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Psychology and the Bible, and Suicide Counseling

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In summary to the course module above, the following comes into play; Psychology and the Bible, and Suicide Counseling.
To begin with Psychology and the Bible, Psychology is an academic and applied discipline that involves the scientific study of mental functions and behaviours. The study of psychology in a philosophical context dates back to the ancient civilizations of Egypt, Greece, China, India, and Persia. Historians point to the writings of ancient Greek philosophers, such as Thales, Plato, and Aristotle as the first significant body of work in the west to be rich in psychological thought. As early as the 4th century BC, Greek physician Hippocrates theorized that mental disorders were a physical, rather than divine nature.
In the Origin of Species Darwin wrote: 'In the distant future I see open fields for more important researches. Psychology will be based on a new foundation, that of the necessary acquirement of each mental power and capacity by gradation.'
He was right. Evolutionary psychology is now an emerging, but already large field and is still growing. It has provided a framework under which to merge different areas of research and has made profound differences to the way we think about ourselves.
One may ask, what is the essence of a Christian view of man?
Man's uniqueness from the rest of creation lies in his being created in the image of God. As God's image bearer he shares in a limited form many of the attributes of God. These include his ability to love, to know, and to choose. He is a person. His is an immortal and living soul. Man is a moral being. Man is a rational agent. Man's life has a purpose and his experience of the world is meaningful.
At the same time, man is a creature, and shares many attributes with the rest of the created order. Made of the dust of the earth, he is a biological system and has certain needs that are similar to those of other organisms.
Thus, the Biblical view of man is mixed: created in the image of God and declared very good, yet his fallen nature is such that "All have sinned and fall short of the glory of God"; an immortal soul temporarily encased in a very mortal body; God-like and animal-like; part divine, part dust; spiritual yet carnal.
Finally, the capacity to make decisions, to choose between alternatives, and to make those choices poorly or well is the essential basis of personal responsibility.
At this juncture, one will be wondering how these conflicts between the person as traditionally understood by Christians can and the image of the human as a determined machine is resolved?
Evans outlines three broad categories of responses to, or routes to resolution of, this dilemma: Reinterpreters, Limiters of Science, and Humanizers of Science.
Firstly, Reinterpreters essentially capitulate, and accept the perspective of the sciences. That is, they solve the problem by revising their view of the person. Arguments that might be advanced for this alternative are that history should teach us, witness the Galileo incident that Christians are likely to be embarrassed when they oppose the claims of science because of their supposed incompatibility with Scripture.
Secondly, Limiters of Science involves at least a partial rejection of the scientist claim that science provides the ultimate truth about the whole of reality. The most typical form of this response is that science is a limited albeit valid perspective on humanity. Thus, the perspectivalist Limiter of Science would argue that the psychologist has no right to discount the knowledge of other, non-scientific approaches.
Finally, the Humanizers of Science position finds support in those like R. G. Collingwood (1946) who argues that the nature of explanation of human action in history is such that human acts must be

understood in terms of the agent's beliefs, motivations, and intentions. Explanations seek to show the point or purpose of an act and must rely on the empathetic understanding of the explainer.
In summarizing suicide counseling, the following were well noted. After accidents and homicides, suicide is the third leading cause of death among adults according to Statistics Canada, 1995. Men are more likely to commit suicide than women. Risk factors for elderly suicide are; depression, ageism, fear of institutionalization, loss of health status, social roles, independence, significant relationship, hopelessness, helplessness, poor physical health, social isolation, increasing age and, being single or divorced.
Fortunately, the provision of conventional therapies can be as effective for elderly as any other population. In addition, there are many societal initiatives that can lessen the number of elderly suicides, including (the choice, 1996:3, 5):
The provision of economic supports for seniors which includes: adequate pensions, affordable housing and health care.
Better preparation for retirement including the development of interests and support networks outside the workplace.
Other strategies that can help reduce the incidence of elderly suicide include:
Education about the warning signs of depression and suicide.
Assisting older person to find / maintain / renew meaning and purpose-in-life.
It is widely believed that childhood is a time which confers relative immunity from the risk of suicidal behaviors. This belief is based on two notions: childhood is in large measure free of problems and stress, and children do not have the developmental maturity to think of or act upon suicidal thoughts (Pfeffer, 1993:175). However, recent research has found that by grade three (3) children (age 8-9) have a thorough understanding of suicide, and that younger children understand the concept of "killing oneself" (Mishara, 1999:105, 114)
Factors that motivate children for suicidal behaviors are: an attempt to regain control in their lives, retaliation against perceived wrongs, reunion fantasies, relief from unbearable pain, and to distract the family from other issues like divorce.
There is a tendency in our society to deny suicide and especially the possibility of child suicide. In other to prevent child suicide, we must first acknowledge that children do have suicidal thoughts and that they might act upon these.
Some strategies for preventing child suicide include: strengthening family relationships, greater public awareness of risk indicators and intervention techniques, education programs for students, community workers and, school personnel which teach children how to ask for help for themselves or a friend and which gives gatekeepers skills in identifying children at risk and sources of help, early intervention programs which address and treat known risk factors for suicide.
Experts from across North America agreed upon a three part suicide prevention plan, built on awareness, intervention, and research.
Awareness: Appropriately broaden public awareness of suicide and its risk factors
ï•¬ Promote public awareness that suicide is a public health problem, and such as, many suicides are preventable.
ï•¬ Expand awareness of and enhance resources in communities for suicide prevention programs and mental and substance abuse disorder assessment and treatment.
ï•¬ Develop and implement strategies to reduce the stigma associated with mental illness, substance abuse, and suicidal behavior and with seeking help for such problems.
Intervention: Enhance services and programs, both population-based and clinical care
ï•¬ Extend collaboration with and among public and private sectors to complete a National strategy for suicide prevention.
ï•¬ Improve the ability of primary care providers to recognize and treat depression, substance abuse, and other major mental illnesses associated with suicide risk.
ï•¬ Eliminate barriers in public and private insurance programs for provision of quality mental and substance abuse disorder treatments and create incentives to treat patients with coexisting mental and substance abuse disorder.
ï•¬ Institute training for all health, mental health, substance abuse and human service professionals

including; clergy, teachers, correctional workers, and social workers concerning suicide risk assessment and recognition treatment management and aftercare interventions.

Research: Advance the science of suicide prevention
ï•¬ Enhance research to understand risk and protective factors related to suicide, their interaction, and their effects on suicide and suicidal behaviors.
ï•¬ Develop additional scientific strategies for evaluating suicide prevention interventions and ensure that evaluation components are included in all suicide prevention programs.
ï•¬ Establish mechanisms for federal, regional, and state interagency public health collaboration toward improving monitoring systems for suicide and suicidal behaviors and develop and promote standard terminology in these systems.
ï•¬ Encourage the development and evaluation of new prevention technologies, including firearms safety measures, to reduce easy access to lethal means of suicide.

In order for caregivers to foster hope in their clients or patients, they must have certain attributes and attitudes themselves including: being hopeful and knowing how to express hope, accepting the risk that it may be proven wrong, being realistic, the ability to recognize their own limitations to give hope and to heal, never giving patient false hope to preserve their own image healers, and knowing when to seek support for themselves.

Critique:
The authors of this course module are slow to act like Reinterpreters because of recognizing, as it seems any Christian must, that there are knowable truths available through God's special revelation that science in itself could never grasp.
Turning to the alternative positions, the authors makes it clear that attempting to Limit and to Humanize scientific psychology are not mutually exclusive options. With regard to the Limiter position, most anyone, secular or Christian could agree there are other valid perspectives on the human experience than the scientific one.
The more challenging task is to attempt to explicitly incorporate Christian presuppositions into the conceptual framework guiding how one does psychology.
After I studied the course it became clear that, an explicit Christian perspective gives insight into the role that both man's sinful nature and God's redemptive grace might play in influencing human action, insights not shared by colleagues who view human nature as either inherently good or inherently amoral.
The author of the introduction to Biblical counseling, made the lesson clear and concise and easy to understand. The lesson is was well structured and not much involving and it is my prayer that, most of the course might follow the same trend to improve the reader or the learner appetite to follow the lesson exhaustively.
The authors of Centre for suicide prevention outlined meaningful strategies to undertake in order to help a friend or family member after a suicide attempt and they were really significant. In totality, the whole lessons on suicide counseling were very brief and self-explanatory that made the course easy and interesting to follow. It is a good lesson that needs to be maintained for future students to gain insight.

Personal Benefits:
Through the study of this course module, have been able to identify that integrating psychology and the Christian faith is by believing that, in everything we deal with God and feeling called to worship God with our minds, we search God's word seeking to discern its truth. From this, have learned to see nature as God's handiwork, not to worship nature, fearing its secrets because, we explore it as the creation of a rational, law-giving God.
I also learned at the end of this course module to inject Christian assumptions and values into my teachings, writings, research, and practice.
In addition, haven developed how to apply psychological insights to the life of the church by using

the principles of human influence to create memorable, persuasive sermons and effective evangelism and outreach programs.