The Phenomenon of Disenfranchised Grief Experienced by Those Bereaved by Suicide: A Contemporary Pastoral Response

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Abstract

For each completed suicide, many lives are forever changed and indications are that subsequent generations feel the impact. This is a sure guarantee that in the course of pastoral ministry life, caregivers will confront at least one, if not several suicide-bereaved people.

The question arising is, how do we respond pastorally into this area? Historically, pastoral responses toward those left to navigate the aftermath of such a tragedy have not been in the main compassionate. Instead, suicide death has invoked violent responses from those mandated to provide comfort and hope, consequently leaving the bereaved at risk to disenfranchised grief.

One way forward in eliminating the potential for disenfranchised grief is providing ongoing education in this highly complex area. A quantitative study of contemporary pastoral responses to suicide prevention, intervention, and postvention training was undertaken. Seminars exposed caregivers to a greater understanding of the multifarious issues involved in the life of a suicide and challenges faced by the bereaved, along with awareness of historical legacies still imprinted upon our thinking. The training sought to influence pastoral responses where needed to one of greater empathy, thereby eliminating the potential for suicide-bereaved people experiencing disenfranchised grief.

Introduction

Pastoral responses toward suicide-bereaved people have historically been less than compassionate, thereby leaving those left to navigate life in the aftermath of such a tragedy at risk to disenfranchised grief. Contemporary pastoral responses still tainted with historical legacies toward the suicide act, along with an inadequate understanding of the multifarious issues involved in the life of one who has died by suicide and unique challenges faced by the bereaved in the event of such a tragedy, put those bereaved by suicide at risk of disenfranchised grief. This discussion is committed to raising awareness in the mind of a pastoral caregiver of some of these issues, and in so doing influencing pastoral responses toward greater empathy.

This paper will firstly define *disenfranchised grief* along with some of its contributing factors. Secondly, I embark on a *historical overview* of pastoral responses to a person who has died by suicide and those bereaved by suicide and finally, articulate outcomes from a *quantitative study of contemporary pastoral responses* to suicide prevention, intervention, and postvention training. The hypothesis of the research was that raising awareness of the unique challenges faced by suicide death in the mind of a pastoral caregiver would prove to be a positive avenue to influencing pastoral responses toward greater empathy, thus eliminating any potential for the bereaved experiencing disenfranchised grief.

Defining Disenfranchised Grief and its Contributors

At the 1985 Thanatology Conference in New York, in a conference paper simply entitled "Disenfranchised Grief," Kenneth Doka, a highly respected and prolific contributor in bereavement studies, formalized the term '*disenfranchised grief*' to encapsulate the grief experience. The impetus for Doka's paper was narratives of people's loss. The common denominator that emerged from these narratives was the *absence* of "social support for their losses" (Doka 2008, p. 224). The absence of social support in their darkest hour sent a clear message to the bereaved experiencing variegated losses,[1] that they were not 'entitled to grieve.' The following definition of this phenomenon, one that is widely accepted (Stoebe et. al. 2008; Kelley 2010), emerged from Doka's observation of loss-narratives. Disenfranchised grief is

> grief that results when a person experiences a significant loss and the resultant grief is not openly acknowledged, socially validated, or publically mourned … although the individual is experiencing a grief reaction, there is no social recognition that the person has the right to grieve or a claim for social sympathy or support (2008, p. 224).

Disenfranchised grief brings into focus the *social aspect* of grief, how the community in which the deceased was previously connected and which the bereaved is part of, acknowledge and respond to their loss. These social responses are governed by what Doka (2008, p. 225) refers to as 'social norms.' Social norms are rules on interactions with the bereaved, *how* one grieves, how *long* one grieves, *who* can *legitimately* grieve, and most importantly what losses are deemed *worthy* of acknowledgment. Societal

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[1] Participants in Doka's study were those whose losses were accompanied by additional relationship complexities, such as same sex relationships, heterosexuals with significant dyadic relationships outside the marriage union, couples living together, and those engaged or merely dating at time of death (2008).

rules on interactions with the bereaved have dictated historical responses to suicide, catapulting the bereaved into disenfranchised grief.

In addition to the social aspects of grief, Kauffman (2002, pp. 61-78) identifies an *intrapsychic dimension* associated with disenfranchised grief, whereby the bereaved *internalize* societal grieving rules. In this instance, disenfranchised grief is deemed *self-initiated* because of the bereaved's felt shame and guilt over their attachment to the deceased, assessing their grief as either inappropriate or unworthy and thereby disenfranchising their reaction to the loss. Additionally, modes of death such as AIDS-related death, child death, homicide, death by mutilation or alcoholism, or deaths that draw negative media attention may further prevent the bereaved from reaching out for support because of anticipation of probing questions or judgment from others, consequently, making them vulnerable to disenfranchised grief (Rando 1993).

Neimeyer (2002, p. 96) raises another dimension to disenfranchised grief namely *empathetic failure*. This is the inability of a person or society as a whole to understand the *significance* and *meaning* of a loss to the bereaved. It would be a reasonable suggestion that any combination of aforementioned contributors to disenfranchised grief might be evident in any one person's loss-narrative, especially where the loss contravenes accepted societal norms.

Historical Societal and Pastoral Responses to Suicide

Cain (1972) argues that historically, judicial and religious systems enforced rules that governed social responses to the person who died by suicide and those bereaved by suicide. If a person's loss fell outside accepted social parameters, as in the case of suicide, the bereaved experienced disenfranchised grief from without and within, being deprived of all that social recognition entails i.e., financial support, funeral ritual, communal mourning, and within the context of this discussion, pastoral care.

Centuries of stigma toward the suicide act have alienated suicide-bereaved people. The emergence of Christianity birthed stronger denunciations against the suicide act than in any epoch prior to it. The early Church fathers and Church Councils rendered verdicts devoid of compassion to distance themselves from the romanticized and often-heroic notions toward the suicide act from within the Greco-Roman world. The Donatists' overly eager march toward martyrdom, often inciting people to kill them in the name of Christ, provided additional impetus (Droge & Tabor 1992, pp. 167-180; Alvarez 1972; Amundsen 1996; Tarnas 1999). However, in so doing the pendulum would swing from what were overly permissive attitudes toward suicide to the extreme of demonizing the suicide act.

Cyprian (ca. 200/ 210-248AD) in *Treatise VII*, *On the Mortality,* stated unequivocally that no one could exercise his/her prerogative in hastening death as the timing of one's death rests with God alone (ANF05: 24). Church Councils from Ancyra (314AD) to the decree of Carthage (348AD), along with bishop of Alexandria, Timothy (381AD), stated that prayers could only be offered on behalf of the suicides if madness were apparent, whilst most made no concession for any form of pastoral care (Droge & Tabor 1992; Gearing & Lizardi 2009).

In the *City of God,*[2] Augustine (354-430AD) stated explicitly that fear of punishment or dishonour, notions deemed acceptable within the Greco-Roman world, were

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[2] Book 1, Chapter 20: 14 "That Christians Have No Authority For Committing Suicide In Any Circumstances Whatever." http://www.ccel.org/ccel/schaff/npnf102/Page_14.html

unacceptable reasons for ending one's life. Arguing from Exodus 20: 13, "Thou shall not murder," he stated that Christians had no authority to take life, either their life or that of another (Schaff 1997, pp. 20, 14). Eight hundred years later Aquinas (1225-1274AD), in *Summa Theologica* affirmed Augustine's position offering the following three reasons to which we must agree,

> First, because everything naturally loves itself ... suicide is contrary to the inclination of nature, and to charity whereby every man should love himself. Hence, suicide is always a *mortal sin*, as being contrary to the natural law and to charity. Secondly, because ... every man is part of the community, and so, as such, he belongs to the community. Hence, by killing himself *he injures the community* ... Thirdly, because *life is God's gift to man*, and is subject to His power, Who kills and makes to live (2.64.a5., *Italics added*).

While the reasoning here may be sound, the practical response to it was not. Successive church councils, in addition to state and civil laws throughout Europe and England from the tenth century to the nineteenth century, handed down harsh punishments not only for the suicide posthumously [3] but also those bereaved by suicide. The church deemed suicide an unforgivable sin, condemning suicides to hell, and refused their burial on church grounds. The bereaved were denied pastoral care in any form and ostracized from the church community (Tarnas 1999, pp. 29-31, 153).

State and civil laws deemed suicide a *crime* against the state and sanctioned the posthumous punishment of dragging the bodies of suicides through the streets, hanging them on gallows, driving them through with stakes, hanging them on street corners or publicly burning them (Colt 1987, p. 6). Family members were judged as accessories to the crime and deprived of any material gain from deceased estates, shunned and driven out from their community (Parsons 1993, p. 642). The motivation for such barbaric posthumous torture was two-fold; firstly, to act as a deterrent to others considering the same fate, and secondly, guided by superstitious beliefs that such extreme measures would prevent the evil spirit possessing the deceased from returning and harassing the living to end their life (Cain 1972).

By default, the suicide's next of kin became innocent hostages of these crude measures (Shneidman 1983, pp. 541-549; Silverman 1966/1972). These actions by church and state clearly dismissed the victim's worth as a human being and made their family members social and religious outcasts (Rubey & Clark 1987, pp. 152-153). Because of these austere measures, the only recourse the bereaved had was to retreat from the community, which at times required relocation to different provinces where they were unknown, to begin life afresh, hoping all the while that none would cross their path and expose their past (Kaslow, Samples, Rhodes & Gantt 2011).

Family members who happened upon the corpse in the immediate time following the death are documented as going to elaborate measures to conceal the instrument of death; i.e., ropes, knives, or any other apparatus at the scene. Additionally, suicide notes were burned, and corpses placed in different settings to disguise any possibility of identifying the body as a suicide. Family members claimed the deceased was mentally ill in an attempt for not only the deceased but also the bereaved to maintain social standing within the community, thus enabling the bereaved to procure pastoral care and burial of their loved one on church grounds. Nevertheless, they were buried in

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[3] Dante (c. 1265-1321AD), in *Canto 13*, graphically depicted suicides tormented and confined in the second round of the seventh circle of hell (Durling 1996, pp. 199-217).

specially designated areas separate to others, as it could not be determined conclusively that they were insane (Cain 1972; Dunne & Dunne-Maxim 1987; Schneidman et. al. 1983).

Despite the bereaved choosing to live a lie in order to preserve the dignity of the deceased and their connection to the community, none could escape the *intrapsychic dimension* associated with disenfranchised grief, that which is *self-initiated*, namely the felt shame and guilt over their attachment to the deceased. Despite participating in ritual and communal mourning and having a burial place offered their loved one, the bereaved most likely deemed their grief as both inappropriate and unworthy in the *context of suicide loss*, due to prescribed social norms. This would therefore significantly disenfranchise their *true* grief reactions to their loss (Kauffman 2002, pp. 61-78). Additionally, they lived with the perpetual fear of discovery, which further complicated their grief journey.

Family members not so fortunate as to be first on the scene, and thus unable to disguise the mode of death, bore the brunt of the community's *empathetic failure* (Neimeyer 2002, p. 96). They were robbed of both church and community support, deprived of the power of rituals, a burial place for their loved one, and often subjected to the additional trauma and humiliation of watching their loved one tortured posthumously. Undoubtedly, the violence directed at the bereaved and their loved one posthumously served to amplify this empathetic failure (Rubey & Clark 1987, pp. 151-158). Both groups of bereaved suffered some form of disenfranchised grief, whether the bereaved participated in ritual under false pretence, or where the bereaved were entirely deprived of the power of ritual (Cain 1972).

Contemporary Attitudes and Practice

Europe in 1770 witnessed the initial shift in responses toward suicide when Geneva officially abolished laws permitting violent posthumous punishment. France in 1870 prohibited discrimination as to where someone who died by suicide could be buried and in 1824, England's parliament made allowance for their burial on church grounds between 9pm and midnight (Mac Donald & Murphy, 1990). The significant shift in approaches to suicide death in the nineteenth century occurred, Werth believes, due to suicide being considered more of a "social, medical, psychological and statistical problem" rather than as previously viewed through "theological, moral, philosophical lenses and legal terms" (1996, pp. 17-18; Cain 1972). The Suicide Act of 1961 amended the laws of England and Wales pertaining to suicide, ruling it no longer a criminal offence. While current laws relating to suicide death in Australia vary between States and Territories, any prior criminal association has been eliminated (Beaton, Forster & Maple 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).

Contributing to ongoing shifts in attitude toward suicide, though differing in approach to understanding causations, was the substantial research by French sociologist Durkheim in 1858-1917, and German sociologist 6 years his junior, Karl Emil Maximilian Weber (1864-1920).[4] Durkheim laid foundations in the study of suicide upon which others have built. In his famous work *La Suicide* (1897/1951), he proposed

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[4] Weber's study in sociology focused on the economical aspect, such as capitalism and bureaucracy, while Durkheim focused on the social workings of society and the level of a person's integration in society (Gerth & Mills 1946; Durkheim 1951/1979).

the following four classifications of suicides. *Egoistic,* where an individual lacks integration and becomes detached from all aspects of society, *altruistic,* where individuals are rigorously governed by customs and habits, *anomic,* where there is a disruption or a level of confusion in an individual's relationship to society and *fatalistic*, when a person's relationship to society around them is excessively regulated and rigid. In Durkheim's thinking, suicide exposed the deep crisis prevalent in modern society. (Staley 2015, p. 202).

Rick and Kay Warren[5] along with many other Christian writers with lived experience of suicide loss like me, after having experienced postvention care or often the absence of it within the Christian community, seek to heighten awareness of the challenges faced by those who have lost a loved one in such a tragedy. The aim is to inform current pastoral responses when confronted with someone struggling with suicidal-ideations[6] or someone bereaved by suicide. The anticipated corollary to greater understanding is facilitating empathetic pastoral encounters, thereby eliminating the potential for disenfranchised grief.

Informal discussions with suicide-bereaved people outside the parameters of this research highlighted how contemporary pastoral responses towards one who dies by suicide and the bereaved within the Christian community remains varied. Some of these discussions took place following my conference paper presentations at the secular National Suicide Prevention Conference of 2013 and 2015, in the Q & A segment.

Several Christians in the audience offered public comment of how the believing community had robbed them of a funeral rite for their Christian loved one lost to suicide. One testimony that stood out was that of a Salvation Army minister. He shared how he had lost count of the number of times he officiated at funerals of someone who died by suicide because the Church pastor/leader of the church, where the deceased person was associated, refused to do so. Testimonies of those from Pentecostal and Orthodox streams who had suffered the loss of a Christian loved one to suicide also voiced their inability to access pastoral care during their grief and the denial of a funeral rite or community support. One woman from an Orthodox church recalled how the priest told her bluntly that her mother was in hell. Aside from the Salvation Army minister, because of their experience, these people, no longer attend church.

The following two comments reproduced here in de-identified form were offered through discussions on Facebook. One suicide-survivor wrote,

> You're kidding ...? Committed, Holy Spirit filled believers accepting and dealing well with death at own hands??! Whilst my Heavenly Father must ultimately hold me partly accountable, the suicide of my son and (later) his mum (my first wife), brought only condemnation and a piteous mocking at their choice of eternal location. As a generality, the thing the Church does best is to shoot its own wounded. I cannot entertain a liberal interpretation of scripture common as in a great many Aussie churches. However, I continue to struggle in my Pentecostal communities to find truth tempered with compassion. So often, and yet again I am living out the nightmare, that love in Pentecostalism is conditional upon showing the on-going fruit of

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[5] "Kay Warren: A Year of Grieving Dangerously." *Christianity Today*. March 28, 2014.
[6] Whilst many people may have fleeting thoughts about suicide, the term 'suicidal-ideation' refers to someone who has persistent thoughts about ending his or her life, made a plan and gathered the means execute it.

> "living in the victory" and continuously standing upon The Word. Oh Lord; live in me (June 11, 2013).

Another suicide-survivor wrote,

> ... I write this comment coming from the one who has been in that dark place and have had taken 3 attempts on my life. I do not even fathom to know why I still live and when I have shared this with others within the Pentecostal church that I was attending at that time in my life the answer that was given to me was, cast the demons out of me. The damage that was done, took years of wasted pain to overcome in fact I felt lonely more than ever. I left the church and stayed in bed for 8 years just wanting to end it all the only reason why I did not die in those years is because my family took out 24-hour watch in turns near my bed and showering etc ... (June 11, 2013).

These aforementioned pastoral responses are not uniform across denominations; however, they are reminiscent of historical responses to suicide, toward those struggling with suicidal-ideations and those bereaved by suicide. The only possible outcome for these bereaved people is disenfranchised grief. The significance of ritual and its impact on the bereaved where absent cannot be overstated and warrants mention, as its absence contributes to the experience of disenfranchised grief.

The Significance of Ritual

The experience of disenfranchised grief affects both the deceased and the bereaved alike. Rites of passage, such as funerals, act as a medium to restore the deceased's dignity, an apt reminder that no matter what the cause of death, the deceased are not as dead animals, to be discarded like road kill. Despite the fact that humanity is from dust and returns to the dust, all have a name and deserve acknowledgment. Funerals were not intended as a medium to scrutinize the death or pass judgment, but to recognize and celebrate a life lived (Wiersbe 2006, pp. 109-112, 144).[7] Ritual provides an opportunity to reframe memories, creating a different memory of the deceased that does not define them by their final moments. Suicide-bereaved people not only mourn the death of a loved one but also the violent mode of death. Anderson aptly states, "healing from violent death begins when a life is remembered beyond its violent ending" (2010, p. 128).

Additionally, rites serve to integrate the bereaved and affirm them back into the community in their changed status, allowing the community to share in the grief and grieve together as suicide death rarely only effects immediate family members. Together the "bereaved and community construct a new identity" (Freeman 2005, p. 137).

Research[8] confirms that for each completed suicide, 10-25[9] lives are forever changed and indications are their impact is felt in subsequent generations. Aquinas

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[7] Wade on the profound mystery of rites adds, "We're biodegradable but some mysterious programming deep in our minds insists on a respectful decomposition" (Wade quoted in Wiersbe 2006, p. 112).
[8] At the time of writing this article, the National Suicide Prevention Australia Media Release of March 8, 2016 stated the need for, "… Australia to take drastic action to stem the tide of suicide, in light of the report released today by the Australian Bureau of Statistics (ABS) showing that 2,864 Australians died by suicide in 2014 (2,160 males and 704 females). This is an increase of 342 deaths following the previously reported 2013 figure of 2,522. For the past 10 years, the suicide rate in Australia has

highlighted this impact when he stated, "every man is part of the community, and so, as such, he belongs to the community. Hence, by killing himself he injures the community" (2.64.a5; Carr 2004, pp. 86-89).[10]

Furthermore, where suicide death remains unannounced within the community, this stymies grief conversations with the bereaved, thereby creating an 'elephant in the room.' Stigma historically associated with suicide death has contributed to both the avoidance of the word's use and stigmatizing language (Beaton, Forster & Maple 2013). This, in turn, hinders transparency and opportunity for therapeutic encounters, and for some, forcing a measure of dishonesty into these encounters; all of which contribute to the phenomenon of disenfranchised grief.[11]

Contemporary pastoral responses still accompanied by a level of stigma (*empathetic failure*) reflected in historical sources place the bereaved externally (*through the absence of community support*) and internally (*intrapsychic dimension*) at risk of disenfranchised grief. The aforementioned lived narratives of suicide-survivors indicate that this is still a concern. Determining how prevalent this phenomenon is remains difficult, as statistics of the number of bereaved within the Christian community who have experienced or are experiencing disenfranchised grief are not available. Many will bear the burden in silence, and others will walk away from their faith community.

The following quantitative study of contemporary pastoral responses to suicide prevention, intervention, and postvention training addressed these historical legacies. In offering education about the numerous issues in the life of a person who dies by suicide and the challenges faced by the bereaved, I sought to influence pastoral responses where needed towards greater empathy, thereby eliminating the potential for suicide-bereaved people experiencing disenfranchised grief.

Quantitative Study of Contemporary Pastoral Responses

In 2010, the cataclysmic event of my 22-year old daughter, Jade's suicide, punctuated my life, providing an immediate impetus for commencing a study of pastoral responses in this area. Following eight months of severe postnatal depression, Jade took her life and the life of her 8-month old son.[12] Two years beforehand, Jade showed signs of experiencing mental health issues. Prior to the birth of her son, she experienced antenatal depression and at the time of her death was at the extreme end of the postnatal continuum namely, postnatal psychosis. A secondary impetus for my study

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not dropped." Suicide Prevention Australia, http://suicidepreventionaust.org/news/ Accessed March 9, 2016. For chart detailing Australian statistics see Hunter Institute of Mental Health: http://www.mindframe-media.info/__data/assets/pdf_file/0018/12834/Suicide-figures-ABS-2016_final3.pdf Accessed March 9, 2016.

[9] This figure incorporates those within close proximity to the deceased i.e., family members and others such as emergency responders, health care providers, co-workers, and acquaintances also affected by the suicide. http://www.suicidepreventionfnq.org.au/statistics.html Accessed January 4, 2015.

[10] Aristotle, in *Nicomachean Ethics Book V*, added an additional perspective that the suicide deprived the state of monetary value and labour declaring, "... he is treating the state unjustly" (Ross 1994-2009, p. 10).

[11] The areas noted in this paper as contributors to disenfranchised grief or the challenges suicide-bereaved people face post-loss, are by no means exhaustive, merely an introduction into this complex area.

[12] Her son's name is omitted to respect his father's wishes that no mention of his name be included when writing on Jade's death.

came from engaging with the narratives of others within the Christian community who also experienced the loss of loved ones to suicide.

As part of this study, Christian caregivers from within New Zealand and Australia were invited via email to participate in a 5-hour workshop designed to provide further understanding of the challenges faced by not only the bereaved but also those struggling with suicidal-ideations. Email invitations were sent to Evangelical and Pentecostal churches, Bible Colleges, and Christian institutions, to which 133 Christian caregivers responded.[13]

Pre and post-seminar surveys accompanied workshops. Pre-seminar surveys aimed at evaluating the caregiver's *current knowledge* on the subject prior to the seminar. Post seminar surveys measured participants' *subjective evaluation* of knowledge and skills gained through information presented. Post-seminar surveys focused on two outcomes, firstly, identifying *shifts toward responses* considered critical in facilitating empathetic encounters and secondly, *nil shifts* in response to workshop content.

Of this self-selecting number, 32 failed to complete significant portions of both pre and post-surveys and, therefore, the data was excluded, leaving 101 completed surveys. The surveys completed anonymously, used a Likert Frequency Scale (*Never, Seldom, Usually, Always*), and Agreement Scale (*Strongly Disagree, Disagree, Agree, Strongly Agree*). The option of 'Unsure' on the Likert scale was removed in favour of a 'forced choice scale,' thus avoiding the difficulty of interpreting why a neutral position was chosen (Leedy & Ormrod 2005, pp. 185-86). From the various regions where workshops were conducted Table 1 details attending numbers (Att. No's) of Evangelicals and Pentecostals, numbers completing surveys (C/S), and identifies combined ministries represented. Subsequent to this, Chart 1: *Evangelical & Pentecostal Ministries Represented* captures attendees as percentages.

Table 1: *Numbers of Evangelicals & Pentecostals Completing Surveys & Ministries Represented*

Seminar Location	Att. No's	Pent (C/S)	Evan (C/S)	Combined Ministries Represented who Completed Surveys
Victoria	83	19	36	Snr. Pastor (3) Pastoral Care (9) Prayer/Healing (17) Counselling (6) Connect Group (1) Chaplain (3) Church Attendees (12) Youth Leader (2) Families Ministry (1) Elder (1)
Newcastle	8	4	3	Snr. Pastor (2) Pastoral Care (4) Counselling (1)
Qld	30	20	7	Pastoral Care (8) Prayer/Healing (4) Chaplain (3) Counselling (4) Women's Ministry (2) Snr. Pastor (3) Church Attendees (3)
Tasmania	5	2	3	Snr. Pastor (1) Elder (2) Youth Worker (1) Chaplain (1)
Auckland	3	1	2	Mission Care (2) Youth Leader (1)
Wellington	4		4	Youth Leader (1) Chaplain (1) Church Leadership (2)
TOTAL	133	46	55	

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[13] AU - 480 Churches, 144 Christian Schools, 14 Bible Colleges, 14 Christian Community outreaches, 652 in total. NZ -145 Churches, 32 Christian Schools, 4 Bible Colleges, 181 in total. 7 participants responded from NZ & 126 from Australia.

Chart 1: *Evangelical & Pentecostal Ministries Represented*
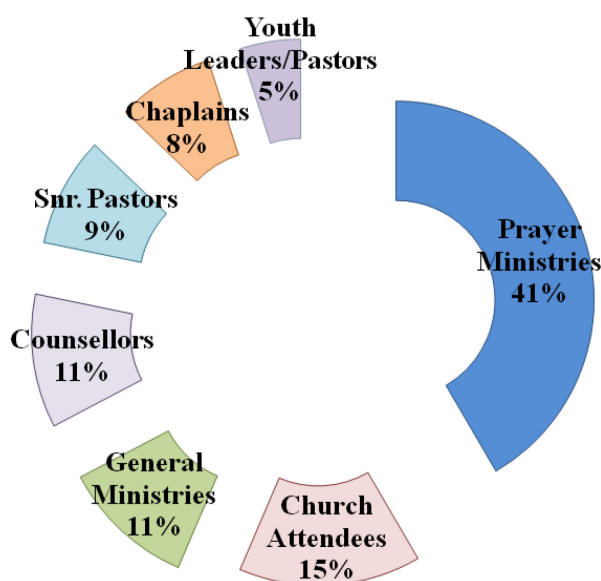
Participants were not required to disclose their church affiliation, merely whether they identified with an Evangelical or Pentecostal stream. Of those who completed surveys, 11 males and 35 females identified as Pentecostal and 17 males and 38 females identified as Evangelical.[14] The breadth of participant ages ranged from 18-79. Participants were not required to indicate years in ministry, only their area of ministry. No incentives, financial or otherwise, were offered, and filling out surveys was non-obligatory.[15] The data from 101 completed surveys formed the basis of the research findings.

Workshop Content

The seminar content and accompanying surveys were framed from literature reviews identifying areas that historically have contributed to the phenomenon of disenfranchised grief experienced by suicide-bereaved people. The following five sessions provided an avenue for confronting some of these legacies, endeavoring to grow caregiver understanding in the areas indicated by their titles along with practical tools when engaging someone with suicidal-ideations or someone bereaved by suicide.

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*
Session 5: *Challenges to Caregivers*

The seminar hoped to shift participant responses found in pre-seminar surveys still tainted by these legacies toward responses considered key to facilitating empathetic encounters in post-seminar surveys. The research identified this group as the *Target Audience*. Participants were asked to respond to specific statements under the following four sections.

The General Understanding Section:[16] Participant responses to statements in the pre-seminar surveys intended to discover their understanding of commonly held

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[14] 32 participants who failed to complete significant portions of both surveys, therefore excluded, were unable to be identified with any specific stream, ministry, gender, or age group as this information was omitted.

[15] Attendees were charged a nominal fee to cover venue hire, food, Certificate of Attendance, and Handbook resource.

[16] Statements: 1) A person who dies by suicide will do so without warning of their intention. 2) A person who dies by suicide is mentally ill. 3) Multiple suicides within families are influenced by hereditary factors. 4) A suicide is more likely to occur in families with unresolved issues. 5) A person who dies by suicide is selfish. Frequency Scaled - *Never, Seldom, Usually, Always.*

fallacies surrounding suicide. Information presented explored the complexity of issues involved in the life of a person who dies by suicide and the means to identify people at risk to suicide. Potential contributing factors surveyed were mental health, genetic predispositions, learnt behaviors, suicide contagion, sociological factors, and supernatural influences.

Care for the Bereaved Section:[17] Participant responses to statements in the pre-seminar surveys intended to discover the participant's level of understanding of the needs of someone bereaved by suicide. Information presented sought to make the caregiver more conversant with aspects of the grief journey faced by the bereaved person, and appropriate language for funerals and in a general discussion on suicide.

The Caregiver Section:[18] Participant responses to statements in the pre-seminar surveys sought to determine what level of preparation their formal ministry training had offered them in dealing with suicide-bereaved people and how they felt about engaging with people's grief. Information brought to the fore during the seminar emphasized the demands placed upon caregivers in these interactions and considered ways they can best contribute to the bereaved's healing journey. Also incorporated were practical approaches in ministering to someone at risk to suicide and someone bereaved by suicide.

Theological Beliefs:[19] The statements were based on historical and theological responses toward suicide. Participant responses to statements in the pre-seminar surveys intended to discover their theological beliefs in relation to suicide. The content of the seminar then wrestled with the theological questions Christians must address when dealing with a suicide death and offered a balanced biblical view on the topic, challenging some of the possible residual theological legacies etched in participant thinking.

Target Audience *Favourable* and *Nil* Shifts

Determining whether Likert-scaled alternatives chosen by the participant were considered '*favourable*' or '*less favourable*' was predicated upon literature on the given topic. Survey statements were then formulated from this information. Alternatives were ascribed a score from 1-4. Scores of 1 and 4 represented two extremes of both the frequency and agreement scale. A score of 1 represented the '*negative'* end of the continuum, chosen alternatives '*less favourable'* to facilitating an empathetic pastoral response. A score of 4 considered at the '*positive'* end of the continuum, alternatives

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[17] Statements: 1) Those bereaved of suicide only need pastoral care for the first 6 months. 2) 2 years is the appropriate length of time for grieving loss. 3) It is best to avoid using the word 'suicide' at the funeral service. 4) It is best to move those bereaved of suicide on from grieving as soon as possible. 5) It is best to have all the answers before you minister to those bereaved of suicide. Frequency Scaled - *Never, Seldom, Usually, Always.*

[18] Statements: 1) I consult secular resources in understanding this area of ministry. 2) My Christian ministry training has prepared me to minister to those bereaved of suicide. 3) I struggle with engaging with people's grief. 4) I struggle with understanding why people commit suicide. 5) I find it difficult to offer assurance of salvation for a Christian who dies by suicide. 6) I am hesitant to engage Christian counsellors to assist in this area of ministry. Frequency Scaled - *Never, Seldom, Usually, Always.*

[19] Statements: 1) I believe that a Christian who dies by suicide goes to hell. 2) I believe that a Christian who dies by suicide has committed an 'unforgivable sin.' 3) I believe that a Christian person dies by suicide due to lack of faith. 4) I believe that a Christian who dies by suicide does not have opportunity to repent before they die. 5) I believe that a Christian who dies by suicide is influenced by the demonic. Agreement Scaled - *Strongly Disagree, Disagree, Agree, Strongly Agree.*

'*favourable'* to facilitating an empathetic pastoral response in ministering to the bereaved.

There was a combined average percentage of 21.21% *nil shift* in post-seminar data from '*less favourable'* alternatives chosen in pre-seminar data. In the absence of a longitudinal study, I can only offer the following as some possible reasons for this:

- o *Inadequate reflection time on information presented*
- o *Reader interpretation of statements*
- o *Challenges in responding to questions from a not-yet-experienced context*
- o *Cognitive dissonance, retreating into established biases*
- o *Insufficient time to delve into topics in greater depth*

Conceivably, participants may have required post-seminar reflection to digest the copious information presented. The pastoral handbook resource hoped to assist to that end.[20]

Pre-seminar survey data indicated that an *overall combined average* of approximately 70% of initial responses was '*favourable'* thereby, conducive to facilitating an empathetic encounter with the bereaved, with a combined average of approximately 30% (identified as the *Target Audience*) choosing alternatives '*less favourable*' (L/F). These alternatives were considered unhelpful to facilitating an empathetic pastoral response.

Summation of *Overall Shifts* in Data

Table 2: *Overall Average Denominational Shift in Data*, offers the overall combined average of percentage *favourable and nil denominational shifts per section* evident in post-seminar data. Highlighted areas in *favourable* or *nil* shifts of blue and green respectively, articulate which groups' evidenced greater shift. The 30% *target audience* (T/A) became the focus when evaluating post-seminar survey data for *favorable* shifts (F/S) or *nil* shifts (N/S) toward compassionate pastoral responses from within Evangelical (*E*) and Pentecostal (*P*) streams.

Table 2: *Overall Average Denominational Shift in Data*

General Section		Bereaved Section		Caregiver Section		Theological Section	
Evan (*E*) F/S	Pent (*P*) F/S	Evan (*E*) F/S	Pent (*P*) F/S	Evan (*E*) F/S	Pent (*P*) F/S	Evan (*E*) F/S	Pent (*P*) F/S
6.2%	8.2%	11.64%	9.16%	13.63%	11.6%	6.14%	3.7%
Evan (*E*) N/S	Pent (*P*) N/S	Evan (*E*) N/S	Pent (*P*) N/S	Evan (*E*) N/S	Pent (*P*) N/S	Evan (*E*) N/S	Pent (*P*) N/S
16.4%	20%	13.14%	30.22%	25.5%	31.53%	16.3%	13.7%

General Understanding Section: Prior to the workshop, an overall average of 22.2% Evan (*E*) and 26.9% Pent (*P*) chose *less favourable* responses (L/F) to statements. Of this T/A, following information presented at the workshop, 6.2% *E* and 8.2% *P*

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[20] Responding on a separate form asking for feedback as to the content and presentation of the seminar, which was not part of the research, many indicated they would have liked a 2 or 3-day seminar to cover issues presented in greater depth. Realizing time constraints in discussing these areas, the pastoral resource accompanying the seminar given to each participant, delved deeper into seminar content allowing for post-seminar reflection.

shifted to more *favourable* responses. *P* had a greater *nil* shift average toward a *favourable* alternative of 3.6%. A final average total of 83.60% *E* and 79.97% *P* evidenced a *favourable* response.

Care for the Bereaved Section: Prior to the workshop an overall average of, 24.4% *E* and 35% *P* chose *less favourable* responses to these statements. Of this T/A, following information presented at the workshop, 11.64% *E* and 9.16% *P* shifted to more *favourable* responses. *P* had a greater *nil* shift average toward a *favourable* alternative of 17.08%. A final average total of 86.86% *E* and 69.78% *P* evidenced a *favourable* response. As the overall percentage outcome of Pentecostals fell below 75%, the research delved into individual statements[21] offered under this section and what literature reviews on each offered as potential challenges to responses.

The Caregiver Section: Prior to the workshop an overall average of, 39.1% *E* and 42.4% *P* chose *less favourable* responses to these statements. Of this T/A, following information presented at the workshop, 13.63% *E* and 11.6% *P* shifted to more *favourable* responses. *P* had a greater *nil* shift average toward a favourable alternative of 6.03%. A final average total of 74.52% *E* and 68.46% *P* evidenced a *favourable* response. The research delved into individual statements offered under this section and what literature reviews on each offered as potential challenges to responses, as the overall percentage outcomes for both fell below 75%.[22]

Theological Beliefs Section: Prior to the workshop an overall average of, 21.5% *E* and 15.6% *P* chose *less favourable* responses to these statements. Of this T/A, following information presented at the workshop, 6.14% *E* and 3.7% *P* shifted to more *favourable* responses. *E* had a greater *nil* shift average toward a favourable alternative of 2.6%. A final average total of 83.63% *E* and 86.31% *P* evidenced a *favourable* response.

By way of a **summative statement**, the *overall average percentage total shift* of *E* to a *favourable* response in the post-seminar data was 9.6% and 8.32% *P* with an overall average total percentage *nil shift* of 18.19% *E* and 24.23% *P.* The combined average percentage *nil shift of Evangelicals* and *Pentecostals* toward a favourable alternative was 21.21%. The research narrowed its focus to the final average total percentage shift in Care *for the Bereaved* and *The Caregiver Sections*, which fell below 75%. Possible reasons were explored as to why caregivers did not evidence a greater shift in these two sections; however, in the absence of a longitudinal study, ascertaining this with a high degree of certainty remains problematic.

Panoramic View of Entire Data

At the outset, it was stated that contemporary pastoral responses still tainted with historical legacies toward the suicide act are at risk of contributing to the ongoing experience of disenfranchised grief for suicide-bereaved people. Lived loss-narratives confirmed this as a reality. The hypothesis of the research was that raising awareness of the unique challenges faced by suicide death in the mind of a pastoral caregiver would prove to be a positive avenue to influencing pastoral responses where needed towards

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[21] Examination of individual statements (footnote 16), is beyond the scope of this paper. However, it is suggested that perhaps responding to questions from a not-yet-experienced context or retreating into established biases may have been an influence. In the absence of any longitudinal study, precise reasons as to why are unavailable.

[22] Examination of individual statements (footnote 17), is also beyond the scope of this paper. The same process as above was offered in exploring reasons why this was the case.

greater empathy. This empathy would, in turn, benefit pastoral encounters with those struggling with suicidal-ideations and those bereaved by suicide.

Pre-seminar survey data indicated that an average of 27.39% *E* and 30.16% *P* identified as the *Target Audience* (T/A) were in need of the information presented in the workshop. The seminar addressed historical legacies noted in literature reviews, some of which are mentioned in the earlier portion of this paper. Participants were presented with a greater appreciation of the unique challenges faced by the person who dies by suicide and the bereaved along with practical approaches to ministering to someone at risk to suicide, and someone bereaved by suicide.

The *Target Audience* overall average percentage *total shift* of, 9.6% *E* and 8.32% *P* to a *favourable* response (F/R) in post-seminar data, is a positive indicator of the value of training in this complex area. Ongoing opportunity for caregiver training is offered in the form of 10 x 15-minute free Suicide Prevention Training videos that capture key elements of the seminar's presentation, along with links to *The Pastor's Handbook* and additional resources.[23] Researching precisely why a combined average percentage of 21.21% did not shift toward alternatives that are more favourable could be the goal of a longitudinal study in the future. Insights gleaned would prove valuable to the ongoing training of Christian caregivers.

Conclusion

A brief overview of historical societal and pastoral responses to suicide since the inception of the church noted how suicide-bereaved people have historically been unable to access empathetic pastoral care from within their believing community. Lived narratives of loss testify how some have walked away from the faith, feeling deserted in their darkest hour of need, whilst others may choose to remain connected to their faith community yet emotionally and mentally suffer in silence. They are wounded people in need of rescue from disenfranchised grief through an empathetic pastoral encounter. If contemporary pastoral responses are to divest themselves of historical legacies and break the cycle that has resulted in disenfranchised grief for suicide-bereaved people, confronting these ingrained legacies is essential. Additionally, ongoing education into the challenges faced by not only those lost to suicide but also their loved ones left behind to pick up the pieces of shattered hopes and dreams, will also prove beneficial.

Pre-seminar data noted that an average of approximately 27.39% Evangelicals and 30.16% Pentecostals chose alternatives considered from literature reviews as being '*less favourable*' to facilitating an empathetic pastoral encounter. These were identified as the *Target Audience* and became the focus for evaluating post-seminar data for *favourable* shifts. The research did witness a positive shift in responses within this target audience of 9.6% Evangelicals and 8.32% Pentecostals. The shift highlighted the value and necessity of training in this area. Ongoing education in this highly complex area will continue to benefit caregivers, thereby eliminating the potential for suicide-bereaved people experiencing disenfranchised grief.

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[23] The option of Face-2-Face training or Free video training aimed at Christian audiences in Suicide Prevention, Intervention & Postvention Care Training: https://astridstaleyblog.wordpress.com/
The Pastor's Handbook: A Complete Theological & Practical Response to Suicide, Entering the World of the Suicide & the Bereaved (Rev. Ed.) and a condensed version available from: http://www.lulu.com/spotlight/staley2atbigponddotnetdotau

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