

SUICIDE AND SERMONS: PERCEPTION OF PASTORS AND CONGREGANT
MEMBERS REGARDING SUICIDE

by

Hope W Callahan

Liberty University

A Dissertation Presented in Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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ABSTRACT

The ongoing global crisis of suicide underscores the imperative for effective prevention measures addressing the mental health struggles of individuals, offering hope, and facilitating access to essential services. Research is vast when considering suicide in general; however, the gap in research lies in understanding the perceptions of pastors and congregant members regarding the topic. Pastors, by integrating the topic of suicide into their sermons, can play a crucial role in prevention through messages of hope and encouragement. This approach fosters open dialogue and reduces stigma within congregations. The purpose of this qualitative case study was to gain a deeper understanding of those perceptions. Participants included pastors and congregant members of a diversity of religious denominations who volunteered to participate in interviews. Participants were asked to provide information regarding their knowledge of risk factors, interventions, perceptions of how scripture addresses the topic of suicide, and thoughts on the inclusion of the topic in sermons. A thematic analysis produced 12 themes: (a) mental health, (b) physical health, (c) God's word/Bible, (d) professional resources, (e) healthy relationships, (f) God does not provide specific parameters on suicide, but some scripture may be relatable, (g) God is final judge, (h) due to prevalence, most all had some sort of experience with suicide, (i) supports inclusion within certain parameters, (j) should do from a Biblical background, (k) appropriate age, and (l) topic publicized prior. The information obtained allowed for a deeper understanding of the perspectives of pastors and congregant members surrounding the topic of suicide.

Keywords: Pastors, congregants, suicide, sermons, stigma, God

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CHAPTER 1: INTRODUCTION TO THE STUDY

Introduction

Suicide is often viewed as a topic associated with feelings of discomfort and anxiety. When presented in conversation, individuals often avoid the topic due to levels of anxiety and the feelings of discomfort. Those experiencing suicidal ideations are often seeking conversation (Olson, 2018). The act of a simple conversation can often decrease the levels of suicidality experienced (Olson, 2018). Individuals experiencing suicidality often struggle between the voice of hope and the voice of despair, the voice of a brighter future and the voice of suicidality (Androutsopoulou et al., 2020). The voice of hope could be illuminated by a conversation with a friend, a note of encouragement from family, an intervention prompted by a therapist, or a message of inspiration from a pastor.

Suicide is defined as the intentional act of self-harm, which is intended to result in death and is considered a global health concern (Lennon, 2020). According to the American Psychological Association (APA) (2023), suicidality is defined as the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicide plan. Suicide is generally unexpected and comes as a moment of disbelief to family and friends. At times, warning signs may be present as indicators of suicidal ideations. Mental health interventions, natural supports, and messages of inspiration and hope are all potential contributors to a decrease in suicide.

Background

Suicide is an eternal solution to a temporary problem. There is a desperate need for hope and encouragement among those suffering from suicide. Unfortunately, those

individuals often feel trapped in the valleys of life, unable to journey the uphill climb. Those experiencing suicidal ideations often present with warning signs that may be visible to those around them. Two of the most common indications found are isolation and sudden changes in one's behavior (Bader et al., 2021). The act of isolation could be due to their feelings of burdensomeness. Umphrey et al., (2021) believed that the interpersonal theory of suicide predicts that alienation from others and feelings that one does not belong can affect suicidal ideation. Embracing self-compassion, engaging in emotional control, and displaying hope in one's way of thinking can serve as proactive in the reduction of suicide (Umphrey et al., 2021). Bauer et al., (2018) found that being involved in extra-curricular activities often increased the sense of belongingness and reduced suicidal ideations as well. The involvement in extra-curricular activities can serve as a natural support system, which can be imperative in the reduction of experiencing feelings of isolation. Sometimes a person simply needs a hand of encouragement to journey uphill.

Stigma has inundated mental health for years. Most sidestep conversations regarding mental health subjects, and many feel ashamed to seek support. Mason (2021) conducted a research study and found there to be a level of continued stigma surrounding mental health and suicide among Christian faith communities; however, realizing that Christian faith communities have a duty to assist in areas of prevention and reduction. Mason (2021) acknowledged that spiritual interventions can play an imperative role in the reduction of suicidality. Research surrounding Christian based therapy programs have also shown to be effective (Bazley & Pakenham, 2019). Bazley and Pakenham (2019) researched the efficacy of utilizing an acceptance and commitment Christian based

therapy program identified as HOLLY, standing for “Hope Often Looks Like You.” This program was tailored for members of faith-based organizations, equipping those members with the knowledge base and effective tools to assist in suicide prevention (Bazley & Pakenham, 2019). Researchers found a reduction in reported suicidal ideations of those who participated in this faith-based program (Bazley & Pakenham, 2019). Also noting that if individuals are willing and are provided the knowledge base and effective tools to assist, individuals who identify as members of a faith-based organization, can play an imperative role in the reduction of suicide (Bazley & Pakenham, 2019).

Sermons are preached to deliver messages of historical accounts of God’s relationship with His people. The intent of sermons is to bring God’s knowledge to mankind so that His people can live according to His will and His righteousness. Sermons often speak of sin which is what separates man from God. Sermons are often utilized to teach God’s people what is right and wrong as one navigates daily life. Sermons are also a reminder of how one should live life for God and among people on Earth. God’s people often fall astray led by secular views. Sermons help remind one of their relationships with God and true purpose. Pastors often seek to deliver sermons that portray inspiration, hope, encouragement, and truth. Pastors generally express a sincere love for their congregation. Congregant members utilize sermons as a tool as one navigates through daily life in the upcoming week, often feeling inspired and encouraged.

Bazley and Pakenham (2019) and Mason (2021) found that spiritual interventions and faith-based programs are also effective in the reduction of suicidality. The Bible states in Philippians 4:7 (English Standard Version), “And the peace of God, which surpasses all understanding, will guard your hearts and your minds in Christ Jesus.”

Scripture has provided insight regarding the peace that only God can provide, a peace that cannot be found by mankind alone. The Bible states in Ephesians 4:11-12 (ESV), “And he gave the apostles, the prophets, the evangelists, the shepherds, and the teachers, to equip the saints for the work of ministry, for building up the body of Christ.” Pastors, when equipped by God’s word, can potentially play an integral role in the reduction of suicide as well, by the preaching and teaching of God’s word. Research has allowed for a deeper understanding of the knowledge base, levels of comfort, and perceptions regarding the inclusion of the topic suicide in sermons, of pastors and congregant members. The obtainment of this information could allow for the opportunity to increase knowledge, improve comfort levels, and potentially encourage the inclusion of the topic suicide in sermons. The inclusion of the topic suicide could serve as an integral piece in the reduction of stigmas surrounding suicide as well as the reduction of suicidal ideations. Sermons are delivered in person and via online sources, therefore, having the potential to reach thousands of individuals.

Prior to this study, there was a gap in research surrounding the perceptions of pastors and congregant members. As research found in the study conducted by Bazley and Pakenham (2019), faith-based organizations can play an integral role in the reduction of suicidality. However, prior research has failed to gain the perceptions of pastors and congregant members. Pastors could play an integral role in the reduction of suicide via God’s word, but if they lack the proper knowledge base, they may feel inadequate in addressing the topic. Some pastors have likely never thought to consider addressing the topic of suicide in sermons. Bringing awareness could assist in filling a gap. Pastors may also fear the feelings and thoughts of congregant members if the topic is included in

sermons. Perhaps pastors feel as if mental health and God's word do not coincide. This study explored the experiences regarding suicide in pastors and congregant members. The integration of a foundational knowledge base regarding the topic suicide is an integral piece when working to reduce suicidal ideations. Breaking down the barriers surrounding the stigma and improving levels of comfort. Research has provided great insight surrounding the topic; however, the gap in research was identified when considering pastors and congregant members and the inclusion of the topic in sermons.

Problem Statement

Suicide is a serious mental health crisis that continues to present globally. Many individuals experience discomfort in discussing the topic of suicide and are likely to sidestep discussion when the topic is presented in conversations (Olson, 2018). However, research showed that individuals experiencing suicidality are often experiencing emotional dysregulation or feelings of isolation (Wu et al., 2021). When individuals are experiencing suicidality, a simple conversation could be the voice of hope (Olson, 2018).

The stigma surrounding mental health and suicidality continues to be prevalent. Potter (2021) advised that the stigma surrounding suicidality can be lethal if it is not properly addressed. If the stigma is felt in churches and Christian communities, it can push people away from God (Potter, 2021). Pastors often deliver messages of hope and encouragement during their sermons, while referencing God's word and reminding of one's ultimate purpose. Congregant members are often seeking those messages of hope and encouragement as they navigate through the valleys in their lives. The Bible states in Galatians 6:2 (King James Version), "Bear ye one another's burdens, and so fulfil the law of Christ." Considering the topic of suicide, perhaps pastors and congregant members are

responsible to assist those experiencing the burden of suicide. Research has shown that spirituality and faith-based programs can be imperative to those experiencing suicidality (Bazley & Pakenham, 2019).

The identified gap in research was regarding the perceptions of this topic in pastors and congregant members of culturally diverse backgrounds. The unfortunate stigma surrounding mental health and suicide can still be seen within the church. Understanding that the inclusion of the topic of suicide in sermons could potentially play an integral role in portraying the voice of hope and ultimately reducing suicide, it is imperative to consider the perceptions of pastors and congregant members. Understanding comfort levels and knowledge base are integral pieces when determining the effect, the inclusion of such a topic can have in the reduction of suicide. Research was found to be vast when it pertained to suicide, factors contributing to such thoughts, interventions, treatments, and the role spirituality interventions can play in the reduction of suicide. The problem was identified as the lack of research when considering the perceptions of pastors and congregant members regarding suicide. This study explored those perceptions.

Purpose of the Study

The purpose of this qualitative case study was to explore the perceptions of pastors and congregant members regarding the inclusion of the topic of suicide in sermons. This qualitative study explored reported levels of comfort, identified any associated stigma, and gained insight regarding participants' levels of knowledge of suicide.

Research Questions

Research Questions

RQ1: How do pastors describe their understanding of the topic of suicide?

- a. How do pastors describe their knowledge of the risk factors of suicide?
- b. How do pastors describe their knowledge of interventions utilized to minimize suicide?
- c. How do pastors describe their knowledge of what scripture says about the topic of suicide?

RQ2: How do congregants describe their understanding of the topic of suicide?

- a. How do congregants describe their knowledge of the risk factors of suicide?
- b. How do congregants describe their knowledge of interventions utilized to minimize suicide?
- c. How do congregants describe their knowledge of what scripture says about the topic of suicide?

RQ3: How do pastors describe their perceptions on the inclusion of the topic suicide in sermons?

RQ4: How do congregants describe their perceptions on the inclusion of the topic suicide in sermons?

Assumptions and Limitations of the Study

This study was conducted in a small rural area in Virginia. The limited population size posed as a limitation to this study as the religious denominations are not as diverse.

Additional research could be conducted utilizing more diversity among denominations. Assuming that participants are aware that the researcher is a mental health professional, it is likely that some may not have been as honest in their answers, providing answers they felt were wanted. This study utilized interviews, for data collection, to provide an opportunity for more honest answers. Some participants likely lacked knowledge surrounding the topic suicide; therefore, not providing as detailed responses. Considering the stigma associated with mental health, some individuals may have chosen not to participate in the study, resulting in the limited sample size.

Individuals became aware of the opportunity to participate while attending church; however, it is not to be assumed that all participants identified as Christians. The results concluded from this study are not specific to the benefit of Christians. The inclusion of the topic suicide could potentially be beneficial to anyone who has access to the sermons.

Theoretical Foundations of the Study

A case study attempts to research and describe the study of a case within real life, contemporary context or setting (Creswell & Poth, 2018). A case study is simply a chosen case that is determined of interest to be studied (Creswell & Poth, 2018). A case study is practical as research was conducted to determine participants experiences regarding suicide to gain an overall census. The obtainment of the overall census can assist in formulating a decision regarding the possibility of including the topic suicide in sermons. Because the study focused on one's thoughts and how they reacted based upon those thoughts, this study utilized a collective case study approach, researching perspectives among pastors and congregant members of diverse denominations.

The deliverance of sermons can serve as the voice of hope for someone experiencing suicide. Referencing scripture found in Ephesians 4:11-12 (ESV), by equipping pastors with a foundational knowledge base and increasing their levels of comfort, the topic suicide can potentially be incorporated into the deliverance of God's word. By utilization of God's word, pastors can illuminate the voice of hope for those who are walking in the valleys. Pastors are presented with an opportunity to provide encouragement as individuals navigate out of the valleys, decreasing suicide.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

Christian – Is defined as one who professes belief in the teachings of Jesus Christ (Merriam-Webster, 2023).

Congregant – Refers to one who congregates, specifically, a member of a congregation (Merriam-Webster, 2023).

Faith – Is defined as belief in trust in and loyalty to God (Merriam-Webster, 2023).

Intervention – Is defined as the act of interfering with the outcome or course especially of a condition or process (as to prevent harm or to improve functioning) (Merriam-Webster, 2023).

Pastor – Is defined as a spiritual overseer, especially, a clergyperson overseeing a local church or parish (Merriam-Webster, 2023).

Prevention – Is defined as the act of preventing or hindering (Merriam-Webster, 2023).

Sermon – Is defined as a religious discourse delivered in public, usually by a member of the clergy as a part of worship service (Merriam-Webster, 2023).

Spirituality – Refers to sensitivity or attachment to religious values (Merriam-Webster, 2023).

Stigma – Refers to a mark of shame or discredit (Merriam-Webster, 2023).

Suicidality – Is defined as the risk of suicide, usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicide plan (American Psychological Association, 2023).

Suicide – Refers to the act or an instance of taking one's own life voluntarily and intentionally (Merriam-Webster, 2023).

Significance of the Study

According to the County Health Rankings Model (2023), the rural area in which this study was conducted, reported twenty-eight deaths by suicide per one hundred thousand people between the years of 2016 and 2020. Confounding statistics for an area with an estimated population size at around seventeen thousand six hundred (U.S. Census, 2022). Understanding the current research on indicators, interventions, and the importance spirituality can play in the reduction of suicide, this study focused on research to unveil the knowledge base and comfort levels of pastors and congregants.

The first step to the potential inclusion of the topic of suicide in sermons is to understand knowledge base, comfort levels, and any associated stigma surrounding the topic. If the lack of knowledge exists, educational sessions and self-read material could provide the necessary education for a foundational knowledge base. Any reported discomfort could be decreased by education and opportunities for discussion to increase levels of comfort. Stigma has inundated mental health for decades; however, educating on the importance of working together to save a life could reduce associated stigma surrounding the topic of

suicide. Community awareness including educational workshops, media campaigns, and educational materials could be an integral piece in working to reduce suicide (Hill et al., 2022).

Utilization of a qualitative case study research design allowed an opportunity for pastors and congregant members to describe their perceptions and experiences regarding suicide. The opportunity to obtain experiences regarding knowledge base, comfort levels, and any associated stigma, can assist in the development of a universal principle. Ultimately, the goal was to understand if the inclusion of the topic of suicide in sermons would minimize suicide and resonate the voice of hope by utilization of God's word.

Summary

Research is vast when considering suicide, potential predictors, interventions, and the importance of spirituality. Those individuals experiencing suicide are often seeking a voice of hope or encouragement to help them navigate through the valleys in their lives. Mental health has been inundated by a stigma for years, often leading to individuals sidestepping conversations regarding suicide or failure to seek support. A simple conversation or an act of encouragement from a family member, friend, therapist, or pastor could serve as the voice of hope that leads them to make the uphill climb out of the valley in their life.

Pastors often utilize sermons to deliver messages of hope, truth, and inspiration. Research has shown that spiritual interventions and faith-based communities can be integral pieces in the reduction of suicide. The gap in research was found in the perceptions of pastors and congregant members regarding suicide. Understanding knowledge base, comfort levels, and any associated stigma serves as the first step in

understanding if the inclusion of the topic of suicide in sermons would be a preventative measure to minimize suicide. Sermons are delivered in person and via technology and have the potential to reach many.

CHAPTER 2: LITERATURE REVIEW

Overview

Suicide is a pervasive mental health crisis that continues to be seen globally. Research has provided great insight regarding the unfortunate statistics indicating that suicide is still a mental health crisis across nations today. Because of research, imperative insight has been provided on risk factors associated with suicide and reasons why some feel as if suicide is the only answer to the challenges in their lives. Research has also provided information regarding the importance of spirituality in suicide and ways in which spirituality can be an integral intervention. Stigma continues to inundate mental health, and many researchers have conducted studies regarding stigma and how it can be detrimental to so many (Mason, 2021).

Research is vast regarding the topic of suicide. Researchers have contributed data, theories, statistics, and interventions that are utilized in society today to help professionals and others understand the topic of suicide. A gap in research was identified in the perception of pastors and congregant members regarding the topic suicide. When paired with information already provided, this additional area of research provided information that can be imperative when working to reduce suicide.

Description of Search Strategy

For purposes of this study, all research was conducted via the Jerry Falwell Library online database. The search terms utilized consisted of suicide current rates, suicide, and mental illness, suicide prevention, suicide and schizophrenia, suicide stigma, suicide and spirituality, and suicide interventions. Additional search terms utilized in the Jerry Falwell Library online database were, suicide among the elderly, suicide and the

Bible, suicide and apps, suicide and domestic violence, suicide and social media, risk assessments, suicide, LGBTQ (lesbian, gay, bisexual, transgender, and queer) and suicide attempts. The Biblical research was conducted via word study utilizing the King James Version and the English Standard Version of the Bible. Word searches were utilized to locate appropriate verses. Word searches utilized were suicide in the Bible, God's love, God's gifts, self-murder, pastors, congregant members, servants, roles of a pastor, responsibility of the church and morality.

Review of Literature

Suicide is a pervasive and complex mental health crisis that continues to have a detrimental impact globally. Fazel and Runeson (2020) estimated that approximately eight hundred thousand people die by suicide, globally, each year. Suicide is an eternal solution to a temporary challenge. It is also imperative to note, not all suicide attempts end in death. Suicide can be preventable. Fazel and Runeson (2020) also suggested that suicidality could be an increasing result of risk factors that have cumulated over one's lifespan. Psychiatric disorders can serve as a vital risk factor when considering suicidality (Fazel & Runeson, 2020). Stressful life events, such as the loss of a loved one, divorce, the effects of an environmental change or natural disaster, or the loss of a job can all play integral roles when considering suicide.

Another key consideration, suggested by Fazel and Runeson (2020), is whether the individual has access to lethal means. Self-poisoning is one of the most common non-lethal means of suicide, often by utilization of psychoactive medications (Pfeifer et al., 2019). Means safety counseling provides an opportunity for an individual and provider to discuss access to lethal means and ways to keep identified means, such as a gun safe

(Bryan, 2019). There are many risk factors associated with suicide. Many times, these individuals feel as if there is no way to escape the valleys they are experiencing in their lives. Suicide appears to be the only solution to escape their challenges, in that moment.

Risk Factors Associated with Suicide

Many risk factors can contribute to an increased risk of suicide. Mental health diagnoses, depression, domestic violence, substance use, and increased social media utilization are a few common risk factors. Understanding these risk factors can assist in understanding who may present with an increased risk for suicide. It also alludes to the importance of addressing all risk factors and seeking proper resources, interventions, and treatment when needed.

Mental Health in General

Mental health diagnoses can often exacerbate suicidal ideations and suicide attempts (Schmutte et al., 2021). Specifically, individuals diagnosed with serious mental illnesses are said to be at a higher risk for suicide (Schmutte et al., 2021). Unfortunately, this applies to youth as well. Of those youth who failed to seek support, whether from school staff, professionally, or from family, data showed a higher suicide rate (Lindow et al., 2020). Youth often reported depressive symptoms, but failed to seek necessary support (Lindow et al., 2020). Schizophrenia has also been shown to have higher associations with suicide. When considering Schizophrenia, suicide is often related to the affective challenges, such as depression and feeling hopeless (Grigoriou et al., 2019). Schizophrenia is a disease with many symptoms that can have an impact on one's rational cognitive function and the way in which one feels (Grigoriou et al., 2019). These detrimental symptoms can also lead to suicide if not properly addressed in treatment

(Grigoriou et al., 2019). Hedley and Uljarevic (2018) also found an increased risk of suicide in those who have a diagnosis of autism spectrum disorder (ASD). By utilization of a systematic review of control groups from eight studies, Hedley and Uljarevic (2018) found that suicide rates among those diagnosed with ASD were higher. Suicide attempts were reported in thirty-five percent of the participants (Hedley & Uljarevic, 2018).

Depression

Depression is often directly related to suicide (Stando et al., 2023). It has been reported that depression is the most common mental health diagnosis that is directly related to suicide (Stando et al., 2023). In fact, psychoeducation and appropriate treatment for depression have been strongly linked to a reduction in suicide (Stando et al., 2023). Depression generally presents with many different symptoms, some of which include low self-worth and a depressed mood (Davaasambuu et al., 2019). Those experiencing suicidal ideations often present with low self-worth as they feel hopeless and as if they are a burden to others (Davaasambuu et al., 2019). Major Depressive Disorder and suicide were often both present with similar underlying factors (Kious et al., 2018). Major Depressive Disorder is often associated with a diminished quality of life that can significantly impact many areas, often leading to an increased risk of suicidality (Kious et al., 2018). Those diagnosed with depression at onset often have a higher risk of suicidality (Keerthika et al., 2020). However, those with an early onset who seek appropriate treatment often reduce their risks for suicidality (Keerthika et al., 2020). Often, men internalize symptoms of depression, failing to seek appropriate support, ultimately leading to an increased risk of suicide (Olfiffe et al., 2019).

Domestic Violence

Domestic violence is also a global crisis (Kavak et al., 2018). Domestic violence is also a concerned risk factor associated with suicide. Women who experience an ongoing level of domestic violence are at an increased risk for suicide (Rahmani et al., 2019). This can also include spouses having extramarital affairs, being controlled, or being a victim of any form of abuse (Rahmani et al., 2019). Domestic violence often causes psychological distress, an increased level of depression, and feelings of no escape (Garcia et al., 2022). Those experiencing domestic violence are often afraid of leaving, therefore, resulting to suicide as a means of escape (Garcia et al., 2022). Some women reported the hope that their spouse would change, leading to their decision to stay in the abusive relationship (Heim et al., 2018). This can lead to an increase in psychological distress (Heim et al., 2018). Psychological distress often continues long after domestic violence ends (Kavak et al., 2018). Women who experienced domestic violence can later suffer from anxiety, post-traumatic stress disorder, and depression (Kavak et al., 2018).

Social Media

Another key consideration when considering risk factors for suicide is increased social media usage. Internet utilization has moved from educational, professional, and research use to more widespread usage, including social media (Sedgwick et al., 2019). Increased internet utilization among adolescents has been shown to be detrimental to development and psychological adjustment (Arrivillaga et al., 2020). Of seven studies conducted, there was a strong correlation between social media use and suicide (Sedgwick et al., 2019). It was found that those who identified as having heavy social media usage had an increased suicidality risk more so than those who identified as having no social media usage (Sedgwick et al., 2019). Cyberbullying is often common on social

media, as hiding behind a keyboard makes it easier to bully others. Cyberbullying has been associated with an increased risk of suicidality (Siti et al., 2022). Cyberbullying is a way in which someone can show dissatisfaction, often in a violent manner, by utilization of social media (Siti et al., 2022). This often leads to an increase in psychological distress (Siti et al., 2022). Self-esteem is often impacted because of cyberbullying (Bai et al., 2021). Cyberbullying is a traumatic experience, often resulting in suicidality (Bai et al., 2021). Another area of consideration regarding internet utilization is related to internet searches. In Spain, those who searched the internet for suicide were more likely to engage in the act of suicide (Lopez-Agudo, 2020). Terms such as “commit suicide” and “commit suicide without pain” were utilized (Lopez-Agudo, 2020). Increased internet utilization and the accessibility to search suicide means can both lead to increased levels of suicide.

Substance Use

Substance Use Disorder can also be a crucial risk factor associated with suicide. Substances often impair the cognitive functioning of a person, allowing them to make irrational decisions, often acting impulsively (Vijayakumar et al., 2011). The utilization of substances has been linked to an increased risk of suicide, especially the use of alcohol (Vijayakumar et al., 2011). Alcohol consumption, particularly increased intake amounts, has been closely associated with suicide (Kolves & Mathieu, 2022). It has been reported that, in approximately one-third of reported suicide deaths, positive blood alcohol concentrations were present (Hurzeler et al., 2021). Research has also shown that, in those utilizing alcohol prior to suicide, suicidal ideations are more likely to lead to suicide attempts (Hurzeler et al., 2021). Rural and remote areas have also been linked to higher alcohol use and higher levels of suicide (Hurzeler et al., 2021). Psychiatric

comorbidity paired with substance use has been found to have a substantive effect on suicidality (Vijayakumar et al., 2011). Sedative-hypnotics, cannabis, and drugs by injection have also been found to lead to an increased risk of suicide (Artenie et al., 2015). Substance use is especially imperative when considering adolescents, an age group who are vulnerable and easily influenced (Fresan et al., 2022). Impulsivity is also strong among adolescents as their brains continue to develop (Fresan et al., 2022). Cannabis use among adolescents has been strongly related to an increased risk of suicide (Fresan et al., 2022).

Identity

Suicide is prevalent among those who identify as part of the LGBTQ community (Gorse, 2022). This is often due to feelings of isolation and lacking social support (Gorse, 2022). Hostile social environments can also be a contributing factor, as those who disagree with LGBTQ may be violent or abusive to this population of individuals (Wang et al., 2021). In addition, these individuals often feel as if they are a burden to others (Gorse, 2022). Suicide has been estimated to be four to eight times more prevalent in the LGBTQ population (Williams et al., 2019). These individuals often report a higher level of emotional and sexual abuse, leading to an increased risk of suicide (Wang et al., 2021). Family acceptance is also a critical factor in mental health and suicide, as these individuals desire the acceptance of their families when they are coming out (McCormick & Baldrige, 2019).

Pandemic

The COVID-19 pandemic has provided an example of how a viral-outbreak can contribute to increased mental health diagnoses and an increase in suicide (Leaune et al.,

2020). The presentation of an emerging viral disease outbreak, such as COVID-19, generally causes psychological distress as individuals are fearful of contracting the virus (Leaune et al., 2020). Due to fear of contracting the virus, individuals often isolate themselves, which can lead to an increased level of anxiety and depression (Leaune et al., 2020). A lockdown is often associated with psychological distress, leading to an increase in suicidality (Carlin et al., 2021). Among those were also frontline workers who worked countless hours to care for those individuals suffering from COVID-19 (Abi Zeid Daou et al., 2021). This likely contributed to psychological distress, insomnia, helplessness, and stress (Abi Zeid Daou et al., 2021). Another contributing factor to the increased number of suicides were also linked to individuals not being able to attend non-essential services, as these services were put on hold during the pandemic to reduce the spread of the virus (Abi Zeid Daou et al., 2021). Research has provided important information regarding the devastating effects of a pandemic on suicidality (Abi Zeid Daou et al., 2021). Just as COVID-19 has been classified as a pandemic, suicide is also a pandemic that continues to pervade globally (Banerjee et al., 2020). Often, when a pandemic such as COVID-19 hits, it takes away from available public resources, and treatment options may be limited (Banerjee et al., 2020). This is integral information to consider when a pandemic hits, as awareness, education, and strong preventative measures need to be in place. Research has indicated a need for increased suicide prevention and crisis intervention, in the event of any future lockdowns (Carlin et al., 2021). Suicide is preventable and awareness is essential (Banerjee et al., 2020).

Neurological Disorders

Neurological disorders have also been linked to an increased risk of suicide (Eliassen et al., 2018). These neurological disorders can include stroke, multiple sclerosis, and Parkinson's disease, to name a few (Eliassen et al., 2018). Dementia, severe head injury, and Huntington's disease are also neurological conditions that have been associated with an increased risk for suicide (Erlangsen et al., 2020). These neurological disorders often lead to a decreased quality of life. Individuals suffering from these disorders are often looking for a way to end their suffering, leading to an increased risk of suicide (Eliassen et al., 2018).

Geriatric Population

Suicide is often common among the geriatric population as well, especially among those that are homebound (Suresh et al., 2020). In China, suicide rates were reported as the highest among the elderly than any other age groups (Zhou et al., 2019). One identified risk factor in the geriatric population is living alone and the increased sense of isolation and loneliness (Zhou et al., 2019). Elderly presenting with dysfunctional family systems were also shown to be at an increased risk for suicidality (Wei et al., 2020). Many believe that suicide in the geriatric population is related to not receiving adequate care or linkage to necessary resources and can be prevented if basic needs are met and adequate care is provided (Zartaloudi, 2021). Suicide does not discriminate based on age and can affect individuals of any age groups.

Stigma and Suicide

The stigma surrounding mental health and suicide is still present today. Many individuals fail to seek necessary mental health support due to their feelings of shame or in fear of judgment (Crowder & Kimmelmeier, 2018). Shaming attitudes towards mental

health disorders and seeking necessary treatment are contributing barriers for individuals choosing not to seek necessary support (Schulze et al., 2020). Likewise, many individuals sidestep conversations regarding the topic suicide due to feelings of discomfort and anxiety. Individuals often report feeling isolated due to the lack of support received from family and friends (Oexle et al., 2019). Often, family and friends are unaware of what to say to a loved one who is experiencing suicidality or a mental illness and may not always take the situation seriously (Oexle et al., 2019). Due to avoidance behaviors and feelings of judgment individuals may isolate themselves and fail to seek necessary support due to the associated stigma (Oexle et al., 2019). Low levels of social acceptance, due to the stigmatization of mental health illnesses, can also increase the risks of suicide (Moksony & Hegedus, 2021). Many who suffer from mental illness feel that others are judgmental of them (Oexle et al., 2019).

Unfortunately, stigma does not end at the church. Moksony and Hegedus (2021) found that the stigma surrounding suicide also exists in the church. Many Christians are strongly against suicide, believing it is a destruction of God's creation (Potter, 2021). In a study conducted between Protestants and Catholics, Protestants were found to be more stigmatizing regarding the topic of suicide. Church attendance also influenced stigmatization. Moksony and Hegedus (2021) found stigmatization to be higher among those who attended church services regularly. Potter (2021) referenced the stigma associated with suicide, referencing that many Christians feel suicide is morally wrong. They feel as if suicide is self-murder, taking a life that ultimately belongs to God (Potter, 2021). The unfortunate stigma that inundates mental health is not only found in society but can also be found within the church (Potter, 2021). While the reasonings of those in

the church may be valid, the stigma can be fatal. Potter (2021) discussed how stigma in the church can push individuals away from God and a community of caring folks.

Allowing stigma to continue to plague mental health and suicide is detrimental. Potter (2021) advised that the stigma surrounding suicide can be lethal if it is not properly addressed. Often, individuals presenting with suicidality are simply seeking the voice of hope. Androustopoulos, Rozou, and Vakondiou (2020) found individuals who experience suicide are often struggling between the voice of hope and the voice of despair, the voice of a brighter future, and the voice of suicide. Allowing stigma to interfere could prevent the voice of hope from being illuminated by a family member, friend, or pastor. Hopelessness is reported as one of the most common risk factors associated with suicide (Ribeiro et al., 2018). In their study, Ribeiro et al., (2018), found that hopelessness was one of the leading predictors of suicidal ideations. Isolation and sudden changes in behavior are also two common indicators of suicide (Bader et al., 2021). Loneliness and social isolation, while not the same thing, are also common indicators of suicidal behaviors (Bader et al., 2021). Loneliness is feeling a lack of connection with others, whereas social isolation is the lack of any social ties (Badcock et al., 2021). A lack of connection with others can lead to feelings of hopelessness.

The Impact on Friends and Family

Suicide has a detrimental impact on family and friends as well (Evans & Abrahamson, 2020). It generally leaves family and friends in a state of shock and disbelief. Evans and Abrahamson (2020) reported the astounding difference between grief and grief associated with loss by suicide. It prompts the pondering of many questions, often leaving family and friends feeling as if they could have done something

to prevent suicide. Generally, the quest for answers is not satisfactorily met (Zavrou et al., 2022). Suicide is a traumatic event for family and friends, most often resulting in the need for support, either from additional family and friends or professional support (Zavrou et al., 2022). It is often a challenge to keep memories alive without triggering the traumatic experience again (Zavrou et al., 2022). There is also an associated stigma that often inundates families of those who lost a loved one to suicide (Evans & Abrahamson, 2020). These families often feel judgement and shame from others. Many do not feel comfortable in approaching the topic and may display avoidance measures for those families, often not receiving the same support as families who lost a loved one by other means of death, not associated with suicide (Evans & Abrahamson, 2020). The loss of a loved one by suicide is truly a traumatic experience that affects families for a lifetime.

The Role of Spirituality in Suicide

Spirituality can play an integral role in the reduction of suicide. Research shows that spirituality and faith-based programs can be imperative to those experiencing suicide (Bazley & Pakenham, 2019). Social support from those in religious communities can be essential in the reduction of isolation and suicide (Mosqueiro et al., 2021). Religious coping interventions have also been shown to be effective among those elderly who are homebound (Suresh et al., 2020). Bazley and Pakenham (2019) researched the efficacy of utilizing an acceptance and commitment Christian-based therapy program identified as HOLLY, standing for “Hope Often Looks Like You.” This program was tailored for members of faith-based organizations, equipping those members with tools to assist in suicide prevention (Bazley & Pakenham, 2019). The research provided information that showed a reduction in suicidal ideations by utilization of this prevention program, often

utilized by chaplains and other faith-based organization members (Bazley & Pakenham, 2019). Research shows that, if willing and provided with appropriate training, individuals who identify as members of faith-based organizations can play an integral role in the reduction of suicide (Bazley & Pakenham, 2019).

This information is delivered via means of an organization, not specifically included in sermons as a benefit for all congregant members. The Bible can also serve as an intervention, as Potter (2021) reported that individuals often open their Bible for inspiration, seeking the voice of hope. Spirituality can play an integral role in the reduction of suicide via different means, but essential by utilization of God's word.

The Reduction of Suicide

When evaluating ways to reduce suicide, there are many effective interventions to consider. Many times, stigma is associated with suicide due to the lack of knowledge (Baggio et al., 2019). An increased knowledge base could aid in the reduction of discomfort and associated stigma. Providing education regarding statistics, risk factors, and interventions can all be useful in the reduction of stigma and increased knowledge base. Suicide prevention programs can also bring awareness. In Switzerland, *Stop Suicide* is a prevention-based program that provided workshops educating on risk factors, available resources, suicidal behavior, warning signs and how to find support for those experiencing suicide (Baggio et al., 2019). News media stories can also be a helpful way to bring awareness to the topic of suicide. Till et al., (2018) conducted a study to determine the effects of publishing news stories with individuals who could relate via personal experience to the topic suicide versus including individuals who had no personal

experience. Based on the study, both were found to be useful preventative tactics to bring awareness (Till et al., 2018).

Studies have shown that suicide prevention apps can be essential in reducing suicide, if apps offer all evidence-based prevention strategies (Martinengo et al., 2019). Most have access to a smartphone, and suicide prevention apps can be accessed quickly. Individuals experiencing suicide may be more inclined to seek support via technology than to seek support in person (Wilks et al., 2021). The *Virtual Hope Box* app has been found to be an effective prevention app (Castillo-Sanchez et al., 2019). One important concept of this app is that it omits the word suicide, instead utilizing the word hope. Hope is often something individuals experiencing suicidality are seeking (Castillo-Sanchez et al., 2019). These apps could also be utilized by mental health professionals as a tool to follow-up on an individual after experiencing suicide (Castillo-Sanchez et al., 2019). Mobile apps have been shown to reduce psychological distress, depression, and risks of suicide or self-harm, as these apps can often be tailored to meet the specific needs for an individual (Melia et al., 2020).

Mental health professionals often speak of meeting a client where they are, meaning treatment should be individualized based on the needs of the individual. Everyone has a different story, and no treatment plans will appear identical. At some point most will experience some type of traumatic life event. Trauma can play an integral role in the development of suicide, especially unaddressed trauma. Poindexter et al., (2022) conducted a study among college students utilizing the interpersonal theory of suicide to determine the effects trauma has on suicidal ideations. The interpersonal theory of suicide looks at how traumatic risk factors may contribute to suicide (Poindexter et al.,

2022). The study hypothesized that when an individual experiences a traumatic event it often results in other factors, such as depression. However, the study found that the combination of the trauma and depression does not always lead to an increased risk of suicide (Poindexter et al., 2022). The hypothesized was supported in that trauma alone does lead to an increased risk of suicide (Poindexter et al., 2022). Ammerman et al., (2019) found that trauma childhood trauma was associated with an increased risk of suicide in depressed mothers who suffered from low economic statuses. When attempting to meet an individual where they are it is imperative to consider any trauma experienced in their lives, at any age.

Preventative efforts could also be approached via a public health approach. Suicidality is not always due to a mental health diagnosis, but can be related to an illness, injury, or disability (Pridmore et al., 2018). An illness or injury can be life-altering and debilitating. This can often lead to a change in socioeconomic status, depression, and feeling a sense of burdensomeness as the level of independence can be altered (Tang et al., 2019). Cancer patients are considered four times more likely to experience suicidality than those of the general public (Zaorsky et al., 2019). Studies have shown an increased risk of suicidality in males who have been impacted by a physical illness; however, physical illness is still considered a risk factor in females (Tang et al., 2019). Just as public health education has been provided regarding the harmful effects of nicotine use public health education can also play an integral role in the reduction of suicidality (Pridmore et al., 2018). Awareness and a foundational knowledge base are key pieces to prevention. Education regarding suicide should be incorporated with any debilitating

diagnosis as a preventative measure. Education and awareness can be integral in reducing suicide (Pridmore et al., 2018).

Therapeutic interventions are also imperative. Understanding the importance of therapeutic interventions highlights the importance of seeking appropriate mental health support. Safety planning is an important intervention to utilize with an individual who presents with suicidal ideations. A safety contract is a plan that is written and agreed upon by the individual and the service provider (Marshall et al., 2022). A safety contract is a tool the individual can utilize when experiencing suicidal ideations or exacerbation of symptoms related to a mental health disorder (Marshall et al., 2022). The safety contract will include effective coping methods identified by the individual, contact information for natural and professional support, and a crisis plan with appropriate contact information (Marshall et al., 2022). Suicide safety plans have been found to be effective in the reduction of suicidality (Marshall et al., 2022).

A crisis response plan, like a suicide safety plan, is often utilized as a written plan that assists individuals in recognizing early signs that can lead to a crisis (Bryan, 2019). It is imperative that individuals have coping tools in their toolbox they can utilize when beginning to experience suicidal ideations or any type of crisis. A safety plan or crisis response plan serves as a reminder of what they can do to deescalate. Safety plan interventions have been shown to reduce suicidal behaviors by forty-five percent when compared to the usual treatment received in an emergency department (Shin et al., 2022).

Additional psychosocial interventions can also be effective. Cognitive Behavioral Therapy is a well-known effective intervention, professionals often utilize for the reduction of suicidality (Yiu et al., 2021). Bryan (2019) studied the effects of Cognitive

Behavioral Therapy for Suicide Prevention (CBT-SP) and advised that an estimated fifty to sixty percent of those who had been in CBT-SP for a minimum of two years had decreased risks of suicide. CBT-SP is often utilized to engage the participant in imagery destabilization, making the concept of suicide more disturbing (Carey & Wells, 2019). This concept can change one's view of suicide as they realize suicide is not the easy answer to their life challenges (Carey & Wells, 2019).

Access to lethal means is a critical risk factor, especially in those suffering from impulsivity (Okolie et al., 2020). Lethal means counseling is also an effective intervention (Boggs et al., 2020). This can look like locking up medications or restricting access to firearms (Boggs et al., 2020). The transfer of firearms may also be a preventative option to consider (Pallin & Barnhorst, 2021). McCourt (2021) advised that suicide attempts often increase after an individual's first purchase of a firearm. McCourt (2021) discussed the efficacy of safe storage of a firearm, addressing areas such as, locking the firearm, storing the firearm unloaded, and storing it separate from ammunition.

Counseling on Access to Lethal Means (CALM) is a prevention method that trains mental health professionals on how to effectively counsel on access to lethal means (Sale et al., 2018). CALM is utilized to increase comfort levels and knowledge of lethal means, allowing mental health professionals to be more effective in their counseling to those experiencing suicidality (Sale et al., 2018). The Three Step Theory suggested that a person must first experience some element of pain, and or hopelessness, which leads to suicidal ideation. They must also feel a lack of connectedness or belongingness. Lastly, to elevate from a suicidal ideation to a suicide attempt, they must have the capacity to

engage in the act (Allchin et al., 2018). This model points to the critical role that lethal access can have on the elevation of suicidal ideations. Social Ecological Model places emphasis on the societal, relationship, community, and individual areas of lethal means restriction (Allchin et al., 2018). All areas are imperative to consider when discussing access to lethal means and suicide.

Survivors of Suicidal Attempts

When considering awareness, education, and prevention, survivors of suicide can play an integral role. Survivors of suicidal attempts are often grateful to have survived. Many times, suicide is an act completed impulsively (Pridmore et al., 2018). Suicide survivors often begin to tell their stories, in hopes to help someone else experiencing suicidality Jackson et al., 2020). These individuals can provide imperative information to assist in prevention measures. Suicide attempt survivors have the ability to describe their lived suicidal experience (Jackson et al., 2020). However, some survivors choose not to share their stories due to fear of stigmatization and judgment (Frey et al., 2018). Survivors of suicide attempts have reported they felt the emotional need to be affiliated with or accepted by a group (Shamsaei et al., 2020). They often felt isolated and a lack of support. The feelings of being loved and understood were longing needs also reported by survivors of suicide attempts (Shamsaei et al., 2020). Understanding the needs and feelings of those experiencing suicide can provide a foundational knowledge base to assist in the reduction of suicide. Many describe hospitalization after a suicide attempt as being a traumatic yet transformational experience (Jackson et al., 2020). These individuals are also able to provide information on how hospitals can better equip suicide survivors for discharge and integration back into the community (Jackson et al., 2020).

These individuals can share integral information regarding feelings prior to and after their attempt, information that could serve as an integral key to prevention (Maple et al., 2019).

Conversations Surrounding Suicide

When considering conversations surrounding suicide, one important aspect is to ensure individuals are trained to engage in conversations, instead of shying away (Fitchett, 2016). Fitchett (2016) suggested that mandatory training would assist individuals in recognizing signs of suicide and increase comfort levels in engaging in conversations, which could be life changing. Some individuals who have experienced suicide have reported the desire to have a support group to allow for the opportunity to speak with other individuals who have also experienced suicide (Stout, 2010). These individuals often feel as if the description of their suicide poses a burden or makes the other individual feel uncomfortable, therefore finding it more accessible to speak with someone who can relate (Stout, 2010). Conversations with individuals who are trained or understand are often an imperative intervention in de-escalating suicide.

Biblical Foundations of the Study

Research has provided a plethora of information regarding suicide. Many risk factors have been discovered, which is a crucial piece when working on suicide prevention. There is a basic understanding of what these individuals may be experiencing and a foundational understanding of how to assist them when walking in these valleys. As seen, these individuals are often feeling hopeless and isolated and are in need of a voice of hope, a message of encouragement, or an act of love.

Morality and Suicide

Most are familiar with the Ten Commandments. The Ten Commandments serve as a set of rules that one is expected to adhere to. One of the ten commandments is found in Exodus 20:13 (KJV), “Thou shalt not kill.” Most view this scripture as a commandment not to harm or kill others in anger. While that is true, this verse could also apply to self-harm or self-murder. Individuals in religious communities often reference suicide as self-murder. The Bible states in Psalm 31:15 (ESV), “My times are in your hand; rescue me from the hand of my enemies and from my persecutors!” Often, it is thought that those experiencing suicide are intentionally and willfully taking their lives in their own hands, going against what God has instructed. Without having a foundational knowledge base regarding suicide, those in the religious communities often feel these individuals are going against God in sin, often lacking sympathy and understanding. Their view regarding lack of morality leads to an increased level of stigma that often overflows into the church. The associated stigma in the church can be fatal if not addressed.

Death is a topic that most prefers not to engage in. It is no secret that everyone will die; however, God has an appointed time of death for each person. Ecclesiastes 7:17 (KJV) states, “Be not over much wicked, neither be thou foolish: why shouldest thou die before thy time?” Substance use has often been linked to an increased risk of suicide. Substance use often leads to decreased cognitive functions, impairment, and engagement in risk behaviors. Foolish lifestyles can often lead to ending one’s life prematurely. Suicide can also lead to one’s premature death, dying before their God-appointed time.

The Bible states in 1 Corinthians 3:16-17 (KJV), “Know ye not that ye are the temple of God, and that the Spirit of God dwelleth in you? If any man defiles the temple

of God, him shall God destroy; for the temple of God is holy, which temple ye are.” Man is not supposed to do anything harmful to their bodies or, as referenced in Scripture, their temples. This could be related to smoking, food choices, substance use, and suicide.

Man’s body is the temple of God, and willfully destroying the temple of God is a sin. In 1 Corinthians 6:19-20 (KJV), the Bible states, “What? Know ye not that your body is the temple of the Holy Ghost, which is in you, which ye have of God, and ye are not your own?” This verse speaks to the Christians, telling Christians not to commit sins. Paul was speaking to the Corinthian Church, advising them not to allow God to enter in, as their bodies are now a temple of the Holy Ghost. God is now dwelling inside of man, as a Christian, and one should not allow sin to enter. Suicide does not discriminate and often affects Christians. However, this is an important reminder not to allow sin to enter.

The Bible and Suicide

The Bible speaks on love, which is applicable in many areas of suicide. Love can play an integral role in the reduction of one’s suicidal ideations. Individuals experiencing suicidal ideations are often seeking a voice of hope. In the English Standard Version of the Bible, 1 John 4:12-13, “No one has ever seen God; if we love one another, God abides in us and his love is perfected in us. By this, we know that we abide in him and he in us, because he has given us of his Spirit.” The Holy Spirit dwells in His people, and according to scripture, God’s love also dwells in His people. God instructs His people to love themselves, as each of God’s children are granted a true purpose in life. God provided instruction for each to love one another. For someone experiencing suicidal ideations, the simple act of love could be the voice of hope.

Love could present in many different forms. Love may look like taking time to just listen, engaging in a simple conversation, or assisting someone in seeking professional support. Love could be the determining factor differentiating between suicidal ideations and the act of suicide. Jeremiah 29:11(ESV) states, “For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and hope.” God does not intend for His children to live a life of evil, but a life of future and hope. This scripture reference can be imperative to a person presenting with suicidal ideations, serving as a reminder that they do have a true purpose, no matter the valley they are in. When life looks bleak and it seems there is no way out, a reminder that God intends for a life of hope could be the message of encouragement needed to decrease or eliminate suicidal ideations. Utilizing God’s word can be a powerful intervention for those experiencing suicidal ideations.

God also expects His children to be good stewards of the gifts He has given. The scripture found in 1 Peter 4:10 (ESV) states, “As each has received a gift, use it to serve one another, as good stewards of God’s varied grace,” Gifts granted to God’s children can be utilized to serve one another. Each are gifted with a unique Spiritual gift. Some may be gifted with the gift of inspiration and thoughtfulness, which is often what an individual experiencing suicide is seeking. Pastors are called by God to preach the Gospel message, generally having been gifted the gift of preaching. Pastors can potentially play an imperative role in the reduction of suicide via the utilization of their gift to preach the Gospel message.

The utilization of that God-given gift could potentially save someone from engaging in suicide. In Philippians 2:3-4 (ESV) Scripture reads, “Do nothing from selfish

ambition or conceit, but in humility count others more significant than yourselves. Let each of you look not only to his own interests, but also to the interests of others.” God’s people are instructed, as referenced in scripture, to look at the interests of others. Church should be a place that individuals can go and feel God’s love shared by His people, and not feel stigmatized due to mental illness or the valley in which they are walking. It should be a place of inspiration, hope, love, and encouragement. A safe haven, of sorts for those experiencing suicidal ideations.

Pastors have been called to preach the Gospel message. Their first responsibility is to ensure they are serving the Lord. The Bible states in 2 Timothy 4:2 (KJV), “preach the word; be instant in season, out of season, reprove, rebuke, exhort with all longsuffering and doctrine.” It is the pastor’s ministry to always preach God’s Holy word. Being ready to always teach. This requires exhorting believers to live holy and righteous lives. This also requires the pastor to rebuke, or discipline, through love. Pastors are instructed to call out believers committing sin but is all done in Christ’s love. Being a pastor is time consuming, as they are instructed to preach God’s word in its entirety, not just the parts in which they desire to preach. Pastors must ensure they do not allow false doctrine to manipulate God’s word. God’s word is always the same, regardless of the changes occurring in the world.

As a shepherd watches over the flock, it is the pastor’s duty to watch over the congregation. The Bible states in Acts 20:28 (KJV), “Take heed therefore unto yourselves, and to all the flock, over the which the Holy Ghost hath made you overseers, to feed the church of God, which he hath purchased with his own blood.” The responsibility of a pastor is wide, in that there are many areas in which the flock may

need guidance. If an individual presents to a pastor with suicidal ideations, the pastor has the opportunity to play an integral role in leading this individual on a Spiritual level. The Holy Spirit can lead the pastor in assisting the individual to see their true purpose in life.

A pastor is expected to serve his flock. The Bible states in John 10:11 (KJV), “I am the good shepherd: the good shepherd giveth his life for the sheep.” This was an example given by Jesus of a good shepherd tending his sheep. Jesus is representing the shepherd and the sheep are those who trust in him. This scripture provides insight into his crucifixion. This serves as an example to pastors, as they are the head of the church. Pastors are expected to flow the example of the good shepherd to the flock. Being servants and willing to do what is needed, such as sacrificing their time, to see the flock grow in Christ.

The congregation consists of both believers and non-believers. The congregation also has responsibilities within the church. It is the purpose of the believers to invite and welcome those who are non-believers, to come in to hear the Gospel message. It is imperative to invite everyone into the church, as everyone experiences trials, and it could be the invitation that leads to salvation and a life-alteration. The congregation is the church. The purpose of the church is described in Acts 2:24 (KJV), “And they continued steadfastly in the apostles’ doctrine and fellowship, and in breaking of bread, and in prayers.” Another important aspect of the church is fellowship, which can be essential for those who feel isolated or excluded. The Bible states in Ephesians 4:32 (KJV), “and be ye kind one to another, tenderhearted, forgiving one another, even as God for Christ’s sake hath forgiven you.” The acts of fellowship, kindness, and forgiveness can all play integral roles in those experiencing suicidal ideations.

Sharing God's love to those in need is also an imperative piece to the reduction of suicide. Individuals experiencing suicidal ideations often feel as if they do not deserve to be loved, isolated, and a burden. The Bible states in John 15:12-13 (ESV), "This is my commandment, that you love one another as I have loved you. Greater love has no one than this, that someone lay down his life for his friends." Obtaining a foundational knowledge base and reducing stigma associated with suicide are imperative to the reduction of suicide. A person is unable to effectively assist someone experiencing suicidal ideations if they do not present with a foundational knowledge base regarding suicide. A simple act of showing God's love could serve as the voice of hope for someone who feels hopeless. The Bible can also be utilized as a tool of intervention. Reading and studying scripture and developing a closer relationship with God can be critical pieces to the reduction of suicide. God can provide things in which man alone cannot provide. The Bible states in Philippians 4:7 (KJV), "And the peace of God, which passeth all understanding, shall keep your hearts and minds through Christ Jesus." God can provide a peace that man cannot provide. Such peace can be the difference between a suicidal ideation and a suicidal attempt. The peace that God provides can guard a person's heart and mind, which is imperative when working to reduce suicide. The Bible can serve not only as an instruction manual but as a powerful tool of intervention as well. God's word and a Biblical foundation are imperative pieces to the reduction of suicide.

Summary

Suicide continues to be a pervasive global mental health crisis. Research has provided vast knowledge regarding the topic of suicide. One has the ability to gain a foundational knowledge base regarding risk factors, indicators of suicide, preventative

measures, effective interventions, and the role of spirituality in suicide. All these topics are imperative when attempting to discover effective means in the reduction of suicide. Even with the vast research, suicide continues to pervade, wreaking havoc on families and communities. The need to continue preventative efforts is still dire.

A Biblical foundation is also an imperative piece in the reduction of suicide. Those in religious communities often look at suicide as a lack of morality or willfully going against God's word. This often leads to increased stigma and a lack of understanding. It is important to understand why members of religious communities look at suicide negatively and often via a lens of stigma. Understanding the perceptions of those in religious communities is also important when attempting to reduce any associated stigma and increase the knowledge base. It is also imperative to understand how the Bible and members of religious communities can play an active role in the reduction of suicide.

Pastors and congregant members not only play imperative roles in the church, but they also can make a difference in the lives of those experiencing suicidal ideations. As they uphold God's word and instruction, they can show God's love to those in need. They can be servants, engaging in acts of service to those who feel like a burden. They can provide fellowship to those who are experiencing isolation. Most importantly, they can remind believers of God's true purpose for their lives, and they can assist to lead non-believers to salvation.

Information provided because of research and Biblical foundations are both imperative pieces when considering the incorporation of the topic of suicide in sermons. It is important to understand the basics of suicide and the stigma that is often associated.

It is also imperative to understand why members of the religious communities often feel suicide is willfully going against God's word. This helps to understand the associated stigma found in the church. This also points to why it is important to increase foundational knowledge regarding suicide. The first step to potentially incorporating the topic suicide in sermons starts with the understanding of the perceptions of pastors and congregant members regarding the topic. The ultimate goal of research was to reduce any associated stigma, build a foundational knowledge base, and work to minimize suicide.

CHAPTER 3: RESEARCH METHOD

Overview

Suicide continues to be a pervasive global crisis. Research is vast in many areas regarding suicide; however, the gap was identified regarding the perception of pastors and congregant members. This study was conducted via a qualitative case study research design. The research questions referenced in this chapter were utilized to gain the understanding regarding perceptions of pastors and congregant members. Participants were those pastors and congregant members who choose to participate in the completion of an interview. Data analysis was conducted on the information obtained. The information obtained was analyzed to determine the foundational knowledge base, comfort levels, and any associated stigma regarding suicide among this population of participants. This information is imperative when considering the inclusion of the topic suicide in sermons as a potential prevention measure and to bring additional awareness.

Research Questions

Research Questions

RQ1: How do pastors describe their understanding of the topic of suicide?

- a. How do pastors describe their knowledge of the risk factors of suicide?
- b. How do pastors describe their knowledge of interventions utilized to minimize suicide?
- c. How do pastors describe their knowledge of what scripture says about the topic of suicide?

RQ2: How do congregants describe their understanding of the topic of suicide?

- a. How do congregants describe their knowledge of the risk factors of suicide?
- b. How do congregants describe their knowledge of interventions utilized to minimize suicide?
- c. How do congregants describe their knowledge of what scripture says about the topic of suicide?

RQ3: How do pastors describe their perceptions on the inclusion of the topic suicide in sermons?

RQ4: How do congregants describe their perceptions on the inclusion of the topic suicide in sermons?

Research Design

This study utilized a qualitative case study research design. A qualitative study typically begins with an assumption that is utilized to inform the study of the gap in research (Creswell & Poth, 2018). A qualitative study is generally conducted when there is an issue that needs to be explored and often focuses on the perspectives of participants (Creswell & Poth, 2018). A qualitative case study is designed to provide an in-depth understanding of the case (Creswell & Poth, 2018). For purposes of this study, research was conducted in hopes to gain an in-depth understanding regarding the perceptions of pastors and congregant members on the topic suicide.

Participants

The participants in this study included pastors and congregant members of a diversity of denominations. For purposes of this study, diversity was operationally defined to specifically include participants of different races, genders, ethnic

backgrounds, and denominations. Participants had to be at least eighteen years of age to participate. The researcher contacted pastors to discuss the study. Information was provided regarding the purpose of the study, ways to participate, who was able to participate, and why this information was important to the researcher. The utilization of a piloting interview process was utilized as the researcher gauged pastor's interest in conversation. This same method was also utilized for congregant participants. The researcher asked for permission to include the pastor and any volunteers within the congregation, as participants. Pastors made their congregation aware of the opportunity and participation was voluntary. Pastors and congregant members had the opportunity to participate in an interview with the researcher. Pastors and congregant members were provided with the email address and phone number of the researcher. If interested in participating, the participant contacted the researcher to schedule a ZOOM interview. If a selected pastor or congregant member felt uncomfortable participating in the study, due to the nature of the topic, another participant was selected. It is important to note that, even though the opportunity to participate was presented in church, congregant members did not have to identify as Christians in order to participate. Sample size of participants were based upon the meeting of saturation; however, an initial goal was set to include at least five pastors and at least five congregant members.

Data Collection

For purposes of this qualitative case study, interviews were utilized to gain insight into the perspectives of pastors and congregant members regarding suicide. Interview questions addressed levels of knowledge, personal experience, and comfort levels. While

the interviews were integral in the data collection process, qualitative studies incorporate many areas of data collection.

Ethical Considerations

Ethical considerations are an imperative piece of qualitative research studies. Consideration of all potential ethical issues is one of the first steps of a qualitative research study (Creswell & Poth, 2018). Creswell and Poth (2018) suggest researchers consider respect for persons, concern for welfare, and justice. Prior to beginning this study, the researcher submitted an application to Liberty University's institutional review board to obtain permission to begin data collection. Upon granted permission, data collection process began.

Location and Participants

A collective case study requires a researcher to select a site to study, which can include programs, events, processes, activities, or individuals (Creswell & Poth, 2018). This qualitative case study included individuals of a diversity of churches located in a rural setting. Participation was voluntary, and information submitted was kept confidential to ensure respect for privacy and respect of persons. Creswell and Poth (2018) advised that good qualitative research will account for multiple perspectives. For purposes of this study, a diversity of denominations was researched in order to gain multiple perspectives regarding the topic of suicide.

Permission

After receiving permission from the institutional review board, it is still imperative for the researcher to gain permission to study the site (Creswell & Poth, 2018). In this study, the researcher contacted the pastor of the church and informed them

of the purpose of the study. The researcher obtained the permission of the pastor prior to opening the opportunity for congregant participation. Consent was provided to all participants, acknowledging that they understood the purpose of the study.

Sampling Strategy

For purposes of this qualitative case study, maximum variation sampling was utilized. Maximum variation sampling is defined by Creswell and Poth (2018) as an approach that consists of documenting diverse variations of individuals or sites based on specific characteristics. This is appropriate for this study as there was a diversity of religious denominations studied. The sample size was dependent upon meeting saturation. Saturation occurs when the researcher no longer finds any new information that brings an additional understanding to the study (Creswell & Poth, 2018).

Case Study Interview

Interviews were utilized to obtain data. Interview questions were structured to obtain information regarding knowledge base, personal experiences, and comfort levels regarding suicide. Due to the sensitivity of the topic, interviews were conducted via ZOOM to allow for a more private setting. The utilization of interviews allowed the opportunity for participants to provide their own unique responses. The researcher wrote down responses provided by the participants and stored them in a locked area. If any participants expressed personal suicidal ideations or became triggered by the topic, the researcher provided the participant with local professional resources in the area, in which they could receive immediate connection with a mental health professional. The National Suicide and Crisis number were also provided.

Study Procedures

The first step to discerning if the inclusion of the topic of suicide in sermons can be utilized in minimizing suicide, was to understand the perceptions of pastors and congregant members. A proposal helped assist the researcher to understand the study and all details associated with the study of interest. Ethics is an imperative piece to any research study, as it was imperative to develop a study that protects the participants. The researcher submitted a request to Liberty University's institutional review board to ensure the qualitative case study was appropriate and met ethical requirements. Once approval was secured the researcher began to elicit participants for the study.

For purposes of this study, participants were pastors and congregant members of diverse religious denominations. The researcher contacted the pastors of diverse churches in the rural county in which the study was conducted. Initial contact was made via phone or email. The researcher informed the pastor of the purpose of the study, explaining the interest in obtaining the perceptions of pastors and congregant members regarding suicide. The researcher identified as a doctoral candidate at Liberty University. Upon the pastor granting permission and agreeing to participate in the study, the researcher provided the pastor with contact information that participants could utilize to express their interest in participation and schedule a time for an interview. This information was emailed and/or provided via the recruitment letter.

If the pastor provided permission for congregant members to participate in the study, the researcher distributed the link, including a brief script, via email. This brief script was utilized to inform congregant members of the purpose of the study. Consent was also provided to all participants to ensure they were aware and acknowledged the

purpose of the study. Congregant members chose to participate in the study on a voluntary basis. Congregant members needed not be a member of the church or identify as a Christian to participate in the study.

Thematic Analysis

A thematic analysis of data was conducted on responses received from interviews. Caulfield (2022) advised that the first step in thematic analysis is getting to know and understand the data. For purposes of this study, the researcher completed a thorough review of the information provided in the interview. Coding was the next step in the analysis process, which Caulfield (2022) described as highlighting text. For purposes of this study, 39 codes were identified. This allowed the researcher to understand a basic overview of the information provided (Caulfield, 2022). Based on the codes, common themes can be identified to dig deeper into the meanings behind the information provided by the participants. Reviewing the themes will ensure the data was properly understood and nothing was misidentified (Caulfield, 2022). After proper review, themes can be named (Caulfield, 2022). For purposes of this study, 12 thematic findings were identified. Lastly, the information obtained was written in a detailed report, documenting the specific data received from participants and the common themes reported.

Consent was provided to all participants prior to engaging in an interview. The consent served as an acknowledgment of the purpose of the study and provided a warning that the topic could be a trigger to some. If participants did not feel comfortable in proceeding, they could decline the opportunity to participate. The sample size was

dependent upon meeting saturation. If psychological distress occurred or a participant revealed their own suicidal ideation, referrals for services were provided.

The information obtained was stored electronically on a password-protected computer. The data obtained will be stored for three years. No identifying information was obtained to protect confidentiality.

The data obtained from this qualitative case study allowed the researcher to gain a better understanding of the perceptions of pastors and congregant members on the topic suicide. This study served as the first step in understanding if the inclusion of the topic suicidality could be utilized as a preventative measure when incorporated into sermons.

Instrumentation and Measurement

Interview Questions

The researcher utilized semi-structured interview questions. Due to the nature of the topic, the researcher presented in a calming tone, being sensitive to the sensitivity of the topic. This topic could be triggering and confusing to some, so the researcher presented questions with ease and calmness.

Interview Questions

1. Can you describe your knowledge of risk factors associated with suicide?
2. Can you describe your knowledge of interventions that can be utilized to minimize suicidal ideations?
3. Can you describe your understanding of what scripture says about suicide?
4. Can you describe anything else you understand or know about suicide?

5. Now, I want to talk to you about your thoughts about the inclusion of the topic of suicide in sermons. What do you think about the inclusion of the topic of suicide in sermons?

Dependability, Trustworthiness, and Credibility

Dependability is an imperative part of a qualitative study, as researchers strive to ensure their data is consistent and accurate. To assess the dependability of the interview questions, trial interviews were conducted. The responses were not recorded as part of the data set for this study. This allowed the researcher the opportunity to ensure the interview questions are appropriate and easily understood.

Trustworthiness is also an imperative part of a qualitative study. Due to the sensitivity of the topic and the possibility that the topic could provoke feelings of discomfort, the researcher gently asked questions and allowed participants time to process. Participants were reminded that the interview is a no judgment zone, and all information will be kept confidential.

Credibility was confirmed as participants identify as a pastor or congregant member when providing basic demographic information at the start of the interview. Basic demographic information was utilized; however, no identifying information was utilized.

Data Analysis

Qualitative data analysis is imperative for preparing and organizing the data and reducing the data into themes (Creswell & Poth, 2018). Data analysis is also an

imperative piece when presenting the data (Creswell & Poth, 2018). In this section, data analysis was explored as it related to the purposes of this qualitative case study.

Data Management

One of the first steps in data analysis is the management of data (Creswell & Poth, 2018). Interviews were conducted via the ZOOM platform, and sessions were recorded. All information was stored on a password-protected computer to maintain confidentiality and respect of persons.

Memoing

Creswell and Poth (2018) suggested that researchers immerse themselves in the details of a study. For purposes of this study, the researcher analyzed the details of the interview questions that were utilized, ensuring the questions allowed participants to fully reflect and engage. Semi-structured, open-ended questions were utilized to allow participants the opportunity to describe their own unique responses.

Memoing is defined as the process of writing down ideas seen by the researcher (Creswell & Poth, 2018). Upon completion of interviews, the researcher wrote down common occurrences seen in reported data. These common occurrences were specific to data reported from pastors, data received from congregant members, and common occurrences across a diversity of religious denominations. Data was also categorized based upon religious denomination.

Coding

Coding was utilized to separate data into categories of information (Creswell & Poth, 2018). For purposes of this study, data was coded based upon responses submitted from pastors, responses submitted from congregant members, and the diverse religious

denominations identified. This allowed the researcher to qualitatively examine the data more specifically

Data Themes

Coding allowed for an analysis of themes among the data submitted. An analysis of themes assisted the researcher in understanding the complexity and common themes or patterns reported in data (Creswell & Poth, 2018). The utilization of themes allowed the researcher to gain a deeper understanding into the perspectives of pastors and congregant members.

Delimitations, Assumptions, and Limitations

This study was conducted in a small rural area in Virginia. The limited population size posed as a limitation to this study as the religious denominations are not as diverse. Additional research could be conducted utilizing more diversity among denominations. Assuming that participants were aware that the researcher is a mental health professional, it is likely that some may not have been honest in their answers, providing answers they felt was wanted. Some participants may have lacked knowledge surrounding the topic suicide; therefore, unable to provide detailed responses. Considering the stigma associated with mental health, many individuals may have chosen not to participate in the study, resulting in a smaller sample size.

Due to the sensitivity of the topic and the utilization of interviews, some individuals may have felt uncomfortable. This may potentially have hindered their ability to fully express themselves or adequately described their thoughts and experiences. Other individuals may have utilized this as an opportunity to speak about some sensitive personal experiences they encountered.

Individuals became aware of the opportunity to participate while attending church; however, it is not to be assumed that all participants identified as Christians. The results concluded from this study are not specific to the benefit of Christians.

Summary

Conducting a qualitative case study was the first step in understanding if the inclusion of the topic suicide could be utilized as a preventative measure. The ability to understand the perceptions of pastors and congregant members was imperative. The participants in the study, pastors and congregant members, were provided the opportunity to volunteer to participate in an interview. The questions were structured in a way to capture comfort levels, experiences, and any associated stigma surrounding the topic of suicide. A thematic analysis was conducted by the researcher. The data was generated into a report that allowed the researcher to understand levels of foundational knowledge base, levels of experience, and comfort levels.

CHAPTER 4: RESULTS

Overview

The purpose of this qualitative case study was to gain an in-depth understanding of the perspectives of pastors and congregant members on the topic of suicide. This study allowed the researcher to understand the basic foundational knowledge base, levels of comfort, and experiences associated with the topic suicide. The researcher contacted pastors of a diversity of religious denominations to advise of the purpose of the study and present the opportunity to participate. Upon granting permission from the pastor, the pastor notified congregant members of the opportunity to participate. A recruitment letter was provided that contained contact information for the researcher. Upon participants volunteering to participate in a semi-structured interview, consent was provided to ensure participants were fully aware of the purpose of the study and any associated risks. Interviews were conducted via the ZOOM platform to allow for privacy and respect of persons. Data analysis was conducted to code data based on common themes and to provide the researcher understanding of the data reported by pastors and congregant members of diverse religious denominations.

For purposes of this study, participants were either pastors or congregant members who were at least eighteen years of age. The following table provides basic information regarding participants who volunteered to participate in this research study.

Table 1

Participant Demographics

Participant	Gender	Religious Denomination	Race/Ethnicity
Pastor 1	Male	Baptist	Caucasian
Pastor 2	Male	Pentecostal Holiness	Caucasian
Pastor 3	Male	Non- Denominational	Caucasian
Pastor 4	Male	Non- Denominational	Caucasian
Congregant 1	Female	Baptist	Caucasian
Congregant 2	Female	Baptist	Caucasian
Congregant 3	Male	Non- Denominational	Caucasian
Congregant 4	Female	Baptist	Caucasian

Pastors and congregant members were both asked the same questions during the interview process.

Data Analysis

A qualitative case study was conducted to gain an in-depth understanding of the perceptions of pastors and congregant members on the topic suicide. Participants were selected based on their desire to volunteer to participate in the study. Semi-structured, open-ended questions were utilized to allow participants the opportunity to describe their own unique responses. A thematic analysis of the data was conducted on responses received from interviews. Coding was the next step completed in data analysis, allowing the researcher to highlight consistent words in the data. For purposes of this study, the researcher conducted a thorough review of the information provided in the interview by reading the transcripts and listening to the audio versions. The following codes were identified after a thorough review of participant responses.

Code 1: Substance Use

The code substance use was seen when participants discussed risk factors that could lead to an increased risk of suicide. Congregant two stated, “Substance abuse can trigger and lead to thoughts of suicide.” Pastor three also referenced substance use when stating, “Drug abuse is an issue, alcoholism is another area.”

Code 2: Anxiety

The code anxiety emerged when participants described risk factors they felt may be associated with a higher risk of suicide. Congregant two referenced anxiety by stating,

“Genetics, anxiety, and stress can be factors.” When congregant four was asked to describe knowledge of risk factors, they stated, “Anxiety, loneliness, and anger.”

Code 3: Depression

The code depression was prevalent when participants described risk factors they felt could be associated with suicide. Pastor one stated, “Depression makes risk higher.” Pastor two also referenced depression by stating, “Depression, if unresolved, takes to a downward spiral, to a place of total hopelessness, and some feel the escape is suicide.” Congregant two also simply stated “depression” when asked to describe their knowledge of risk factors.

Code 4: Instability

The code instability emerged when participants discussed their knowledge of risk factors associated with suicide. Pastor four referenced “mental stability” as being important. Congregant one simply stated “instability” when discussing their knowledge of risk factors associated with suicide.

Code 5: Hopeless

The code of hopeless was an additional code that emerged when participants were discussing their knowledge of risk factors associated with suicide. Pastor two discussed how a person can feel hopeless due to a downward unresolved bout with depression. Congregant four referenced hopeless when stating, “feeling of not worth anything.”

Code 6: Bullying

The code bullying emerged when participants discussed their knowledge of risk factors that could be associated with an increased risk of suicide. Congregant three had experienced this personally with a close family member. Congregant three stated, “She

had a really hard time with some bullying last year, leading her to cut herself and contemplate suicide.”

Code 7: Fear of Death Due to Diagnosis

The code fear of death due to diagnosis emerged when participants discussed how physical health could potentially be associated with an increased risk of suicide. Pastor two had a personal experience with this, stating “I knew of someone’s spouse who was very ill, and the wife committed suicide due to her fear of her spouse’s death.”

Code 8: Terminal Illness

The code terminal illness was identified when participants described risk factors they felt would be related to an increased risk of suicide. Congregant three stated, “People with terminal diseases, if they feel like they don’t have a long time.” Pastor two stated “physical suffering” when discussing a person who was diagnosed with a terminal illness.

Code 9: Refer to Scripture

The code referred to scripture emerged when participants were asked to describe their knowledge of interventions that could be utilized to minimize suicide. Pastor two simply stated, “Scripture...if people can understand that death is not the end, there is an eternity, we are immortal beings. Our soul is going to live somewhere forever.” Pastor four stated, “Point them back to God’s word.”

Code 10: Point to God

The code point to God emerged when participants were asked to describe their knowledge of interventions that could be utilized to minimize suicide. Pastor four stated,

“There is not a lot of hope in the world without Jesus.” Congregant three stated, “My immediate go to would be God.”

Code 11: Church

The code church emerged when participants described their knowledge of interventions that could be utilized to minimize suicide. Pastor one stated, “Church or any organization if they feel they can trust the people they are with.” Congregant two stated “Church” but also discussed the need for places such as church and the work-field to be more educated.

Code 12: Community Services Board

The code community services board emerged when participants discussed their knowledge of interventions that could be utilized to minimize suicide. Congregant one stated, “PCS (which is a community services board) or someone to assist them that would have more knowledge.” Congregant four stated, “PCS.”

Code 13: Therapist/Counselor

The code therapist/counselor was identified when participants described their thoughts on interventions that could be utilized to minimize suicide. Pastor three stated, “A counselor.” Congregant one stated, “Call or get in touch with a counselor.” Congregant three stated, “Counseling and therapy, there are different types.”

Code 14: Pastor

The code pastor emerged when participants described their understanding of interventions that could be utilized to minimize suicide. Pastor three stated, “I can talk pastorally.” Congregant two stated, “Professional and Godly support and resources.”

Code 15: Friendships

The code friendships emerged when participants described their understanding of interventions that could be utilized to minimize suicide. Pastor one stated, “Friendships and family are the closest resources.”

Code 16: Family

The code family emerged when participants described their understanding of interventions that could be utilized to minimize suicide. Pastor one stated, “Friendships and family are the closest resources.”

Code 17: Someone to Talk With

The code someone to talk with emerged when participants described their understanding of interventions that could be utilized to minimize suicide. Pastor three stated, “It is helpful to have someone they can relate to and talk with.” Congregant one emphasized the important of having someone to talk with when she stated, “Call or get in touch with a counselor.”

Code 18: Conversations

The code conversations emerged when participants discussed their knowledge of interventions that could be utilized to minimize suicide. Pastor two stated, “Conversations with people.” Pastor three stated, “It begins with having a good source of

communication.” Congregant two stated, “Talking and communicating with others is huge.”

Code 19: Support

The code support emerged when participants were describing interventions, they felt would assist in minimizing suicide. Congregant one stated, “They need to know they aren’t alone; they need professional and Godly support.” Pastor three referenced support when he stated, “Having someone in your corner is a great source of prevention or sway.”

Code 20: Scripture Does Not Reference Suicide

The code scripture does not reference suicide emerged when participants were asked to describe their understanding of what scripture says about suicide. Pastor one stated, “God doesn’t give us parameters concerning that.” Congregant one stated, “I don’t know what the Bible says about suicide.” Congregant three stated, “There is zero scripture that speaks on suicide in the word of God.”

Code 21: Unsure What Scriptures Says

The code unsure what scripture says emerged when participants were asked to describe their understanding of what scripture says about suicide. Pastor four stated, “I don’t know, I can’t answer that.” Congregant two stated, “God only knows.”

Code 22: God is Creator of Life

The code God is creator of life emerged when participants were asked to describe their understanding of what scripture says about suicide. Pastor one stated, “God is the

creator of life.” Pastor three stated, “I believe we are created by God and in the image of God.” Congregant four stated, “God created life in us.”

Code 23: Thou Shall Not Kill

The code thou shall not kill emerged when participants were asked to describe their understanding of what scripture says about suicide. Scripture was referenced from Exodus 20:13 (KJV), which states, “Thou shall not kill.” Pastor one stated, “Thou shall not kill and that includes yourself.”

Code 24: Scripture Values Life

The code scripture values life emerged when participants were asked to describe their understanding of what scripture says about suicide. Pastor three stated, “Scripture itself values life.” Pastor four stated, “God gave all life.”

Code 25: Life is Not Ours to Take

The code life is not ours to take was identified when participants described their understanding of what scripture says about suicide. Pastor three stated, “God wants us to live.” Congregant one stated, “You are not supposed to take your own life.” Congregant four stated, “It is not yours to take.”

Code 26: Not Automatically Condemned to Hell

The code not automatically condemned to Hell emerged when participants discussed their thoughts on what scripture says about suicide. Pastor three stated, “I don’t

believe a person is condemned to Hell automatically.” Pastor four stated, “I don’t think suicide is an instant we go to Hell.”

Code 27: Can go to Heaven if Saved

The code can go to Heaven if saved emerged when participants were asked to describe their understanding on what scripture says about suicide. Congregant two stated, “Anyone could commit suicide and still go to Heaven if they have been saved.” Pastor four discussed his thoughts on God’s judgement and stated, “We all do things in the moment that we shouldn’t have.”

Code 28: Still a Child of God

The code still a child of God emerged when participants discussed their understanding of what scripture says about suicide. Congregant three stated, “Regardless of what you did, you are still a child of God.”

Code 29: God is a Righteous God

The code God is a righteous God emerged when participants discussed their understanding of what scripture says about suicide. Pastor two stated, “Jesus judges’ righteous judgements.” Congregant two stated, “God only knows the true heart of a person.”

Code 30: Experience Within Family

The code experience within family emerged when participants were asked to describe anything else they understood about suicide. This topic led to participants describing their own experiences with suicide. Pastor one stated, “I don’t have a lot of

experience, but some extended family members.” Congregant three discussed experiences with a very close family member, who contemplated suicide.

Code 31: Experience with Friends

The code experience with friends emerged when participants were asked to describe anything else they understood about suicide. This topic led to participants describing their own experiences with suicide. Pastor four discussed a girl from high school who displayed warning signs and later committed suicide. Pastor four stated, “She had all the symptoms, but I didn’t realize the seriousness.” Congregant one stated, “My husband had a close friend who took his own life.”

Code 32: Experience Within Congregation

The code experience within congregation emerged when participants were asked to describe anything else they understood about suicide. This topic led to participants describing their own experiences with suicide. Pastor two discussed several instances where he was contacted by congregant members regarding a loved one who was contemplating or committed suicide. Pastor three stated, “A man committed suicide who was a member.”

Code 33: More and More Prevalent

The code more and more prevalent emerged when participants were asked to describe anything else they understood about suicide. This topic led to participants describing their own experiences with suicide. Most all participants expressed some sort

of experience due to the prevalence of suicide. Congregant four stated, “There seems to be more and more of it.”

Code 34: Comfortable Hearing Topic in Sermons

The code comfortable hearing the topic in sermons emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor one stated, “I am totally for it, certainly not against it.” Congregant three stated, “I wouldn’t have a problem hearing my pastor speak about suicide.”

Code 35: Needs to be Addressed

The code needs to be addressed emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor two stated, “It needs to be dealt with.” Pastor four stated, “It should be covered.” Congregant four stated, “It needs to be a sermon, I think it would be a good sermon.”

Code 36: There is a Place for It

The code there is a place for it emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor three stated, “There is a place for it.” Congregant one stated, “I think it belongs in sermons.” Congregant two stated, “It absolutely belongs.”

Code 37: Children Need to be an Appropriate Age

The code children need to be an appropriate age emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor

two stated, “Not a case where you want to preach in the presence of children.”

Congregant three stated, “Kids of ages nine or ten years and up.”

Code 38: Needs to be Publicized Before

The code needs to be publicized before emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor three stated, “It might be something that would need to be publicized before, instead of walking through the door and hearing it.”

Code 39: Not Preached in Presence of Children

The code not preached in the presence of children emerged when participants were asked to discuss their thoughts on the inclusion of the topic suicide in sermons. Pastor two stated, “Not a case where you want to preach in the presence of children.”

The 39 codes translated into 12 thematic findings. Two of those themes supported participants held a foundational knowledge base by appropriately describing risk factors associated with an increased risk of suicide. Three of those themes supported participants held a foundational knowledge base by appropriately describing interventions associated with minimizing suicidal ideations. Two of those themes supported participants held a foundational knowledge base when appropriately discussing their perspectives of what scripture says about suicide. One of those themes supported that all participants had some

sort of experience due to the prevalence. And four of those themes supported participants all supported the inclusion of the topic suicide in sermons within certain parameters.

Evidence of Trustworthiness

Credibility

Credibility is an integral piece of quality research. Credibility was confirmed as participants identified as a pastor or congregant member when providing basic demographic information at the start of the interview. Basic demographic information was utilized; however, no identifying information was utilized. The interview questions were structured in ways that provided participants the opportunity to answer questions based on their own levels of knowledge, comfort, and personal experiences. Participants consented to audio recordings and the researcher also transcribed participant's information in the interview.

Dependability

Dependability is an imperative part of a qualitative study, as researchers strive to ensure their data is consistent and accurate. To assess the dependability of the interview questions, trial interviews were conducted. The responses were not recorded as part of the data set for this study. This allowed the researcher the opportunity to ensure the interview questions are appropriate and easily understood. In addition, transcripts of participants information were reviewed numerous times to ensure accuracy.

Trustworthiness

Trustworthiness is also an imperative part of a qualitative study. Due to the sensitivity of the topic and the possibility that the topic could provoke feelings of discomfort, the researcher gently asked questions and allowed participants time to

process. Participants were reminded that the interview is a no-judgment zone, and that all information will be kept confidential. Participants were also provided with local mental health resources due to the sensitivity of the topic and the potential to evoke emotions surrounding the topic of suicide.

Study Results

The participants of this study were all adequately able to express a knowledge base, a certain level of comfort, and personal experiences regarding the topic of suicide. Of the eight participants, no participant reported any personal stigma; however, several participants acknowledged the global stigma that continues to plague mental health. Some participants had close personal experiences with suicide, and some experiences were distant or among congregant members. Overall, 12 themes emerged from the data. These themes were: (a) mental health, (b) physical health, (c) God's word/Bible, (d) professional resources, (e) healthy relationships, (f) God does not provide specific parameters on suicide, but some scripture may be relatable, (g) God is final judge, (h) due to prevalence, most all had some sort of experience with suicide, (i) supports inclusion within certain parameters, (j) should do from a Biblical background, (k) appropriate age, and (l) topic publicized prior. The following describes the thematic findings based upon research question, which were all similar in response.

Research Question 1

How do pastors describe their understanding of the topic of suicide?

- a. How do pastors describe their knowledge of the risk factors of suicide?
- b. How do pastors describe their knowledge of interventions utilized to minimize suicide?
- c. How do pastors describe their knowledge of what scripture says about the topic of suicide?

Pastor participants in this study were all able to provide some important and appropriate risk factors that could contribute to an increased risk of suicide. Participants alluded to mental health, specifically mentioning things like substance use, anxiety, depression, instability, hopelessness, and bullying. Pastor two referenced depression by stating, “Depression, if unresolved, takes to a downward spiral, to a place of total hopelessness, and some feel the escape is suicide.” Pastor one alluded to hopelessness when stating, “Not being productive, not feeling purpose.” Pastor three discussed how mental health issues are often “taboo to talk about” and how unresolved mental health issues may increase the risk for suicide. Pastor three’s response alluded to the stigma that continues to inundate mental health. Pastor four discussed a person’s mental stability, as this would have an impact on the ways that a person is able to handle life situations and make sound decisions. When considering mental health as a risk factor for suicide, there are many avenues to be considered. The thematic finding of mental health was supported by P1, P2, P3, and P4.

Participants also identified terminal illnesses associated with physical health. Pastor two discussed a case that happened within the community. Pastor two knew of

someone's spouse who was very ill, and his wife chose to die by suicide due to fear of her spouse's death. Pastor two also discussed how this can apply to a person who has received a diagnosis and either doesn't want to experience the suffering or is afraid to live due to the pain and unknown outcome. Pastor two stated "physical suffering" when discussing a person who was diagnosed with a terminal illness. Pastor two went on to discuss that suicide is often the only escape a person may see when suffering physically. The thematic finding of physical health was supported by P2. The number of risk factors that could contribute to suicide is diverse and could include a wide range of factors.

Another question that contributed to the understanding of a foundational knowledge base was the ability to describe interventions. Pastors referenced several important interventions with one being the importance of God's word. Pastor one discussed the importance of church (or any organization) where a person is among others who they feel they can trust. Pastor two stated, "Scripture...if people can understand that death is not the end, there is an eternity, we are immortal beings. Our soul is going to live somewhere forever." Pastor two emphasized the importance of a person understanding that suicide is not the end, reminding a person that there is an eternity. Pastor four stated, "Point them back to God's word." One example that pastor four provided was the story of the Hebrew children in the furnace, and how "things didn't look great, but it turned out okay." Pointing a person back to Scripture can provide messages of hope and encouragement. Pastor four also acknowledged that it could be more difficult if a person

is a non-believer. The thematic finding of God's word/Bible was supported by P1, P2, and P3.

Pastor three stated, "I can talk pastorally." This response supported the thematic finding of professional resources. Pastor three acknowledged his lack of professional knowledge; however, understanding that a person may feel comfortable in seeking guidance from their pastor. Pastor three also advised that he felt "there is a place for that level of intervention" when discussing thoughts on the importance of counselors. Pastor one mentioned the suicide prevention line and the ability to connect with a professional. There are a number of professional resources that a person can utilize to assist in a time of need. The thematic finding of professional resources was supported by P1, P2, and P3.

Pastors also expressed the importance of healthy relationships. Pastor one stated, "Friendships and family are the closest resources." Pastor one expressed understanding that family and friends are often the ones individuals turn to in times of need. They are often the most accessible and the ones a person feels the most comfortable with. Pastor three stated, "Having someone in your corner is great source of prevention or sway." Pastor three also acknowledged that it is helpful when a person "has someone they can relate to and talk with." The thematic finding of healthy relationships was supported by P1, P2, and P3. All pastors expressed a foundational knowledge base of the topic suicide.

Another important part of research question one was for pastors to describe their understanding of what scripture says about the topic suicide. Pastor participants acknowledged that scripture does not specifically address the topic suicide. Pastor one stated, "God doesn't give us parameters concerning that." Scripture from Exodus 20:13 (KJV) was referenced, which states, "Thou shall not kill." Pastor one stated, "Thou shall

not kill and that includes yourself.” Pastor two acknowledged that scripture does not address suicide; however, he referenced Judas Iscariot and him hanging himself. Pastor three stated, “Scripture itself values life.” Pastor four stated, “I don’t know, I can’t answer that.” Pastor four acknowledged that Scripture does not specifically address the topic of suicide; however, pastor four did acknowledge that “God gave all life.” Pastor four also mentioned that “we all do things in the moment that we shouldn’t have.” Pastor four was alluding to the fact that some likely chose suicide in a moment of disparity; however, pointing out that all people have likely done things in their lives that they shouldn’t have done. The thematic finding of God does not provide specific parameters on suicide, but some scripture that may be relatable was supported by P1, P2, P3, and P4.

Some pastors spoke on their thoughts regarding judgement surrounding suicide. Pastor two stated, “God is a righteous judge.” Pastor two discussed how a person is not in a position to make judgements about a person who chose to die by suicide. Pastor two went on to discuss how Jesus knows all the details. Jesus knows the struggles of a person’s mind, heart, and soul. Pastor two stated, “He is the only one to make final judgement.” Pastor three stated, “I don’t believe a person is condemned to Hell automatically.” Pastor three went on to say, “I do believe God will have mercy. I am not the judge.” Pastor four stated, “I don’t think suicide is an instant we go to Hell.” Pastor four also mentioned that “we all do things in the moment that we shouldn’t have.” Several pastor participants shared experiences of people who reached out to them, asking their thoughts on whether a person will go to Hell based on a person’s choice to die by suicide. Pastor two advised that someone had recently asked him, “Do you think everyone that commits suicide immediately goes to Hell?” The thematic finding of God

is final judge was supported by P2, P3, and P4. Each pastor had a slightly different take on the question and their thoughts varied slightly, however; all were able to express their references on how scripture can be related and applied to the topic suicide.

Pastors were also provided the opportunity to further discuss any other things they understood about the topic of suicide, which led most participants to discuss their personal experiences with suicide. Pastor one stated, “I don’t have a lot of experience, but some extended family members.” Pastor one advised that he has had situations where a person may ask a “curious question” but nothing personal. Pastor two discussed several instances where he was contacted by congregant members regarding a loved one who was contemplating or died by suicide. Pastor two knew of someone’s spouse who was very ill, and his wife died by suicide due to fear of her spouse’s death. Pastor three stated, “A man committed suicide who was a member.” Pastor four discussed a girl from high school who displayed warning signs and later committed suicide. Pastor four stated. “She had all the symptoms, but I didn’t realize the seriousness.” All pastor participants expressed some sort of experience; however, some having experienced more personal encounters than others. The thematic finding that due to prevalence, most all have some sort of experience with suicide was supported by P1, P2, P3, and P4.

Research Question 2

How do congregants describe their understanding of the topic of suicide?

- a. How do congregants describe their knowledge of the risk factors of suicide?
- b. How do congregants describe their knowledge of interventions utilized to minimize suicide?
- c. How do congregants describe their knowledge of what scripture says about the topic of suicide?

Congregant participants in this study were able to express a foundational knowledge base regarding the topic suicide. All congregant participants were able to identify important and appropriate risk factors that could contribute to an increased risk of suicide. Congregant one expressed risk factors such as a lack of a support system, mental health issues, and instability. Congregant two mentioned depression and anxiety and how they can contribute to an increased risk of suicide. Congregant two referenced anxiety by stating, "Genetics, anxiety, and stress can be factors." Congregant two stated, "Substance abuse can trigger and lead to thoughts of suicide." Bullying was also a risk factor mentioned. Congregant three had experienced this personally with a close family member. Congregant three stated, "She had a really hard time with some bullying last year, leading her to cut herself and contemplate suicide." Congregant four referenced hopelessness when stating, "feeling of not worth anything." There are a number of risk factors that can be associated with an increased risk of suicide. Congregant participants were able to adequately describe several important ones to consider. While there were some variations in responses, all congregant participants mentioned mental illness as a

risk factor, therefore supporting the thematic finding of mental health. The thematic finding of mental health was supported by C1, C2, C3, and C4.

In addition to mental health, physical health could also be considered a risk factor. Physical suffering, a terminal illness, or fear of death due to a diagnosis area all examples of how physical health could be a risk factor. A congregant participant acknowledged that physical health could contribute to an increased risk of suicide. Congregant three stated, “People with terminal diseases, if they feel like they don’t have a long time.” Congregant three discussed how, those who may have a terminal illness, may choose to die by suicide due to fear of death and feeling that their time left is likely short. The thematic finding of physical health was supported by C3. All congregant participants were able to adequately describe a number of important risk factors that should be considered.

Congregant participants also expressed an understanding of interventions that could be utilized to reduce suicidal ideations. Congregant two stated “church” but also discussed the need for places such as church and the work-field to be more educated. Congregant three stated, “My immediate go to would be God.” Congregant four stated “Turn to God’s word.” Congregant four discussed how this has helped in times when personal thoughts of loneliness, anxiety, and depression have presented. Most congregant participants acknowledged that God’s word/Bible is an important intervention when working to reduce suicidal ideations. The thematic finding of God’s word/Bible was supported by C2, C3, and C4.

Professional resources are also imperative interventions to consider. Congregant one stated, “PCS (which is a community services board) or someone to assist them that would have more knowledge.” Congregant two stated, “Professional and Godly support

and resources.” Congregant three also felt that there was a time and place when counselors/therapists were necessary as well. Congregant three stated, “Counseling and therapy, there are different types.” Congregant three expressed personal concerns and stated, “immediate go to would be God.” Congregant four also acknowledged the importance of professional resources like the community services board. Congregant four stated, “PCS.” All congregant participants acknowledged the importance of professional resources. This supported the thematic finding of professional resources. The thematic finding of professional resources was supported by C1, C2, C3, and C4.

Healthy relationships are also important when working to minimize suicidal ideations. Healthy relationships can be found within the church, among family members, or among friends. Congregant two stated, “They need to know they aren’t alone; they need professional and Godly support.” Congregant two stated, “Talking and communicating with others is huge.” This supported the thematic finding of healthy relationships. The thematic finding of healthy relationships was supported by C2. All congregant participants provided unique perspectives and expressed a foundational knowledge base regarding the topic suicide.

Another important piece to this research question was the ability to describe what scripture says about the topic suicide. Congregant participants acknowledged that scripture does not specifically reference the topic suicide. Congregant one stated, “I don’t know what the Bible says about suicide.” Congregant one also stated, “You are not supposed to take your own life.” Congregant one referenced Judas Iscariot and him taking his own life as being the closest reference to suicide they knew of. Congregant three stated, “There is zero scripture that speaks on suicide in the word of God.”

Congregant three discussed instances where people took their own life in the Bible; however, stating, “there are no descriptions or repercussions in the Bible.” Congregant four stated, “It is not yours to take.” Congregant four discussed that “God created life in us, and our life is not our to take, it belongs to Him.” All congregant participants were able to relate scripture to the topic of suicide within their own unique perspectives. These responses supported the thematic finding that God does not provide specific parameters on suicide, but some scripture may be relatable. This thematic finding was supported by C1, C2, C3, and C4.

The topic of judgement often comes up when discussing the topic of suicide. Since the Bible doesn’t specifically address the topic of suicide, many are curious how God judges a person who chooses to die by suicide. Congregant two stated, “God only knows the true heart of a person.” Congregant two also stated, “Anyone could commit suicide and still go to Heaven if they have been saved.” Congregant two discussed how “none are perfect but God” and only God understands the complete situation a person experiences. Congregant three stated, “Regardless of what you did, you are still a child of God.” This supports the thematic finding that God is the final judge. The thematic finding of God is the final judge was supported by C2 and C3.

Congregants were also provided the opportunity to further discuss any other things they understood about the topic suicide, which led most participants to discuss their personal experiences with suicide. Congregant one stated, “My husband had a close friend who took his own life.” Congregant one also had a pastor of a church they attended in college, to take his own life. Congregant one stated, “It really doesn’t matter your occupation, it affects everyone.” Congregant two discussed some personal experiences

and some examples of celebrities dying by suicide. Congregant three discussed experiences with a very close family member, who contemplated suicide due to bullying. Congregant four stated, “There seems to be more and more of it.” All congregant participants expressed some sort of experience regarding suicide; however, some experiences being more personal than others. The thematic finding that due to prevalence, most all have some sort of experience with suicide, was supported by C1, C2, C3, and C4.

Research Question 3

How do pastors describe their perceptions on the inclusion of the topic suicide in sermons?

When asked to describe their thoughts on the inclusion of the topic suicide in sermons, all pastors supported the inclusion within certain parameters. The thematic finding of supports inclusion within certain parameters was supported by P1, P2, P3 and P4. Pastor one stated, “I am totally for it, certainly not against it.” Pastor one typically preaches systematically through the books of the Bible and will address if it comes up in scripture. Pastor one also expressed interest in sharing information on the topic of suicide during special times, such as suicide awareness month. Pastor two stated, “It needs to be dealt with.” Pastor two felt that this topic should be addressed in a “holistic manner and from the standpoint that you (pastor) don’t make the final judgement.” Pastor three stated, “There is a place for it.” However, pastor three did acknowledge that “there is so much we don’t know, spiritually speaking.” Pastor four felt the church has an obligation to address topics such as suicide. Pastor four stated, “Everything we deal with in life, is appropriate.” These responses support the thematic finding should do from a Biblical

background. The thematic finding of should do from a Biblical background was supported by P1, P2, P3, and P4.

Some pastors expressed parameters that should be considered when including the topic of suicide in sermons. One of those parameters being whether a sermon that includes the topic of suicide should be preached in the presence of children. Pastor two stated, “Not a case where you want to preach in the presence of children.” Pastor two acknowledged that there are children who have died by suicide; however, pastor two didn’t feel as if this topic should be preached in the presence of children. The thematic finding of appropriate age was supported by P2.

An additional parameter to consider would be whether the topic should be publicized prior to the inclusion within a sermon. Pastor one stated, ‘If someone in the church had an experience, may want to check with them prior to see if they want to share.’ While pastor one did not express the need to publicize to entire congregation, pastor one did note that someone would potentially like to share their experience and they should be notified prior. Pastor three stated, “It might be something that would need to be publicized before, instead of walking through the door and hearing it.” Pastor three also related this to the topic of sexuality and how this also may be a topic to consider

publicizing prior. This response supports the thematic finding of topic should be publicized. This thematic finding was supported by P1 and P3.

Research Question 4

How do congregants describe their perceptions on the inclusion of the topic suicide in sermons?

When asked to describe their thoughts on the inclusion of the topic suicide in sermons, all congregant participants supported the inclusion within certain parameters. The thematic finding of supports inclusion within certain parameters was supported by C1, C2, C3 and C4. Congregant one stated, “I think it belongs in a sermon. I have never heard a sermon preached on suicide.” Congregant one believed that more people would benefit if people within the church were more open. Congregant two stated, “It absolutely belongs.” Congregant two stated, “You need to hear that, as His children, nothing can separate us from His life. That God’s love is perfect and forever.” Congregant two also advised that “We need to be made aware of right and wrong and the first place we should go should be church.” Congregant three stated, “I wouldn’t have a problem hearing my pastor speak about suicide.” Congregant four stated, “It needs to be a sermon, I think it would be a good sermon.” Congregant participants support the thematic finding of should do from a Biblical background. This thematic finding was supported by C1, C2, C3, and C4.

Some congregants expressed parameters that should be considered when including the topic of suicide in sermons. Congregant three often works with children and expressed that kids need to be at an age where they understand. Congregant three stated, “Kids of ages nine or ten years and up.” Congregant three felt that kids need to know

about it, but it is important that they are able to understand. This response supports the thematic finding of appropriate age. This thematic finding was supported by C3.

The table below will provide an overview of thematic findings. The first column will indicate participants who provided responses associated with the theme listed in the second column. Participants are identified based upon the information provided in Table 1. The letter P indicates pastor, and the letter C indicates congregant.

Table 2

Thematic Findings

P1, P2, P3, P4, C1, C2, C3, C4	Mental Health
P2, C3	Physical Health
P1, P2, P4, C2, C3, C4	God's Word/Bible
P1, P2, P3, C1, C2, C3, C4	Professional Resources
P1, P2, P3, C2,	Healthy Relationships
P1, P2, P3, P4, C1, C2, C3, C4	God does not provide specific parameters on suicide, but some scripture may be relatable
P2, P3, P4, C2, C3,	God is Final Judge
P1, P2, P3, P4, C1, C2, C3, C4	Due to prevalence, most all have some sort of experience with suicide
P1, P2, P3, P4, C1, C2, C3, C4	Supports inclusion within certain parameters
P1, P2, P3, P4, C1, C2, C3, C4	Should do from a Biblical Background
P2, C3	Appropriate Age
P1, P3	Topic Publicized Prior

Summary

A qualitative case study allowed for the opportunity to gain an in-depth understanding of the perceptions of pastors and congregant members regarding the topic

suicide. It allowed for a better understanding of comfort levels, basic levels of knowledge, and thoughts regarding the inclusion of the topic suicide in sermons. A total of eight participants were interviewed, four pastors and four congregant members. A thematic analysis was performed, allowing for the utilization of coding and the identification of thematic findings.

All denominations interviewed provided like answers. All participants were able to express a basic understanding of risk factors and interventions, all shared personal experiences, and all participants supported the inclusion of the topic suicide in sermons within certain parameters. There were no identified themes based strictly on religious denomination. The only identified differences were variations of how scripture relates to the topic of suicide, personal experiences, and parameters that should be considered when including the topic of suicide in sermons.

CHAPTER 5: DISCUSSION

Overview

Suicide continues to present as a pervasive mental health crisis across the world. Unfortunately, no one is immune to suicide as it can have a detrimental impact on anyone at any time. The purpose of this qualitative case study was to explore the perceptions of pastors and congregant members on the topic suicide. This study allowed the researcher to gain a deeper insight regarding basic knowledge levels, comfort levels, and thoughts regarding the inclusion of the topic suicide in sermons. Semi-structured interviews were conducted, which allowed participants the opportunity to share their own unique responses. Participants were also granted the opportunity to share any personal experiences they may have had as well as an opportunity to provide in-depth responses to the interview questions. This chapter explores the overall findings and discusses implications and limitations of the study.

Summary of Findings

This study was conducted in a rural town where diversity of religious denominations is not as widespread as what may be found in an urban area. It also seems common that churches in the area are leaving specific denominations and becoming non-denominational. However, regardless of religious denomination, all participants were able to adequately express a general understanding of the topic suicide. Each participant was able to clearly identify risk factors and interventions. While those responses varied slightly, all participants acknowledged mental illness and/or physical illness as being a risk factor for suicide.

Responses regarding interventions that can be utilized to minimize suicidal ideations also varied; however, most participants discussed the importance of God's word or the support of a church family. Each participant acknowledged that the Bible does not specifically discuss suicide, leaving each participant to provide their own thoughts on God's view of suicide. All participants were able to discuss some type of personal experience, with most having close personal experiences.

Regardless of religious denomination, all participants supported the inclusion of the topic suicide in sermons within certain parameters. Responses varied regarding whether the presence of children is appropriate during the sermon on suicide and if the topic should be scheduled and announced prior. Saturation was met upon the completion of four pastor interviews and four congregant member interviews. Due to the sensitivity of the topic, mental health resources lists were provided to each participant upon completion of the interview.

Discussion of Findings

The information obtained from this study allowed for a deeper understanding of the perceptions of pastors and congregant members on the topic suicide. Research is vast regarding the topic suicide in general; however, the gap was identified in the perceptions of pastors and congregant members. This study was able to provide some insight regarding basic levels of knowledge, comfort levels, and thoughts regarding the inclusion of the topic suicide in sermons.

Risk Factors

Mason (2011) discussed the stigma that continues to inundate mental health. This stigma was also seen in this study, as the participants mentioned the stigma that

surrounds the topic suicide and how individuals often feel ashamed to seek support. Participants also mentioned the church is often scared to bring up the topic, due to fear of how others may respond or due to the stigma that surrounds such a topic. Stigma continues to inundate; however, the more individuals who feel comfortable in discussing the topic, the stigma will likely begin to lessen. Some participants in the study felt as if the church has missed the mark on providing education and awareness on the topic suicide. All participants supported the inclusion of the topic suicide in sermons within certain parameters, feeling this would raise awareness, provide education, and reduce stigma. Potter (2021) advised that the stigma surrounding mental health and suicide is detrimental and can be lethal if not properly addressed.

In the literature review, it was also found that mental health diagnoses often exacerbate suicidal ideations and suicide attempts (Schmutte et al., 2021). When identifying risk factors, participants of this study also discussed mental health illnesses and how such diagnoses often lead to suicidal ideations. Depression and anxiety were two of the most commonly mentioned in this study. Depression is often directly related to suicide (Stando et al., 2023).

Cyberbullying is becoming more prevalent as social media usage continues to climb. Cyberbullying is a traumatic experience, often resulting in suicidality (Bai et al., 2021). A participant in the study had a personal encounter as the participant had an immediate family member who dealt with the effects of cyberbullying. This unfortunate incident led the family member to engage in acts of self-harm and suicidal ideations. The participant was able to discuss the traumatic effects the family member experienced, as they witnessed those effects firsthand.

Comparison to Other Studies

Research is vast when it pertains to suicide, factors contributing to such thoughts, interventions, treatments, and the role spirituality interventions can play in the reduction of suicide. The gap in research was identified in the perceptions of pastors and congregant members on the topic of suicide. While there were questions related to risk factors and interventions, capturing basic knowledge levels, this study aimed to capture comfort levels and associated stigma.

As research found in the study conducted by Bazley and Pakenham (2019), faith-based organizations can play an integral role in the reduction of suicidality. This study also identified the importance of faith-based organizations, as participants felt the church could play an integral role in the minimization of suicide. This study also found that social support is an integral piece in the reduction of suicidal ideations. Social support from those in religious communities can be essential in the reduction of isolation and suicide (Mosqueiro et al., 2021). While this study did not examine specific results, it did find that pastors and congregant members felt that social support from religious communities can be imperative.

Bazley and Pakenham (2019) researched the efficacy of utilizing an acceptance and commitment Christian-based therapy program identified as HOLLY, standing for “Hope Often Looks Like You.” This program was tailored for members of faith-based organizations, equipping those members with tools to assist in suicide prevention (Bazley & Pakenham, 2019). The research provided information that showed a reduction in suicidal ideations by utilization of this prevention program, often utilized by chaplains and other faith-based organization members (Bazley & Pakenham, 2019). Research

shows that, if willing and provided with appropriate training, individuals who identify as members of faith-based organizations can play an integral role in the reduction of suicide (Bazley & Pakenham, 2019). All participants of this study supported the inclusion of the topic of suicide in sermons within certain parameters. As research revealed in Bazley and Pakenham's study, participants of this study felt that the inclusion of the topic of suicide in sermons would increase education and awareness. In addition, participants felt that this would reduce stigma and increase comfort levels, making the church a place where individuals feel comfortable in seeking support.

Biblical Foundations

When evaluating ways to reduce suicide, there are many that one could mention. Participants of this study mentioned seeking professional support, having a strong support system, and God's word. Participants referenced the importance of seeking God, reading God's word, or the importance of the church, when discussing interventions that could be utilized to reduce suicidal ideations.

While the Bible does not specifically speak on the topic suicide, participants referenced one of the ten commandments found in Exodus 20:13 (KJV) that states, "Thou shall not kill." Participants acknowledged that this also applies to self-murder. Some mentioned that being created in the image of Christ, one's life is not theirs to take. Some referenced Judas Iscariot and the reference in the Bible to his hanging, as being the closest mention of suicide in the Bible. Matthew 27:5 (KJV), "And he cast down the pieces of silver in the temple, and departed, and went and hanged himself."

Even though participants in this study acknowledged that the Bible does not specifically speak on the topic suicide, participants interviewed felt that God does not

send a person directly to Hell based upon their decision to die by suicide. The Bible states in Psalms 89:14 (KJV), “Justice and judgement are the habitation of thy throne: Mercy and truth shall go before thy face.” God is a righteous judge who is able to understand everything about a person, not just what man alone can see.

The discussion of participant’s thoughts of the inclusion of the topic suicide in sermons led to some discussing how the church should be a place where people feel comfortable in seeking support and talking about their feelings. The inclusion of the topic suicide could look like many different things, including brining awareness to risk factors, educating on interventions, and pointing out scripture in the Bible that would provide hope, inspiration, and encouragement. Sharing God’s love is another imperative piece that could be utilized in sermons to provide hope, inspiration, and encouragement to someone who may be experiencing suicidal ideations.

Participants in this study fully supported the inclusion of the topic suicide in sermons within certain parameters. Some felt the church has “tip-toed” around mental health topics but felt the church should address anything that a person may experience in life. As a shepherd watches over the flock, it is the pastor’s duty to watch over the congregation. The Bible states in Acts 20:28 (KJV), “Take heed therefore unto yourselves, and to all the flock, over the which the Holy Ghost hath made you overseers, to feed the church of God, which he hath purchased with his own blood.” Participants of this study agreed that the church should be a place where individuals feel comfortable and where no stigma exists.

A Biblical foundation is an imperative piece in the reduction of suicide. While stigma often exists in the church, those who participated in this study fully supported the

inclusion of the topic of suicide in sermons within certain parameters and felt the church had a duty to address mental health topics. The inclusion of the topic of suicide in sermons has the potential to play an integral role in the minimization of suicide. Pastors and congregant members not only play imperative roles in the church, but they also have the opportunity to make a difference in the lives of those experiencing suicidal ideations. The inclusion of the topic of suicide in sermons can be beneficial in providing education and awareness. These sermons can also provide hope, encouragement, and inspiration for someone who may be experiencing suicidal ideations.

Implications

Prevention can play an integral role in the minimalization of suicide. Awareness and education are key pieces when reflecting on the purpose of prevention. In this study, pastors and congregant members supported the inclusion of the topic suicide in sermons within certain parameters. The inclusion of the topic suicide in sermons may potentially reduce suicide by providing education and raising awareness. All participants in this study expressed the importance of the inclusion of the topic suicide in sermons, feeling as if this would play an integral role in addressing a global crisis that also plagues the rural county in which the study was conducted. Participants also felt that church should be a place where individuals feel comfortable in seeking support. The inclusion of the topic could reduce stigma in the church, making a place in which individuals feel comfortable in speaking about life challenges they may be facing.

Limitations

Although some diversity of religious denominations was included in this study, it was limited due to the rural area in which this study was conducted. The sensitivity of the

topic posed another potential limitation, as some individuals may have felt uncomfortable in discussing the topic suicide, leading them to choose not to participate. While the researcher was not made aware of any specific situations in this study, it could still be considered a potential limitation. Just as stigma continues to surround mental health across the world, stigma surrounding mental health is also present in the rural area in which this study was conducted. Stigma could also be considered a potential limitation in this study. Lack of knowledge regarding the topic suicide may have also limited participation.

Recommendations for Future Research

While the researcher sought to include diversity of religious denominations, it was limited due to the small rural area in which the participants resided. Additional research could be conducted in an urban area with an increased population size and increased diversity of religious denominations. Future research could also be conducted via questionnaires to potentially increase participation and reach additional individuals across a vast area of locations. Face to face interviews could be conducted in-person, instead of virtually, to include those who may not be familiar with virtual platforms. Additional research could also be conducted to determine the roles of church members in the reduction of suicidal ideations. Congregant members also have duties within the church.

Summary

Suicide is a pervasive mental health crisis that continues to have an impact globally. Many risk factors have the potential to increase suicidal ideations and suicide attempts. Participants of this study expressed an adequate understanding of risk factors, mentioning those such as, mental health diagnoses, isolation, and hopelessness.

Interventions are vast as well, and often depend on the circumstance. Participants were also knowledgeable of interventions that could be utilized to reduce suicidal ideations. Participants of this study mentioned interventions such as, professional support, a healthy support system, church, and the Bible. Unfortunately, all participants had some encounter with suicide, which continues to document the pervasiveness of this crisis.

A Biblical foundation is also an imperative piece in the minimization of suicidal ideations and suicide attempts. Pastors and congregant members have the opportunity to make a difference within the church, as well as in the lives of those experiencing suicidal ideations. Participants acknowledged that the Bible does not specifically address the topic suicide; however, most were able to allude to scripture they felt was related to God's view on suicide. All participants supported the inclusion of the topic suicide in sermons within certain parameters. Most felt the church has failed to address mental health topics, but feels the church has a duty to address these topics. The inclusion of the topic suicide in sermons has the potential to minimize suicidal ideations and suicide attempts, as it provides the opportunity to increase basic knowledge base, spread awareness, increase comfort levels, and provide a message of hope, inspiration, and encouragement.

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APPENDIX A: CONSENT

Consent

Title of the Project: Perception of Pastors and Congregant Members Regarding Suicide

Principal Investigator: Hope Callahan, Doctoral Candidate, School of Psychology, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be at least 18 years of age and either a pastor or congregant member. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to gain a better understanding of the perspectives of pastors and congregant members regarding suicide. This study will allow for a better understanding of comfort levels, levels of experience, levels of knowledge base, and any associated stigma surrounding the topic.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an interview that will be conducted via the ZOOM platform. Completion time will vary per participant; however, the interview should last approximately 30-60 minutes. Audio will be recorded via the option to record on the ZOOM platform.

How could you or others benefit from this study?

Benefits to society include the opportunity to gain a better understanding of the perceptions of pastors and congregant members regarding suicide.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological distress from being asked to recall and discuss

individual experiences regarding suicide. To reduce risk, I will provide information for referral services if needed.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer. After three years, all electronic records will be deleted.
- Recordings will be stored on a password locked computer for three years. The researcher/the researcher and members of her doctoral committee will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Hope Callahan. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Margaret Gopaul at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record me as part of my participation in this study.

Printed Subject Name

Signature & Date

APPENDIX B: RESEARCH QUESTIONS

Research Questions

RQ1: How do pastors describe their understanding of the topic of suicide?

- a. How do pastors describe their knowledge of the risk factors of suicide?
- b. How do pastors describe their knowledge of interventions utilized to minimize suicide?
- c. How do pastors describe their knowledge of what scripture says about the topic of suicide?

RQ2: How do congregants describe their understanding of the topic of suicide?

- a. How do congregants describe their knowledge of the risk factors of suicide?
- b. How do congregants describe their knowledge of interventions utilized to minimize suicide?
- c. How do congregants describe their knowledge of what scripture says about the topic of suicide?

RQ3: How do pastors describe their perceptions on the inclusion of the topic suicide in sermons?

RQ4: How do congregants describe their perceptions on the inclusion of the topic suicide in sermons?

APPENDIX C: RECRUITMENT LETTER

Dear Potential Participant,

As a doctoral candidate in the Psychology Department at Liberty University, I am conducting research to better understand the perceptions of pastors and congregant members regarding suicide. The purpose of my research is to gain a better understanding regarding the perceptions of pastors and congregant members regarding suicide and to capture levels of comfort, levels of foundational knowledge base, and personal experiences and I am writing to invite you join my study.

Participants must 18 years of age and either a pastor or congregant member. Participants will be asked to take part in an audio-recorded interview that will be conducted via the ZOOM platform. It should take approximately 30 to 60 minutes to complete the procedure listed. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed.

To participate please contact me at [REDACTED] to schedule interview.

A consent document will be emailed to you at the time of the scheduled interview. The consent document contains additional information about my research.

Sincerely,

Hope Callahan
Doctoral Candidate

[REDACTED]

|

APPENDIX D: IRB PERMISSION

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

June 27, 2023

Hope Callahan
Margaret Gopaul

Re: IRB Exemption - IRB-FY22-23-1304 SUICIDE AND SERMONS: PERCEPTION OF PASTORS AND CONGREGANT MEMBERS REGARDING SUICIDE

Dear Hope Callahan, Margaret Gopaul,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s)

should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP

Administrative Chair

Research Ethics Office

APPENDIX E: INTERVIEW QUESTIONS

1. Can you describe your knowledge of risk factors associated with suicide?
2. Can you describe your knowledge of interventions that can be utilized to minimize suicidal ideations?
3. Can you describe your understanding of what scripture says about suicide?
4. Can you describe anything else you understand or know about suicide?
5. Now, I want to talk to you about your thoughts about the inclusion of the topic of suicide in sermons. What do you think about the inclusion of the topic of suicide in sermons?