

Article

# Identifying Ingrained Historical Cognitive Biases Influencing Contemporary Pastoral Responses Depriving Suicide-Bereaved People of Essential Protective Factors

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Received: 15 October 2017; Accepted: 3 December 2017; Published: 8 December 2017

**Abstract:** (1) Background: Historically and collectively, the Church has not responded to suicide-bereaved people with compassion, denying pastoral care in the form of spiritual, emotional, and practical support, considered key protective factors along with community support in facilitating funeral rite for their loved one in their deepest, darkest, hour of need, thereby placing them at risk to disenfranchised grief. (2) Aims: The study explores the presence of historical ingrained cognitive biases in contemporary pastoral responses from caregivers within Evangelical and Pentecostal streams. (3) Methods: Caregivers were provided with training offering greater understanding of the multifarious issues involved in the life of a person who has died by suicide and challenges faced by the bereaved. Responses to pre-workshop self-contemplating surveys based on workshop objectives were then compared to post-workshop survey responses of participant's subjective evaluation of knowledge and skills gained through information presented. (4) Results: Post-workshop survey data revealed healthy shifts in historically ingrained cognitive biases; (5) Conclusions: These shifts provide the foundation for future pastoral encounters to offer spiritual, emotional, and practical support, considered key protective factors for those bereaved by suicide.

**Keywords:** protective factors; risk factors; suicide bereavement; pastoral care; spirituality; religion; cognitive biases; disenfranchised grief; hope; Evangelical; Pentecostal

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## 1. Introduction

In the hours and days following the loss of a loved one to suicide, the bereaved become unwilling captives of the grief journey and are catapulted into a world of emotional and psychological chaos (Dyregrov et al. 2003). Police as first responders bring unwelcome news and ask questions that more often than not remain unanswered (Hauser 1987). Enquiries made by the media invade the bereaved's world with little regard for their emotional state as they try to discover the reasons why the event occurred, and who is to blame (Dunne-Maxim 1987). Loved ones must be identified, which can prove extremely traumatic. Depending on the mode of death, disturbing images can remain forever embedded in the bereaved's psyche (Jordan and McIntosh 2011; Parachin 2015). Any mix of these factors fuel intense anguish intertwined with shock, disbelief, confusion, and anger. These now form the terrain of the bereaved's world. Solace is sought among family and close friends, and if part of a faith community, from their pastor (Vandecreek and Mottram 2009).

Trauma associated with suicide death reaches far beyond the immediate family sphere, affecting the entire community wherein the deceased person once interacted, and the bereaved person is still integrated (Walsh 2004; FNQ 2012 Taskforce). A pivotal moment in the loss narrative is the pastoral response to this tragedy in relation to giving opportunity for ritual, and space for the community to

come together to support the bereaved person and mourn the loss. As the community involuntarily find themselves pushed into a state of disequilibrium until all members re-adjust to a new reality (Friedman 1985), the funeral ritual not only provides a rite of passage for the deceased person, but opportunity for the community and the bereaved to come together in a cathartic encounter (Hoy 2013). Rituals serve as a vehicle for the community and the individual to adapt to change (Walsh 2004). This enables the bereaved to transition into new social roles, restoring the dignity of the deceased by celebrating their life, and in a time of confusion and chaos provides a sense of order. Sanders (1989) describes rituals as the 'glue' that hold the bereaved together during this chapter of loss. Metaphorically, funeral rituals are an enactment of the separation of the bereaved from the deceased providing some level of comfort and closure (Rubey and Clark 1987). Communal involvement endorses this transition and embraces the bereaved back into the community in their changed status (Rubin 2014). In addition, together they construct a new identity (Freeman 2005; Parkes 2008; Selby 2013) and offer participants a sense of communal self (Walsh 2004).

The importance of eulogies that reconstruct and remember the individual's life in a more positive light than the final image left by the deceased cannot be overstated (Raphael 1985; King 2011). According to Anderson (2010), healing from a violent death ensues when a life is remembered beyond its violent end (Currier et al. 2013). This coupled with spiritual support, which speaks to a future-hope of being reunited with their loved one, is a source of immeasurable consolation and hope for a Christian. The bereaved will process and define grief and loss within their given spiritual paradigm drawing from established beliefs and practices in an attempt to make sense of an untenable situation (Davis 1989; McLean and Proctor 2012). Therefore, what transpires within the Christian community has the potential to communicate a God who is present and suffers with His creation, a God of present hope, and a God of future hope for them and their loved one (Capps 2001).

When these aforementioned key protective factors are absent, the bereaved are at risk to disenfranchised grief. The experience of disenfranchised grief is the denial of the social recognition that those bereaved by suicide have a 'right to grieve', and a 'right to claim social sympathy or support'. These are the rights of any person who experience a loss. Empathetic failure of those mandated to offer support in their deepest, darkest hour of need, diminishes the worth of the person who has died by suicide and further serves to complicate the bereaved's grief journey (Doka 2008). Denial of customary mourning rituals limits the community's access to the bereaved person during this time. Hence, the believing community also experiences disenfranchised grief, which can potentially damage their grief recovery (Clinebell 1984). For many bereaved by suicide, an ever-present sense of fate or impending doom of becoming hostage to the same hopelessness that consumed their loved one and a fear of succumbing to the same mode of death pervades their daily thoughts (Wertheimer 2001; Stroebe and Schut 2010). Compounding these internal stressors, is the stigma suicide-bereaved people face from within society and often from within their faith community (Feigelman et al. 2009).

Historically,<sup>1</sup> church and state by their actions were bedfellows in imposing a significant level of stigma upon the suicide act. The church deemed that those who died in this manner were lacking in faith, had committed an unforgivable sin, and died without repenting; therefore, they were beyond the reach of salvation and condemned to hell (Durling 1996; Schaff 1997). The Church responded to suicide-bereaved people with a total lack of compassion, denying pastoral care in the form of spiritual, emotional, and practical support (Parsons 1993). The unanimous edict of successive Church councils from 300 to 1200 AD for any who died by suicide was that clergy could not offer prayers, officiate at funerals, or bury them on church grounds (Droge and James D. 1992). Hence, the bereaved were deprived of pastoral care and ostracized from their faith community. Many were forced to leave the

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<sup>1</sup> Portions of this paper are reproduced with permission from the *Journal of Contemporary Ministry* published by Harvest Bible College, 2016.

community where they had lived their entire life to start afresh elsewhere, all the while hoping no one would discover their past (Alvarez 1972; Tarnas 1991; Walsh 2004).

Luther (1483–1546 AD) broke with ingrained pastoral responses and allowed the burial of a persons who died by suicide on church grounds. He provided pastoral support for the bereaved and brought into focus the involvement of the devil in the suicide act (Hazlitt DXCIV, DLXXXV). Luther entertained the possibility of their salvation. Following Luther, Calvin (1999) (1509–1564 AD) agreeing on the matter of supernatural interference in the suicide act, was the first to place all believers on an equal footing and of equal worth before God. In his theology, there were no provisos to salvation upon faith in Christ (*Supplimenta Calviniana* 514 quoted in Zachman 2008). The religious community remained divided however; over time, the ripples of change would gain momentum.

State laws ensured the bereaved were stripped of all supports and rights normally afforded to someone who had lost a loved one. Tenth-century England ruled suicide a criminal act (Stengel 1964), and Europe from the twelfth century to the early 1800s passed civil laws that were some of the most brutal ordinances in sanctioning the infliction of posthumous punishments. Unless it was determined conclusively that the persons who died by suicide was *non-compos mentis*, an innocent madman, the verdict of *felo de se*, a criminal against self, was handed down. In the event of such a verdict, the deceased were dragged posthumously through the streets, hung on gallows, or publicly burned (Colt 1987). Punishments were intended to be dehumanizing both to the deceased and their families with the intention of deterring any who may have been thinking of doing the same (Alvarez 1972; Minois 1995). Family members were treated as accessories to what was ruled a criminal act, and therefore needed to suffer what were considered appropriate civil and moral consequences (Parsons 1993; Neale 1973). The violent nature of suicide death seemed to evoke an equally violent response from within society and the church against the deceased person. Tragically, the next of kin became innocent hostages of these crude preventative measures (Shneidman 1983b). The actions of church and state sent a clear message as to the victim's worth as a human being in the eyes of man and God. In the same breath, surviving family members were made social and religious outcasts (Rubey and Clark 1987; Kaslow et al. 2011).

In 1770, European nations made the initial shift in responses toward suicide. Geneva officially abolished laws allowing violent posthumous punishment. George III's parliament (1823 AD) in England abolished the practice of burying the deceased with a stake through the heart. That same year, Abel Griffiths was the last person buried in this manner (Fedden 1938; Stengel 1964). Though denying funeral services, England's parliament (1824 AD) made allowance for the burial of a person who died by suicide on church grounds between 9 pm and midnight (MacDonald and Murphy 1990). In 1870, France prohibited discrimination as to where someone who died by suicide could be buried and abolished the practice of confiscating the deceased's possessions. However, whether religious rites were administered was left up to the minister. Then finally in 1882, suicide was no longer considered as a homicide in England, and the maximum sentence for attempted suicide was reduced to two years (Fedden 1938).

The legal definitions and consequences for those who died by suicide and their loved ones continued to change into the twentieth century. The *Suicide Act* of 1961 amended the laws of England and Wales pertaining to suicide, deeming it no longer a criminal offence. While current laws relating to suicide death in Australia vary between states and territories, any historical criminal association has since been eliminated (Beaton et al. 2013). In Victoria, the *Crimes Act* 1958 Section 6A states, 'The rule of law whereby it is a crime for a person to commit or to attempt to commit suicide is hereby abrogated' (*Crimes Act* 1958). While we do not carry out the austere measures associated with past eras, and property is not confiscated in the west today, some life insurance policies have a 'contestability clause'. The clause allows a claim to be denied if it is determined the person died by suicide within two years of obtaining the policy (Colt 1987; Shneidman 1983a).

Werth (1996) attributes the significant shifts within society toward the suicide act, to suicide being considered more of a 'social, medical, psychological and statistical problem', rather than an act viewed through 'theological, moral, philosophical lenses and legal terms'. Significant contributors to this

shift though differing in approach to understanding causations were, French sociologist Durkheim (1858–1917) and German sociologist six years his junior, Karl Emil Maximilian Weber (1864–1920) (Durkheim 1951/1979; Gerth and Mills 1946).

Contemporary discussions and responses to suicide from both society and the religious community still evidence pockets of ingrained historical cognitive biases. These biases within both sectors are attributed broadly to a lack of understanding of causations influencing the life of a person who dies by suicide. For the religious community, there is the added complexity of inherited historical theological legacies pertaining to the salvation of someone who dies in this manner. These legacies for many are inherited without question and have a considerable bearing on contemporary pastoral responses depriving suicide-bereaved people of key protective factors. This is not only borne out in literature, but was also evident in my lived experience.

In 2010, my 22-year-old daughter Jade, whilst in the grip of postnatal psychosis<sup>2</sup>, tragically took her life and the life of her eight-month-old son. As a person with lived experience, and at the time a Pentecostal pastor and Bible College educator of future church leaders, I found myself offered a unique opportunity to experience the complexity of responses within the religious community to such a tragedy. Further awareness of ingrained historical cognitive biases still influencing pastoral responses were offered through testimonies during informal encounters with fellow suicide-bereaved people. The combination of my lived experience, people's testimonies coupled with anecdotal stories from ministers who officiated at funerals for those who had died by suicide because other ministers would not, and the prospect of similar stories emerging in the future, became the impetus to explore by way of formal research the presence of historical ingrained cognitive biases in contemporary pastoral responses among caregivers within Evangelical and Pentecostal streams.

## 2. Methods and Materials

The original research design underwent some changes due to an unanticipated challenge arising. Initially, the research design was framed to discover the level of pastoral care received by people bereaved by suicide situated within Evangelical and Pentecostal streams. Through interviewing suicide-bereaved people willing to take part, the research was designed to test the hypothesis that a minister's operating theology correlates with his or her pastoral response, thereby affecting the bereaved's emotional recovery and spiritual life (Figure 1). It quickly became apparent that this hypothesis could not be tested through the lived narratives of suicide-bereaved people. Over a six-month period, only five people made contact to take part in the research, with only one person filling out required permission forms. Three suicide-bereaved people felt unable to take part formally because their postvention pastoral care was significantly deficient or nonexistent, leaving them angry and hurt over their experience.

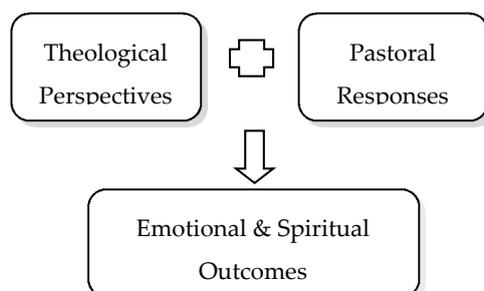
In light of this, the research direction shifted from focusing on the bereaved to focusing on the caregiver. The original hypothesis of 'measuring pastoral responses' following approval from the Australian College of Theology Human Research Ethics Committee, shifted to 'influencing pastoral responses' through an educational 1-day workshop. This training provided opportunity for ministers to examine their existing pastoral theology in light of historical theology and social science research, and measure the efficacy of the training in accomplishing this outcome. The intention of the workshops was to influence pastoral responses to being more informed, thereby reducing their likelihood to do harm and therefore more likely to lead to a therapeutic encounter with the suicide-bereaved person.

The workshop was broken up into five key sessions. Each session addressed an aspect of the complex issues that caregivers need to understand to facilitate a therapeutic encounter:

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<sup>2</sup> At the time of my experience and the writing of my doctoral thesis, I did not have any real appreciation of the magnitude of the numbers of women affected by this mental disorder until coming across the Netflix documentary produced by Brooke Shields, *When the Bough Breaks*.

- Session 1. *Historical & Theological Issues to Suicide*;
- Session 2. *Identifying Biological, Psychological & Socio-Cultural Issues in Suicide & Self-Harm*;
- Session 3. *Postvention: Caring for Those Bereaved by Suicide*;
- Session 4. *Practical Tools*; and
- Session 5. *Challenges to Caregivers*.



**Figure 1.** The influence of theological perspectives in pastoral responses on outcomes.

The first session wrestled with theological questions Christians must address when dealing with suicide death. The second session explored the complexity of issues involved in suicide. The third session focused on making the caregiver more conversant with aspects of the grief journey. The fourth session gave practical approaches for someone at risk to suicide, and someone bereaved by suicide. The final session brought to the fore the demands placed upon caregivers in these interactions and ways they can contribute to the bereaved's healing journey.

Undergirding the workshops was my published resource, *The Pastor's Handbook Complete Guide to Suicide Ministry—Entering the World of the Suicide and the Bereaved* (2013).<sup>3</sup> This publication brought together the latest literature in all these arenas. Historically, where understanding of these areas has been deficient or flawed, those who have lost loved ones to suicide experienced disenfranchised grief as they were deprived of funeral rites, communal mourning and ostracized from their community (Worden 2009).

Gathering the data took place over a 12-month period. Evangelical and Pentecostal churches, Christian schools, bible colleges, and Christian community outreaches in regions throughout Australia and New Zealand obtained from online databases, were sent emails advertising upcoming workshops over a four-month period in the lead-up to specified dates. Of the 833 total group email invitations sent, 12 churches (1.5%) requested not to receive any further advertising relating to suicide prevention, intervention, and postvention care workshops. Of the 833 total group invitations sent, 133 (15.96%) people self-selected to attend workshops. Of the 133 attendees, 101 (75.9%) elected to complete surveys, forming the basis for this research. Thirty-two surveys were excluded as significant portions of both pre and post-workshop surveys were left incomplete, therefore they were considered unworkable and incapable of yielding meaningful data. Invitations to attend workshops did not require participation in the research. However, a return rate of 75.9% to a nonobligatory survey is considered a very good outcome (Mangione 1995).

Table 1 summarizes where workshops were conducted, total attending numbers (Att. No's) and numbers of participants from Evangelical (E/S) and Pentecostal (P/S) streams who completed surveys (CS). Participants were only required to fill out their ministry area, age, gender, country and state. This

<sup>3</sup> Once the research was complete, this handbook was revised and renamed, *The Pastor's Handbook A Complete Theological & Practical Response to Suicide—Entering the World of the Suicide & the Bereaved* (2015). Lulu, Raleigh, NC. This resource still undergirds ongoing workshops. A condensed version, *Suicide Prevention, Intervention & Postvention Care Training Manual* (2016). Lulu, Raleigh, NC, is also used for training both Christian and non-Christian audiences.

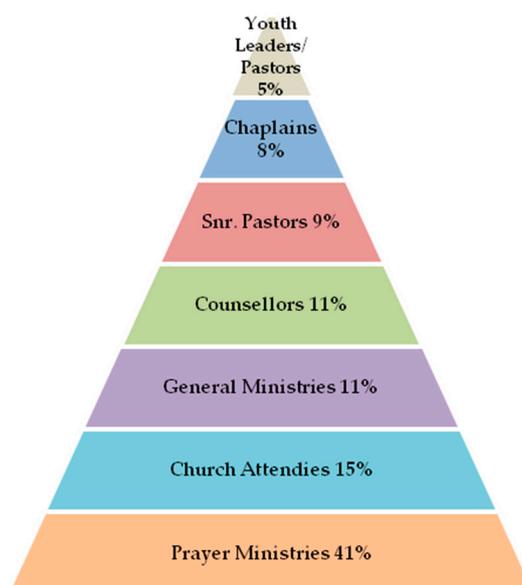
de-identified approach gave participants opportunity for greater transparency when responding to survey statements.

**Table 1.** Evangelical & Pentecostal ministries represented.

Regions	Att. No's	P/S (CS)	E/S (CS)	Combined Ministries Represented Completing Surveys
Victoria	83	19	36	Snr. Pastors (3) Pastoral Carers (9) Prayer/Healing (17) Counsellors (6) Connect Groups (1) Chaplains (3) Church Attendees (12) Youth Leaders (2) Families Ministries (1) Elders (1)
Newcastle	8	4	3	Snr. Pastors (2) Pastoral Carers (4) Counsellors (1)
Queensland	30	20	7	Pastoral Carers (8) Prayer/Healing (4) Chaplains (3) Counsellors (4) Women's Ministries (2) Snr. Pastors (3) Church Attendees (3)
Tasmania	5	2	3	Snr. Pastors (1) Elders (2) Youth Workers (1) Chaplains (1)
Auckland NZ	3	1	2	Mission Carers (2) Youth Leaders (1)
Wellington NZ	4		4	Youth Leaders (1) Chaplains (1) Church Leadership (2)
<b>TOTAL</b>	133	46	55	

The ages of those attending ranged from 18–79. Of those who completed surveys, 11 males and 35 females identified from Pentecostal streams, and 17 males and 38 females identified from Evangelical streams. The accessible population attending workshops yielded a good representation of ministries from both streams; therefore, the sample size of 101 is replicable, homogeneous and representative (Burns 2000; Myers 2002; Leedy and Jeanne 2005; Labovitz and Hagedorn 1971).

Figure 2 captures the self-selecting attendees as percentages. Of this accessible population there was a strong representation from prayer/healing and pastoral care ministries (42 = 41%). These ministries are most likely to encounter people with suicidal-ideations and the bereaved on their journey of healing and therefore keen to understand how to care for these people groups. Participant numbers attending from Evangelical and Pentecostal streams were not significantly disproportionate to warrant separate analysis.



**Figure 2.** Combined ministries as percentages.

### 3. Analysis

To test the hypothesis and measure the efficacy of the training, Likert agreement (Strongly Disagree, Disagree, Agree, Strongly Agree) and frequency (Never, Seldom, Usually, Always) scaled

statements in pre and post-workshop surveys formulated on the training objectives, accompanied the workshops.<sup>4</sup> The preference of 'Unsure' on the Likert scale was removed in favor of a 'forced choice scale', guaranteeing participants take a stand on these issues rather than opt for a neutral position. This avoided the difficulty of interpreting why a neutral position was chosen (Leedy and Jeanne 2005; Matthew 2000).

Each 'alternative' was ascribed a score from 1 to 4. The scores of 1 and 4 represent two extremes of both the *frequency* and *agreement* scale. A score of 1 represented the 'negative' end of the continuum, an alternative representing a choice that is 'less favourable' and at risk of doing harm when ministering to the bereaved. The 'positive' end of the continuum, represented by 4, was the alternative seen as 'more favourable' to doing no harm in ministering to the bereaved (Likert 1932; Bryman 2012; Burns 2000; De Vaus 2002). In rating responses, a minus value (−2, −1) was attributed to responses 1 and 2. A positive value (+1, +2) was assigned to responses 3 and 4 (Babbie 1998). The response categories situated at either end of the range continuum were then collapsed together as any shift within each set would offer a negligible difference in affecting pastoral responses to a suicide-bereaved person (Babbie 1998). Favourable alternatives (responses reducing the likelihood of doing harm in ministering to the bereaved) 3 and 4 were collapsed together and scored 4 (favourable mixed alternatives were merged with 3 & 4). Less favourable alternatives (at risk of doing harm when ministering to the bereaved), 2 and 1 were collapsed together and scored −3. Less favourable mixed alternatives (M/A), indicating a level of uncertainty as to how to respond scored −2. Rather than omit missing responses, the data is indexed as 'unresolved response' (U/R) and scored −1. Whilst excluding missing data is an acceptable practice, its inclusion allowed the data to offer its own contribution to the whole (Babbie 1998; De Vaus 2002).

Pre-workshop surveys asked participants to indicate their level of current understanding of issues in suicide, and challenges in their thinking toward both suicide and those bereaved by suicide. Participant responses to mirrored statements in the post-workshop survey measured participants' subjective evaluation of knowledge and skills gained through information presented. The hope was that participants would shift their understanding and future ministry intentions in directions considered less likely to do harm to the bereaved. In evaluating data, the scores of position responses were summed, identifying the percentage of shift (Babbie 1998; Isaac and Michael 1997) witnessed in post-workshop data within the following four areas: (1) Shift to 'favourable'; (2) Shift to 'less favourable'; (3) Shifts toward an 'unresolved response' and (4) 'Nil' shift toward favourable.

The percentage of shift witnessed in post-workshop survey data hoped to evidence participants' state of both positive and negative cognitive biases in response to felt cognitive dissonance to information received. Lowered percentage shift or 'nil' shifts to favourable responses in post-workshop surveys may evidence a cognitive bias toward rejecting new information presented. This could be because the participant preferred to hold onto established beliefs, experienced difficulty in responding to a 'not-yet-experienced' context, or perhaps were in need of additional time to process new information presented (Aronson et al. 1995–2010; Cooper 2013; Hart et al. 2009).

#### 4. Results

Participants were asked to respond to statements under each of the survey sections that were based on literature reviews of historical and theological positions toward suicide, understanding in relation to suicide, care for those bereaved by suicide, and personal challenges experienced by caregivers. The following details participant responses to these statements in pre-workshop data (PWD) and notes the overall average percentage denominational shifts toward favourable responses following the training, along with greater nil shifts (N/S) percentages. Shifts toward favourable responses are considered less likely to do harm in pastoral encounters with a suicide-bereaved person.

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<sup>4</sup> See Appendix A: *Pre-Workshop Survey—Doctoral Research*.

Figure 3 *General Understanding*: In response to five statements derived from commonly held myths in relation to someone who dies by suicide the following favourable shifts (F/S) were noted:

- Evangelical streams (E/S) noted an overall average 5.82% increase from PWD of 77.78% to 83.60%.
- Pentecostal streams (P/S) noted an overall average 6.89% increase from PWD of 73.08% to 79.97%.
- There was a greater N/S average of 3.6% toward favourable alternatives by P/S (20%) versus E/S (16.40%). These for reasons unknown did not adjust their view. The overall average percentage F/S in both streams was over 75%.

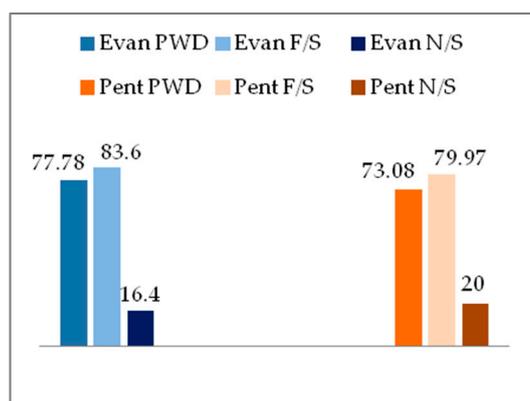


Figure 3. General Understanding Overall Average% Denominational Shifts.

Figure 4 *Care for the Bereaved*: The following F/S are noted in response to five statements modeled on common misunderstandings of what is expected in the grief journey of someone who is bereaved by suicide:

- E/S saw an overall average of 11.26% increase from PWD of 75.60% to 86.86%.
- P/S had an overall average increase of 4.78% from PWD of 65% to 69.78%.
- There was a greater N/S average of 17.08% toward favourable alternatives by P/S (30.22%) over E/S (13.14%). The overall F/S in Pentecostal streams fell below 75%.

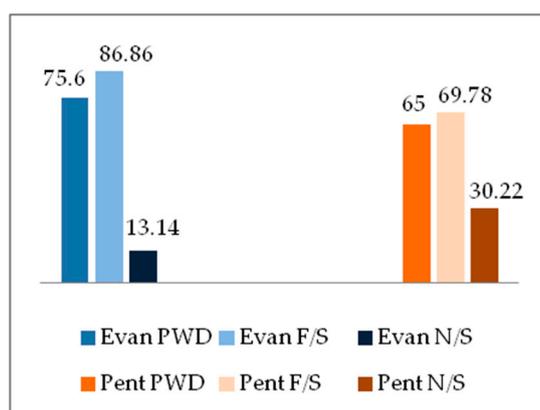


Figure 4. Care for the Beraved Overall Average % Denominational Shift.

Figure 5 *The Caregiver*: Six statements intended to ascertain the openness of caregivers to engage secular resources in understanding the complexity of suicide, invite Christian counselors to assist in postvention care, the caregiver’s personal readiness to enter into people’s grief journey, their ability to understand why people die by suicide and whether they find it difficult to offer a Christian who dies by suicide assurance of their salvation. The following F/S was observed:

- E/S had an overall average 13.62% increase from PWD of 60.90% to 74.52%.
- P/S saw an overall average increase of 10.86% from PWD of 57.60% to 68.46%.
- There was a greater N/S average of 6.03% who failed to adjust their view toward a favourable alternative by P/S (31.53%) over E/S (25.5%). The overall average percentage F/S in both streams fell below 75%.

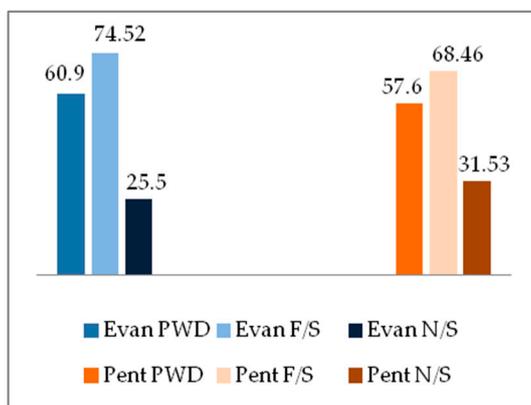


Figure 5. The Caregiver Overall Average % Denominational Shift.

Figure 6 *Theological Beliefs*: The following F/S was noted in the final section of five statements, identifying the participant’s theology in relation to a suicide death, and their belief as to the possibility of supernatural influence in the suicide act.

- E/S had an overall average increase of 5.09% from PWD of 78.54% to 83.63%.
- P/S saw an overall average increase of 1.97% from PWD of 84.34% to 86.31%.
- There was a greater N/S average of 2.60% toward a favourable alternative by E/S (16.30%) over P/S (13.70%). The overall average percentage shifts for both streams was over 75%.

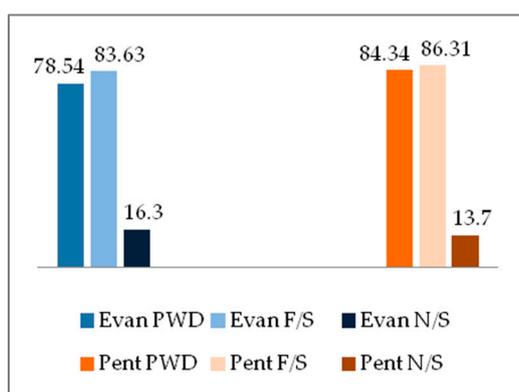


Figure 6. Theological Beliefs Overall Average % Denominational Shift.

A panoramic view of the data revealed that prior to the training an overall average percentage of 72.61% from E/S and 69.84% from P/S chose favourable pastoral responses. Thus, the remaining 27.37% from E/S and 30.16% from P/S who did not, identified as the target audience and particularly in need of the information presented in the workshop. Of this group, there was an overall average percentage F/S of 9.60% within E/S and 8.32% within P/S. This is considered a reasonably good outcome. Overall, Evangelical streams witnessed a greater overall average percentage shift toward favourable pastoral responses and Pentecostal streams noted a greater average percentage nil shift toward favourable pastoral responses.

## 5. Discussion

In the absence of a longitudinal study, ascertaining the precise reason why there was an overall average percentage nil shift of 18.19% from Evangelical streams and 24.23% from Pentecostal streams toward favourable responses is difficult to ascertain with a high degree of certainty. Many theories could be postulated. However, amongst the more likely would be that participants experienced difficulty responding to a 'not-yet-experienced' context, or were in need of additional time to process new information presented. In addition to these theories, one cannot discount a participant preference for holding onto established ingrained beliefs/biases. If that were the case, post-workshop reflection and further reading of the supplied handbook might offer opportunity to re-evaluate ingrained beliefs/biases and make needed adjustments to shift toward favourable responses.

Participant shifts to favourable responses in all sections of the survey though varying in degree, highlighted the necessity for training in these specific areas. An important focus and imperative to ministering holistically to someone bereaved by suicide was helping both streams develop a balanced understanding of the possible natural and spiritual factors influencing people to suicide. History has shown that a minister's operating theology influences their pastoral response toward those bereaved by suicide, denying key protective factors such as pastoral care in the form of spiritual, emotional and practical support. These ingrained theological biases that those who die in this manner are lacking in faith, have committed an unforgivable sin, and died without repenting, therefore are beyond the reach of salvation and condemned to hell, are still prevalent in contemporary pastoral responses as noted in post-workshop survey statement nil shifts:

- Christians who die by suicide go to hell (nil shift of 3.64% E/S and 4.35% P/S);
- Christians who die by suicide have committed an unforgivable sin (nil shift of 1.82% E/S and 8.70% P/S);
- Christians die by suicide due to lack of faith (nil shift of 9.10% E/S and 9.7% P/S);
- Christians who die by suicide do not have opportunity to repent before they die (nil shift of 10.9% E/S and 10.87% P/S); and
- Christians who die by suicide are influenced by the demonic (nil shift of nil shift of 56% E/S and 34.9% P/S).

Ingrained theological biases such as these deprive suicide-bereaved people of community support and facilitating funeral rite for their loved one, thereby placing them at risk of disenfranchised grief and complicating their grief journey. Post-workshop data evidenced that 16.3% from Evangelical streams and 13.7% from Pentecostal streams remained in responses that reflected these biases and therefore, were least likely to facilitate a therapeutic encounter with a suicide-bereaved person.

Additionally, these historical theological positions to the above statements have prevented pastoral responses offering a suicide-bereaved person who has lost a Christian loved one to suicide an assurance of their salvation. Post-workshop survey data indicated that 14.55% from Evangelical streams and 17.4% from Pentecostal streams did not shift to being able to offer assurance of their salvation.<sup>5</sup> Thus, the bereaved's future hope of being reunited with their loved one is negated. The worth of the person who has died by suicide is diminished, placing them beyond the reach of salvation. A God, who is present and suffers with His creation, is entirely absent. A God of future hope for them and their loved one does not exist. Removing hope, another key protective factor places people at risk to hopelessness and suicide.

The objective of disseminating information is ultimately to bring change in thinking and a corollary effect in approaches. Overall, the positive shifts in each area highlighted the need to confront inherited biases, and the value of holistic education to caregivers of the challenges faced in the lives of

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<sup>5</sup> Survey statement - I find it difficult to offer assurance of salvation for a Christian who dies by suicide.

those who die by suicide. These shifts are considered positive ripples of change critical to shaping future pastoral encounters with the bereaved to being more empathetic. Nil shifts indicate the need for ongoing education and the reality that change takes time.

The limitations of this research are unstandardized measures and the relatively small sample size making it difficult for findings to be generalized. Future research might benefit from standardized measurements, larger samples and control groups and the incorporation of a longitudinal study of those who fail to shift toward positive pastoral responses. It may speak more directly to whether this was because of theological or cultural worldviews or a combination of both, or because of a not-yet-experienced context, or, given time constraints, participants not having the opportunity to contemplate the information adequately.

**Conflicts of Interest:** The author declares no conflict of interest.

### Appendix A

<b>PRESENTER:</b> Astrid Staley		<b>WORKSHOP:</b> <i>Suicide Ministry – Theology &amp; Practice Entering the World of the Suicide &amp; the Bereaved</i>	
<b>MINISTRY AREA:</b>	<b>GENDER:</b> M / F	<b>AGE:</b>	<b>DATE:</b> / /
<b>COUNTRY:</b>	<b>STATE:</b>	<b>EVANGELICAL</b> <input type="checkbox"/>	<b>PENTECOSTAL</b> <input type="checkbox"/>
<b>Have you previously been involved in the care of a Christian bereaved of suicide:</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			

For each question below, **CIRCLE ONE NUMBER** that best fits your *existing understanding in the following areas*.

**There is no right or wrong response.**

My current understanding in the following areas				
Part I – GENERAL UNDERSTANDING	Never	Seldom	Usually	Always
A person who dies by suicide will do so without warning of their intention.	1	2	3	4
A person who dies by suicide is mentally ill.	1	2	3	4
Multiple suicides within families are influenced by hereditary factors.	1	2	3	4
A suicide is more likely to occur in families with unresolved issues.	1	2	3	4
A person who dies by suicide is selfish.	1	2	3	4
Part II: CARE FOR THE BEREAVED	Never	Seldom	Usually	Always
Those bereaved of suicide only need pastoral care for the first 6 months.	1	2	3	4
2 years is the appropriate length of time for grieving loss.	1	2	3	4
It is best to avoid using the word ‘suicide’ at the funeral service.	1	2	3	4
It is best to move those bereaved of suicide on from grieving as soon as possible.	1	2	3	4
It is best to have all the answers before you minister to those bereaved of suicide.	1	2	3	4

Figure A1. Cont.

It is best to have all the answers before you minister to those bereaved of suicide.	1	2	3	4
<b>Part III: THE CAREGIVER</b>	<b>Never</b>	<b>Seldom</b>	<b>Usually</b>	<b>Always</b>
I consult secular resources in understanding this area of ministry.	1	2	3	4
My Christian ministry training has prepared me to minister to those bereaved of suicide.	1	2	3	4
I struggle with engaging with people’s grief.	1	2	3	4
I struggle with understanding why people commit suicide.	1	2	3	4
I find it difficult to offer assurance of salvation for a Christian who dies by suicide.	1	2	3	4
I am hesitant to engage Christian counselors to assist in this area of ministry.	1	2	3	4
<b>Part IV THEOLOGICAL BELIEFS is scaled according to the following:</b> <b>Strongly Disagree</b> = <i>strongly unfavorable to the concept</i> <b>Disagree</b> = <i>somewhat unfavorable to the concept</i> <b>Agree</b> = <i>somewhat favorable to the concept</i> <b>Strongly Agree</b> = <i>strongly favorable to the concept</i>				
<b>Part IV – THEOLOGICAL BELIEFS</b>	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
I believe that a Christian who dies by suicide goes to hell.	1	2	3	4
I believe that a Christian who dies by suicide has committed an ‘unforgivable sin.’	1	2	3	4
I believe that a Christian person dies by suicide due to lack of faith.	1	2	3	4
I believe that a Christian who dies by suicide does not have opportunity to repent before they die.	1	2	3	4
I believe that a Christian who dies by suicide is influenced by the demonic.	1	2	3	4

**Please sign if you agree:**

*\*No identities of individuals are made known in the gathering of the data*

I agree to release my feedback for the purpose of doctoral research

Sign \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

**Figure A1.** Pre-Workshop Survey—Doctoral Research.

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