[53] Julia Annas, *The Morality of Happiness* (New York: Oxford University Press, 1993), 114.

[54] Aquinas, *Summa Theologiae*, II-II.6.4.

[55] Mattison, W. "The Beatitudes and Moral Theology: A Virtue Ethics Approach," *Nova et Vetera* 11, no. 3 (2013): 826.

> **In the case of these individuals, virtue has been practiced and internalized within an institutional structure.**

entangled in people's brokenness on earth."[56] The beatitude "blessed are those who mourn, for they will be comforted" illustrates how inclinations toward despair can be part of the continuum of hope. While we often associate "mourning" with the loss of a loved one, this beatitude could be directed toward those who are moving from living in a state of aggressive self-confidence to awareness, associating mourning with the real fear and suffering that occurs with the loss of false security.[57] That step to embrace this form of fear and loss is actually a growing understanding of the fragile, imperfection of the human condition. Fear, in this way, is not where the faithful finds the fullness of relationship with God, but is a step in the maturation of relationship. Input from al-Ghazali adds to this argument, as he orders pride as more dangerous than sin, citing Muhammad's words: "If you had not sinned, I would have feared of you what is more evil than sins…Pride."[58] Al-Ghazali reaches out to assure those in the midst of deconstructing false hope, that are faced with an increasing sense of their own lack of ultimate power and control, asking, "You have done what was in your power, do you then think that I (God) shall not do what is in My power?"[59]

"A contemporary criticism of the incorporation of virtue ethics within positive psychology, and more widely, within developmental psychology, is that virtue ethic's prioritization of agency over-develops an individualistic, self-focused nature. But if we reach back to al-Ghazali and Aquinas, we find that virtue development is inherently social, an emphasis that directly connects to Awaad's community-based model of suicide prevention."

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[56] Elliot, *Hope and Christian Ethics*, 4.

[57] Mattison, "The Beatitudes and Moral Theology", 826.

[58] Al-Ghazali, *Revival of the Religious Sciences*, 17.

[59] Ibid., 24.

Al-Ghazali aligns human action with a form of faithful expectation in God, a hope that is rooted in reality and the traits of perseverance and endurance. Aquinas' description of the beatitudes as complementary opposites echo al-Ghazali's adherence to fear's complementary nature to hope, and his statement that "there are the many passages in the Qur'an where hope has the meaning of fear and that is because of their interdependence, since the practice of Arabic is to express a thing in terms of what is complementary to it."[60]

Integrating the virtue of hope into suicide prevention would require clear definition of the virtue of hope, not as an element that one person is born with or without, but as a virtue that involves direct action, a stretching for more with the intention that the initial seeds of the virtue of hope can grow into a plan for thriving post suicidal ideation.

For both al-Ghazali and Aquinas hope requires action, "movement" and "stretching forth", seeking what has not yet come to be through reliance on God and His promise "…that the desideratum for a fuller good or more ideal happiness is not vain, narcissistic or absurd, but a created need which finds entire fruition in eternal life."[61]

A contemporary criticism of the incorporation of virtue ethics within positive psychology, and more widely, within developmental psychology, is that virtue ethic's prioritization of agency over-develops an individualistic, self-focused nature.[62] But if we reach back to al-Ghazali and Aquinas, we find that virtue development is inherently *social*, an emphasis that directly connects to Awaad's community-based model of suicide prevention.

For those who identify as Christian or Muslim, an initial groundwork of enculturation into virtue has been done through their tradition. While they may not be educated in the intellectual and philosophical foundations of virtue, their practical rootedness in traditions that emphasize virtue uniquely primes their continued internalization. In the case of these individuals, virtue has been practiced and internalized within an institutional structure.

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[60] Ibid., 42.

[61] Elliot, *Hope and Christian Ethics*, 8.

[62] Kristjánsson, K. "Positive Psychology, Happiness, and Virtue: The Troublesome Conceptual Issues," *Review of General Psychology* 14, no. 4 (December 1, 2010): 296–310.

Aquinas articulates that while a person may be born with an inclination toward virtue, all persons need to be guided and taught, with an emphasis on virtue development within community and through relationship. The individual learns and grows in virtue through observation and relationship to others and through experience in the world.

Al-Ghazali shifts perspective from the learner to the teacher, articulating the responsibility of the community, specifically the responsibility of authority of religious leaders in applying hope and fear *as therapeutic motivators to the soul.*[63] The spiritual leader's role is compared to that of a doctor, applying knowledge and wisdom to discern ailments and needed

> *"The emphasis on discerning, compassionate and critical analysis highlights not only the spectrum of human experience and the unique path each soul takes toward God, but interpersonal and communal responsibility to one another."*

treatments.[64] Al-Ghazali states that "…it is necessary that there should be one to preach to the people; one benevolently disposed who observes the incidence of diseases and treats every disease with its antidote and not with what it has excess of."[65] Encountering the souls of those he/she guides, the spiritual leader must read his/her people, and have a honed craft to assess things as they really are in the present moment.

The emphasis on discerning, compassionate and critical analysis highlights not only the spectrum of human experience and the unique path each soul takes toward God, but interpersonal and communal responsibility to one another. The community itself could help protect from or contribute to a person's suicidal state, and the therapies of hope and fear are not to be applied blindly or the methods will result potentially in the very opposite of what was intended.

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[63] Al-Ghazali, *Revival of the Religious Sciences*, x.

[64] Ibid., 10.

[65] Ibid.

4. Conclusion: Opportunities for Comparative Engagement and Application

The original idea for this paper came from conversations between early-career interfaith chaplains struggling with theological understandings of hope in relationship to the real human reality of suicide. With my Muslim, Protestant and Jewish peers, we asked the same question, "What does hope mean in journeying alongside someone who is suffering, who has experienced pain and hardship, and will continue to experience acute suffering?" We were all attempting to answer the same questions through a different lens, and those different lenses—that collective insight and creativity of perspective—mutually benefited the way we went out and encountered those we ministered. This paper attempted to build on the fruits of that pastoral experience. Informed and guided by two effective suicide prevention models that engage faith, a re-reading of these two voices from the Muslim and Catholic traditions together resulted in the emergence of a comparative theology of hope that contains practical responses to a difficult, real and human problem.

> *"With my Muslim, Protestant and Jewish peers, we asked the same question, "What does hope mean in journeying alongside someone who is suffering, who has experienced pain and hardship, and will continue to experience acute suffering?" We were all attempting to answer the same questions through a different lens, and those different lenses— that collective insight and creativity of perspective—mutually benefited the way we went out and encountered those we ministered."*

Al-Ghazali and Aquinas provide practical insights on the virtue of hope—insights that can be incorporated into suicide prevention efforts. These potential theological building blocks include: 1) the orientation of hope as a process of growing in relationship to the Creator, while also providing descriptions of fear, despair, uncertainty and unworthiness as common experiences of the human condition; 2) defining hope as an action-based process, with al-Ghazali's emphasis on shifting focus through contemplation on God's mercy and Aquinas

emphasis on habits to growing in openness to God's grace; and 3) the placement of virtue development within a communal context, with Aquinas` emphasis on learning virtue through observation and experience and al-Ghazali's stress on the responsibility of the spiritual leader. This paper has attempted demonstrate the potential of comparative theology to contribute something significant to an interdisciplinary assessment of the problem of suicide, especially research efforts that focus on preventative measures that promote resiliency and cultivate pathways of hope.

Works Cited

Annas, Julia. *The Morality of Happiness*. New York: Oxford University Press, 1993.

———. "Virtue Ethics and Social Psychology." A Priori 2 (2003).

Antus, Elizabeth. "'The Silence of the Dead': Remembering Suicide Victims and Reimagining the Communion of Saints." *Theological Studies* 81, no. 2 (July 17, 2020).

Awaad, Rania, Osama El-Gabalawy, and Ebony Jackson-Shaheed. "Suicide Attempts of Muslims Compared with Other Religoius Groups in the US." *JAMA Psychiatry* 78, no. 9 (2021): 1041–44.

Awaad, Rania, Danah Elsayed, and Hosam Helal. "Holistic Healing: Islam's Legacy of Mental Health." *Yaqueen Institute for Islamic Research*, May 27, 2021, 1–15.

Awaad, Rania, Taimur Kouser, Leena Raza, and Osman Umarji. "The Need for Deen: Muslim Mental Health During the COVID-19 Pandemic." *Journal of the British Islamic Medical Association* 7, no. 3 (May 4, 2021).

Bonanno, George A. "Loss, Trauma, and Human Resilience: Have We Underestimated the Human Capacity to Thrive After Extremely Aversive Events?" *American Psychologist* 59, no. 1 (2004): 20–28.

Bucar, Elizabeth M. "Islam and the Cultivation of Character." *In Cultivating Virtue: Perspectives from Philosophy, Theology and Psychology*, edited by Nancy Snow. New York: Oxford University Press, 2015.

Callina, Kristina, Nancy Snow, and Elise Murray. "The History of Philosophical and Psychological Perspectives on Hope: Toward Defining Hope for the Science of Positive Human Development." *In The Oxford Handbook of Hope*, edited by Matthew W. Gallagher and Shane J. Lopez. New York: Oxford University Press, 2018.

Cloutier, David, and Anthony Ahrens. "Catholic Moral Theology and the Virtues: Integrating Psychology in Models of Moral Agency." *Theological Studies* 81, no. 2 (2020): 326–47.

Culotta, Elizabeth. "Probing an Evolutionary Riddle." *Science* 365, no. 6455 (August 23, 2019): 748–49.

Elliot, David. *Hope and Christian Ethics*. Cambridge University Press, 2017.

Gallagher, Matthew W. "Introduction to the Science of Hope." *In The Oxford Handbook of Hope*, edited by Shane J Lopez and Matthew W Gallagher. New York: Oxford University Press, 2018.

Jobes, David. *The CAMS Framework: Managing Suicidal Risk.* 2nd Edition. New York: The Gulford Press, 2016.

Keshavarzi, H., Fahad Khan, Bilal Ali, and Rania Awaad, eds. *Applying Islamic Principles to Clinical Mental Health Care: Introducing Traditional Islamically Integrated Psychotherapy.* Routledge, 2020.

Kirkpatrick, Lee A., and Ralph W. Hood. "Intrinsic-Extrinsic Religious Orientation: The Boon or Bane of Contemporary Psychology of Religion?" *Journal for the Scientific Study of Religion* 29, no. 4 (1990): 442–62. https://doi.org/10.2307/1387311.

Kristjánsson, Kristján. "Positive Psychology, Happiness, and Virtue: The Troublesome Conceptual Issues." *Review of General Psychology* 14, no. 4 (December 1, 2010): 296–310.

Kugelmann, Robert. *Psychology and Catholicism: Contested Boundaries.* Cambridge University Press, 2011.

Mattison, William. "The Beatitudes and Moral Theology: A Virtue Ethics Approach." *Nova et Vetera* 11, no. 3 (2013): 819–48.

Snyder, C.R., Kevin Rand, and Ramon Sigmon. "Hope Theory: A Member of the Positive Psychology Family." *In The Oxford Handbook of Hope*, 27–58. Oxford University Press, 2018.

Suicide Prevention in the Muslim Community - Learning Circle (Dr. Rania Awaad & Imam Mohamed Magid), 2022.

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