

# Principles for pastoral guidance to women on matters related to suicide

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According to SADAG (South African Depression and Anxiety Group) there are 23 suicides and 230 serious suicide attempts in South Africa every day. The dynamics of suicide is highly complex and there are no simple explanations or easy answers. The SADAG article shows that suicidal thoughts during times of crisis are much more common than the average person would care to admit. Believers are no exception. Suicide offers an inviting escape from difficult circumstances to a desperate person. As such, suicide confronts the pastoral counsellor with a stressful and terrifying challenge. This article explores pastoral principles that can help a counsellor provide guidance to women on matters related to suicide and offers information on suicide in three parts. The first part of the article investigates the implications of suicidal thoughts or attempts and the effect of an actual suicide on the people who remain behind. The second part examines how the church's views on suicide have changed over the centuries. The third and final part applies the outcomes of the first two sections to offer guidelines for current-day pastoral guidance to women based on scientific research into the field of practical theology.

**Pastorale beginsels vir die begeleiding van vroue ten opsigte van selfmoord.** Volgens SADAG (South African Depression and Anxiety Group) is daar daaglik 23 selfmoordgevalle en 230 ernstige selfmoordpogings in Suid-Afrika. Die dinamiek rondom selfmoord is hoogs kompleks en daar bestaan geen eenvoudige verduidelikings en maklike antwoorde hieromtrent nie. Die SADAG-artikel toon aan dat selfmoordgedagtes in krisistye baie meer algemeen is as wat die deursnee mens sou wou erken. Dit is ook geen uitsondering by gelowiges nie. Vir die desperate persoon kan dit selfs 'n aanloklike uitkoms in moeilike omstandighede wees. Vir die pastorale berader is hierdie kwessie 'n stresvolle en vreesaanjaende uitdaging. Hierdie artikel stel ondersoek in na pastorale beginsels wat van belang is vir die begeleiding van vroue ten opsigte van selfmoord, en bied inligting rondom die kwessie in drie dele aan. Eerstens is daar 'n ondersoek na die implikasies van selfmoordgedagtes en -pogings sowel as die effek van so 'n daad op die mense wat agterbly. Tweedens word die kerk se verskillende opvattinge deur die eeue ten opsigte van selfmoord bespreek; en derdens word die bevindings van eersgenoemde twee dele aan die hand van wetenskaplike navorsing in die pastorale begeleiding aan vroue ondersoek.

## Introduction

Friedrich Nietzsche, the well-known 19th century philosopher, made the following remark regarding suicide:

The thought of suicide is a great consolation; with the help of it one gets successfully through many a night. (Ohlschlager *et al* 2011:111)

This statement amplifies the enormous paradox inherent to suicide. For some, the thought of suicide might be a great comfort, whilst for those who stay behind when someone close to them has committed suicide, the very thought of it is something they desperately want to avoid. It seems as if suicidal thoughts during times of crisis are much more common than the average person would care to admit. A desperate person might romanticise it in times of hardship and may see it as an alluring escape. This confronts the pastoral counsellor with a stressful and frightening challenge. The suicide of a counsellee not only influences his or her family and friends; it also has impacts on the pastoral counsellor (Ohlschlager *et al* 2011:111). If Nietzsche is right and suicidal thoughts can really be a 'great consolation', this obviously only apply to the person with such thoughts. For his or her loved ones, who will remain behind, it is very stressful and frightening.

Research shows that women attempt suicide five times more often than men, but twice the number of men is successful (Minirth & Meier 1994:34). SADAG (Anon n.d.a) points out that

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there has been a worrying increase in suicide over the last 40 years – the suicide of women between the ages of 40 and 54 years has doubled since 1950, and amongst girls aged between 10 and 14 years, the number has tripled since 1980. The higher level of suicide amongst women can, amongst other things, be ascribed to greater social pressure, a higher incidence of mood disorders and hormonal changes during menopause and after childbirth (Bostwick & Rummans 2007:747). Suicide is also more common amongst single women, divorced women and widows (Bostwick & Rummans 2007:747).

This article probes the following question: Which aspects are important when providing pastoral guidance to women who struggle with suicidal thoughts or who have attempted suicide? The investigation begins with a review of comparative subject literature, which is then applied to the process of pastoral guidance. The information is presented in three parts: firstly, some aspects relevant to suicidal thoughts, suicide attempts and suicide are discussed; secondly, the argument offers a short overview of how the church's view of suicide has developed through the centuries; and thirdly the findings of the first two sections are applied to formulate principles for pastoral guidance to women on matters related to suicide. The article ultimately offers conclusions aimed at the process of pastoral guidance. The research is conducted from a reformed point of departure.

## Aspects relevant to suicidal thoughts, suicide attempts and suicide

SADAG is one of the largest mental health non-governmental organisations in the country and the only one with a toll-free crisis line that offers suicide assistance (Shamos n.d.). There are several psychiatrists, psychologists and counsellors employed by SADAG and they offer support, advice, information or assistance with referrals to people with suicidal thoughts or to their loved ones. Help is available from the crisis line, seven days per week, 24 hours a day.<sup>1</sup> According to the SADAG webpage (Anon n.d.a&b) there are 23 cases of suicide and a further 230 serious suicide attempts per day in South Africa. They point out that IASP (International Association for Suicide Prevention) identifies suicide as one of the leading causes of death worldwide. Approximately one million people die annually as a result of suicide – that is one every two minutes.

Alexander (1991) describes suicide as follows:

A chosen death, out alone and often secretly, suicide is perhaps the most profound act of disconnection from one's own self and life, from others who have been part of one's life and from human community. (p. 277)

The dynamics involved in suicide are highly complex and no simple explanations or easy answers exist. Ohlschlager

*et al* (2011:112) highlights the fact that, although the National Institute for Mental Health lists acute and serious depression as the leading cause for suicide, there are several other reasons for such drastic action. Failing to see the more acceptable options available in times of hardship, the person who commits suicide is overwhelmed by his or her existentially limited choices and is sabotaged by twisted tunnel vision. According to Ohlschlager *et al* (2011:112), such persons believe at that moment that it is the only way out – 'it became the only thing to do'.

Beck *et al* (1990:190) claims that a feeling of hopelessness presents a greater danger for suicide than depression. According to Hebrews 6:19, Christians have hope as their solid life anchor. Given this fact, one can agree with Sullender and Malony (1990), who are of the opinion that suicide is, at its root, more of a spiritual problem than a mental one:

Suicide is primarily, although not entirely, a spiritual problem. Persons who are suicidal are asking, either explicitly or implicitly, such critical existential questions as: Does my life have meaning or purpose? Do I have any worth? Is forgiveness possible? Is there any hope for a new life beyond this current mess? (p. 204)

For this reason churches, and in particular pastoral counsellors, should rethink how they will deal with suicide during the provision of pastoral guidance as part of a multidisciplinary assistance process. The third part of the article deals with this in more detail.

After years of research, including analysis of many suicide notes and interviews with people after failed suicide attempts, Shneidman (1985:29) came to the conclusion that suicide can be divided into six categories. It is either a rational decision to escape circumstances; a reaction to a preceding loss; revenge in an attempt to punish someone else; manipulation that seeks to influence someone else's plans; a psychotic decision that aims to fulfil a psychosis; or an accident that comes from an impulsive decision.

Any person who has taken his or her own life struggled with unique and unbearable pain leading up to the act. Chilstrom (1989:202) discusses suicide by referring to the fact that every person has certain needs. When there is a barrier that blocks the fulfilment of the need, the person will either move around the barrier or try to break it down. When all attempts fail, the person will try to escape the situation. Similarly, suicide is not the person's first choice. When all other attempts failed, the person will attempt to 'escape' to stop the unbearable pain.

According to SADAG (Anon n.d.b), factors that contribute to the risk of suicide, include recent losses such as the death of a loved one, loss of work or a promotion, loss of income, the termination of a relationship and disillusionment. Disappointments such as failed job applications and poor examination results can also be reasons for suicide, as well as changes in life circumstances like a divorce, sequestration, retirement or children leaving home. Psychiatric disorders

1. SADAG's crisis line number is 0800 21 22 23 (8 am – 8 pm) and 0800 12 13 14 (8 pm – 8 am); Suicide crisis line 0800 567 567; Substance dependence crisis line 0800 12 13 14; and the SMS number is 32312. The web address is [www.sadag.org](http://www.sadag.org)

such as depression; incurable diseases, injuries or the amputation of a limb are also some additional factors. Lastly, three more reasons for suicide are the suicide of a loved one, a friend or a public figure; financial and/or legal problems; and traumatic experiences such as rape, a car accident, et cetera.

In the same article SADAG offers guidelines for dealing with a person who threatens to commit suicide:

- Be direct. Talk openly to the person about suicide.
- Be willing to listen and allow the person to express his or her feelings.
- Do not judge or debate whether suicide is right or wrong. Do not give a lecture on morals or the value of life.
- Become involved in the person's life. Give the necessary support.
- Do not challenge the person to do it.
- Do not act shocked – the person can dissociate him- or herself from the assistance due to the assistance provider's reaction.
- Do not agree to secrecy. Consult all possible help.
- Give hope that there are alternatives available, but do not make unrealistic promises.
- Ask for permission to consult a family member of the person in need.
- Remove all objects that could be used to commit suicide.
- Do not leave the person alone. Consult someone who specialises in guiding such persons.
- If necessary, contact the police.

Breed and De Klerk (2007:621–631) aptly point out that suicide has a physical, emotional, social and spiritual impact on the loved ones who remain behind. In short, the suicide of a loved one brings an individual to an existential crisis, where the most basic security and the meaning of life and interpersonal relationships are brutally questioned:

Wanneer iemand wat jy vertrou het, jou deur sy selfmoord verwerp, word jou beeld van wie jy is en wat jy kan glo, aan skerwe geslaan. 'Binne jou word die diepe teleurstelling in liefde en vertroue 'n kanker wat alle geloof in ander mense en in God wil wegvreet.' Die trauma beroof jou van die sekerheid van jou oortuigings, jy staan daar leeg van vastighede. Dit is asof jy opnuut elke oortuiging oor God, die werklikheid, veiligheid en verhoudings, jou eie moet maak – of verwerp. Jy vra oor elke oortuiging: 'kan ek dit nog glo?' Jy weet nie. En jy voel skuldig omdat jy twyfel. Jy voel beroof, ingedoen en bedrieg. Dit alles plaas jou onder geweldige stres. [When someone who you trusted rejects you through his or her suicide, your idea of who you are and what you believe is shattered. Inside you the deep disappointment in love and trust becomes a cancer that eats away at all faith in people and in God. The trauma robs you of the certainty of your persuasions; you stand there stripped of all foundations. It is as if you have to reconsider each and every persuasion regarding God, reality, safety and relationships that you used to have. You have to make it your own again – or reject it. You ask about every persuasion: 'Can I believe this?' You don't know. And you feel robbed, cheated and deceived. This all places the person under tremendous stress.] (Breed & De Klerk 2007:631, [author's own translation])

In my mind the same thought process that Breed and De Klerk expound in the paragraph above, applies to the person

who considers suicide. The disappointments and trauma that the person experienced from which he or she sees no escape also cause an existential crisis. This is why it is so important to guide such a person through 'the valley of the shadow of death' (Ps 23) in the correct manner. Chilstrom (1989), who himself lost a teenage son to suicide, describes his pain in a striking manner:

The best one can do is to learn to live wounded, handicapped. But, having bound the wound and having learned to live with the handicap, perhaps one becomes stronger than before. Grief is a root experience. We are cut off at the root. The same person, and yet we grow quite differently. New priorities. New courage. New mission. New passion. New ways to relate. New need for God. New laughter. New love. New life. New joy. (p. 208)

For both those who remain behind after a suicide and those who consider suicide themselves, the trauma is a root experience. The pastoral counsellor should assist such persons to grow towards wholeness and renewal in Jesus Christ.

Suicide is a complex phenomenon and it inevitably beckons questions in those involved, those who stay behind and society at large. In conclusion to the first part of the article, the above discussion shows that it is crucial for the pastoral counsellor to listen for the following information during the process of pastoral guidance:

- what the intensity of the person's suicidal thoughts are;
- what factors contribute to the fact that this person sees no hope for the future;
- what immediate assistance should be provided to the person for him or her to deal with the contributing factors and fulfil his or her needs;
- what support systems are in place for this person; and
- in which way the person's immediate safety can be ensured.

Suicide not only affects the person who commits suicide, it also traumatises and shocks those who are left behind. It also raises many questions – inevitably also for the church. The second part of the article investigates the position of the church regarding suicide as it developed through the centuries.

## The church's different views of suicide throughout the centuries

Through the centuries the church made certain pronouncements on suicide and this section explores the development of the church's views on the matter. The Bible describes six suicides<sup>2</sup> without any ethical judgement. There is also the well-known part of Elijah who sits under a broom tree and wishes that he could die (1 Kgs 19:4–5). David expresses a wish to escape his circumstances (Ps 94:17–19). Paul, exhausted by persecution, also expresses the longing for escape (2 Cor 1:8–9). According to Chilstrom (1989:200)

2. The six suicide cases indicated in the Bible are Samson (Jdg 16:23–31), Saul and his arms bearer (1 Sm 31:3–5), Ahithophel (2 Sm 17:23), Zimri (1 Ki 16:18–19) and Judas Iscariot (Mt 27:3–5).

suicide was reasonably common during the Early Church era and the writings of the Early Church fathers include frequent comments on this matter. One example is the writings of Ignatius, dating to the second century (Chilstrom 1989):

I die for Christ of my own choice, unless you hinder me. Let me be given to the wild beasts, and then I can attain to God. (p. 200)

During the Early Church era the number of Christians who committed suicide to escape persecution, increased drastically. It is only by the 5th century that people like Augustine and the Bishop of Hippo made pronouncements against suicide. More and more of the Early Church fathers added their voices to this until they finally declared that all sins have to be confessed before a person dies as a condition for salvation (Wilkens 2003:388). People who commit suicide are consequently doomed to eternal perdition.

During the Middle Ages Thomas Aquinas declared suicide a mortal sin (Chilstrom 1989:200). As a consequence, the church instated sanctions in the form of civil laws that prescribed how such a person's remains had to be treated. These rules affected the loved ones who remained behind, as they resulted in inhuman practices – the deceased's heart was cut out; the bodies of people who committed suicide were chopped into pieces; women's naked bodies were carried in the streets; the deceased could not be buried in church cemeteries; and the family's property was confiscated for the state (Chilstrom 1989:200). Those who were left behind not only had to deal with the trauma of the suicide itself, but also the subsequent cruel treatment by society.

It was only by the early 19th century that people started questioning these practices (Chilstrom 1989:201). They argued that suicide is certainly wrong, but that there is forgiveness for all sins, and therefore also for suicide. The attitude regarding suicide gradually changed towards willingness to support and guide. However, suicide can never be ethically justified. Jesus Christ always offers hope and refuge, especially for the desperate (Douma 1996:226). God is sovereign, not man, and therefore He alone has power over life and death.

According to Douma (1996:224) suicide should always be evaluated in light of the 6th commandment. The commandment not only applies to the life of other people, but also to one's own life. Every person is created in the image of God and this image may not be destroyed. In spite of this, Douma (1996:225) says that nobody may judge these persons, because each person who commits suicide sees it as a last way out and in most cases it is the result of pathological behaviour. Douma (1996:225) refers to the generally accepted expression that someone who has committed suicide has sinned against society, but then asks if it is not society that has sinned against such a person with its apathy.

Vosloo (2007:420) points out that there are two sides that should be taken into consideration. Firstly, no-one has the right to judge a person who has committed suicide or to damn them to eternal damnation. He says that suicide springs from

intense inner struggle. Such struggle has a negative effect on both the person's spiritual and psychological dimensions and therefore the person acts irrationally. On the other hand, suicide is murder and should therefore be evaluated in light of the numerous references in the Bible on taking a life. He highlights the fact that only God has power over life and death and that taking a life is ultimately a sign of ignorance and/or a lack of trust in God. When considering both these points of view, the complexity of suicide becomes clear. For a person who struggles with suicidal thoughts a statement such as 'it is a lack of trust in God' is fatal and can only lead to even more intense struggle.

According to De Bruyn (2008:133) suicide should be strongly rejected from a Christian-ethical point of view, because God gave man life and no man may take life away (Ex 20:13). De Bruyn (2008:133) adds the following important points for consideration: firstly, humans neither have sovereign disposal over other people's lives, nor over their own. Only God has the right and the authority to take away, in his own time, the life he gives (Dt 32:39; Job 1:21; 33:4). Secondly, God created humans in his image and as his representative (Gn 1:27; 9:6). Suicide violates this. God also gave humans the command and calling to rule over creation in his or her own circumstances, to tend it and care for it to the glory of his Name (Gn 1:26, 28; 2:15; Ps 8). Man should complete this calling to the end. The fact that God created man in his image shows that there is a special relationship between God and human beings. In this case it means that God, who is alive, reveals his image in humans in the fact that they also live. If a person takes his or her own life, he or she harms God's image, as it shines through him or her. Thirdly, suicide often ensues from the view that life is meaningless and that death is therefore better than life. Such a view questions the providence of God. Scripture teaches that God let all things be to the good for those who love him (Rm 8:28), and that the believer's work is not in vain (1 Cor 15:58). Even suffering is meaningful, because it serves to spiritually edify people (Heb 12:11). Human beings may therefore never prefer death over life. God created man not for death, but for life. Christ came to bring this life into full bloom, because he himself says: 'I have come that they may have life, and have it to the full' (Jn 10:10).

No official pronouncements by churches followed those of the early 19th century. Several theologians (of whom some have been mentioned already) speak out on suicide, but the current-day attitude towards the involved parties – those with suicidal thoughts and those who are left behind – are much more supportive and guiding than a few centuries ago. One can conclude from the second part of the article that pastoral guidance should pay attention to:

- The person's relationship with God and hope based on the promises of God.
- The person's convictions and disappointments related to life and other people.
- The person's view of the self, human dignity and identity.



- The person's Christian-ethical evaluation of life and death.
- The role of the Church in supporting these persons to find forgiveness and healing in times of hardship. This includes assistance to the person who considers suicide to deal with their hardship.

## Principles for pastoral guidance to women with regard to matters of suicide

Although suicide can never be justified from a Christian point of view, those who suffer with suicidal thoughts sometimes feel so trapped that they can see no other solution for their hardship than to escape from it. The third part of the article focuses on the implications of suicide for pastoral guidance, especially when helping women of faith who struggle with suicidal thoughts and attempts. According to Dunlap (2007:750) the encounter with a person who struggles with suicidal thoughts; who has attempted suicide; or who is the loved one of someone who has committed suicide, raises profound questions about how to respond to this person in pain. Curiously, the specialisation of the caregiver professions fractures this single person into body, mind and spirit: psychologists address the needs of the psyche, physicians care for the body, and pastoral counsellors tend to the wounds of the soul. Yet, if ever there were an occasion where the person in need requires the experience, expertise and insight of all these disciplines acting in concert, it is on the occasion of suicide (Dunlap 2007:750). A multidisciplinary approach magnifies the possibility that the people involved can be set on the road to healing. Therefore, the research contained in the preceding two sections will also be considered in this part and the investigation is conducted with an awareness of scientific pastoral research. Breed (2013) defines pastoral science as follows:

Pastorale wetenskap behels die wetenskaplike studie van die Woord van God, die mens, die werklikheid en ander toepaslike vakdisseplines, met die oog op die ontginning van die Bybelse beginsels, die ontwerp en toepassing van 'n pastorale model met die doel om gelowiges, deur die kragtige werking van die Heilige Gees, te begelei tot dieper kennis van God en hulleself, tot geloofsgroei wat hulle in staat stel om die krisis van die lewe met vrede te hanteer tot eer van God en tot verdere geloofsgroei, binne die gemeenskap van die heiliges. [*Pastoral science entails the scientific study of the Word of God, human beings, reality and other relevant subject disciplines. It aims to uncover Biblical principles that can aid in the design and application of a pastoral model with the aim to guide believers, through the powerful work of the Holy Spirit, to deeper insight of God and themselves. The goal is a growth in faith that enables believers to handle the hardships in life with inner peace and to the glory of God and towards further growth in faith within the community of the believers.*] (p. 240, [author's own translation])

On closer inspection this definition contains two parts. Firstly, the responsibility lies with the pastoral counsellor to empower him- or herself with the necessary knowledge of how to guide counselees. Secondly, guidance is aimed at empowering counselees to handle crises and to work

through such events, all the while striving towards further growth in faith. These two parts will be discussed below.

## The responsibility of the pastoral counsellor

Firstly, the focus falls on the implications of suicide for the pastoral counsellor with special reference to guiding women of faith on suicide issues. Empowerment with the necessary knowledge implies a study of:

- The Word of God: the Word of God remains the primary source of the pastoral guidance process, because God reveals himself to human beings in that way. The counsellor should be able to apply the teaching of the Word to the problem.
- Humans: pastoral counsellors should take note of the dynamics involved in suicide and its effect on the different dimensions of the human experience.
- Reality: in order to deal with the overwhelming emotional and spiritual pain, it is necessary to look squarely at reality. The counselees are challenged to change what they can and to accept what they cannot. This acceptance implies certain adjustments to their lives so that circumstances no longer have a negative grip on them.
- Relevant subject disciplines: pastoral care joins hands with different subject disciplines such as social work, psychiatry and psychology. Bare emotions due to trauma or loss have an influence on the physical, psychological, spiritual and social dimensions of a human being.

One of the most important aspects is that the pastoral counsellor should realise that guidance to these persons should always form part of the work of a multidisciplinary team for the different dimensions to be addressed effectively (Ohlschlager 2011:113). The pastoral counsellor can facilitate the whole process. Many clinical professionals are unable to speak about theological matters as part of their treatment. A well-trained pastoral counsellor is familiar with the theological terms, symbols, narratives and rituals, and is capable of guiding the wounded person to dealing with deep inner pain, to handle feelings of guilt, and to offer love, grace and forgiveness.

Peteet (2007:752) points out that in most cases a person who considers suicide will consult someone for help. Due to rejection and criticism, women are not always willing to admit their inner struggle in this regard. The pastoral counsellor should therefore be finely attuned and should not hesitate to speak about this openly and to ask questions.<sup>3</sup> Intense sorrow and sadness is a normal response to any meaningful loss. The uncontrolled expression of these emotions is the first warning sign for the pastoral counsellor. During the initial guidance the attitude of the pastoral counsellor is more important than anything he or she can say (Dunlap 2007:750). The pastoral counsellor's unvoiced kindness and quiet willingness to listen to such a woman's

3. All the guidelines of how to support a person who is threatening to commit suicide discussed in part 1 of the article, are applicable here.

pain, sends the message that she herself and her pain have meaning. It communicates the fact that her inner struggle does not deprive her of her humanity, and that she is still entitled to be treated with kindness and respect. The pastoral counsellor's attitude therefore contributes to the realisation that an inner struggle with hopelessness, bleakness and a possible neurochemical imbalance may have brought such a woman to this point of suicidal thoughts and that she is not inherently bad, evil or weak. The conversation with the pastoral counsellor should take place in an atmosphere of no anxiety, no judgement and no force (Dunlap 2007:750).

The effect this has on pastoral guidance is therefore that the pastoral counsellor can, in a calm and peaceful atmosphere, ask questions about the woman's relationship with God and hope founded on the promises of God; her persuasions and disappointments in life and with other people; her view of the self, human dignity and identity; and her Christian-ethical evaluation of life and death. According to Collins (2005:404) the person is presented with four difficult tasks: in the first place, to accept the reality of the loss; secondly, to feel the pain of the loss and to consciously acknowledge it and deal with it; thirdly, adaptation to the new circumstances; and lastly to build new relationships. Eventually, these four tasks can be summarised in one word: hope. Hope is probably the greatest need of a person who struggles with suicidal thoughts.

The first part of the article includes the point that trauma and loss is a root experience. In the pastoral guidance process the woman has to be guided to once again practice hope as a life anchor in a deeper relationship with Jesus Christ. Hsu (2002) tells how he found comfort and hope in Jesus after his father's suicide:

We must fight the temptation to turn away from Jesus in agony because it is this Jesus who whispers to us, 'I know how you feel. I know the pain, the agony you are going through. You are not alone in this. I am not some impassive God who doesn't care. I am the God who suffered and who understands.' (p. 138)

Although this part was written in reaction to a loved one's suicide, it is equally applicable to women who struggle with suicidal thoughts to escape inner pain due to one or another loss. The pastoral counsellor should guide women to become aware of Jesus' presence in these circumstances. In this atmosphere women have to realise that mourning is a natural reaction in dealing with inner pain. Hsu (2002:139) is of the opinion that it is precisely a human's inner pain that drives him or her from despair and doubt to hope and comfort, because pain leads people to eternal truth. Suffering, according to Hsu (2002):

... sensitises us not only to the world around us, which is needy, but to the world within us, which is needier still ... our suffering points us to the suffering of Jesus. Once we understand this, then the road ahead, however long, however difficult, is infinitely easier to travel. (p. 139)

The pastoral counsellor is in a position to guide women to once again find hope in Jesus. It is because of this hope

that they will become willing to acknowledge the intensity of their suicidal thoughts, to cooperate with the immediate assistance needed in dealing with the factors that have led to the circumstances.

## The empowerment of counselees

The second aspect of pastoral science focuses on the empowerment of counselees to deal with life's hardships and strives towards further growth in faith that would enable people in despair to live in peace and to the glory of God within the community of believers. Healing seldom occurs in isolation. Although such women tend to isolate themselves as a result of their inner struggle, all resources that can contribute to the process of healing have to be employed. Hsu (2002:146) describes how the wounded person should open herself to the healing that lies in relationships. The human being has been created to be in a relationship with God and to live and function within relationships with other people. For believers the path to healing starts with a relationship with God (1 Tm 2:3–4; Jn 14:6), as well as communion with other believers once they open themselves to love and to receive love. Wilkens (2003:387) highlights how unfortunate the stigma and lack of knowledge regarding suicide are and laments the fact that believers do not always receive the support they should. This contributes to their fear of rejection and criticism. Although healing starts with an acknowledgement of God, pastoral counsellors must always work in close relation with other related subject disciplines. In the case of counselling somebody with suicidal thoughts it is necessary to also acknowledge serious pathology that may be present and that requires medical attention. The first part of the article lists the factors that may contribute to the risk of suicide. Metaphorically this inner wounding can be described as something that leaves the person full of 'holes' – a hole full of nothingness, a constant inner pain. The pastoral counsellor should guide the woman to establish support systems within the community of believers in the denomination to enable these systems to help ensure the woman's immediate safety. When a woman experiences God's love anew within the context of a loving support system, a place of safety is created where she can grow towards inner healing and hope.

According to Matsakis (1996:143) inner healing goes through three phases: firstly, cognitive restructuring: when a person goes through intense emotional struggle, the person is subjective. The pastoral counsellor should guide women to deal with the contributing factors in a cognitive and more objective way. The discovery of the truth of the situation is important and all possible options should be investigated in search of a solution to the problem. Secondly, emotional management: women should be guided to develop insight and recognition of their emotions. During a traumatic event disturbing emotions are understandable, but after a time the emotional turmoil should start to decrease. If this is not the case, it could be indicative of deeper lying tensions. Thirdly, empowerment: this is the final stage during which women are once more

able to look the realities of life squarely in the eyes and to handle it with inner peace to the glory of God and towards further growth in faith. Problem solving has occurred and new goals and challenges have been identified.

The time it takes to heal, differs from person to person and the meaningfulness of the loss determines how long the process of dealing with loss will take (White 1997:83). Every person is unique and should therefore not be compared to other similar situations. The pastoral counsellor also has to point out to women that other people might often not understand their reactions and emotional experiences. For this reason they have to be strong in the face of criticism and they should realise that they are vulnerable. Matsakis (1996:149) is of the opinion that healing has started once the woman has a clearer and more rational view of the events; when adequate time has been awarded to work through emotional suffering; when the woman has learned new skills and attitudes that enable her to take control of her life; when forgiveness has occurred and she can forgive herself for her behaviour during the loss; and when certain skills are in place to handle the challenges in life.

According to Hsu (2002:159) a believer's struggle with suicidal thoughts or the search for peace by those that have remained behind after a suicide, remind believers of the fact that the world is a broken place; that life in this world is uncertain; that they are mortal and dependent upon other people, and that they need hope. It is this hope that God offers women through the prophet Isaiah:

I will lead the blind by ways they have not known, along unfamiliar paths I will guide them; I will turn the darkness into light before them and make the rough places smooth. (Is 42:16)

The discussion above shows that the following elements are important during pastoral guidance to women when it comes to suicide:

- The Word of God remains the primary source of the process of pastoral guidance. This is ultimately where the answers and the comfort needed during the process of guidance pertaining to suicide can be found.
- During the process of guidance, the pastoral counsellor forms part of a multidisciplinary team who can guide women in all dimensions of human existence. However, the pastoral counsellor is best equipped to guide these women on a spiritual level.
- In most cases a person who is considering suicide will leave clues for other people. The pastoral counsellor should not shy away from speaking to such a woman openly.
- During this guidance the pastoral counsellor's unspoken attitude of empathy and support plays a great role.
- Hope is the greatest need of any person who struggles with suicidal thoughts.
- Jesus is not apathetic towards the suffering of a believer.
- Crises in the lives of believers are not necessarily bad; it forces the believer to discover eternal truth.

- A believer's path of healing starts with his or her relationship with God, as well as within the context of communion with other believers.
- During the process of healing, cognitive restructuring, emotional management and empowerment are important.
- The time duration of healing differs from person to person, because each person's situation is unique.

## Conclusion

Humanity implies vulnerability and because human beings are vulnerable, they are not always able to protect themselves against the hardships of life. Thoughts of suicide are more common than most people care to admit. Even believers sometimes feel so trapped in life's circumstances that they see no other solution for their inner pain. For the pastoral counsellor who has to help these people, this is a frightening experience. Therefore, the pastoral counsellor has to be equipped to guide these people on their road to healing. A good knowledge of what suicidal thinking entails, what suicide attempts mean, and the actual deed, are important for insight into communicating with people in need. The pastoral counsellor must be able to apply the Word of God to the problems these persons are experiencing. This will prevent further feelings of guilt. The pastoral counsellor must create a place of safety where such women can acknowledge their painful emotions and deal with it in a way that will enable them to find healing and renewal in Jesus Christ. Hope is of utmost importance in dealing with life's hardships.

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## References

- Alexander, V., 1991, 'Grief after suicide: Giving a voice to the loss', *Journal of Geriatrics* 24(1), 277–291.
- Anon., n.d.a, *Personal losses put women at greater risk of suicide*, viewed 11 September 2013, from [http://www.sadag.org/index.php?option=com\\_content&view=article&id=377&catid=48:suicide&Itemid=480](http://www.sadag.org/index.php?option=com_content&view=article&id=377&catid=48:suicide&Itemid=480)
- Anon., n.d.b, *Do you know someone who may be suicidal? You can do something to help*, viewed 11 September 2013, from [http://www.sadag.org/index.php?option=com\\_content&view=article&id=1496:do-you-know-who-may-be-suicidal&catid=48:suicide&Itemid=59](http://www.sadag.org/index.php?option=com_content&view=article&id=1496:do-you-know-who-may-be-suicidal&catid=48:suicide&Itemid=59)
- Beck, A., Brown, G., Berchick, R., Stewart, B. & Steer, R., 1990, 'Relationship between hopelessness and ultimate suicide: A replication with psychiatric outpatients', *American Journal of Psychiatry* 147(2), 190–195.
- Bostwick, J.M. & Rummans, T.A., 2007, 'Spirituality, Depression and Suicide in Middle Age', *Southern Medical Journal* 100(7), 746–747. <http://dx.doi.org/10.1097/SMJ.0b013e318070cfc6>
- Breed, G., 2013, 'Metateoretiese vertrekpunte ten opsigte van wetenskaplike navorsing in pastoraal', in F. De Wet & B.J. De Klerk (eds.), *Met die oog op God*, pp. 225–250, Potchefstroom Teologiese Publikasies, Potchefstroom.
- Breed, G. & De Klerk, B.J., 2007, 'Die impak van selfmoord op dié wat agterbly', *In die Skriflig* 41(4), 617–635. <http://dx.doi.org/10.4102/ids.v41i4.323>
- Chilstrom, C., 1989, 'Suicide and pastoral care', *The Journal of Pastoral Care* 43(3), 199–208.
- Collins, G.A., 2005, *Die A-Z van Berading*, Struik Christelike boeke, Kaapstad.
- De Bruyn, P.J., 2008, *Die tien geboie*, Potchefstroom Teologiese Publikasies, Potchefstroom.

- Douma, J., 1996, *The Ten Commandments*, P&R Publishing, New Jersey.
- Dunlap, S.J., 2007, 'Suicide: A Clinical-Pastoral perspective', *Southern Medical Journal* 100(7), 750–751. <http://dx.doi.org/10.1097/SMJ.0b013e318070d1ff>
- Hsu, A., 2002, *Grieving a suicide*, InterVarsity Press, Leicester, England.
- Matsakis, A., 1996, *I can't get over it*, New Harbinger Publications Inc., Oakland.
- Minirth, F. & Meier, P., 1994, *Happiness is a choice. The symptoms, causes and cures of depression*, Baker Books, Grand Rapids, Michigan.
- Ohlschlager, G., Clinton, T. & Hawkins, S., 2011, 'Suicide assessment and intervention', in T. Clinton & R. Hawkins (eds.), *The popular encyclopaedia of Christian counselling*, pp. 111–114, Harvest House Publishers, Eugene, Oregon.
- Peteet, J., 2007, 'Suicide and Spirituality: A Clinical Perspective', *Southern Medical Journal* 100(7), 752–754. <http://dx.doi.org/10.1097/SMJ.0b013e318073c757>
- Shamos, J., n.d., *Pathways to suicide*, viewed 11 September 2013, from [http://www.sadag.org/index.php?option=com\\_content&view=article&id=878&&catid=48:suicide&Itemid=480](http://www.sadag.org/index.php?option=com_content&view=article&id=878&&catid=48:suicide&Itemid=480)
- Shneidman, E., 1985, *Definition of Suicide*, John Wiley & Sons, New York.
- Sullender, R.S. & Malony, H.N., 1990, Should clergy counsel suicidal persons? *The Journal of Pastoral Care* 44(3), 203–211.
- Vosloo, W., 2007, 'Selfmoord', in *Die Bybel in Praktyk*, p. 420, Christelike Uitgewersmaatskappy, Vereeniging.
- White, J.R., 1997, *Grieving*, Bethany House, Minneapolis, Minnesota.
- Wilkens, N.T., 2003, 'Christian-based counselling for the suicide survivor: A guide for pastoral therapy', *The journal for Pastoral Care & Counselling* 57(4), 387–394.